ADULT SOCIAL CARE AND HEALTH CABINET COMMITTEE

Thursday, 10th March, 2016

10.00 am

Darent Room, Sessions House, County Hall, Maidstone

Kent County Council
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AGENDA

ADULT SOCIAL CARE AND HEALTH CABINET COMMITTEE

Thursday, 10 March 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

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

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

UNRESTRICTED ITEMS

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

A - Committee Business

A1 Introduction/Webcast announcement - Chairman will make an announcement about preparing for longer meetings

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 14 January 2016 (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 Proposal on the Closure of the Dorothy Lucy Centre, Maidstone - Additional Information (decision number 16/00007) (Pages 21 - 50)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Social Care, Health and Wellbeing, and to consider and endorse or make recommendations to the Cabinet Member on the proposed decision to close the Dorothy Lucy Centre and re-provide the services currently provided there through various other means.

B2 Proposal on the Closure of Kiln Court care home, Faversham - Additional Information (decision number 16/00008) (Pages 51 - 76)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Social Care, Health and Wellbeing, and to consider and endorse or make recommendations to the Cabinet Member on the proposed decision to close Kiln Court care home.

B3 Proposed Revision of Rates Payable and Charges Levied for Adult Services in 2016-17 (decision number 16/00016) (Pages 77 - 88)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Social Care, Health and Wellbeing, and to consider and endorse or make recommendations to the Cabinet Member on the proposed decision to approve the proposed changes to the rates payable and charges levied, as set out in the report.

B4 Contract Award for Older Persons' Residential and Nursing Care Homes - effective April 2016 (decision number 15/00089b) (Pages 89 - 98)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Social Care, Health and Wellbeing, and to consider and endorse or make recommendations to the Cabinet Member on the proposed decision to award contracts to the successful tenderers identified in the exempt appendix to the report.

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

C1 Progress Report on Smoking and Tobacco Control (Pages 99 - 116)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Director of Public Health on services to address the prevalence of

smoking in Kent, which remains above the national average.

C2 Sexual Health Service update (Pages 117 - 124)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Director of Public Health on the implementation of procured sexual health services across Kent.

C3 Adult Health Improvement Services - Commissioning Strategy (Pages 125 - 128)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Director of Public Health on the commissioning transformation programme for adult health improvement services.

C4 Market Shaping and Oversight Protocol and Adult Social Care Community Support Market Position Statement (Pages 129 - 208)

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 to shape, develop and monitor care markets.

D - Monitoring

D1 Draft 2016/17 Social Care, Health and Wellbeing Directorate Business Plan (Pages 209 - 256)

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 draft business plan for the Social Care, Health and Wellbeing Directorate.

D2 Risk Management: Social Care, Health and Wellbeing (Adult Social Care and Specialist Children's Services divisions) (Pages 257 - 302)

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 strategic risks relating to the Adult Social Care and Specialist Children's Services divisions of the Social Care, Health and Wellbeing Directorate.

D3 Adult Social Care Performance Dashboard (Pages 303 - 320)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Social Care, Health and Wellbeing, outlining current progress against targets set for key performance and activity indicators for December 2015 for Adult Social Care.

D4 Public Health Performance - Adults (Pages 321 - 326)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Director of Public Health, giving an overview of key performance indicators for Public Health-commissioned services relating to adults and for a range of Public Health Outcome Framework indicators.

D5 Kent Alcohol Strategy - update (Pages 327 - 334)

To receive an update report from the Cabinet Member for Adult Social Care and Public Health and the Director of Public Health, setting out progress against the

Kent Alcohol Strategy, which was launched in April 2014.

D6 Work Programme 2016/17 (Pages 335 - 340)

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 ITEMS

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

EXEMPT ITEMS

F1 Proposal on the Closure of the Dorothy Lucy Centre, Maidstone (decision number 16/00007) - exempt appendix to item B1 (Pages 341 - 342)

F2 Exempt appendix to items B1 and B2 (Pages 343 - 346)

F3 Proposal on the Closure of Kiln Court care home, Faversham (decision number 16/00008) - exempt appendix to item B2 (Pages 347 - 348)

F4 Contract Award for Older Persons' Residential and Nursing Care Homes - effective April 2016 (decision number 15/00089b) - exempt appendix to item B4 (Pages 349 - 358)

Peter Sass
Head of Democratic Services
03000 416647

Wednesday, 2 March 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, 14 January 2016.

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

ALSO PRESENT: Mr B E Clark, Mr G K Gibbens and Mr R W Gough

IN ATTENDANCE: Mr A Ireland (Corporate Director Social Care, Health & Wellbeing), Dr F Khan (Interim Deputy Director of Public Health), Mr M Lobban (Director of Commissioning), Mrs A Tidmarsh (Director, Older People & Physical Disability) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

65. Apologies and Substitutes
(Item A2)

Mr R H Bird was present in place of Mr S J G Koowaree and Mrs J Whittle in place of Mrs A D Allen.

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

There were no declarations of interest.

67. Minutes of the meeting held on 3 December 2015
(Item A4)

RESOLVED that the minutes of the meeting held on 3 December 2015 are correctly recorded and they be signed by the Chairman. A question was raised about the name of the company delivering advocacy services but the initialised version of the name was subsequently confirmed as being the correct trading name.

68. Verbal updates
(Item A5)

1. Mr G K Gibbens gave a verbal update on the following adult social care issues:

8 December – Visited Hi Kent offices in Canterbury
15 December – Attended Sandwich Town Council Public Meeting on the future of Wayfarers Residential Home

22 December – Visit with the Chairman to Westview Integrated Care Centre in Tenterden, at which he met staff and residents, ***Highlands House offices in Tunbridge Wells and Adult Social Care and Public Health staff at Headquarters.*** The County Council had a joint arrangement with Kent and Medway NHS and Social Care Partnership Trust for the provision of mental health care services, and staff working in this field were accredited mental health practitioners.

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

Hospital discharge arrangements over Christmas and New Year - social care staff had been present in all hospitals every day except Christmas Day and so were a very visible resource. Work with NHS England before Christmas had aimed to reduce bed occupancy to 80%, to allow space for emergency admissions over the holiday period, and the system had worked well. There has been less pressure on beds than at Christmas 2014 but it was expected that pressure would increase through January as the weather grew colder.
Independent Chair of Safeguarding Vulnerable Adults Board (SVAB) – a new independent Chair, Deborah Stuart – Angus, was now in post, thus bringing arrangements in line with the requirements of the Care Act, ie that such boards be chaired by an independent person. Responding to a question about a youth centre in Rochester which had received recent media coverage regarding safeguarding concerns, he advised the committee that Medway Council and the Medway Safeguarding Children Board were responsible for the running of the centre but the County Council, as a potential future user of the service, had an interest in its good running.
National response to Comprehensive Spending Review – this had recognised the County Council's ability to raise additional precept (the social care levy) and hence recognised the importance of funding increasing care needs. However, the County Council's social care budget was still short of what had been identified by the Association of Directors of Adult Social Services as a required level of funding.

3. Mr G K Gibbens gave a verbal update on the following adult public health issues:

4 December – Spoke at Family Nurse Partnership Event in Sessions House, Maidstone – this had included the presentation of awards to families and children.
9 December – Spoke at West Kent and Medway Singing Project event in Sessions House, Maidstone – singing had been identified as being of great benefit to people living with dementia and mental health problems, and it had been good to see the happiness that it could bring to patients and carers.

4. Dr F Khan then gave a verbal update on the following issues:

Update on Dry January and online Know Your Score test – the aim of the Dry January campaign was to encourage people to either reduce or give up alcohol consumption for the whole of January, and this had been given more immediacy with the recent announcement from the Chief Medical Officer of the finding that consumption of more than 14 units of alcohol per week would place drinkers in a danger zone. The launch of the 'Know Your Score' website had been successful, with 3,000 hits in the first week. Users were able to calculate their level of risk by entering details of their alcohol consumption. Responding to a question, Dr Khan explained that the launch had been timed to coincide with New Year resolutions. The

number of hits was encouraging, especially as many people, having calculated their risk, then went on to address their habits.
Update on flu vaccinations – although some data was still to be collected, the level of uptake across all risk groups had been lower than in previous years. This could be partly due to a milder start to the winter and partly to public scepticism about the value of vaccination in fighting the new and varying strains of flu which had appeared in recent years. The likely pattern of spread of vires to the UK could be partly predicted by looking at the patterns in other countries. Responding to a question about the Keep Warm campaign, which was accessible only online, Dr Khan explained that public health practitioners would work with partners to ensure that those with no access to the internet would be made aware of the campaign and the guidance within it.
Joint Strategic Needs Assessment (JSNA) development workshop – this workshop had sought to help practitioners to understand whether or not the county's JSNA was fit for purpose. A revised version of the JSNA would better meet future needs and new ways of commissioning services and would be a useful tool for commissioners.

5. RESOLVED that the verbal updates be noted.

69. Kent Drug and Alcohol Services - contract awards (decision number 16/00004) *(Item B1)*

Mr M Gilbert, Commissioning and Performance Manager, was in attendance for this item.

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

a) by seeking a co-design arrangement with providers, the County Council would work together with them to identify priorities to ensure that needs could still be met within reducing funding. Bidders for the West Kent contract and the current provider of the East Kent contract had given assurances that they could and would continue to deliver services within the available budget;

b) as part of the procurement process, the County Council had identified areas of risk, and would always be proactive in meeting with service users in the early stages of a new contract to identify any problems or shortcomings in the service they received from the provider and would then be proactive in addressing those issues with the provider. Mr Gilbert offered to report back to the Committee to Members assurances on the performance of the service; and

c) differing levels of spend in East and West Kent reflected the different levels of need in the two areas. There was a substantially higher number of drug and alcohol users in treatment in East Kent compared to West Kent, and this warranted a higher contract value for East Kent.

2. The Cabinet Member, Mr Gibbens, thanked Members for their comments and emphasised his commitment to providing a strong drug and alcohol service across Kent. He added that the contracts which the County Council had been able to

negotiate for this service were an example of the benefit of the Public Health function now being within the County Council.

3. RESOLVED that:-

a) the progress of the procurement of the West Kent Drug and Alcohol Service, and the contract extension for East Kent, be noted;

b) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to:-

i) award the contract for the West Kent Drug and Alcohol Service to the successful bidder (from those listed in the exempt appendix to the report); and

ii) 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,

taking account of comments made by this committee, be endorsed.

70. Healthwatch Contract
(Item B2)

Mr R Gough, Cabinet Member for Education and Health Reform, was present and Ms E Hanson, Head of Strategic Commissioning, Community Support, was in attendance for this item.

1. Ms Hanson introduced the report and explained that, although the funding for Healthwatch had moved into the Social Care, Health and Wellbeing Directorate, the responsibility for the service, due to the need for objectivity, remained with the Cabinet Member for Education and Health Reform, Mr R Gough, and it was he who would be taking the key decision to extend the contract. Ms Hanson and Mr Gough responded to comments and questions from Members, as follows:-

a) tendering arrangements for a new contract would start in the autumn of 2016 and the new contract was expected to start in April 2018;

b) the County Council had been continuing to work with the provider to refine and apply a robust performance framework to measure the performance of the contract and ensure that it delivered value for money. Mr Gough added that, when awarding the original contract, he had been keen to establish robust monitoring, eg of Healthwatch's profile, its engagement with clinical commissioning groups and contribution to the Kent and Medway Health and Wellbeing Board. Monitoring also needed to be objective, and the County Council needed to be able to demonstrate objectivity, if challenged, as it commissioned both Healthwatch as well as some of the services on which Healthwatch was required to comment;

c) Healthwatch services were funded in part from the revenue support grant (RSG);

d) a view was expressed that Healthwatch was not as effective a consumer champion as the former LINks had been. Ms Hanson explained that Healthwatch was improving its reach and visibility, and worked with existing patient groups. Members would have input into the shaping of the next contract;

e) in response to a query about the number of contacts with Healthwatch, and if these were increasing or decreasing, which areas of service attracted the most comment and complaint and how successful the current contract had been to date, Ms Hanson undertook to supply this information outside the meeting; and

f) a view was expressed that much valuable work had been done for the Care Quality Commission by working with Healthwatch.

2. RESOLVED that the decision proposed to be taken by the Cabinet Member for Education and Health Reform, 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,

taking account of comments made by this committee, be endorsed.

71. Outcome of the formal consultation on the closure of Blackburn Lodge care home, Sheerness
(Item B3)

Ms C Holden, Head of Commissioning for Accommodation Solutions, was in attendance for this and the following three items.

1. The Chairman asked Members if, in debating agenda items B3 to B6 they wished to refer to the information set out in the exempt appendices F2 to F4. Members confirmed that they did not wish to and discussion of these items took place in open session.

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

a) the County Council owned the Blackburn Lodge care home, however a covenant on the site from the Ministry of Defence stated that the site should be used for health and social care purposes only. The County Council had approached the Ministry to have the covenant lifted, however this was not currently seen as a priority; and

b) as part of the Equality Impact Assessment which the County Council had carried out, every service user likely to be affected by the proposed closure would have a personalised review to assess the impact upon them.

3. The Cabinet Member, Mr Gibbens, thanked Members for their comments and said that he viewed the proposed changes as a positive move forward for social care provision on the Isle of Sheppey. He said he had long been concerned about the lack of nursing care facilities on the island and stated his commitment to addressing this issue.

4. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to:

a) close Blackburn Lodge, once suitable alternative provision is established 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,

taking account of the comments made by this committee, be endorsed.

72. Outcome of the formal consultation on the sale as a going concern of Wayfarers care home, Sandwich
(Item B4)

1. Ms Holden introduced the report and explained that the County Council was confident of being able to secure a trusted provider to run Wayfarers as a care home. She assured Members that the contract of sale would include a requirement that the purchaser undertake to continue to do this, for a term yet to be defined. The sale was expected to take approximately twelve months to complete. Ms Holden responded to comments and questions from Members, as follows:-

a) concern was expressed that County Council Members had not been notified of or invited to attend meetings about the proposals which had been held in Sandwich in November. The Chairman agreed that it would have been useful for County Council Members to have had an opportunity to attend but advised that the meetings concerned had been organised by the Sandwich Town Council, so the County Council had no input into who was notified or invited. Ms Holden added that the officer team had attended and made presentations at several related meetings in Sandwich. At these meetings, the strength of local feeling and wish to retain Wayfarers as a care home had been clear, and the County Council's drive to achieve this via a covenant in the contract of sale was supported; and

b) concern was expressed that the County Council's in-house unit cost across various types of social care provision was generally higher than unit costs achieved by private providers for comparative services. The public trusted the local authority to provide care services so should continue to offer this option for those who wanted it. Although the unit cost of local authority care services was higher, the authority had the advantage of being able to have its services formally scrutinised and be held to account for the quality of service it provided.

2. The Cabinet Member, Mr Gibbens, reported that he had attended a meeting in Sandwich at which it had been clear that the Town Council did not support the sale of Wayfarers as a going concern. He sympathised that people were generally fearful of change. It was important that older people in Sandwich should continue to have a choice of services. He stated his commitment to securing the best way forward for Wayfarers and said he would give it all the support necessary to ensure that it would thrive.

3. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to:

a) secure the sale of the Wayfarers registered care home, Sandwich, as a going concern; 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,

taking account of the comments made by this committee, be endorsed.

Mrs P Brivio and Mr T Maddison requested that their abstentions from this resolution be recorded.

73. Outcome of the formal consultation on the closure of the Dorothy Lucy Centre, Maidstone
(Item B5)

Mr B Clark, County Council Member for Maidstone South, was present for this item.

1. Ms Holden introduced the report and made amendments to the figures quoted in paragraph 2.5 of the report for the number of signatures received, to include both the paper and electronic petitions (a total of 3,095), and the number of beds available in Maidstone for short-term care, quoted in paragraph 3.3.2 of the report, which should read 30 rather than 14. She explained that it had not yet been possible to formulate a clear proposal on which the Cabinet Member could be asked to take a decision. Further work would be undertaken and a formal proposal brought to this committee on 10 March 2016 for comment, prior to a formal decision being taken by the Cabinet Member.

2. Mr Clark welcomed the deferral of a formal decision as the private sector did not yet have sufficient capacity to accommodate local need, particularly for those on the waiting list for dementia care beds. There had been a disappointing take-up of the tendering options, and not all of these options were in the control of the County Council. The current service was well regarded locally, but if the proposal were taken to the market now, without there being much appetite to tender, future reviews in a more difficult economic climate may find no interest at all and the service might then be lost. Mr Ireland commented that the independent care sector model was well established and had proven to be successful. Since the Community Care Act in 1993, there had been an expectation that the majority of services would be provided by the independent sector, and in Kent this had indeed been the case.

3. Ms Holden, Mr Ireland and the Cabinet Member, Mr Gibbens, then responded to comments and questions from Members, as follows:-

a) despite the extent of independent sector provision, the local authority retained its obligation to provide appropriate local care places for those who needed them. The independent sector had limited capacity and appetite to increase provision. Day care was important and use of it would increase as use of residential care reduced. The Dorothy Lucy centre should be considered for development as a specialist day care centre. Ms Holden suggested that the market could be asked to respond to a tender for day care provision, to test the appetite to take it up. Mr Gibbens confirmed that use of the Dorothy Lucy centre as a specialist day care centre was a possible option and would be considered;

b) concern was expressed at the lack of dementia care beds in Maidstone. Independent sector care provision in Maidstone was thriving and there were many good local examples. The suggestion that the Dorothy Lucy centre be developed as a specialist day care centre was supported and should be taken forward. In exploring options, it was important that clear pictures of demand and provision were identified;

c) concern was expressed that two months may not allow sufficient time to complete the work which needed to be done to prepare a proposal; and

d) disappointment was expressed that some of the signatures to the petitions had proven to be invalid in terms of the County Council's petition scheme. Mr Gibbens explained that he wanted to reflect the level of concern shown by petitioners and had considered it appropriate, therefore, to offer the lead petitioner an opportunity to address the committee at its March meeting. This suggestion was generally supported.

4. RESOLVED that the content of the report and the work undertaken to date be noted, and that further work be undertaken (as detailed in section 5.7 of the report) and a report seeking a formal Cabinet Member decision be presented to this Committee in March 2016.

74. Outcome of the formal consultation on the closure of Kiln Court care home, Faversham
(Item B6)

RESOLVED that the content of the report and the work undertaken to date be noted, and that further work be undertaken (as detailed in section 5.4 of the report) and a report seeking a formal Cabinet Member decision be presented to this Committee in March 2016.

75. Budget 2016-17 and Medium Term Financial Plan 2016-19
(Item C1)

Mr D Shipton, Head of Financial Strategy, was in attendance for this item.

1. Mr Shipton introduced the report and said this would be the most difficult budget the County Council had faced. He outlined the following:

a) one of the biggest issues had been that the County Council had not have the spending plans from Central Government until the announcement of the spending review on 25 November 2015. This meant that officers did not know the total financial envelope within which they were working. The County Council did not receive its own individual settlement until 17 December 2015;

b) the settlement on 17 December included a significant re-distribution of Revenue Support Grant which officers had not been able to anticipate. The net impact of that re-distribution was a £15million reduction to the Council's budget;

c) papers for this committee had been published with an assumption that there was still £8m of the £15million to be found, and this was included in the appendices of the papers for this committee. The County Council's draft budget had subsequently been published on 11 January. That draft identified another £4million of the £8million, so there was now only £4million left unidentified, and this would nearly all be taken from financing items. However, having a small gap still to close would make scrutiny of the budget somewhat difficult, as Members were unable to scrutinise a whole budget;

d) the provisional settlement also included the spending power calculation, which measured the County Council's change in funding, both through council tax and through government grants. It took no account of the additional spending requirements the County Council was facing, through the effects of inflation, the effects of the rising population or the impact of increasingly complex needs. Mr Shipton's request to Members was that they bear in mind that the spending power figure in the report represented only the funding half of the equation and not the spending half; and

e) the County Council faced real-term reductions in its funding. The Council would not be able to raise enough through council tax to compensate for both the spending demands and the reductions in central government funding, and therefore needed to make substantial savings.

2. Mr Shipton then explained that the impact upon this committee's work area of having to find £4million of additional savings was that the savings identified for housing-related support would need to increase from £1.5million to £2million. The appendices to the report set out the extracts of the published budget which related to the Social Care, Health and Wellbeing and Public Health portfolios. A statement of variation would be prepared later as it had not been possible to produce this level of detail in the time available since the spending review announcement.

3. Mr Shipton, Mr Ireland and Mr Lobban responded to comments and questions from Members, as follows:

a) in response to a question about the income generated by raising the precept to 2% and the extent to which this would help to offset the increased costs of the national living wage, Mr Shipton confirmed that the income generated would increase each year (as long as the County Council were to agree to raise the precept each year). However, this would

not be sufficient to cover the expected increase in costs and the impact of the national living wage in future years as well as the impact of rising demand for social care services. Savings would need to be made elsewhere to cover the gap. Some care costs were currently covered in part by the revenue support grant, which was reducing. Officers were confident that the extent of pressures on social care budgets would mean that the County Council would be likely to meet the Government's criteria for the additional 2% social care precept each and every year. Mr Ireland added that the ongoing costs of implementing the 2014 Care Act would no longer be funded via a separate grant with funding transferred into the revenue support grant. The funding transferred for the Care Act had not been protected from the reductions in the revenue support grant over the next four years;

b) in response to a question about how the County Council could rationalise the charging process and be able to set a reliable guide price across the county which would cover providers' costs, due to the impact of the national living wage differing between providers, Mr Shipton explained that identifying the impact of the national living wage, and isolating this impact from that of other inflationary affects upon the costs of care packages, was complex. It had not been possible since the announcement of the spending review to calculate in detail all the implications of this. Work was ongoing and should be completed soon. Mr Lobban added that the pricing structure of the care market across the county was indeed very complex, and the impact of the national living wage would add another layer to this complexity. Pricing was also affected by other factors, including how individual service users chose to fund their care;

c) a view was expressed that the Kent Support and Assistance Service (KSAS) should not suffer any reduction in funding. Mr Shipton advised that the funding for KSAS was included in the revenue support grant, and, unlike recent years, there was no protection for any individual components within the grant, as part of the planned reductions over the next four years. This lack of protection had been referred to in the County Council's response to the Government on the provisional settlement;

d) in response to a question about funding made available by the Government to help those authorities supporting Syrian refugees, Mr Shipton said that an announcement on the level of funding was currently awaited, however, the County Council did expect to receive some funding; and

e) a view was expressed that it was unwise to try to apply percentages when referring to the potential impact of the national living wage, as the range of potential affects was broad and hence difficult to identify and quantify. Mr Lobban replied that the impact would be easier to identify once the detailed work currently underway had been completed.

4. RESOLVED that the draft budget and Medium Term Financial Plan (including responses to consultation and Government announcements) be noted, and that Members' comments on other issues which should be reflected in the budget and Medium Term Financial Plan, set out above, be noted by the Cabinet Member for Finance and Procurement and Cabinet Member for Adult

Social Care and Public Health, prior to Cabinet on 25 January 2016 and County Council on 11 February 2016.

76. Cabinet Members' Priorities for Business Plans 2016/17
(Item C2)

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

RESOLVED that the Cabinet Members' priorities for the 2016/17 directorate business plans be noted.

77. Care Act 2014 Implementation update
(Item C3)

1. Mr Thomas-Sam introduced the report and explained, in response to a question, that the strategic guidance to accompany phase 2 of the Care Act was expected to be received from the Government in late January.

2. RESOLVED that the key implementation issues highlighted in the report be noted.

78. The Public Health Strategic Delivery Plan and Commissioning Strategy
(Item C4)

Mr M Gilbert, Commissioning and Performance Manager, was in attendance for this item.

1. Dr Khan introduced the report and, with Mr Gilbert, responded to comments and questions from Members, as follows:-

a) to help address the large discrepancy in health outcomes across the county, local County Council Members could become more involved in the delivery of health campaigns. They would need to develop a way of being kept up to date about events. Dr Khan agreed that this was a good idea and advised Members that there was still scope to build into the model some way of engaging them. She undertook to consider how this could be achieved;

b) there would always be some people who did not wish to have help with addressing their unhealthy habits and were happy with their lifestyle. Following 'Dry January' could be 'Fatless February'! Dr Khan confirmed that the model of health improvement was based on influencing behavioural change. Many people were unaware that their habits were harmful to their health. Behaviours also tended to 'cluster', for example, smokers tended also to drink, and one behaviour may depend on the other, making either difficult to give up in isolation. Harmful habits also tended to 'snowball' or increase and become entrenched. To be effective, campaigns should relate to the communities they were trying to influence, and reach them via the most appropriate means for the intended audience, eg by using social media;

c) in response to a question about the sample used by Behavioural Architects, and whether or not this sample was large enough to be representative, Mr Gilbert explained that, although the number of people sampled by Behavioural Architects, a specialist behavioural science agency, was small, it was selected to be as representative of the population as possible, and the research undertaken with the sample was detailed;

d) a view was expressed that Kent could look at and learn from public engagement campaigns run by other local authorities, eg the 'Born in Bradford' scheme;

e) in response to a question about monitoring people's engagement with the daily digests of 'healthy living' guidance produced by district councils, Dr Khan explained that patient and stakeholder engagement were studied when preparing contracts specifications, to check that the specifications were right;

f) in response to a concern about reaching sectors of the public which were traditionally hard to reach and were often most likely to use unhealthy behaviours as a 'crutch', Dr Khan agreed that people in the lower socio-economic groups tended to view health messages as the least important concern they had, and consequently were traditionally hard to incentivise; and

g) a group which had not historically been a concern but was known to drink and smoke more than a few years ago was middle-class women, many of whom were struggling to balance career and children as well as caring for elderly parents. Dr Khan added that statistical evidence supported this concern, as well as the fact that rates of breast cancer and ovarian cancer in this group were rising.

2. RESOLVED that:-

a) the progress of the transformation work and the findings of the customer insight work and public consultation be noted, and Members' comments, above, be taken into account; and

b) the direction of travel, and the work to integrate adult health improvement services, be endorsed.

79. Work Programme 2016/17
(Item D1)

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

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 – 10 March 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. 10 February – Spoke at Skillnet Social Value Workshop at Maidstone Salvation Army centre
2. 25 February – Chaired annual meeting with Kent Age UK Chairs
3. 3 March – Attended South Kent Coast Health and Wellbeing Board Development Day in Dover

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

1. Care Quality Commission Consultation on Shaping the Future
2. Visit to Queens House
3. Attended Association of Directors of Adult Social Services (ADASS) Policy Event
4. Winter Pressures

Adult Public Health

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

1. 3 February – Attended Local Government Association Annual Public Health Conference in London
2. 23 February – Spoke at the Arts in Recovery Festival Launch at Sessions House

Director of Public Health – Mr A Scott-Clark

1. Chaired workshop on Illicit Tobacco.
2. Attended LGA/ADPH conference
3. Attended Chief Medical Officer DPH development day.
4. Attended round table meeting on Tobacco Control with the Minister of Public Health.

5. Appointed representative of the Association of Directors of Public Health for South East.

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 – 10 March 2016
Subject:	**PROPOSAL ON THE CLOSURE OF THE DOROTHY LUCY CENTRE – ADDITIONAL INFORMATION**
Decision Number:	**16/00007**
Classification:	Unrestricted (Appendix is exempt)
Previous Pathway of Paper:	Adult Social Care and Health Cabinet Committee – 14 January 2016
Future Pathway of Paper:	Cabinet Member decision
Electoral Division:	Maidstone

Summary: Further to the report to the 14 January meeting, this provides the additional information required in order for the Cabinet Member to consider 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, the Dorothy Lucy Centre (DLC).

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) **CONSIDER** and **ENDORSE** or make a **RECOMMENDATION** to the Cabinet Member on the proposed decision (Attached as Appendix 1):

i) to close the Dorothy Lucy Centre, Maidstone

ii) to re-provide elderly frail services (currently provided by the Dorothy Lucy Centre) through existing external provision

iii) to re-provide dementia day services (currently provided by the Dorothy Lucy Centre) through a block contract

iv) to re-provide the short term beds (currently provided by the Dorothy Lucy Centre) in the independent sector

v) that Dorothy Lucy Centre day provision continues to operate as is until at least March 2017, to allow time to complete a procurement exercise for a block contract and implement a transition plan

vi) that existing services will not close until alternative provision is available for the current service users

vii) to give consideration to leasing the Dorothy Lucy Centre day centre part of the building to an external provider as an interim measure if they are unable to secure a suitable venue within the procurement timetable, with the understanding that they identify an alternate venue within a given timeframe

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

1. Background

1.1 Following the period of consultation on the future of the Dorothy Lucy Centre, Maidstone and the report that was presented to the Adult Social Care and Health Cabinet Committee on 14 January 2016 (Attached as Appendix 2) which confirmed how the successful re-provision of beds could be achieved, the additional work requested to be undertaken has been completed and the outcome is detailed in this report.

1.2 This report accompanies the full report on the outcome of the consultation that is included at Appendix 2 and covers the areas of work required to fully present the evidence needed to demonstrate how day care services at the Dorothy Lucy Centre can be re-provided locally.

1.3 The proposal for the 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 August 2016 for the re-provision of short term beds. This report suggests that day service re-provision could be achieved by the end of March 2017.

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 For the purposes of this report, the Commissioning Strategies and the vision for Adult Social Care in Kent include the requirement of day opportunities to support the individuals and their carers to allow the carer a short break to enable them to carry out this crucial function.

2. Required additional information

2.1 Section five of the report presented to Adult Social Care and Health Cabinet Committee in January 2016 covered the future service delivery and was not able to fully evidence the ability to secure alternative day care provision. Further work has been undertaken and is detailed further in the report to show the picture of demand and provision in Maidstone. There was also a request to look at whether the Dorothy Lucy Centre could be developed as a specialist day centre.

3. Day Service re-provision

3.1 Summary of current position

3.1.1 The Dorothy Lucy Centre (DLC) has a total of 135 day care places per week, 50 day care places for elderly frail people and 85 day care places for people living with dementia.

3.1.2 A total of 53 people are currently attending day services at DLC. Of these, 16 attend elderly frail days, using 23 of the 50 available places per week. In comparison, 37 people are attending the dementia days using 95 places per week.

3.1.3 Due to lower numbers of elderly frail days, the centre has been able to reallocate some of these places to accommodate the increase in demand for dementia day places. There is currently no waiting list for this service.

3.1.4 However, overall the centre continues to operate at 87% capacity (see below)

Day	Type of Day Care	Capacity (per week)	Current Usage
Monday	Elderly Frail	25 places	9 places
	Dementia	17 places	21 places
Tuesday	Dementia	17 places	16 places
Wednesday	Elderly frail	25 places	14 places
	Dementia	17 places	19 places
Thursday	Dementia	17 places	17 places
Friday	Dementia	17 places	22 places
Total	Elderly frail	50 places	23 places
	Dementia	85 places	95 places
	Overall	**135 places**	**118 places**

*usage based on centre registers as of 2nd February 2016

3.1.5 People using the DLC elderly frail day services are currently transported into the centre from their homes in the following locations:

Location	Number	
	Elderly Frail	Dementia
Allington	1	
Aylesford		2
Bearsted		4
Boughton Monchelsea		4
Chart Sutton	1	
Coxheath	2	
Detling		1
Fant, Maidstone Town	1	
Leybourne		1
Loose, Maidstone Town	1	2
Maidstone Town Centre	2	2
Marden	1	1
Oakwood, Maidstone Town		1
Park Wood, Maidstone Town	1	4
Sandling Maidstone Town		2
Shepway, Maidstone Town	1	9
Snodland		1
Staplehurst		2
Sutton Valence	1	
Sutton, Maidstone Town	1	1
Tonbridge Rd, Maidstone Town	1	
Tovil, Maidstone Town	1	
Vinters Park, Maidstone Town	1	
Total	16	37

3.2 Current alternate provision (elderly frail and dementia)

3.2.1 Age UK Maidstone is currently the main provider of day services in the community for elderly frail people in the Maidstone area. They operate a hub model across the district providing social opportunities in community based venues and sheltered housing schemes. See below:

Location	Days open
Parkwood	Monday
Barming	Monday, Tuesday & Wednesday
Loose	Tuesday
Staplehurst	One day a week
Shepway X 2	Thursday & Friday
Coxheath	Monday and Friday
Borough Green	Friday
West Malling	Monday & Thursday
Snodland	Thursday
Boxley	Wednesday & Friday
East Malling	Wednesday

3.2.2 Age UK Maidstone also operate the only local community day service for those with dementia, the Dorothy Goodman Centre, located in Bearsted.

3.2.3 Based on their current level of occupancy, they would be able to accommodate the 16 people currently attending DLC elderly frail day services at their current level of service. However, the Dorothy Goodman Centre does not have enough capacity to accommodate the dementia service.

3.2.4 Cost per person per day is included in the exempt appendix.

3.2.5 Age UK Maidstone are currently exploring options to expand their dementia day services beyond the existing provision at Dorothy Goodman Centre. They are in talks with Golding Homes (who they currently work with to deliver day services from their property) to identify sites they can use to provide dementia services for 3 days per week. This, in addition to the existing capacity in Dorothy Goodman Centre, would enable them to meet the demand from the Dorothy Lucy Centre.

3.2.6 Shared Lives Day Support is an in house provision providing short and long term placements for people with disabilities or dementia to live with families in their family home. Some of their providers also provide day support from their homes.

3.2.7 At present there is only one provider in the district. They are located in Bearsted and are able to offer one placement for older person / dementia day support.

3.2.8 Cost for dementia day support is included in the [exempt] appendix

3.2.9 Garden of England Homecare is a new provider who is currently providing domiciliary care in the area. They are planning to set up a dementia day care provision based on feedback from their domiciliary clients and have approached KCC for support. This will add an additional provider to the market.

3.2.10 Although, this provider does not currently have an established day care provision within the area, they are linking into the local Dementia Friendly Communities

forum to gather feedback about what is needed in the area, and are in conversation with Mid Kent Shopping Centre in Allington about leasing a property in the centre. The shopping centre management team are interested in the day centre because they are seeking to make the centre more accessible and friendly to those in assisted living.

3.2.11 Private Residential Care Home providers were asked to indicate if they would provide day support to non-residents. Four providers in Maidstone have indicated that they could do this. The providers, their capacity and rates are included in the exempt appendix.

3.2.12 The KCC Property Department do have property in the Maidstone area, however, additional scoping is required in order to understand whether these would be suitable alternatives to the DLC as a day centre.

3.2.13 The KCC Property Department are not opposed to acquiring property for a day centre as an alternative to DLC, but would need to understand the longer term plans for the day centre and be assured that the building would be an asset to the Council's property portfolio. A key consideration would be whether the day centre would remain an in-house provision or whether any property acquired would be leased to an external provider.

3.2.14 KCC Adult Social Care collects Section 106 contributions from developers and there is a significant amount of development in Maidstone. Although use of the contributions is for the additional growth in the area, analysis would be needed to show that the additional usage of the service is as a result of the new communities and certainly looking forward to plan for even more use of day services. There is money available for use

3.2.15 In summary, there is enough capacity within the external market to offer a suitable local alternative to individuals attending the elderly frail day services provision at DLC, but not currently for those attending the dementia day service.

4. Options for re-provision of day services at DLC

4.1 Included at Appendix two is the full detail regarding three options that were explored in the re-provision of day services in Maidstone.

4.2 The options considered were:

- Option One - Retain DLC as a specialist day service:
  - Option 1a: KCC to provide
  - Option 1b: external provider to provide

- Option Two - Close DLC and re-provide through existing external provision:
  - Option 2a: elderly frail only
  - Option 2b: elderly frail and dementia

- Option 3 – Close DLC and re-provide day services through a block contract:
  - Option 3a: Dementia day care only
  - Option 3b: Dementia and elderly frail day care

- Option 4 - Close DLC and retain day service as a specialist in house provision delivered from an alternate site

4.3 It is recommended that KCC implements a combination of:

- Option 2a: re-provide through existing external provision for elderly frail only
- Option 3a: re-provide through block contract for dementia day service only

4.4 For Option 3, it is noted that interested providers do not currently have a site to deliver the service from, and so the recommendation is that consideration is given to leasing the DLC day centre part of the building to an external provider as an interim measure if they are unable to secure a suitable venue within the procurement timetable, with the understanding that they identify an alternate venue within a given timeframe. KCC Social Care, Health and Wellbeing along with Property and Infrastructure will provide support to secure alternative accommodation

4.5 It is recommended that the Dorothy Lucy Centre day provision continues to operate as is until at least March 2017, to allow time to complete a procurement exercise for a block contract and implement a transition plan.

5. Use of the Dorothy Lucy Centre as a specialist day centre

5.1 As explored in option one above, the feedback received from KCC Property Department on the costs of having the Dorothy Lucy Centre as a specialist day service would not be significantly different to the current running costs of the full centre, from a property management perspective.

5.2 The preference would be to have the service managed as one whole building, as to close down part of the building would incur additional health and safety risks and costs, such as:

- Physical separation of the building for example with partitions or walls. This would then have an effect of the operation of essential services in the building including the fire alarm and emergency lighting system. A new fire risk assessment would have to be completed
- Electrical and mechanical systems will also need adapting, for example heating, lighting and power which would also be dependent on intake position. Isolating water services may also prove problematic depending on water supply and location of water tanks. This could lead to extensive works to adapt current hot and cold services to the building (pipework).
- All the above adaptations would be required in order for the building to remain in a statutorily compliant position.
- Additional costs would be incurred for security if one part of the building is unused while the day service was operating and would appear unwelcoming to a service operating in one side of the building.
- The potential to have the remaining part of the building let out would incorporate additional costs for managing and subsequently metering both sides of the building for utilities

5.3 KCC's Property Department out turn budget for 2014/15 for the DLC was £107.3k. This would be ongoing should the building remain in KCC management for an operating building.

5.4 Should the decision be taken to accommodate an external provider into the service, some income could be generated to off-set the £107.3k as part of the

rental/service charge costs, however this would of course be part of the day provision cost and would be charged back to KCC.

5.5 An interim, short-term, arrangement could be managed whilst any provider identifies accommodation within Maidstone, which would be a stipulation on any tender for the re-provision of services.

6. Financial Implications

6.1 The financial implications of this proposal are detailed in Appendix 2 to this report.

7. Equality Implications

7.1 An equality impact assessment has been completed and a copy is available on request.

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. Summary

9.1 The evidence has been provided to demonstrate that the beds at the Dorothy Lucy Centre can be secured through the care home tender and can be in place by the end of August 2016. The detail of this is in the report that was presented and discussed at the Adult Social Care and Health Cabinet Committee on 14 January 2016 (Appendix Two).

9.2 This subsequent report has provided evidence that day services can also be secured in Maidstone. However a tender exercise will be required and so alternative services will take time to be developed and which may require the use of the DLC as an interim measure. This would be by way of utilising existing external provision for elderly frail and to tender for a block contract for people with dementia. The existing services will not be closed until alternative provision is available for current service users.

9.3 Using the DLC as a specialist day service would be very costly longer term as detailed above and therefore an interim measure would be considered

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10. Recommendation(s)

10.1 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) **CONSIDER** and **ENDORSE** or make a **RECOMMENDATION** to the Cabinet Member on the proposed decision (Attached as Appendix 1)

i) to close the Dorothy Lucy Centre, Maidstone

ii) to re-provide elderly frail services (currently provided by the Dorothy Lucy Centre) through existing external provision

iii) to re-provide dementia day services (currently provided by the Dorothy Lucy Centre) through a block contract

iv) to re-provide the short term beds (currently provided by the Dorothy Lucy Centre) in the independent sector

v) that Dorothy Lucy Centre day provision continues to operate as is until at least March 2017, to allow time to complete a procurement exercise for a block contract and implement a transition plan

vi) that existing services will not close until alternative provision is available for the current service users

vii) to give consideration to leasing the Dorothy Lucy Centre day centre part of the building to an external provider as an interim measure if there are unable to secure a suitable venue within the procurement timetable, with the understanding that they identify an alternate venue within a given timeframe

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

11. Background Documents

None

12. Contact details

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Graham Gibbens Cabinet Member for Adult Social Care and Public Health	16/00007

For publication or exempt – please state

Key decision
The need to modernise services and to respond to changing demands

Subject: Closure of the Dorothy Lucy Centre, Maidstone

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

a) to close the Dorothy Lucy Centre, Maidstone

b) to re-provide elderly frail services (currently provided by the Dorothy Lucy Centre) through existing external provision

c) to re-provide dementia day services (currently provided by the Dorothy Lucy Centre through a block contract

d) to re-provide the short term beds (currently provided by the Dorothy Lucy Centre) in the independent sector

e) that Dorothy Lucy Centre day provision continues to operate as is until at least March 2017, to allow time to complete a procurement exercise for a block contract and implement a transition plan

f) that existing services will not close until alternative provision is available for the current service users

g) to give consideration to leasing the Dorothy Lucy Centre day centre part of the building to an external provider as an interim measure if they are unable to secure a suitable venue within the procurement timetable, with the understanding that they identify an alternate venue within a given timeframe

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

Reason(s) for decision:
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.

Cabinet Committee recommendations and other consultation:
A recommendation report was presented to the Adult Social Care and Health Cabinet Committee on 14 January 2016. The Committee resolved that further work be undertaken and a formal proposal brought to the next meeting of the Committee.

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

Meeting on 10 March 2016 and the outcome of this included in the decision paperwork which the Cabinet Member will be asked to sign.

Social Care Health and Wellbeing entered into formal consultation on the future of its registered care home at Dorothy Lucy Centre, Maidstone 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. 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**

Any alternatives considered:

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.

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. 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.

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

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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 (Appendix exempt)
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	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 September2015
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	Letter sent 21 September; meeting 28 September
Head of Service	2 September 2015
Staff	Letter sent 21 September; meeting 28 September
Trades Unions	22 September 2015
Local KCC member(s)	22 September 2015
District Council	22 September 2015
Parish/Town Council	30 September 2015
Relevant NHS bodies	22 September 2015
Any other relevant person or organisation and the Local MP	22 September 2015

Healthwatch Kent Patient and Public Participation Group (PPG)	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:

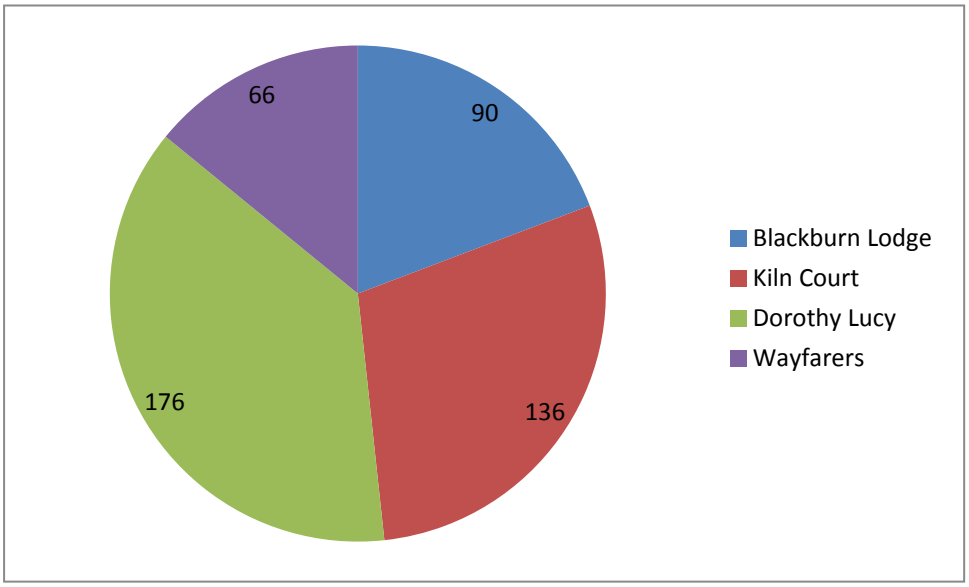
Consultation responses from	No. of Emails	No. of Letters	No. of Phone calls	No. online responses	No. complaints	No. petitions	No alternative proposals
Relatives	**7**	**7**	**3**	**37**	**3**		
Staff				**7**			
Wider Public		**10**	**4**	**76**		**1**	
MPs/ Councillors	**2**	**2**		**1**			
Organisations		**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:

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**

3.2 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						
No of admissions	**Once**	**Twice**	**Three times**	**Four times**	**5 times**	**6 times**	**7 times**
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 £461per 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.

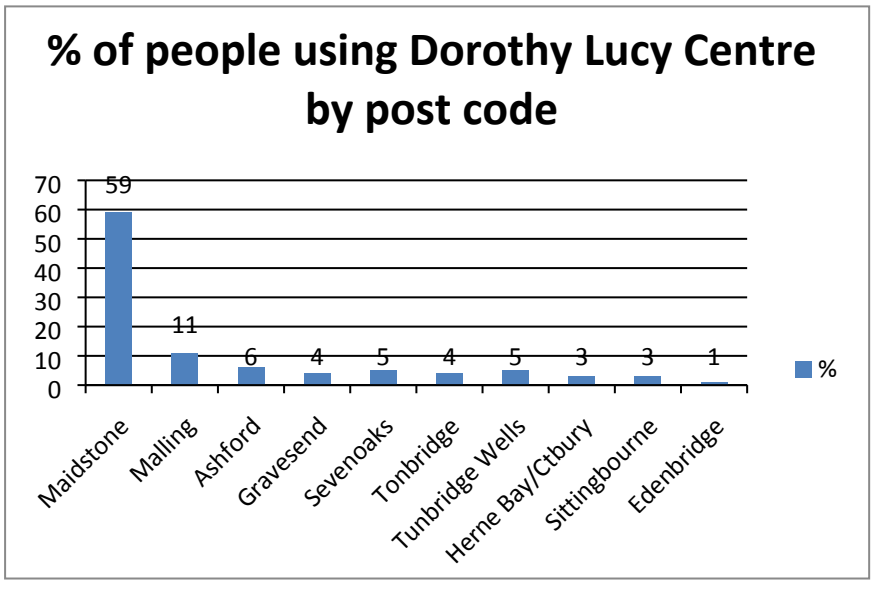
3.10 Reduction in overall provision and impact on the wider health and social care system. Reference was made in many responses to the increasing Delayed Transfers of Care (DTOC) or 'bed blocking' within hospitals and the concern expressed that closure may exacerbate the situation. When examining recent 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 Wells	5	1	14
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	Elderly Frail	Monday	£4.60 per day, Transport £5.40, Membership of £52 a

Walk, Parkwood			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 Greenborough, Greenborough Close, Shepway	Elderly Frail	Thursday, Friday	£4.60 per day, Transport £5.40, Membership of £52 a year, where appropriate

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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Appendix 3

<table>
<tr><td>Option 1</td><td>Retain DLC as a specialist day service:
Option 1a: KCC to provide
Option 1b: external provider to provide</td></tr>
<tr><td>Explanation</td><td>Given the lack of suitable alternate provision within the area, this option proposes that DLC is transformed into a specialist day service for people living with dementia. This could be provided either by KCC or it could be outsourced to the external market through a block contract.</td></tr>
<tr><td>Opportunities</td><td>This would maintain consistency for individuals attending the day service and ensure that people with dementia have access to day services which support them to remain socially engaged and which provide breaks for their carers.</td></tr>
<tr><td>Risks</td><td>If a decision is made to close DLC, KCC Property will conduct an assessment of the building to determine whether it can be used to generate capital (through selling it) or revenue income (through renting it). This assessment includes the whole building, retaining a day service within DLC would mean that the rest of the building would not be available for sale or rental, and would therefore remain unused.

This option would mean that KCC is not able to get value for money from its property assets and reflect on KCC Property’s ability to generate income / capital for the council.

Any organisation wishing to provide day services from the building would need to absorb the costs of maintaining the entire building. This would likely be unsustainable in the longer term.

Any external provider would be required to TUPE DLC staff currently working within the day centre. This would impact on delivery costs.</td></tr>
<tr><td>Estimated Costs</td><td>Costs are estimated using Cost Setting Guidance (CSG) and based on a 50 week year.
<table><tr><th></th><th>Cost setting guidance</th><th>Places per week</th><th>Cost (weekly)</th><th>Cost (annual)</th></tr><tr><td>Dementia</td><td>£35.43</td><td>95</td><td>£3,366</td><td>£168,293</td></tr><tr><td>Elderly frail</td><td>£29.99</td><td>23</td><td>£689</td><td>£34,489</td></tr><tr><td>Total</td><td></td><td></td><td>£4,055</td><td>£202,782</td></tr></table>
These are likely to increase given that CSG is not representative of the current external market costs for dementia which tend to be closer to £45 per day.

A unit cost of £45 per day would increase the cost of re-providing dementia services to £213,750 per year.</td></tr>
</table>

Option 2	**Close DLC and re-provide through existing external provision:** • **Option 2a: elderly frail only** • **Option 2b: elderly frail and dementia**
Explanation	This option considers accommodating the entirely of the current DLC provision within the existing external market. Direct payments are already used for people with dementia to access day services through external providers.
Opportunities	This would enable DLC to be closed, achieving identified savings and generating income from KCC Property Department. Individuals would have the opportunity to transfer to alternate provision and community based venues, retaining social connections and friendships groups. The use of a direct payment would offer greater choice and control for individuals. Costs for re-provision are likely to be lower as TUPE may not apply.
Risks	There is insufficient alternate provision to accommodate those currently attending DLC dementia days.
Estimated Costs	Based on KCC Cost Setting Guidance, annual cost of £34,489 for elderly frail and £168,293 for dementia. This is likely to be higher as cost setting guidance does not reflect current market costs.

Option 3	**Re-provide day services through a block contract:** **Option 3a: Dementia day care only** **Option 3b: Dementia and elderly frail day care**
Explanation	A tendering exercise would be undertaken to procure suitable alternate provision on a block contracting basis.
Opportunities	This would enable DLC to be closed, achieving identified savings and generating income from KCC Property Department. This would enable people to have continued access to equitable services, retaining friendship groups. There are currently two providers in the market who would be interested in such an opportunity.
Risks	Neither of the interested providers currently have a venue that they could use to deliver the service from (although Age UK is in talks with other providers of sheltered housing). The cost of TUPE may be prohibitive or may deter possible providers. It will take 3-4 months to complete a tendering process for a block contract
Estimated	Based on KCC Cost Setting Guidance, annual cost of £34,489 for elderly frail

Option 3	Re-provide day services through a block contract: Option 3a: Dementia day care only Option 3b: Dementia and elderly frail day care
Costs	and £168,293 for dementia. This is likely to be higher as cost setting guidance does not reflect current market costs. Additional financial assessment would be required to identify TUPE implications.

Option 4	Option 4 - Close DLC and retain day service as a specialist in house provision delivered from an alternate site
Explanation	The day service provision would remain as an in house KCC service, but would be delivered from an alternate site in order to close DLC and release capital savings
Opportunities	This would enable DLC to be closed, achieving identified savings and generating income from KCC Property Department. This would enable people to have continued access to equitable services, retaining friendship groups.
Risks	This would not realise the degree of savings associated with outsourcing the service, due to staffing costs and management overheads. This approach is at odds with the aim of the Council to become a commissioning authority and would present an anomaly in the county where majority of day care for older people and people with dementia is already outsourced. Corporate Landlord may not have a suitable alternative.
Estimated Costs	Costs are likely to remain as is.

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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 – 10 March 2016
Subject:	**PROPOSAL ON THE CLOSURE OF KILN COURT – ADDITIONAL INFORMATION**
Decision Number:	**16/00008**
Classification:	Unrestricted (Appendix is exempt)
Previous Pathway of Paper:	Adult Social Care and Health Cabinet Committee – 14 January 2016
Future Pathway of Paper:	Cabinet Member decision
Electoral Division:	Faversham

Summary:	This report provides additional information that was required in order for the Cabinet Member to consider 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) **CONSIDER** and **ENDORSE** or make a recommendation to the Cabinet Member on the proposed decision (Attached as Appendix 1) to: i) close Kiln Court, Faversham ii) delegate authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions implement the decision.

1. Background

1.1 Following the period of consultation on the future of Kiln Court, Faversham and the report that was presented to the Adult Social Care and Health Cabinet Committee on 14 January 2016, additional work has been completed and the outcome is detailed in this report.

1.2 This report accompanies the full report (Attached as Appendix 2) on the outcome of the consultation that is evidence needed to demonstrate how services at Kiln Court can be re-provided locally and further investigation into feedback from the Canterbury and Coastal Clinical Commissioning Group (CCG).

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.

2. Required additional information

2.1 Section 5 of the report presented to Adult Social Care and Health Cabinet Committee in January 2016 covered the alternative proposals suggested through the consultation. It mentioned that two providers were 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. Since then, there has been further interest to purchase the site in order to demolish and build extra care housing.

2.2 Officers were asked to explore:

- The potential of care homes in Faversham to tender for four beds for short term services so that these could be secured
- The feedback from the Canterbury and Coastal Clinical Commissioning Group (CCG) in relation to the bed modelling exercise that was expected to conclude in late January 2016
- The feedback from the CCG in relation to the future use of Kiln Court to support the health economy
- Whether the closure of Kiln Court would have a material impact on the health services in Faversham, based on the vision for service development across Health and Social Care

3. Short term bed re-provision

3.1 Strategic Commissioning contacted all of the care homes in Faversham regarding the potential to tender for four beds on a block contract basis. The homes contacted were:

- Kingsfield
- Cooksditch
- Carnalea

3.2 The approach was to provide the detailed commissioning requirements in terms of types of beds required to the home manager and owner/ business manager for each of the above homes. Meetings were held with all three homes who were asked to express their interest initially in the provision of this service under a block contract arrangement and to submit a price to deliver the four beds for short term accommodation. The responses from two of these homes were positive with one home already having identified which rooms they would use for such a service. They did not respond initially to the tender as they do not want to have a call off contract; however a block contract is of interest. The detail, including prices is

included in the exempt appendix showing the full responses from the providers. The third home has said they are not interested at this present time, however could consider responding to the formal tender once the terms and conditions are clear.

3.3 In order to update the financial implications of re-providing all services at Kiln Court, the table below has been updated to show the average costs following the receipt of prices through soft market testing for the four beds in Faversham.

3.4 Cost of Re-provision (updated from January 2016 Cabinet Committee report)

Type	No. of beds	Cost (per week) £	Total cost (per week) £	Total cost (per annum) £
Respite	8	650	5,200	270,400
Dementia	6	426	2,556	133,277
Community	1	426	426	22,213
	17		**7,052**	**425,890**

3.5 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 £595k if utilisation continues at current levels. However, with a revised timetable for closure of 1 September 2016, the costs of providing intermediate care to be with Health colleagues and the cost of securing the local beds in Faversham with the received prices, these savings would reduce to £297k for the 2016/17 financial year. From this, assuming one off redundancy costs of £162k and pension costs of £132k, means that there would be no savings for 2016/17 although there would be cost avoidance from building maintenance and no ongoing staffing commitment.

4. CCG Feedback

4.1 The important factor here is that, whilst the CCG submitted the feedback, this was representing the views of the Local Delivery Network which is a meeting designed to engage with members of the public on key local issues. The views were those that the Delivery Network had asked to be presented and are not wholly the views of the CCG as a commissioning organisation.

4.2 The bed modelling exercise was expected to conclude in January 2016, however at present the scope and approach is being finalised and the results of the exercise will be presented for decision at the East Kent Strategy Board by June 2016. The profile of beds was discussed along with the findings of the joint Accommodation Strategy. The modelling exercise to be commissioned by the CCG will focus on the profile of beds needed in relation to community hospital provision and intermediate care.

4.3 The overall profile of beds needs to fit within the Transformation Programme of both adult social care and the different pathways for health commissioning. The new ways of working include discharge to assess models and the prevention agenda. The joint Accommodation Strategy demonstrates and evidences the need for more dementia care home beds and nursing care home beds across the whole

of the County with a requirement to develop more extra care housing to support the drive to support people safely in their own home. It was agreed that the provision of care at Kiln Court would not materially impact on the future commissioning needs of beds for the health and social care sector as the room sizes would need to be larger than at Kiln Court to account for people's additional needs for more complex care including double handed care and equipment. KCC and the CCG would want to work together to influence future service delivery with the providers and provide support should they wish to focus on different types of services (such as dementia specific or nursing care and short term care with inputs from the local community services)

4.4 Refusals of people referred to Kiln Court were not understood by the CCG as they were not aware that not all individuals referred could be managed by the service. The direction of travel for both health and social care is to get people home to assess their future need and this would see a reduction of referrals to Kiln Court as it has done in other areas of the County through the social care Acute Demand workstream of the Transformation Programme.

4.5 The future profile in the Accommodation Strategy is as follows:

Accommodation Type	**Profile**
Community Hospital	The inputs provided to the beds in community hospitals will be reviewed along with the criteria of need to make sure that the services are optimised. This, along with the increase in population and the demographic changes, will probably mean that the level of beds will remain static, however the bed modelling exercise will provide the evidence of need
Nursing dementia	This will need to increase in supply and there will be an increased demand for these services
Nursing	This will need to increase in supply and there will be an increased demand for these services
Residential dementia	This will need to increase in supply and there will be an increased demand for these services. It is expected that short term services will see an increase, although there are other ways in which services could be provided. For an individual where a change in environment affects an individual's behaviour, it could be that there would be an increase in care at home services while the carer has a break away from the home.
Residential	As the drive to get people home increases with wrap around social care and health services, there will be less requirement on the number of beds needed in this category. There will be a continued need for short term services to provide a carer break however there are many ways in which this could be provided. With the acute demand work from referrals from hospitals, this is already showing a reduction in commissioning short term beds in this sector
Extra care housing	Extra care housing is a genuine alternative to residential care. Older people receive tailored care packages living in their own home and are in control of their daily needs and activities. People living in extra care housing receive all of the services they

	would be entitled to as if they were living at home, such as district nursing support, and is adaptable for telecare and equipment. There are communal facilities that encourage inclusive activities.
Own home	Working with the District Councils, developers and registered providers, KCC discusses models for housing for vulnerable adults encouraging developments for specific groups

4.6 The theme for all future commissioning is that "Own Bed is Best". All transformation programmes are to keep people in their own home safely for as long as possible. This provides better outcomes for people and costs less money in the long term compared to people living in care homes.

4.7 Through the Accommodation Strategy and recent discussions in relation to the feedback provided by the CCG through the consultation, it was agreed that the future commissioning ideal would be in modern accommodation. CCG commissioning plans are based on the development of an integrated health and social care model. The capacity and demand work, of which is yet to be completed, would not be in addition to existing capacity which will need to be reviewed as part of the Sustainability Transformation Plan.

4.8 The CCG priority for 2016/17 is to focus on integrating the teams that serve beds and would review this for 2017/18 once that has been achieved. The CCG were interested in the planning application and would work with KCC to pursue the development of a care home in Faversham and would meet with the developer/operator to influence the service delivery so they are beds that would be in demand and potentially commissioned.

4.9 Further concern from the Network included concern on the impact on Faversham Cottage Hospital which "currently receives a large number of patients from Kiln Court. Will similar referral levels continue in the future? If not, what will be the impact on the Cottage Hospital?"

4.10 Records show that only two people left Kiln Court to go to the Faversham Cottage Hospital for the period January to December 2015.

4.11 Both KCC and the CCG have a strategic priority to integrate and the integrated commissioning of services is being explored with other CCG's currently. Whilst KCC has an evidenced need to commission four short term beds in Faversham, the CCG may have additional requirements that could be joint commissioning of health and social care beds, however this is likely to be in nursing care provision as has been seen in other parts of the County such as the Health and Social Care village model.

5. Equality Implications

5.1 An equality impact assessment has been completed and a copy is available on request.

6. Financial Implications

6.1 The financial implications of this proposal are detailed in Appendix 2 to this report.

7. Legal Implications

7.1 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.

8. Summary

8.1 The evidence has been provided to demonstrate that four beds can be secured in Faversham.

8.2 The CCG feedback was provided on behalf of the Faversham Delivery Network and therefore the alignment of Kiln Court to the CCG strategies and KCC transformation programme has now been understood and agreed by both commissioning organisations and the outcome is that, as Kiln Court currently operates and is configured, the closure would have no material impact on the health and social care provision, provided that the four beds can be secured.

8.3 The future use of the site at Kiln Court is subject to a separate Key Decision, however an identified priority for such a site would be to support the future Health and Social Care integration strategy.

9. Recommendation(s)

9.1 Recommendation: 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) **CONSIDER** and **ENDORSE** or make a recommendation to the Cabinet Member on the proposed decision (Attached as Appendix 1) to:
i) close Kiln Court, Faversham
ii) delegate authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions implement the decision.

10. Background Documents

Accommodation Strategy - www.kent.gov.uk/accommodationstrategy
Five Year Forward View - https://www.england.nhs.uk/ourwork/futurenhs/

11. Contact details

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Graham Gibbens Cabinet Member for Adult Social Care and Public Health	16/00008

For publication or exempt – please state

Key decision
The need to modernise services and to respond to changing demands

Subject: Proposal to close Kiln Court registered care home, Faversham

Decision: As Cabinet Member for Adult Social Care and Public Health, I propose to
a) **CLOSE** Kiln Court registered care home, Faversham 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 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.

Cabinet Committee recommendations and other consultation:
A recommendation report was presented to the Adult Social Care and Health Cabinet Committee on 14 January 2016. The Committee resolved that further work be undertaken and a formal proposal brought to the next meeting of the Committee.

The proposed decision will be discussed at the Adult Social Care and Health Cabinet Committee Meeting on 10 March 2016 and the outcome of this included in the decision paperwork which the Cabinet Member will be asked to sign.

Social Care Health and Wellbeing (SCHW) entered into formal consultation on the future of its registered care home at Kiln Court Registered Care Home, Faversham 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. 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

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 discuss*sions should be held with other potential providers, including the community and voluntary sector".

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.

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, 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.

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 of the report presented to the Adult Social Care and Health Cabinet Committee on 14 January 2016, 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.

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

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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 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	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 September2015
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	Letter sent 21 September; meeting 28 September
Head of Service	2 September 2015
Staff	Letter sent 21 September; meeting 28 September
Trades Unions	22 September 2015
Local KCC member(s)	22 September 2015
District Council	22 September 2015
Parish/Town Council	30 September 2015
Relevant NHS bodies	22 September 2015
Any other relevant person or organisation and the Local MP	22 September 2015
Healthwatch Kent	30 September 2015
Patient and Public Participation Group (PPG)	30 September 2015
Media Communication- press release	23 September 2015
Consultation Period	28 September 2015 to 20 December 2015
Stakeholder events :	16 November 2015- Presentation

Faversham Town Council Swale Local Engagement Forum Faversham Health Matters Kent CAN newsletter MP meeting and tour of Kiln Court	1 December 2015- Presentation 2 December 2015- Presentation 12 October 2015 and subsequent circulation 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

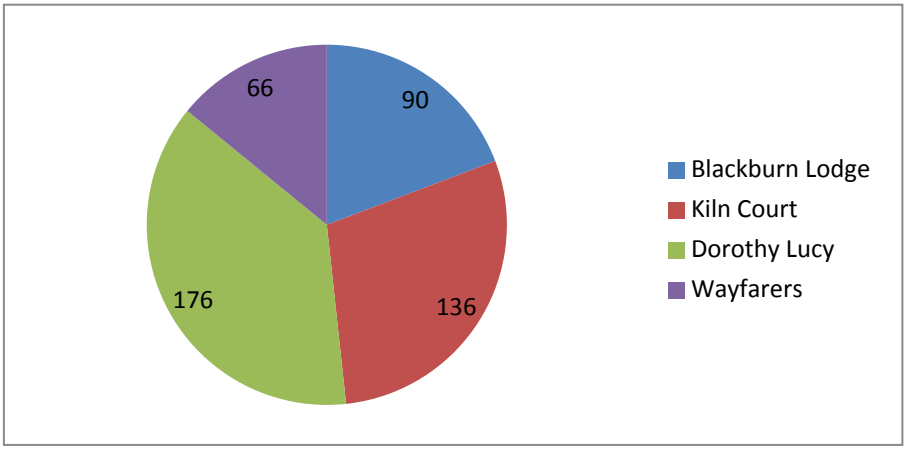
2.5 Three petitions were received against the proposal to close Kiln Court; one from Unison Kent Branch, one from the Faversham Labour Party and one from Faversham Health Matters. The responses have been calculated and a total of 1664 'signatures' were recorded across the various petitions which were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

3.2.2 A 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 (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 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 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 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 Costal 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

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

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 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

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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 – 10 March 2016
Decision No:	**16/00016**
Subject:	**PROPOSED REVISION OF RATES PAYABLE AND CHARGES LEVIED FOR ADULTS' SERVICES IN 2016-17**
Classification:	Unrestricted
Past Pathway of Paper:	Social Care Health and Wellbeing DMT – 20 January 2016
Future Pathway of Paper:	Cabinet Member decision
Electoral Division:	All

Summary: This paper sets out the proposed rates and charges for Adult Social Care Services for the forthcoming financial year, along with any potential changes to the Adult Social Care charging policy, and sets out officer recommendations to the Cabinet Member for decision.

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

a) **APPROVE**

i. The Client contributions for residential care for older people remain at£463.07

ii. The Client contributions for residential care for people with learning difficulties remain at £631.26

iii. The Wellbeing Charge - Better Homes Active Lives scheme for older people remain at £15.00

iv. The Wellbeing Charge - Better Homes Active Lives scheme for people with learning difficulties remain at £44.92

v. The Notional charges for Day Care remain at:

Learning Disability – Day centre £37.64
Learning Disability – Day Centre half day £18.82
Older People – Day Centre £29.99
Older People – Day Centre half day £15.00
Physical Disability – Day Centre £35.80
Physical Disability – Day Centre half day £17.90
Older People with Mental Health Needs – Day Centre £35.45

vi. The Client contributions for Meals Charges remain at:
Meal Charge £3.90
Meals and other snacks £4.90
Refreshments flat rate charge £1.00

vii. For Local Authority Charges for Adult services:
Assessment hourly rate to increase to £68.76 per hour.

b) **NOTE**

i. The recommendation to continue the £10 charge for blue badge
ii. The continuation of the current mileage rate paid to Voluntary Drivers
iii. The rates for consultancy work and key publications.

c) **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 is produced annually and seeks approval of the Directorate's proposed rates and charges levied for the forthcoming financial year, along with any potential changes to the Adult Social Care charging policy. It is proposed, however, that the rates may be reviewed during the course of the year.

1.2 All proposed rates and charges levied for 2016-17 are listed in the attached appendix (Appendix 2) and represent those published in the annual booklet and on the Kent.gov.uk website.

1.3 The Kent County Council staff pay award for 2016-17 is based on a single performance-related payment unlike the separate cost of living award and performance reward elements that was the case for 2015-16. As there is no increase some adults' rates are proposed to remain unchanged. This is in line with the average Consumer Price Index (CPI) figure for the period April 2015 to September 2015 of 0%, which is also in line with the benefits uplift.

1.4 The effective date, unless otherwise stated, for all proposed changes to adult services will be the week beginning 11 April 2016.

1.5 The Care Act 2014 gives councils powers to charge 'self-funders' only for arranging or purchasing home care on their behalf. This is only to cover the costs incurred by the council when it provides this kind of help. However, councils are not permitted to charge for carrying out assessments or for arranging care in a care home. It is proposed that a one-off fee should be set out and following approval this should be included in the rates and charges for 2016/17. This will be a partial brokerage service (negotiating with a provider on behalf of the individual) and full brokerage service (negotiating with a provider, managing the provision of care and support including payments to the provider and contract management on behalf of the individual).

2. Charges and Rates Payable for Adult Services

2.1 All rates and charges proposed for 2016-17 in respect of Adult Services are shown in the attached appendix (Appendix 2).

2.1.1 The increase in income and the increase in payments that these changes will bring have been included in the draft budgets for the services affected, which was agreed at County Council on 11 February 2016.

Client Contributions for Residential Care

2.2 Since April 2015 the council has exercised powers to charge under section 14 of the Care Act 2014. The powers are further set out in the Care and Support (Charging and Assessment of Resources) Regulations 2014 and the associated statutory guidance. The way charges are being calculated following the means-testing assessment is broadly the same as pre April 2015 as a Key Decision was taken to preserve the status quo and to continue to charge on the same basis. This remains the case

2.3 Under current residential charging rules, people who have savings or investments of more than £23,250 will pay the full cost of their care.

2.4 The provision for residential care for adults falls into two categories:

- The council's own provision
- Placements affected through the independent sector, purchased by the council.

2.5 For those clients with the ability to meet the full cost of a placement in the council's own provision, the proposals for the maximum contribution are as follows:

a) Older People

It is recommended that no increase be applied to this rate as the average CPI figure for the period April 2015 and September 2015 is 0%. The rate will remain at £463.07 for 2016-17.

b) People with Learning Difficulties

It is recommended that no increase be applied to this rate as the average CPI figure for the period April 2015 and September 2015 is 0%. The rate will remain at £631.26 for 2016-17.

2.6 There is no maximum contribution for placements in independent sector homes, though the contract price is agreed between the council and the care home.

2.7 For those clients that do not have the ability to meet the full cost of their placement, they will be re-assessed using the Care Act 2014 rules and their contribution towards residential care will rise in accordance with either their pension or benefits.

Deferred Payments

2.8 The Care Act 2014 introduced a new Universal Payments Scheme which all local authorities had to introduce from April 2015. The relevant sections of the Act are sections 34 and 35. Further details are provided in The Care and Support (Deferred Payment) Regulations 2014 and in the statutory guidance, the final versions of which were issued in October 2014. The Act confers a duty on local authorities to develop a mandatory scheme based on national regulations.

2.9 The council instituted a new Deferred Payments scheme (with both mandatory and discretionary elements) from April 2015, in accordance with the criteria in the Care Act 2014 and accompanying regulations and guidance. The rules allow interest and an administrative charge to be applied. It is proposed that both these aspects are treated in the same way as in 2015 and that the following applies:

(a) **Interest to be applied**
Under section 35 of the Care Act and Regulation 9 of The Care and Support (Deferred Payment) Regulations 2014, interest can be charged on the amount deferred for the purposes of a Deferred Payment agreement. Regulation 9 states that the maximum interest that can be charged is based on the "relevant rate" plus 0.15%. The "relevant rate" is the weighted average interest rate on conventional gilts. This is updated twice a year (1 January and 1 July) by the Department of Health (DH) and published by the Office of Budget Responsibility. In line with this requirement, the council will update the interest rate every January and July, in line with the maximum that can be charged. Interest will be calculated and compounded daily. For information the current rate to be applied is 2.15% from 1 January to 30 June 2016.

(b) **Administrative charge to be applied**
Under section 35 of the Care Act and Regulation 10 of The Care and Support (Deferred Payment) Regulations, an amount for administration costs can be charged to people entering a Deferred Payment agreement. This amount can be added to the amount deferred or paid separately. It is proposed that the administration cost for the council scheme should continue to be £480 at the start of the agreement, with £65 charged per year thereafter. These charges were recommended and agreed before the start of the scheme in April 2015 and were calculated based on the following costs: legal services and fees, staff, printing and postage costs involved in the invoicing process and staff costs involved in the financial assessment process. The staff costs used include the employer's National Insurance and employer's pension contributions. The costs associated with the role of case management have not been included and there is no amount included for overheads.

Personal Expenses Allowance

2.10 This is part of the pension identified as being for a client's personal use and is set by the Department of Health; **the rate for 2016-17 has yet to be published for 2015-16 the allowance is £24.90 per week.**

Client Contributions for Non-Residential Care

2.11 Under current non-residential charging rules, people who have savings or investments of more than £23,250, which has remained the same since April 2010, will pay the full cost of their care.

2.12 People who have savings under £23,250 will be assessed to see if they are able to make a contribution to the cost of their support. The contribution is based on their weekly income (including pensions and benefits), and any savings/ investments between £14,250 and £23,250. Full details are in the "Charging for Homecare and Other Non-Residential Services Care" booklet.

Wellbeing Charge - Better Homes Active Lives (PFI) Schemes

2.13 Non-residential charging rules will also apply to these schemes. However, when working out the cost of the care and support, an additional cost will be added to the cost of any hours of care and support.

a) Extra-care schemes for older people
This is the cost of the 24 hour emergency cover available (for example if a person falls).
It is recommended that no increase be applied to this rate as the average CPI figure for the period April 2015 and September 2015 is 0%. The rate will remain at £15.00 for 2016-17.

b) Schemes for people with Learning Difficulties
This is the cost of the sleeping night support service.
It is recommended that no increase be applied to this rate as the average CPI figure for the period April 2015 and September 2015 is 0%. The rate will remain at £44.92 for 2016-17.

Blue Badges

2.14 With effect from 1 April 1983, this charge was introduced to cover the administration of the application. The regulations governing the Blue Badge scheme give local authorities the discretion to charge a fee on the issue of a badge.
This fee currently cannot exceed £10. As from 1 January 2012, the council has charged £10 and it is recommended that this rate continues.

Notional Charges for Day Care

2.15 A notional rate applies to day care charges, however if the cost of care is lower than the notional charge then the lower charge will apply. People who have

savings under £23,250 will be assessed to see if they are able to make a contribution to the cost of their day care.
It is recommended that no increase be applied to these rates as the average CPI figure for the period April 2015 and September 2015 is 0%. The rate will remain at unchanged for 16-17, as shown below.

Care Item	Unit	Proposed Unit Charge (notional cost)
Learning Disability – day centre	Day	£37.64
Learning Disability – Day Centre half day	Session	£18.82
Older People – Day Centre	Day	£29.99
Older People – Day Centre Half Day	Session	£15.00
Physical Disability – Day Centre	Day	£35.80
Physical Disability – Day Centre Half Day	Session	£17.90
Older People with Mental Health Needs – Day Centre	Day	£35.45

Meals Charges/Other Snacks - Local Authority Day Centres

2.16 There are two meal charges: (i) meals (ii) meals and other snacks.
It is recommended that no increase be applied to these rates as the average CPI figure for the period April 2015 and September 2015 is 0%.

	Proposed rate for 16/17
Meal Charge	£3.90
Meals and other snacks	£4.90

2.17 For refreshments a flat rate charge of £1 is to be applied.

Voluntary Drivers/Escort Mileage Rates

2.18 The current rate is usually reviewed in line with the Chancellor of the Exchequer's annual budget announcement. This rate is currently set at 45p per mile and is not expected to change in the near future.

Other Local Authority Charges for Adult Services

2.19 It is proposed to increase the rate by 1.5% which represents the assumed increase for the pay award for 2016-17. **It is proposed to apply an hourly rate of £68.76** which allows for the assumed percentage increase for the pay award uplift.

3. General Charges and Rates

Consultancy

3.1 County Council Finance dictates the rates to be levied for:

i) Middle Management (£82 per hour);
ii) Senior Management (£152 per hour);
iii) Director, when undertaking consultancy work (£246 per hour).

Publications

3.2 The proposal is to leave the charge for key publications at £10, the same level as 2015-16

4. Legal Implications

4.1 This report distinguishes between those rates and charges over which Members can exercise their discretion and those which are laid down by Parliament.

5. Equality Implications

5.1 None.

6. Recommendations

6.1 Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and either **ENDORSE** or make a recommendation to the Cabinet Member on the proposed decision (attached as Appendix 1) to:

a) **APPROVE**

i. The Client contributions for residential care for older people remain at£463.07
ii. The Client contributions for residential care for people with learning difficulties remain at £631.26
iii. The Wellbeing Charge - Better Homes Active Lives scheme for older people remain at £15.00
iv. The Wellbeing Charge - Better Homes Active Lives scheme for people with learning difficulties remain at £44.92
v. The Notional charges for Day Care remain at:
Learning Disability – Day centre £37.64
Learning Disability – Day Centre half day £18.82
Older People – Day Centre £29.99
Older People – Day Centre half day £15.00
Physical Disability – Day Centre £35.80
Physical Disability – Day Centre half day £17.90
Older People with Mental Health Needs – Day Centre £35.45
vi. The Client contributions for Meals Charges remain at:
Meal Charge £3.90
Meals and other snacks £4.90
Refreshments flat rate charge £1.00

vii. For Local Authority Charges for Adult services:
Assessment hourly rate to increase to £68.76 per hour.

b) **NOTE**

i. The recommendation to continue the £10 charge for blue badge
ii. The continuation of the current mileage rate paid to Voluntary Drivers
iii. The rates for consultancy work and key publications.

c) **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.

7. Background Documents

Care Act 2014
http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf
Care Act Support Statutory Guidance
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf

8. Report Author

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY	DECISION NO.
Graham Gibbens, Cabinet Member for Adult Social Care and Public Health	16/00016

Key Decision: Affects more than 2 Electoral Divisions

Subject:
PROPOSED REVISION OF RATES PAYABLE AND CHARGES LEVIED FOR ADULTS' SERVICES IN 2016-17

Decision:
In line with the recommendations in the report on the Proposed Revision of Rates Payable and Charges Levied for Adults' Services in 2016-17, as Cabinet Member for Adult Services I propose to:

a) **APPROVE**

i. The Client contributions for residential care for older people remain at £463.07
ii. The Client contributions for residential care for people with learning difficulties remain at £631.26
iii. The Wellbeing Charge - Better Homes Active Lives scheme for older people remain at £15.00
iv. The Wellbeing Charge - Better Homes Active Lives scheme for people with learning difficulties remain at £44.92
v. The Notional charges for Day Care remain at:
Learning Disability – Day centre £37.64
Learning Disability – Day Centre half day £18.82
Older People – Day Centre £29.99
Older People – Day Centre half day £15.00
Physical Disability – Day Centre £35.80
Physical Disability – Day Centre half day £17.90
Older People with Mental Health Needs – Day Centre £35.45
vi. The Client contributions for Meals Charges remain at:
Meal Charge £3.90
Meals and other snacks £4.90
Refreshments flat rate charge £1.00
vii. For Local Authority Charges for Adult services:
Assessment hourly rate to increase to £68.76 per hour.

b) **NOTE**

i. The recommendation to continue the £10 charge for blue badge
ii. The continuation of the current mileage rate paid to Voluntary Drivers
iii. The rates for consultancy work and key publications.

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

Reason(s) for decision, including alternatives considered and any additional information
The proposed rates payable and charges levied are considered annually, with any revisions

normally introduced at the start of each financial year.

This decision relates to Adult Social Services and the rates and charges that are currently in place, with the Children's Social Services being addressed in a separate decision
.
The rates and charges payable for 2016/17 will be introduced the week commencing 11 April 2016.

The report distinguishes between those rates and charges over which Members can exercise their discretion, and those which are laid down by Parliament.

Financial Implications:
The increase in income and the increase in payments that these changes will bring have been included in the draft budgets for the services affected, which was agreed at County Council on 11 February 2016.

Cabinet Committee recommendations and other consultation:
The proposed decision will be discussed at the Adult Social Care and Health Cabinet Committee on 10 March 2016 and the outcome included in the decision paperwork which the Cabinet Member will be asked to sign.

Background Documents:
A recommendation report will accompany the decision paperwork.

Any alternatives considered:
As noted, elements of these revisions are set by external agencies and are not subject to discretion.

For the discretionary elements, alternative percentages were considered, but the established principle of using the previous September CPI figure (which is also used by the DWP for uplift calculations) was retained.

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

.....
signed

.....
date

Proposed Rates and Charges 2016-17 **Appendix 2**

		2015-16 Proposed Rates & Charges £	2016-17 Proposed Rates & Charges £	Basis of Increase
Client Contributions for Residential Care				
Elderly People - Maximum	per week	463.07	463.07	0% CPI Sep 2015
People with Learning Difficulties - Maximum	per week	631.26	631.26	0% CPI Sep 2015
Personal Expenses Allowance	per week	24.90		DWP yet to publish rate for 16-17
Non-Residential Adult Services				
Better Homes Active Lives (PFI) Schemes				
Elderly People	per week	15.00	15.00	Figure must be divisible by 2. 0% CPI Sep 2015
People with Learning Difficulties	per week	44.92	44.92	Figure must be divisible by 2. 0% CPI Sep 2015
Occupational Therapy/Sensory Disabilities Unit				
Blue Badges	per application	10.00	10.00	Unchanged
Day care notional costs				
Learning Disability - Day centre	per day	37.64	37.64	0% CPI Sep 2015
Learning Disability - Day centre half day	per session	18.82	18.82	0% CPI Sep 2015
Older people - Day centre	per day	29.99	29.99	0% CPI Sep 2015
Older people - Day centre half day	per session	15.00	15.00	0% CPI Sep 2015
Physical disability - day centre	per day	35.80	35.80	0% CPI Sep 2015
Physical disability - day centre half day	per session	17.90	17.90	0% CPI Sep 2015
Older people with mental health needs - day centre	per day	35.45	35.45	0% CPI Sep 2015
Meals Charges/Other Snacks - Local Authority Day Centres				
Meal Charge	per meal	3.90	3.90	0% CPI Sep 2015
Meals and Other Snacks	per meal	4.90	4.90	Same as hot meal + £1 for snacks
Refreshment	flat rate	1.00	1.00	0% CPI Sep 2015
Voluntary Drivers/Escorts Mileage Rate	per mile	0.45	0.45	Based on the Chancellor of Exchequer budget strategy
OLA Charges				
Review	per hour	67.74	68.76	
Assessment	per hour	67.74	68.76	Based on estimated TCP increase of 1.5%
An Assessment that is more than 6 hours	per hour	67.74	68.76	
Consultancy				
Middle Management	per hour	82.00	82.00	0% CPI Sep 2015
Senior Management	per hour	152.00	152.00	0% CPI Sep 2015
Director	per hour	246.00	246.00	0% CPI Sep 2015
Publications		10.00	10.00	0% CPI Sep 2015

Proposed Rates and Charges 2016-17

Appendix 2

	2015-16		2016-17	
	£		£	
Consultancy				
Middle Management	82	Per Hour	82	Per Hour
Senior Management	152		152	
Director	246		246	
Publications	10	For key publications	10	For key publications

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 – 10 March 2016

Decision No: **15/00089b**

Subject: **CONTRACT AWARD FOR OLDER PERSONS' RESIDENTIAL AND OLDER PERSONS' NURSING CARE HOMES – EFFECTIVE APRIL 2016**

Classification: Unrestricted [Exempt Appendix]

Previous Pathway of Paper: None

Future Pathway of Paper: Cabinet Member decision

Electoral Division: All

Summary: To provide the Adult Social Care and Health Cabinet Committee with the background and process of the older persons residential and nursing care home tender and recommend the successful tenderers to progress to contract award.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make a **RECOMMENDATION** to the Cabinet Member on the proposed decision (attached as Appendix 1) to:

a) **AGREE** the actual guide prices for Older Persons Residential and Nursing Care as follows:

Residential:	£373.51
Residential High:	£455.45
Nursing:	£504.73
Nursing High:	£530.28

b) **AWARD** contracts to the successful tenderers identified in the exempt appendix; and

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

1. Introduction

1.1 Since letting the last contract for care home services in October 2014, the operation and management along with market behaviour has been under review. The contract which was let for a short term 18 month period, to prepare the market and the Council for what was expected to be major change with the introduction of Phase 2 of the Care Act 2014 implementation, expires on the 31 March 2016.

1.2 The contract covers approximately £100m of spend on older person's care home provision. The resource required to establish a contract with a suitable contractual

term is substantial and will include representation from all areas of the council, led by Strategic Commissioning in Social Care Health and Wellbeing.

1.3 In September 2015, Procurement Board provided approval to tender for these services using a dynamic framework contract. Work commenced on this initially through engagement sessions with providers in July 2015 and the formal activity was developed in October 2015 using a one stage short process, following a two stage, in-depth tender in 2014. The tender activity was undertaken between 18 November 2015 and 18 December 2015 with evaluations taking place throughout January 2016.

2. Background

2.1 Following the in-depth analysis of providers' costs in 2014, Guide Prices were re-set. The analysis of the Guide Prices was discussed at the Adult Social Care and Public Health Cabinet Committee on 11 July 2014. The report contained an exempt appendix which had all of the analysis that had taken place and this was published publically following the decision by the Cabinet Member. This can be found at https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=648.

2.2 Analysis of the market behaviours and patterns was undertaken through the activity from the Central Purchasing Team who were sourcing placements through the contractual process. This activity was analysed along with other key factors and Provisional Guide Prices were established through a Cabinet Member key decision in November 2015 as follows: https://democracy.kent.gov.uk/documents/s60702/15-00089%20-%20Report%20Provisional%20Guide%20Prices%20for%20OP%20Resid%20and%20Nursing%20Care%20Homes.pdf

2.3 This tender opportunity offered five 'lots' for providers to tender for services in care home establishments as follows:

- Lot 1 CQC Registered Residential Homes or "Care Homes without nursing" for the provision of Long Term, Short Term and respite care services;
- Lot 2 CQC Registered Nursing Homes or "Care Homes with nursing" for the provision of Long Term, Short Term and respite care services;
- Lot 3 Providers of Bariatric care services;
- Lot 4 Call off Block Contract for the provision of multiples of two beds for short term Respite care services across Kent; and
- Lot 5 Residential or Nursing Care Home providers able to offer 'day' services.

2.4 The procurement timetable for this contract is as follows:

Date	Action
18 Nov 15	Advert published and providers invited to express an interest
18 Dec 15	Advert closes to submission of tender documents
18 Dec 15 – 15 Jan 16	Evaluate tender submissions
10 Feb – 15 Mar 16	Prepare and collate contracts
29 Feb 16	Bidders notified of award status
7 Mar – 28 Mar 16	Communicate new guide prices and provider acceptance (following NLW allocation)
7 Mar - 16 Mar 16	Award letters issued

4 Apr 16	New contract start date
4 Apr 16	Advert reopens for new submissions

3. Evaluation Process

3.1 The level of response to this tender is as follows:

Service Provision	Kent Care Homes	Tendered	Not Tendered	
Residential	208	115	93	
Nursing	50	36	14	
Dual Registered	49	17	32	**% Tendered**
Total	**307**	**168**	**139**	**55**
Total Beds	**11,317**	**6,292**	**5,025**	

- 155 tendered care homes have current framework contracts
- 13 tendered care homes are not on the current framework contract
- 43 care homes on the current framework contract did not tender

3.2 The evaluation was split into Price with a value of 40%, Quality & Capability with a value of 40% and Performance with a value of 20% (which is part of the ongoing contract management). Effectively this means that for the initial ranking as shown in the exempt appendix, the evaluation is 50% price and 50% quality and capability.

3.3 Below is a table showing the number of providers and the level at which they tendered their maximum price for a short term bed contract:

	Residential	Residential High	Nursing	Nursing High
KCC Provisional Guide Price	£367.99	£448.72	£497.81	£523.01
Average Indicative Price	£489.68	£564.89	£684.24	£756.41
Number of Homes at Provisional Guide Price	18	20	8	8
Up to £50 + Prov Guide	14	22	2	4
Up to £100 + Prov Guide	10	10	6	6
Up to £150 + Prov Guide	13	16	3	2
Up to £200 + Prov Guide	15	12	2	2
Up to £250 + Prov Guide	10	14	2	2
Up to £300 + Prov Guide	6	5	3	6

Over £300 + Prov Guide	5	7	14	12

Question	Response % Yes	No
1 Have you had a **Registered Manager vacancy** for this Home, for more than a total of three months over the previous 12 months?	14%	86%

% at Prov Guide Price	**19.78**	**18.87**	**20.00**	**19.05**

3.4 Below is a table showing the number of providers and the level at which they tendered their maximum price for a long term bed contract:

	Residential Needs	Residential High Needs	Nursing Needs	Nursing High Needs
KCC Provisional Guide Price	£367.99	£448.72	£497.81	£523.01
Average Indicative Price	£476.49	£549.72	£687.37	£750.08
Number of Homes at Provisional Guide Price	27	29	8	11
Up to £50 + Prov Guide	9	25	6	4
Up to £100 + Prov Guide	18	11	5	7
Up to £150 + Prov Guide	14	18	6	5
Up to £200 + Prov Guide	18	18	4	4
Up to £250 + Prov Guide	8	9	1	1
Up to £300 + Prov Guide	4	4	3	4
Over £350 + Prov Guide	4	7	16	16
% at Prov Guide Price	**26.47**	**23.97**	**16.33**	**15.38**

3.5 Below is a table summarising the responses from the Quality and Capability questions (40% of score) from the providers that tendered:

2 Have you received any **Notice of Proposal** notifications from CQC for this Home over the past 12 months?	1%	99%
3 Have you received any **Warning Notices** from CQC for this Home over the past 12 months?	7%	93%
4 Have you had a **Suspension Notice** placed on this Home by the Council /other Local Authority to prevent further placements at any time over the past 12 months?	8%	92%
5 Have you had any complaints regarding this Home escalated to the Local Government **Ombudsman** over the past 12 months?	2%	98%
6 Have you achieved accreditation to a recognised **Quality Assurance Standard** e.g. ISO9001 or an equivalent standard?	23%	77%
7 Have you completed the most recent **Skills for Care**, National Minimum Dataset for Social Care (NMDS) return for this Home?	66%	34%
8 Have you participated in and engaged with a recognised or **accredited quality improvement programme** for this Home e.g. Ladder to the Moon, My Home Life?	46%	54%
9 Do you have a **Quality Management System** that ensures internal control of quality and consistency of practice for this Home?	100%	0%
10 Do you have an activity programme for this Home that maximises **social interaction** and **wellbeing** of residents e.g. varied weekly events, community involvement, volunteering?	100%	0%

Key	Points Awarded
	No Points Awarded

3.6 Providers are required to re-submit a new Quality & Capability questionnaire every six months to allow them to improve throughout the contract term and subsequently move up or down the ranking.

3.7 Throughout the contract period, providers will be assessed on an ongoing basis with performance being measured through Key Performance Indicators (KPI) to achieve the extra 20%. From the start of the contract, all providers will be awarded 0% which will be adjusted on receipt of the first return of KPIs.

3.8 Attached as the [exempt] appendix is the list of providers and their ranking based on the tendered Price and the outcome of the Quality and Capability questions.

3.9 Providers have the opportunity to submit new indicative prices every six months as their commercial decisions need to adapt. This again will change their overall score and ultimate ranking.

4. Financial Implications

4.1 The provisional Guide Prices did not include the impact of the introduction of the National Living Wage (NLW). In-depth analysis has been undertaken to understand the impact of the NLW on the residential care market (along with other sectors of Adult Social Care) and this has now adjusted the provisional Guide Prices as follows:

- Residential: £373.51
- Residential High: £455.45
- Nursing: £504.73

- Nursing High: £530.28

4.2 Providers were asked to submit their price either at the Council's published Provisional Guide Price or above that price. Where the price is above the provisional guide price, an undertaking was given that those prices would be adjusted to the final Guide Prices for 2016. This should be extended to any prices that were above the Council's provisional guide price but are below the actual Guide Prices so that the minimum price for tendered providers are not below the Guide Prices for 2016.

4.3 Work is required to uplift prices for client services where a contract is signed by the provider so that:

- any individual **below** the new Guide Price will be increased to the new Guide Price for the placement category so long as the provider joins the framework and accepts the contracts terms and conditions
- all contract prices for existing clients that are above the new Guide Prices will not receive a corresponding increase but will need adjustment for the impact of the National Living Wage and inflation
- Where there is a third party contribution, the third party contribution will be adjusted (reduced/removed) to account for any increase in guide price

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

5. Legal Implications

5.2 Although the council has set its Guide Prices, the design of the contract is for the market to set an indicative (not to exceed) price when joining. Underlying sustainability of the social care market for older people is a key factor when analysing the costs of care.

6. Personnel and Training Implications

6.1 There is planned activity throughout March 2016 in relation to training on the new contract and how to make placements against the new contract. A County Placements Team has been established to manage all placements for long and short term care home placements and the case managers will need to be trained on the new placements protocol.

7. Equality Impact Assessment

7.1 An Equality Impact Assessment has been undertaken for the implementation of the new contracts and a copy is available on request.

8. Recommendations

8.1 Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make a **RECOMMENDATION** to the Cabinet Member on the proposed decision (attached as Appendix 1) to:

a) **AGREE** the actual guide prices for Older Persons Residential and Nursing Care as follows:

Residential:	£373.51
Residential High:	£455.45
Nursing:	£504.73
Nursing High:	£530.28

b) **AWARD** contracts to the successful tenderers identified in the exempt appendix; and

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

9. Background documents

None

10. Report Authors

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Graham Gibbens, Cabinet Member for Adult Social Care and Public Health	15/00089b

For publication

Key decision
Affects all divisions and spend of over £1m

Subject: Older Persons Residential and Nursing Care Contract 2016 and final Guide Prices for 2016-17

Decision:
As Cabinet Member for Adult Social Care and Public Health, I propose to
a) **AGREE** the actual guide prices for these categories of care as follows:

Residential:	£373.51
Residential High:	£455.45
Nursing:	£504.73
Nursing High:	£530.28

b) **AWARD** contracts to the successful tenderers identified in the exempt appendix to the recommendation report.

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

Reason(s) for decision:
The decision meets the objectives of 'Increasing Opportunities, Improving Outcomes: Kent County Council's Strategic Statement (2015-2020)':

- Older and vulnerable residents are safe and supported with choices to live independently
- Families and carers of vulnerable and older people have access to the advice, information and support they need
- Older and vulnerable residents feel socially included
- Residents have greater choice and control over the health and social care they receive

Cabinet Committee recommendations and other consultation:
The proposed decision will be discussed at the Adult Social Care and Health Cabinet Committee on 10 March 2016 and the outcome included in the decision paperwork, which the Cabinet Member will be asked to sign.

The matter was previously discussed at the Adult Social Care and Health Cabinet Committee in September 2015 when agreement of the tender process was received.

Consultation was undertaken with residential and nursing care home providers before and throughout the procurement process. A series of consultation events were held in July 2015, followed by a tender workshop in October 2015. Questions and queries from providers were addressed via the Kent Business Portal

Any alternatives considered: Not establishing a Guide Price. However, the market has asked for one and the establishment of a Guide Price helps provide clarity to individuals when choosing care as to the price the KCC usually expects to pay for residential and nursing care.
Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

....

signed date

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, 10 March 2016

Subject: Progress Report on Smoking and Tobacco Control

Classification: Unrestricted

Past pathway: This is the first committee to consider this report

Future pathway: None

Electoral divisions: all

Summary:
This progress report provides an update on the Smoking and Tobacco Control performance in Kent. Smoking still remains the main preventable cause of premature mortality accounting for approximately 5.5% of the total NHS budget. High rates of smoking attributable mortality rates are an indicator of poor population health. Kent smoking prevalence is currently 19.1% compared to the national average of 18%. Kent Public Health seeks to address this issue through a range of evidence-based but innovative service delivery that meets the motivational needs of the smoking population in Kent.

Recommendation:
Members of the committee are asked to consider, comment on and endorse the work undertaken to address smoking and tobacco control issues.

1. Introduction

1.1. Despite the decline in prevalence, smoking remains the main cause of preventable disease in the UK, being accountable for 1 in 6 of all deaths in England. Smoking is a risk factor for lung cancer (90% of which is attributable to smoking), chronic obstructive pulmonary disease (COPD), and heart disease; and associated with cancers of the lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Mortality rates due to smoking are three times higher in the most deprived areas than in the most affluent areas, demonstrating that smoking is intrinsically linked to inequalities.

1.2. Smoking is a modifiable lifestyle risk factor and Public Health England[i] report that effective tobacco control measures can reduce smoking prevalence in the population.

2. Financial Implications

2.1. Smoking in Kent costs the local community £391.4m per year, equating to £1,736 per smoker per year. £52.4m is spent in the NHS in Kent as a direct result of treating smoking related ill health and £3.3m is spent on treating the effects of passive smoking in non-smokers. Loss of productivity due to smoking costs the Kent business economy £300m per year and the Kent local authority £18.8m pa in additional costs to providing social care in later life (as a result of smoking related illnesses).

3. Smoking in Kent

3.1 Prevalence of smoking

3.1.1 Smoking prevalence has decreased nationally from 18.4% in 2013 to 18% in 2014. However, the prevalence in Kent has not changed since 2013. The Kent NHS Stop Smoking Service provider has recorded 29% fewer 4 week quits into their service from the previous year although this is in line with the national trend. It is considered by Public Health England, that many smokers who wish to stop smoking with the support of stop smoking services have already done so and the routine and manual groups (whose smoking prevalence remains stubbornly high) are less inclined to give up smoking using traditional services, favouring quitting alone or using e-cigarettes. The Kent stop smoking services have been more successful in reaching a higher proportion of smokers from the routine and manual groups than the national average. In 2013/14 Kent had a similar number of quitters from routine and manual groups than the national rate (28.4%) but has reduced dramatically by 2.6% to 25.8% of quitters from this demographic group to England's 28% rate. This demonstrates the effort that the local quit services are making towards targeting services in the areas of highest prevalence.

3.1.2 However, more needs to be done to motivate smokers to want to quit smoking and considering the national decline in smokers accessing stop smoking services, Kent Public Health are using local insights and social marketing research to explore other options to appeal to smokers:

3.1.3 A self-support Quit Pack is being developed by Kent Public Health and the Service provider to empower smokers to quit using social media, apps and other resources as an alternative to the traditional service.

3.1.4 The new Public Health integrated health improvement model will include a new concept of stop smoking services combining evidence-based core cessation services and innovative service delivery using existing resources through Making Every Contact Count.

3.2 Actions

3.2.1 Kent Public Health are developing a Stop Smoking campaign by April 2016 across Kent to encourage smokers to quit.

3.2.2 GPs and pharmacies also provide stop smoking support and prescribe Nicotine Replacement Therapy and other stop smoking related drugs which contributes approximately two thirds of the total number of quitters.

3.2.3 Public Health are working closely with Kent Trading Standards to tackle the problem of illicit tobacco, combining public awareness enforcement campaigns. One of the main challenges of the illicit trade is that it often targets children and young people, undermines government policies to deter smokers from quitting by making tobacco affordable and is often related to other organized crime.

3.2.4 Plain tobacco packaging (otherwise known as Standardised Packaging) legislation will be introduced to reduce the recognized branding of cigarettes. The regulations were approved by the House of Lords on the 16th March 2015 and will take effect in May 2016.

3.2.5 E-cigarettes are the most popular form of quitting smoking. The national estimate of those using e-cigarettes is 16% which would equate to 35,600 users in Kent. E-cigarettes (otherwise known as 'Vape sticks') are required to be licenced as medicines by the Medicines and Healthcare Products Regulatory Agency later this year which will give stop smoking services opportunities to promote and prescribe them as a quit treatment thus expanding their service offer to meet the quit needs of the public. Currently the stop smoking services provide behavioural support for smokers who wish to use e-cigarettes to quit but e-cigarettes cannot be endorsed or supplied until they become licenced. A fact sheet and guidance has been produced by the Kent Tobacco Control Alliance to publicise up to date research and evidence on e-cigarettes (see annex 1).

3.3 Smoking amongst young people

3.3.1 40% of smokers are reported to have started before the age of 16 years old (and 80% before the age of 20[ii]). Kent Public Health have been progressing the national Smokefree agenda in the community with the aim to denormalise smoking to discourage young people from taking up smoking in the first place and to protect children from the harms caused by second hand smoke. Following the Making Every Contact Count (MECC) principle, Kent Public Health are working with existing colleagues and resources to equip them to provide stop smoking support for their customers and clients. As trusted advisers and support workers in the community, this approach maximises reach across the community, can provide the motivation and support that people need and deliver a cost-effective stop smoking programme in addition to the commissioned services.

3.4 Actions

3.4.1 The Smokefree Homes programme is being delivered by Childrens Centres across the County to support households with children to ensure that their homes are smoke free.

3.4.2 In addition, smoke free parks have been promoted by the District Authorities of Ashford and Canterbury. Park signs, co-designed by the local community, are erected requesting that people do not smoke in areas where children play. Although non-enforceable, the programme has been met with support and enthusiasm from local communities, including those who do smoke.

3.4.3 Youth Workers in Shepway are piloting a programme to deliver tailored stop smoking services specifically to young people. Trained as 'Quit Coaches', youth workers are seen as trusted sources for guidance and support for young people.

3.5 Smoking in pregnancy

3.5.1 Smoking in Pregnancy rates remain high in Kent with 12.6% of women estimated to be smoking at the time of delivery (SSATOD) compared to the national average of 11.4%. Kent has implemented the national babyClear programme which, working with midwives, automatically refers pregnant women who smoke into the stop smoking service. There are currently high rates of women who decline a stop smoking service or who do not attend.

3.6 Actions

3.6.1 Further support is being provided to midwives and the stop smoking services to raise awareness of the risks of smoking in pregnancy and assist with motivating pregnant women to stop smoking. Additional support is being provided with the commission of a pilot Smoking in Pregnancy campaign in Swale (the district with the highest smoking in pregnancy rates) and Kent's participation in the national Baby Be Smokefree pilot study that will develop an enhanced effective service model using insights of local women who smoke. It is anticipated that these enhanced efforts will reduce Smoking in Pregnancy rates in Kent.

4 Conclusions

4.1 Kent is developing new approaches to stop smoking service delivery in line with the awaited national Tobacco Control Strategy, due to be published in spring 2016.

4.2 NHS Stop Smoking Services still provides the most likely route to successfully quit smoking, with smokers four times more likely to quit than attempting to quit without support, but the national trend clearly demonstrates that many smokers are looking for other ways to quit.

4.3 The allocated spend on Kent commissioned Stop Smoking Services is £2,196,016 for 15/16 and yet numbers of those accessing the service and quitting are declining year on year. As part of the proposed integrated model for health improvement services, Kent Public Health aims maintain its priority to motivating and supporting people to stop smoking by shifting the focus from total investment in the core service to additional offers of activity (such as quit packs and campaigns, outreach community events and recruiting existing Local Authority resources) that can encourage more quitters and deliver more cost effective services.

4.4 This paper provides an update to Kent Cabinet Committee on the smoking and tobacco control agenda delivered in Kent Public Health in 2015/16. Public Health is currently trialling different approaches and quit models, working with other local authorities to identify best practice and innovation. We are also working with the local community to co-design services that are commensurate to need, cost-effective and designed to be fit for the future.

5 Recommendation(s)

Recommendation:
Members of the committee are asked to consider, comment on and endorse the work undertaken to address smoking and tobacco control issues.

6 Contact details

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Background documents:

[i] **Public Health England, Local Tobacco Control Profiles for England http://www.tobaccoprofiles.info/ Accessed 15/2/16**
[ii] **ASH fact sheet: Young People and Smoking July 2015. http://www.ash.org.uk/files/documents/ASH_108.pdf Accessed 15/2/16**

Appendix 1: Kent Guidance on e-cigarettes.

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Kent Public Health Guidance on e-cigarettes

Executive Summary

Executive Summary

There is ongoing research and debate into the safety of e-cigarettes; the results and evidence available is still inconclusive and yet, the sales of e-cigarettes prove to be popular with over 2 million e-cigarette users in the UK. This guidance reflects Kent Public Health's position on e-cigarette use in line with advice and guidance from Action on Smoking on Health (ASH), National Centre for Smoking Cessation Training (NCSCT) and Public Health England. Therefore, this policy may be superseded as further evidence and guidance emerges.

Electronic cigarettes are not cigarettes. They do not contain tobacco and using them is known as vaping rather than smoking. They are not currently licenced for smoking cessation (so cannot be supplied by stop smoking services) but are used increasingly by smokers wanting to quit and among smokers who want to reduce their health risks of smoking or to save money.

The long term safety of the chemical components of e-cigarettes are still being researched and are not yet fully known however, the nicotine levels found in e-cigarettes are usually lower than those found in cigarettes, and although addictive, is not considered harmful even over prolonged periods. Although some toxic compounds have been found in a number of studies these are at levels much lower than those found in cigarettes and not at levels which would generally cause concern and are therefore considered much safer than smoking

Stop smoking services should be 'e-cigarette friendly' and e-cigarette users should be offered quit support from services as part of the core stop smoking service. Support services should apply National Centre for Smoking Cessation and Training (NCSCT) recommended guidelines.

Employers will need to make their own policy decision on where e-cigarette users are permitted to vape. E-cigarettes are not included in Smokefree laws so policies can consent to them being used within buildings, however, most employers find it more manageable to require e-cigarette users to vape outside. Further consideration needs to be given to the allocated outdoor areas where vaping is allowed and where attempts to quit smoking are not undermined. Consideration also needs to be given to future policy decisions as some e-cigarettes become licenced as medicines by the MHRA by 2016.

This guidance provides information on recent evidence and research on e-cigarettes. They should assist clinicians, tobacco control service providers and policy makers with relevant decisions on the use and safety of e-cigarettes. Included is a chapter providing guidance for Stop Smoking Services and one for employers.

Kent Public Health Guidance on e-cigarettes

For Clinicians, Services and Policy Makers

What are e-cigarettes?

Electronic cigarettes are not the same as cigarettes. They do not contain the harmful components of tobacco, tar or carbon monoxide found in cigarettes and they are not smoked. They also do not contain the cocktail of 4,000 other known chemicals that are present in cigarette smoking which is still the major cause of disease and premature mortality in the UK. It is the nicotine present in cigarettes that makes smoking highly addictive and there is evidence to suggest that some people can become addicted to nicotine very quickly[1]. It is the addiction to nicotine that makes it difficult for some people to give up smoking.

E-cigarettes are also known as **Vaporisers** or electronic nicotine delivery systems (ENDS) and, although not yet licenced as such, they contain nicotine similar to other nicotine replacement therapy (NRT) products such as patches, gum, inhalators, lozenges - sold over the counter in pharmacies, supermarkets and other shops and used in smoking cessation attempts. Users can get different amounts of nicotine from vaporisers depending on the concentration and use of device and more experienced users may be able to get the same level as a cigarette. Although addictive, NICE reports that nicotine is not considered harmful even over prolonged periods[2] but there is also recognition that people may require additional support from stop smoking and harm reduction services to reduce long-term nicotine dependency.

Unlike smoking, the nicotine in e-cigarettes is delivered by heating and vaporising a solution that typically contain nicotine, propylene glycol (or glycerol) and flavourings.

So far, some toxic compounds have been found in a number of research studies although these are at levels much lower than those found in cigarettes and not at levels which would generally cause concern and are therefore considered much safer than smoking[3]. Recent Medicines and Healthcare Products Regulatory Agency (MHRA) research on the effects of second hand vapour concludes that there is no apparent risk to human health. However, the full extent of risks are still unknown and their safety cannot be guaranteed. E-cigarettes are currently unlicensed and further research is being undertaken.

From 2016, E--cigarettes that contain more than 20mg/ml will be required to be licenced as medicines under the MHRA which means they will be available on prescription or over the counter for smoking cessation. E-cigarettes with lower than 20mg/ml of nicotine will be licenced by the EU Tobacco Product Directive and will be

[1] ASH Fact Sheet Nicotine Addiction

[2] NICE Guidance PH45 Tobacco: harm-reduction approaches to smoking

[3] Britton, J & Bogdanovica, Ilze **Electronic cigarettes:** A report commissioned by Public Health England 2014, UK Centre for Tobacco and Alcohol Studies, Division of Epidemiology and Public Health, University

bound by the licencing and advertising laws pertaining to the tobacco industry. The regulation of e-cigarettes will undoubtedly affect their price and accessibility which may impact on future demand. The aim of securing purity and safety of e-cigarette products needs to be tempered with ensuring that smokers who wish to quit and ex-smokers are not driven into sustained smoking patterns due to the restriction of e-cigarettes which are considered to be a safer alternative to smoking.

The following illustration gives examples of some of the types of e-cigarettes available, with early, first generation disposable e-cigarettes on the far right to the modern third generation of styles on the left.

Diagram 1 *Illustration of e-cigarettes available (NCSCT, 2014)*

Issues and concerns

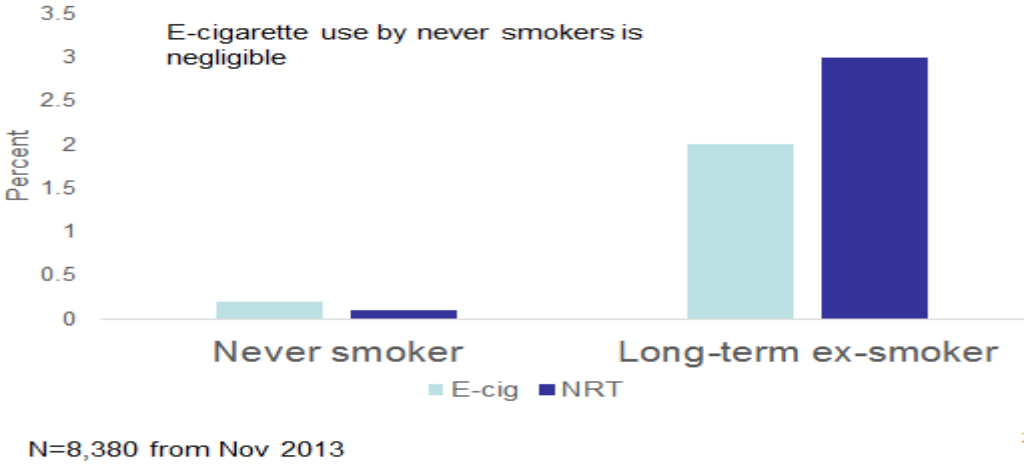
The overwhelming popularity of e-cigarettes and the issues that surround licencing and regulation have sparked considerable discussions and debates on their availability and use. Some of the most common concerns have been articulated below, along with responses formed from current research available.

E-cigarettes and young people

The ban on smoking in enclosed public spaces has had a de-normalising effect on cigarettes, reducing the visibility of adults smoking which may provide a gateway to children smoking. There are concerns that the popularity of e-cigarettes and the visual effect of vapour that may look like cigarette smoke can undermine the effects of the ban and re-normalise smoking behaviours. Firstly, the latest third generation style of e-cigarettes no longer resemble a cigarette and is consequently held and used differently. This has resulted in a move away from the traditional image of cigarette smoking. There is no evidence that e-cigarettes are encouraging people back into smoking; in fact evidence shows that both cigarette smoking and nicotine use has decreased.[4] The numbers of those who use e-cigarettes but have never smoked is minimal. Latest studies suggest that only 1% of never smokers report having tried e-cigarettes, so evidence strongly suggests they are not being used by non-smokers.

[4] West, et al. Smoking toolkit Study: ***Trends in electronic cigarette use in England 21.3.14*** http://www.rjwest.co.uk/slides.php (accessed 20/11/14)

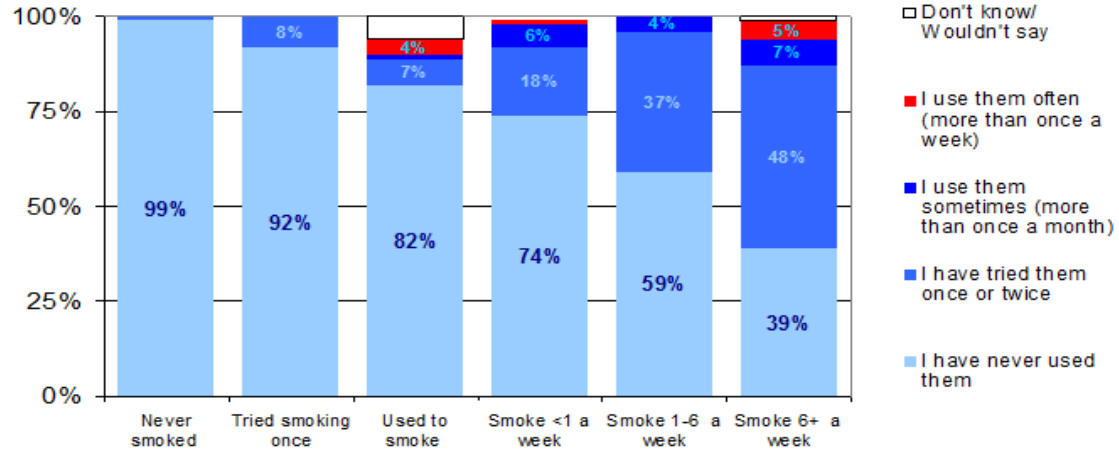
Chart 1 Nicotine use by never smokers and long-term ex-smokers



Source: West, et al Smoking Study Toolkit

On the whole, children are not taking up e-cigarettes. Evidence by ASH shows that only 2% of young people who have never smoked have tried e-cigarettes once or twice and there is almost no evidence of regular e-cigarette use among children who have never smoked. It is estimated that 8% of 11-18 year olds who have heard of e-cigarettes have every tried them and this is in line with smoking behaviour of young people of this age group[5].

Chart 2 Children who have never smoked rarely use e-cigarettes



E-cigarettes and advertising

The principles set out by the WHO Framework Convention Alliance express particular concern in the involvement of tobacco companies in the production and marketing of e-cigarettes. The Alliance, ASH and the Committee of Advertising Practice (CAP) all agree that any advertisements should ensure "that children are protected"[6]

CAP currently permits the advertising of e-cigarettes providing that young people or non-smokers are not targeted. The devices are also not allowed to appear on screen or in adverts or make claims that they are healthier than smoking or are a smoking cessation device.

[5] ASH Fact Sheet: Use of electronic cigarettes in Great Britain, October 2014 http://www.ash.org.uk/files/documents/ASH_891.pdf (accessed 19/01/15)

[6] CAP, http://www.cap.org.uk/News-reports/Media-Centre/2014/New-ecig-ad-rules.aspx (accessed Nov 2014)

As previously mentioned, there is no current evidence of the take up of e-cigarettes by young people who do not smoke or among adult non-smokers but usage will need to continue to be researched to ensure that e-cigarettes do not increase nicotine usage and dependency.

By 2016, e-cigarettes will need to be licenced either as a medicine by the MHRA or as a tobacco product by the Tobacco Products Directive, depending on the type and nicotine content of the e-cigarette. The advertising and sales of the products will need to adhere to the respective regulations which are summarised below.

Table 1 The main elements of regulation under the TPD versus Medicines Regulation

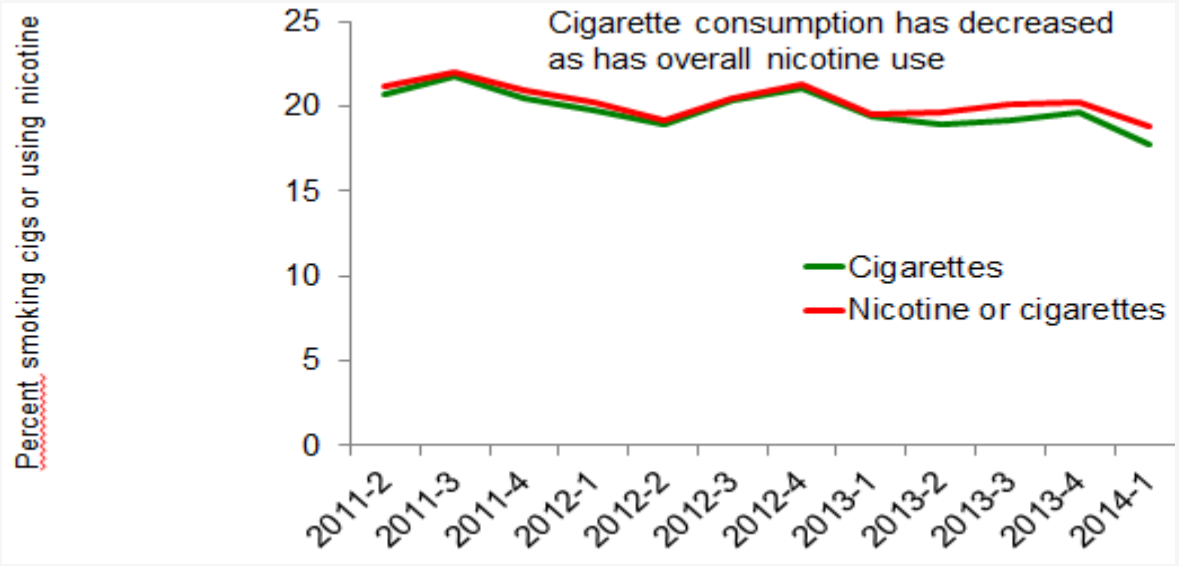
Characteristics of regulation under Tobacco Products Directive and MHRA	
Tobacco Products Directive regulation of electronic cigarettes	**MHRA licenced Nicotine Containing Products (NCPs) including e-cigs**
Products not available on prescription	Products available on prescription
20% VAT	5% VAT
Cross border advertising banned by 2016; up to Member States to decide on domestic advertising (billboards, Point of Sale, buses etc.)	Advertising allowed – under OTC rules so no celebrity endorsement, free samples and must be targeted at adult smokers etc.
Products widely available	Products available on general sale (GSL)
Can't make health claims	Can make health claims
Upper limits for nicotine content will be set and likely to be in force by 2017.	MHRA regulation is flexible; there are no upper limits.
30% health warning on packs about nicotine on front and back of packs	No health warnings on packs. Pack contains detailed Patient Information Leaflet.
Member States retain powers e.g. on flavours, domestic advertising.	Flavours require a marketing authorisation
Children and Families Bill allows for age of sale of 18 for nicotine products.	Age of sale 12 but can be varied by product so could be higher for e-cigarettes.

ASH Briefing Electronic Cigarettes November 2014

E-cigarettes and the long-term use of nicotine

There is currently no evidence that e-cigarettes are initiating nicotine use or causing an increase in nicotine consumption as they are used almost exclusively by existing or ex-smokers to cut down or give up the amount they smoke. In fact recent research by Robert West shows a decline in nicotine use.

Chart 3 Prevalence of Nicotine/Cigarette Use



West, et al March 2014

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Although an addictive substance, nicotine has not shown to pose a health problem and according to NICE, NRT products are considerably less harmful than smoking. Trials on longer term regulated NRT products have demonstrated them to be safe to use for at least five years. NICE guidelines report *"there is reason to believe that lifetime use of licensed nicotine-containing products will be considerably less harmful than smoking"*[7]

Further research needs to be conducted to identify sustained use of the nicotine for long term e-cigarette use and smoking cessation services may need to extend their service to support the reduction of nicotine dependency

Use of e-cigarettes and other proven methods to help people quit

Studies show that 70% of smokers want to give up smoking and that 50.6% of smokers now use e-cigarettes to cut down or quit[8]; exceeding popularity of all NRT available. Quitting smoking is four times more likely to be successful when supported by stop smoking services, either with or without NRT. At present, many e-cigarettes are being used without behavioural support as this is not currently offered by stop smoking services. It is recommended that services extend the support they offer to smokers who chose to cut down or quit using e-cigarettes to increase their chances of quitting successfully. Stop Smoking Services are well placed to provide advice and support on the wide range of products available to help people choose the right product in line with NICE guidance[9]

[7] NICE Guidance PH45 Tobacco: harm-reduction approaches to smoking
[8] ASH Fact Sheet: Use of electronic cigarettes in Great Britain, October 2014 http://www.ash.org.uk/files/documents/ASH_891.pdf (accessed 19/01/15)
[4] Ibid

Using e-cigarettes in Stop Smoking Services

Public Health England, ASH and NICE guidance on Tobacco Harm Reduction (PH45), always recommends that quitting all forms of nicotine use is the best option for smokers. Although national smoking population rates have decreased in recent years, some groups such as those from disadvantaged communities, routine and manual workers and those with mental health problems have been left behind and have the highest levels of smoking prevalence. Kent's general smoking population rates are slightly higher than the national average, but decreasing from last year (20.9% in 2013 to 19% in 2014. National average is 18.4%). Estimates show that the smoking prevalence of routine and manual workers at 28.4% in Kent is lower than the national average of 28.6%. However, these, along with other vulnerable groups have the highest levels of nicotine addiction and find it hardest to quit smoking, thus creating wider inequalities among socio-economic groups across Kent. Quitting smoking completely is always the best option, but some smokers feel that they cannot quit in one step and a cut down, harm reduction approach is required before being ready to quit smoking altogether. In addition, e-cigarettes may provide them with an attractive opportunity to cut down or quit smoking and they are statistically more likely to be successful if they are also supported by stop smoking services. Once a range of e-cigarettes are licensed by the MHRA, they can be prescribed or recommended by NHS Stop Smoking services but in the meantime, the services can still provide behavioural support if they have chosen to do so using e-cigarettes rather than other NRT support. It must be acknowledged that not all quitters want to use NRT or may have tried it before and decided it does not suit them. There is national support for this approach.

The National Centre for Smoking Cessation and Training (NCSCT) report that the delivery of behavioural support provided by trained stop smoking advisors are likely to improve efficacy of electronic cigarettes in the same way such support increases the efficacy of NRT. Cessation using e-cigarettes can also be included in national data returns for successful quitters providing they meet the same criteria; however e-cigarettes cannot be provided or prescribed until there are licenced options available.

They recommend (in partnership with Public Health England) that Stop smoking services include 'e-cigarette friendly' behavioural support which could make a significant improvement to success rates, particularly if they offer support and information to help people choose the right product for them. The NCST five recommendations for practice should be incorporated into the stop smoking services training programme and should be delivered in line with core service delivery.

1.	Be open to electronic cigarette use in people keen to try them
2.	Provide advice on electronic cigarettes that includes: ▪ they can provide some of the nicotine that are obtained from smoking regular cigarettes ▪ they are not a magic cure, but some people find them helpful for quitting or cutting down ▪ The wide range of electronic cigarettes available ▪ their use is not exactly like smoking and users may need to learn to use them effectively ▪ Although some health risks from electronic cigarette use may yet emerge, these are likely to be, at worst, only a small fraction of the risks of smoking.
3.	Multi-session behavioural support provided by trained stop smoking practitioners, is likely to improve the efficacy
4.	Stop smoking services that provide behavioural support to clients who use e-cigarettes can include these clients in their national data returns but they cannot provide or prescribe them until such time as there are licensed options available
5.	A client who is being seen at a stop smoking service and is using an electronic cigarette may also use NRT

Kent Public Health further advises Clinicians and other clinical and support staff who may be counselling patients/clients about stop smoking to also consider the following:

1. Nicotine is an addiction and should be treated seriously
2. Evidence shows that pharmaceutical intervention coupled with motivational support offers the best chance of successfully quitting
3. The NHS can only support licensed products that are included in the NHS Drug Tariff
4. Stop Smoking Services will provide the motivational support that is required to support successful quitting to people who choose to use e-cigarettes although these cannot be provided by the Stop Smoking services as they are not currently licenced or on the Drug Tariff.
5. In discussing electronic cigarettes with individuals, reference must be made to the safety of charging the devises and the storage of the refills away from children, pets and vulnerable people given that small doses of nicotine ae extremely toxic.

These recommendations can be built into the service specification to ensure that the offer of quality stop smoking support for e-cigarette users are delivered consistently throughout Kent. This model has been piloted successful in Leicester producing results of a 74% successful 4 week quit rate using e-cigarettes against a 57% successful quit rate using other NRT products

Kent Public Health Guidance on e-cigarettes

For Employers

E-cigarettes in the workplace: some points to consider

The ban on smoking in public places was introduced in 2007 to protect people from the harmful effects of second hand smoke. E-cigarettes are not cigarettes and therefore do not result in the same harmful effects of second hand smoke and are not legally covered by the legislation on smoke free public places. However, the vapour emitted from e-cigarettes can create some confusion and uncertainty in workplaces and enclosed public spaces because the vapour, at first glance, can resemble cigarette smoke. Some non-users may also find the emitted vapour and fragrance offensive although there are no known harmful effects of second-hand vapour.

Many organisations require e-cigarette users to 'vape' outside but not always at a distance away from buildings as the vapour dissipates quickly without the effects of second-hand smoke. Also, expecting Vapers to congregate with smokers may also undermine the harm reduction and quitting potential of e-cigarette use. Businesses and employers should listen to the views of e-cigarette users, their customers and their workforce to ascertain and help inform their own approach informed by evidence on e-cigarette use in the workplace. ASH and the Chartered Institute of Environmental Health have provided guidance to help make effective decisions[10].

With this guidance in mind, employers need to consider the following:

- E-cigarettes are not cigarettes and are therefore exempt from Smoke free legislation that bans smoking in enclosed spaces. There are no known harm to others from second hand vapour emitted from e-cigarettes

- Although not yet licenced as medicines, some e-cigarettes will be regarded as Nicotine Containing Products (NCPs) in the future and available on prescription, so may be requested to be used within the workplace

- E-cigarette use in the workplace may demand a new etiquette by controlling the amount of vapour and odour emitted (where possible) to retain respect for others within the work environment.

- As with all chargeable devices, the correct and appropriate charger must be used for the e-cigarette and should only be charged in the workplace in accordance with company policy. Kent Trading Standards and Kent Fire and Rescue have issued further guidance (Appendix 1).

- Companies, under their social responsibility should be dedicated to supporting its workforce to quit smoking where employers who smoke have a desire to do so. This includes enabling staff to access quit smoking support services, use NRT in the workplace where this is safe to do so and to use e-cigarettes as a device to assist in smoking cessation.

[10] ASH and CIEH Will you permit or prohibit e-cigarette use on your premises? http://www.cieh.org/WorkArea/showcontent.aspx?id=48900

These guidelines will be updated as further information becomes available and as new regulations and guidance are enforced.

Deborah Smith
Public Health Specialist
Kent County Council
19th January 2015

Appendix 1


E-CIG
CHARGERS
CAN CAUSE FIRES
Kent County Council
kent.gov.uk
TRADING STANDARDS
Kent Fire & Rescue Service

USE THE RIGHT CHARGER FOR YOUR E-CIGARETTE TO AVOID FIRES AND PERSONAL INJURY

Kent Fire & Rescue Service

Kent County Council TRADING STANDARDS

WHAT'S THE RISK?

- Not using the right charger for your E-Cigarette may result in overheating causing the battery to fail and explode
- Liquid ejected from an exploding E-Cigarette can cause fires and personal injury
- Over-tightening the battery can damage the E-Cigarette

WE RECOMMEND YOU...

- Check your smoke alarm every week
- Only use the charger supplied with your E-Cigarette
- If no charger is supplied check with the manufacturer for a list of approved chargers
- Read the instructions on how to clean the battery centre pin and charger contact
- Stop charging once it has been fully charged
- Don't leave it charging overnight, unattended or charging on flammable surfaces such as a bed or sofa
- Don't over-tighten the battery, especially when charging

CHECK IT

- Your E-Cigarette should come with instructions
- Your E-Cigarette charger should have the manufacturer's name or brand, CE mark and model number

If not, report it to
kent.gov.uk/tradingstandards

STOP SMOKING

Contact NHS/Smokefree for free support and advice on how to quit smoking for life. **www.nhs.uk/smokefree**

STAY SAFE

Follow us on Twitter
@kent_ts and @kentfirerescue

Sign up for TS Alerts and receive the latest warnings about issues affecting your community at
kent.gov.uk/tradingstandards

Sign up for fire safety email alerts at
kent.fire-uk.org

GET ADVICE

Citizens Advice consumer service on **03454 04 05 06** (Mon-Fri, 9am - 5pm)
Call **0800 923 7000** for free home safety advice

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, 10 March 2016

Subject: Sexual Health Service update

Classification: Unrestricted

Past Pathway: this is the first committee to consider this report

Future Pathway: none

Electoral Division: All

Summary:
This paper provides an update on the implementation of the procured sexual health services across East Kent and West Kent following endorsement of proposals in 2014 by the Adult Social Care and Public Health Cabinet Committee. Sexual health services are one of the mandated Public Health services. This report provides an update on the new model of service delivery introduced during 2015.

Recommendation:
Members of the committee are asked to comment on progress in implementing sexual health services across Kent

1. Introduction

1.1 This paper provides an update on the implementation of the new integrated sexual health model following its procurement in 2014/ 2015.

1.2 Provision of the sexual health service was mandated for local authorities according to the Health and Social Care Act 2012. The sexual health service that was inherited by KCC was based on block and payment by results (PBR) contracts with two main providers offering the Genitourinary Medicine (GUM) services and community contraception and sexual health (CASH) services. These services worked independently.

2. Background

2.1 The services that were in scope for the tender were the GUM service, CASH service, Chlamydia screening programme, psychosexual counselling, sexual health outreach, sexual health provision through community pharmacies and

provision of long acting reversible contraception (LARC) through GP practices. The procurement of these services has enabled us to open the market and develop outcome based contracts. The annual contract value of these services at the time of procurement was £12,750,000.

3. Integrated sexual health model

3.1 The new model of service delivery offers an integrated service, enabling those who access the service to receive contraception, contraceptive advice, genito-urinary medicine (GUM) and safer sex advice in one consultation. It is offered through a hub, super spoke and spoke model. One of these is aligned to each district with the addition of outreach clinics and outreach services. The hubs, super spokes and spokes provide dedicated services for young people in addition to all age services. The new model requires the services to be flexible to meet the changing needs of the population.

3.2 Sexual Health service through community pharmacies

3.2.1 The new service has extended in the range of services that are provided through pharmacies and has also expanded its reach within Kent. It now provides emergency hormonal contraception (EHC) chlamydia screening, chlamydia treatment, alcohol screening, brief alcohol interventions, and condoms. This service has been extended to provide EHC free to women aged 30 years and under. Previously this provision was only for women 20 years and under. The service now offers two forms of EHC following unprotected sex, or contraception failure. This is available in 92 pharmacies between 9 – 5pm and in at least one pharmacy in each district until 8pm, Monday to Friday and with opening during weekends in each district across Kent.

3.3 Chlamydia screening programme

3.3.1 The coordination of the chlamydia screening programme amongst 15-24 year olds is contracted to ensure access to treatment, partner notifications and repeat tests at 3 months following a positive screen; distribution of screening kits and forms to pharmacies, general practice and outreach practitioners. The provider has not scaled up the delivery of the outreach element as contractual negotiations with the subcontractor broke down in September. Currently the performance of chlamydia screening is not accurately depicted through the national data set CTAD, but this is being investigated locally with PHE.

3.3.2 There have been contract variations to the Source Bioscience, Chlamydia testing laboratory contract to provide analysis of chlamydia screens for 15-24 year olds. This means that the laboratory is now able to directly provide, via text or email, negative test results to patients instead of the local chlamydia screening team hence freeing up more time for the staff to do targeted work. In addition there has also been an implementation of an online screening programme.

3.4 Psychosexual counselling

3.4.1 The psychosexual counselling service has been extended across Kent. Previously this was only provided in East Kent. The pace of upscaling this programme has increased considerably in the last three months following review of performance activity which showed a large number of DNAs (did not attend). The employment of a new service lead has led to improvement in the quality and productivity of the service.

3.5 Sexual Health outreach

3.5.1 Outreach activity in non-clinical settings is a key component of all sexual health services. Rotation of staff from the integrated clinic services to outreach delivery improves clinical governance and working in partnership with colleagues from other sectors maximises the training and community engagement. In the new model a targeted component of outreach seeks to engage with those who are not accessing or would not otherwise access the services, such as specific vulnerable groups or those at greatest risk of poorer sexual health outcomes e.g. men who have sex with men (MSM)

3.6 Sexual Health website

3.6.1 The review of services in 2013 identified the need for improved communication and the need for a single website. KCC has established a sexual health services website www.kent.gov.uk/sexualhealth which is continually evolving to provide information and offer a digital service. The website gives opportunity for the public to provide KCC with feedback on the service they receive. This has been informative and enabled us to develop services in response to comments received from service users. It is hoped to establish a weekly sexual health webchat service during 2016.

3.6.2 The digital service offer commenced in November 2015 for HIV home sampling testing kits and in January 2016 for chlamydia screens. The access and uptake has been very encouraging.

3.7 C Card programme

3.7.1 The C card programme has been available for over 5 years and offered free condoms to under 19's as part of a wider national teenage pregnancy strategy. This enabled young people to register for and access condoms from a range of providers who worked with or provided services for young people. An evaluation of the local C Card has highlighted where there are opportunities to make improvements to the administration and supply processes; the training components, availability and barriers to young people accessing the programme. The c-card app was found to be not well known by young people; an interactive app with access to online registration and other online services currently available on the website was recommended. The new provider is targeting activity in a phased way and has increased the uptake of this service most noticeably in those aged over 17 years.

3.8 **Premises for the sexual health services**

3.8.1 KCC has taken responsibility for the lease of premises which house the hub, super spoke and spoke services. This will not only help open the market to providers in future but will also offer an opportunity to look more broadly at where services can be located rather than making use of space used historically. A public consultation that took place from July – October 2015 welcomed delivery of services outside of traditional health settings. The opportunity to co-locate with other services, specifically drug and alcohol services is ongoing. This will take place in some districts during 2016.

3.9 **Collaborative commissioning**

3.9.1 According to the Health and Social care Act 2012 the responsibility of commissioning HIV treatment services sits with NHSE. In order to avoid fragmentation of sexual health and HIV services, KCC has successfully negotiated the co-commissioning of HIV outpatient care services with NHSE to ensure that there is a continued and seamless journey for patients who access HIV care. This commenced with a memorandum of understanding and now with imminent Section 75 agreement sign off.

3.9.2 KCC has worked with NHS England to establish the provision of a sexual health service in all prisons in Kent. This will reduce the need for shackled escort to the main services and an opportunity to better inform and prepare those leaving prison. NHS England is responsible for commissioning this element of sexual health services. To better inform the development of this service public health is in the process of conducting a sexual health needs assessment of prisoners.

4. Primary Care Sexual Health Services

4.1 KCC, contract general practices to provide, Long Acting Reversible Contraception (LARC). The new service has aligned the two different contracts and pricing schedules from East Kent and West Kent. There has been an increase in the proportion of practices 162 (79%) signing up to the LARC contract since 2013. LARC devices can be inserted for 3- 10 years depending on the product used and are deemed cost effective when in place for at least a year. This is a high volume programme. A recently completed audit has identified that amongst young people under 21 years, 47% have had a removal of this procedure before one year. There are varied clinical and non-clinical reasons for this. A training programme being provided will support the development of primary care practice for LARC, and reduce early removals.

5. Research and Quality

5.1 **Research**

5.1.1 Public health has been instrumental in supporting the planning, delivery and monitoring of a public awareness campaign and training of health professionals to improve HIV testing. These were the interventions identified in response to the research undertaken within a 'Health in Europe' programme to look at the late diagnosis of HIV in Kent, Medway and Picardy. This took place during November 2014 with the report completed in May 2015. http://create.canterbury.ac.uk/13527/1/13527.pdf. Although there has not been a reduction in the prevalence of the late diagnosis of HIV as yet, local unpublished data is suggesting that the incidence of HIV diagnosis in the early stage of disease is increasing. This may in part be because of this programme of awareness raising.

5.1.2 Research has been undertaken to understand the use of condoms in those aged over 20 years. This found that both knowledge of and use of condoms was low. Whilst there is some awareness that condoms can protect against sexually transmitted infections (STI) there is very limited knowledge about the risk of transmission and that many STIs show no symptoms. This was further reflected in wider insight into sexual behaviour and attitudes. The findings will support a further in-depth analysis to inform a safer sex campaign during 2016.

5.2 **Quality assurance**

5.2.1 KCC sexual health service contracts have required that all staff have DBS checks, undertake safeguarding and child sexual exploitation (CSE) training including review of provider CSE processes.

5.2.2 Providing an integrated service requires upskilling of staff and therefore arrangements to accelerate this process have been agreed. There is requirement for providers to achieve and keep updated standardised qualifications. To support the workforce in general practice to achieve or, maintain relevant competencies public health have commissioned an organisation to administer and facilitate this process.

5.2.3 In addition there have been improvements in the level of information presented to monitor performance; reporting of serious incidents; and audits to improve the quality of the service.

5.2.4 The breadth of activities has been maintained during the implementation phase of these contracts. The hubs and super-spokes continue to see the highest volume of activity which is similar to that which was previously provided. Total integration of sexual health services will become more evident as the providers dually train their workforce, resulting in a more efficient service.

5.2.5 Public health performance reports present the sexual health targets in the public health outcomes framework. These include the 48 hour access to GUM service, late diagnosis of HIV and Chlamydia diagnosis rate. The changes to the contract have impacted upon the volume of chlamydia screens undertaken

amongst 15-24 year olds as the activity is more targeted. This means that less screens are done. The new contracts have increased the volume of HIV tests undertaken and there has been a slowing down of late diagnosis of HIV even though the prevalence of late diagnosis remains higher than the England average. The 48 hour access to GUM service target has been maintained throughout the implementation phase.

6. Recommendation

Recommendation:
Members of the committee are asked to comment on progress in implementing sexual health services across Kent

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Appendix 1: Contracted services

	Service	**Contracted provider**	**Partners**	**Subcontractors**	**Subcontractors**
Lot 1	Integrated sexual health services West and North Kent	Maidstone & Tunbridge Wells NHS Trust		Kent Community Healthcare NHS Foundation trust [KCHFT]	Brook, Terence Higgins Trust
Lot 2	Integrated sexual health services East Kent	KCHFT			
Lot 3	Psychosexual counselling	KCHFT			
Lot 4	Pharmacy sexual health services	KCHFT	Local pharmacy partnership [LPP]	Pharmacies	
Lot 5	Chlamydia screening programme	KCHFT			
Lot 6	Condom programme	METRO	Malling Health	Resonant PEA	
DPS	Administration and facilitation of the LARC training for primary care	Navigate2			
	Laboratory service for chlamydia screening programme amongst 15-24 year olds including online service	Source Bioscience			
	Laboratory service for HIV online home sampling kit	Preventix	Via PHE procurement process		
	Primary care LARC	Individual practices			

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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, 10th March 2016

Subject: Adult Health Improvement Services – Commissioning Strategy

Classification: Unrestricted

Past Pathway of Paper: Adult Social Care and Health Cabinet Committee, 1 May 2015, 10 July 2015, 14 January 2016

Future Pathway of Paper: Cabinet Member decision

Electoral Division: All

Summary:

Following the previous progress report, (January 2016) on the commissioning transformation programme for adult health improvement services, the Public Health team have met with a range of stakeholders to share the preferred health improvement service model.

This has highlighted a number of opportunities to align and/or integrate the new adult health improvement model with emerging structures in health, and the work of district councils to deliver improvements in the health and wellbeing of residents of Kent.

This report proposes an extension of the existing contract for adult health improvement services by up to six months in order to allow time to develop these opportunities in more detail to enable effective integration and alignment of key services moving forwards.

Recommendations:

The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the feedback from stakeholders since January and the opportunities for working jointly with partners on the re-commissioning of adult health improvement services.

1. Introduction

1.1. The Adult Social Care and Health Cabinet Committee has been shaping the development of the public health strategy, and the new model for integrated health improvement services.

1.2. In previous discussions, the drivers for change for the work have been outlined, and the committee have been invited to shape the emerging model alongside stakeholder, public and market consultation, and a range of behavioural insight work.

2. Stakeholder Feedback

2.1. Since the last report to this committee in January 2016, Public Health have met with a range of different stakeholders including local Health and Wellbeing Boards, Clinical Commissioning Groups (CCGs), district councils and potential service providers as part of on-going market engagement to outline the preferred model for health improvement

2.2. Stakeholders have welcomed proposals for an integrated health improvement service to support Kent residents who need support with tackling unhealthy lifestyle behaviours. There was also wide recognition that tackling these issues early would help people to live longer healthier lives and should also reduce demand on the health and care system by preventing longer term illness and conditions such as diabetes.

2.3. These discussions with stakeholders and partners across the health and care system have highlighted a number of key opportunities for integration and improved service effectiveness including:

- Potential to work more effectively with district and borough councils
- Opportunity to align services to planned changes in local health services including development of new models of care

2.4. There are a number of significant developments expected in each of these areas during 2016/17.

2.5. A number of district councils are actively exploring how they can further contribute to improving the health and wellbeing of their local population. Councils are looking to collaborate with partners to design place-based initiatives which influence the wider determinants of health. A recent report commissioned by the District Councils Network and produced by the Kings Fund highlights the potential contribution that district councils can make to improving Public Health.

2.6. The Committee will also be aware that CCG commissioners are also planning for significant changes to integrate services to meet patient needs more effectively and efficiently. These changes are expected to include establishment of Integrated Care Organisations (ICOs), Multispecialty Community Providers (MCPs) and/or GP federations in a number of areas of the county.

2.7. The NHS Five Year Forward View sets out an clear framework for these new models of care and highlights the need for a ‘radical upgrade in prevention’ in order to manage demand on health and social care services.

2.8. Local health and wellbeing board partners have consistently agreed that adult health improvement services commissioned by Public Health will have an important contribution to make to these initiatives as they take shape and emerge over the next twelve months.

3. Commissioning Timeframe

3.1. The existing contracts for adult health improvement services are due to run until 30th September 2016. New services would be due to start operating from

1st October which would require a procurement process to start by April 2016. Although this is still achievable, it would not allow time to fully explore the opportunities highlighted in the stakeholder feedback.

3.2. Extending the timeframe by six months would provide time to engage in more detailed discussions with district and borough councils and CCGs and specify adult health improvement services in a way that will ensure alignment with the emerging models of care in health.

3.3. An additional six months would bring other benefits to the commissioning of health improvement services by allow more time to:

- learn lessons from other local authority areas that have established new integrated adult health improvement services
- Undertake further and more detailed market engagement with potential service providers as the market is still developing and maturing.

4. Financial Implications

4.1. As indicated in the previous report to the committee, the contracts for the health improvement services currently have a total annual value of approximately £5.3m.

4.2. KCC has now received its allocation for the public health grant 16/17 which is £71,121,000. This represents a 7.5% reduction.

4.3. Public Health have already delivered savings of £926k on adult health improvement services by making greater use of activity based contract payments and reducing management overheads.

4.4. A six-month extension will enable Public Health to continue to deliver efficiencies through internal activity and management of existing contracts for these services, and would not be curtailed by a delay in the procurement process. Contract values for extensions of services will need to reduce to deliver the savings.

5. Conclusion

5.1. Since the last Cabinet Committee meeting, Public Health have engaged in a series of discussions with key stakeholders including district and borough councils and CCGs. This has highlighted a number of opportunities to better alignment and/or integrate the new adult health improvement services with the emerging provider structures in health and with the critical work of district and borough councils which drive improvements in the health and wellbeing of Kent residents.

5.2. The current timetable for procurement of the new adult health improvement services may not allow sufficient time to fully explore these opportunities. A six-month extension of the existing adult health improvement service contracts

would allow time to complete this work and to maximise the potential benefits of joint commissioning or alignment of health improvement services.

6. Recommendation(s)

Recommendation**:**

7. The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the feedback from stakeholders since January and the opportunities for working jointly with partners on the re-commissioning of adult health improvement services.

8. Background Documents

NHS Five Year Forward View, Department of Health, available at:
https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

The district council contribution to public health: a time of challenge and opportunity, The King's Fund, available at:
http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/district-council-contribution-to-public-health-nov15.pdf

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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 - 10 March 2016

Subject: **MARKET SHAPING AND OVERSIGHT PROTOCOL AND ADULT SOCIAL CARE COMMUNITY SUPPORT MARKET POSITION STATEMENT**

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: This report presents two papers; The Adult Social Care Market Shaping and Oversight Protocol (Appendix 1) and the Adult Social Care Community Support Market Position Statement (Appendix 2).

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to:
a) **CONSIDER, COMMENT** and **ENDORSE** the Adult Social Care Market Shaping and Oversight Protocol and the Adult Social Care Community Support Market Position Statement and;
b) **DELEGATE** authority to the Corporate Director of Social Care Health and Wellbeing to update the Market Position Statements as necessary.

1. Introduction

1.1 The Care Act gave new duties to local authorities to facilitate and shape their market for adult care and support, in order that it meets the needs of all people in their area who need care and support, whether arranged or funded by the state, by the individual themselves, or in other ways.

1.2 The Care Act's ambition is for local authorities to influence and drive the pace of change for their whole market, leading to a sustainable and diverse range of care and support providers, continuously improving quality and choice, and delivering better, innovative and cost-effective outcomes that promote the wellbeing of people who need care and support.

1.3 This report presents two of the key documents for the facilitation of Kent's Care and Support Markets:

- Care Market Shaping and Oversight Protocol, appendix 1;
- Community Support Market Position Statement, appendix 2.

2. Care Market Shaping and Oversight Protocol

2.1 Historically, KCC's commissioning role was to manage the market and ensure that there was a sufficient supply of different types of services. However, as more people have control over their own care and support either self-funding or taking personal budgets or direct payments. This has changed the nature of our care markets and made it more complex for us to influence and control markets.

2.2 The shift from market management and control to market shaping shows that the task of facilitating a diverse market of personalised care and support services cannot be achieved by the council acting on its own. Innovative support solutions will not emerge unless we work together with providers. It also needs co-production with Carers, people who use services and their families.

2.3 The core activities of market shaping are to engage with stakeholders to develop understanding of supply and demand and articulate likely trends that reflect people's evolving needs and aspirations, and based on evidence, to signal to the market the types of services needed now and in the future to meet them, encourage innovation, investment and continuous improvement.

2.4 This protocol sets out our approach to market shaping an ensuring sufficiency of supply and a diverse range of high quality services. One of the key mechanisms being to write and publish market position statements, this report introduces the Adult Social Community Support Market Position Statement. The existing Accommodation Strategy is a Market Position Statement in relation to the supported housing and care home sector.

2.5 The Market Shaping and Oversight Protocol also sets out the procedures for responding to planned and emergency service provider failure, including providers under the Care Quality Commission new responsibility for market oversight. This is where providers because of their size, geographic concentration or other factors, would be difficult for one or more local authorities to replace, and therefore where national oversight is required.

2.6 The Market Shaping and Oversight Protocol, is supported by two sector specific policies for dealing with the closure of care businesses, one for care homes and another for home care businesses. Both set out step by step actions for commissioners and practitioners in dealing with the difficult, complex situations and have both been drawn together using experience of working through planned and unplanned closures.

3 Community Support Market Position Statement

3.1 Market Position Statements are a requirement of the Care Act which need to be produced by the commissioning authority. They are written for current and potential providers of care and support services, so they can understand present and future demands and how services need to respond. Therefore they should include information about:

- What support and care services people need and how they need them to be provided

- The support and services available at the moment, and what is not available but needs to be
- What support and care services the council thinks people will need in the future
- What the future of care and support will be like locally, how it will be funded and purchased

3.2 A Market Position Statement is a start, not and end point, in the process of market facilitation, it is the basis for strategic commissioning and is a document to be published, reviewed and updated regularly. As we develop the Adult Social Care Transformation Vision we will update the Market Position Statement to ensure it reflects our vision.

3.3 The Adult Social Care Community Support Market Position Statement will only be made available as a printed document upon request; it is our aim that this is a live web based document for our care providers. Strategic commissioning will keep it up to date as commissioning intentions become known and/or new opportunities for providers become available.

3.4 The Institute for Public Care states, 'A Market Position Statement has little value in its own right. The test is how does the council use such a document once developed'.

4. Equality Implications

4.1 The Care Act 2014 places new duties on local authorities to facilitate and shape their local market for adult care and support as a whole.

5. Financial Implications

5. Any financial implications associated with this report are detailed in Appendix 2.

6. Legal Implications

6.1 As detailed in 1.1 of this report The Care Act 2014 places new duties on local authorities to facilitate and shape their local market for adult care and support as a whole, so that it meets the needs of all people in their area who need care and support, whether arranged or funded by the state, by the individual themselves, or in other ways.

7. Conclusion

7.1 This report presents two key papers that will be central to the shaping of Kent's future care markets.

The Market Shaping and Oversight Protocol which sets out our approach to shaping and monitoring care markets, including guidance on managing failing providers.

The Adult Social Care Community Support Market Position Statement which sends key messages to current and future providers of care and support about where and how we see Kent's care markets developing.

8. Recommendation

8.1 Recommendation: The Adult Social Care and Health Cabinet Committee is asked to:
a) **CONSIDER, COMMENT** and **ENDORSE** the Adult Social Care Market Shaping and Oversight Protocol and the Adult Social Care Community Support Market Position Statement and;
b) **DELEGATE** authority to the Corporate Director of Social Care Health and Wellbeing to update the Market Position Statements as necessary.

9. Background documents

None

10. Lead Officer

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Care Market Shaping and Oversight Protocol

Social Care, Health and Wellbeing OP/PD, DCALD/MH and Strategic Commissioning (Adults)

This document has been developed in partnership with:

- Social Care, Health and Wellbeing Strategic Business Adviser, Strategic and Corporate Services
- Head of Strategic Commissioning – Accommodation Solutions, Social Care, Health and Wellbeing
- Head of Strategic Commissioning – Community Support, Social Care, Health and Wellbeing
- Procurement Category Manage – Care - Strategic and Corporate Services
- Commissioning Manager, Community Support
- Commissioning Officers, Community Support

Issue Date:	**March 2016**
Version	Draft V3
Review Date:	12 months
Owner:	Emma Hanson Head of Strategic Commissioning Tel: 03000 415342

CONTENTS

1 Introduction

1.1 The Care Act 2014 places new duties on local authorities to facilitate and shape their local market for adult care and support as a whole, so that it meets the needs of all people in their area who need care and support, whether arranged or funded by the state, by the individual themselves, or in other ways.

1.2 Interruptions, and the possibility of interruptions to care and support services causes uncertainty and anxiety for people receiving service, their carers, family and friends. It is vital, therefore that the care and support systems remain robust, and that provisions are made to minimise the impact on the individuals concerned.

1.3 Interruption to care and support services can arise form a number of different causes. The Care Act 2014 gives local authorities the power to intervene in specified situations in order to minimise the impact of an interruption to care and support services on the individuals receiving service, their Carers, family and friends.

1.4 Local authorities have a duty to safeguard the needs and welfare of people in receipt of a community service regardless of whether they are publically funded, self-funding or whether they have been placed by another authority. This protocol **does not replace** duties under the safeguarding policy and procedures and where there are safeguarding risks. For matters to do with safeguarding, Kent and Medway Multi Agency Safeguarding Vulnerable Adults Protocols and Guidance process should be followed and can be accessed via the link below:

https://shareweb.kent.gov.uk/Documents/adult-Social-Services/adult-protection/adult-protection-policies-protocols-and-guidance.pdf

1.5 The provisions of the Care Act also firmly establish the importance of involving the person as fully as possible in any decisions relating to them and that the wishes and feeling of the person must be considered. It is recognised that the transfer of people to an alternate service provider can be particularly stressful. Where a community service provider makes a decision to exit the market necessitating the transfer of services to an alternate service provider, possible adverse effects can be minimised if:

- *continuity of care is maintained*
- *there is good consultation*
- *there is good communication and planning*

1.6 This document seeks to provide an overview of the market shaping duties contained in the Care Act along with the procedures for responding to planned and emergency service provider failure, it should be read in conjunction with:

- *Section 5 of The Care Act 2014 (Market Shaping and Commissioning of Care and Support)*
- *Sections 19 and 48 and 57 of The Care Act 2014 (Managing provider failure and other service interruptions)*
- *The Care and Support (Business Failure) Regulations 2014*
- *Chapter 4 of the Care and Support Statutory Guidance (Market Shaping and Commissioning of Care and Support)*

- *Chapter 5 of the Care and Support Statutory Guidance (Managing provider failure and other service interruptions)*

2 The Care Act: Market Shaping

2.1 High-quality, personalised care and support can only be achieved where there is a vibrant, responsive market of service provision. The role of the local authority is critical to achieving this, both through the actions it takes to directly commission services to meet needs, and the broader understanding and interactions it facilitates with the wider market, for the benefit of all local people and communities.

2.2 Local authorities have a vital role in ensuring that universal services are available to the whole population and where necessary, tailored to meet the needs of those with additional support requirements (for example housing and leisure services).

3 What is Care Market Shaping?

3.1 Care market shaping means the local authority collaborating closely with partners, including people with care and support needs, carers and families, to facilitate the whole market in its area for care, support and related services. This includes services arranged and paid for by the state through the authority itself, those services paid by the state through direct payments, and those services arranged and paid for by individuals from whatever sources (sometimes called 'self-funders'), and services paid for by a combination of these sources. Market shaping activity should stimulate a diverse range of appropriate high quality services (both in terms of the types, volumes and quality of services and the types of provider organisation), and ensure the market as a whole remains vibrant and sustainable.

3.2 The core activities of market shaping are to engage with stakeholders to develop understanding of supply and demand and articulate likely trends that reflect people's evolving needs and aspirations, and based on evidence, to signal to the market the types of services needed now and in the future to meet them, encourage innovation, investment and continuous improvement. It can also include working to ensure that those who purchase their own services are empowered to be effective consumers, for example by helping people who want to take direct payments make informed decisions about employing personal assistants.

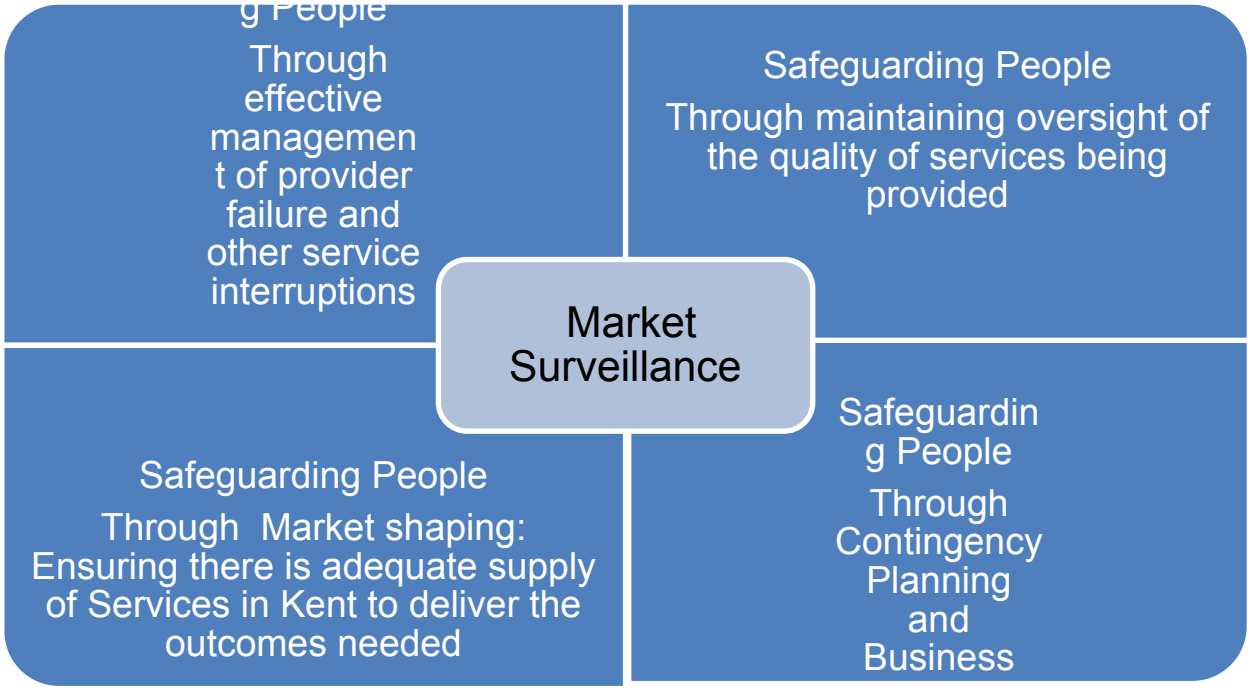
3.3 The Care Act sets out authorities' duties to promote the efficient and effective operation of the local market in care and support services. This is described in this protocol as ***Market Surveillance.*** Central to this function is the need to ensure that the authority has, and makes available, information about the service providers of care and support services in its area and the types of services they provide. This gathering of market intelligence is equally relevant to authorities' responses to business failure and other service interruptions.

3.4 Where alternative services are to be put in place, an effective response requires a thorough knowledge of the market:

a. which service providers deliver which services

b. the quality of each service provider's services
c. where is there spare capacity in service provision/market

3.5 In anticipating potential service interruptions, there is also a need to know the vulnerabilities in the operation of the market. For example, if there is only one local service provider of a particular service and no alternatives exist locally, or one service provider caters for a substantial part of the local market and alternative capacity could not be found easily. Service interruptions involving such service providers are likely to be more difficult to address. We will work to develop good knowledge of the market vulnerabilities, market capacity and capabilities in our areas in order that we respond effectively to service interruptions.



4 The Focus of Shaping the Care Market In Kent

4.1 Kent County Council (KCC) will reference the following high-level themes when carrying out duties to shape the local care market. The specific themes will apply to a greater or lesser extend depending on the specific activity.

4.2 **Focussing on outcomes:** KCC is committed to promoting the wellbeing of individuals who need care and support, as well as the wellbeing of their carers, emphasising the importance of enabling people to stay independent as long as is possible. KCC will ensure that the focus on achieving positive outcomes is imbedded in all care market shaping activities. The county council has set out it strategic statement outcomes document which informs the work of our directorate.

In encouraging outcomes-based services, we will give consideration to incorporating "payment-by-outcomes" mechanisms, where practical.

4.3 **Promoting quality:** KCC has a duty to facilitate markets that offer a diverse range of high-quality and appropriate services. When considering the quality of services, we will be mindful of the capacity, capability, timeliness, continuity, reliability and flexibility of services delivered to support well-being, where appropriate, using the definitions that underpin the Care Quality Commissions fundamental standards of care as a minimum.

4.4 **Supporting sustainability:** KCC will work to develop markets for care and support that, whilst recognising that individual providers may exit or enter the market from time to time, ensure the overall provision of services remains healthy in terms of the sufficiency of adequate provision of quality care and support needed to meet expected needs.

4.5 **Ensuring choice:** KCC is committed to encouraging a range of different types of service provider organisations to ensure that the people have genuine choice of service type. We will pay suitable regard to ensuring sufficiency of provision, both in terms of capacity and capability to meet the anticipated needs of the local population, regardless of how they are funded.

4.6 KCC will facilitate the personalisation of care and support, and will encourage services designed to enable people to make meaningful choices, and to take control of their support arrangements. Our belief is that personalised care and support services should be flexible to ensure people have choices over what they are supported with, when and how their support is provided, and whenever possible, by whom.

4.7 KCC will facilitate the provision of information and advice to support people's choices for care and support.

4.8 In the case of service provider exit, people should be involved as fully as possible in choosing alternative service provision and should have the opportunity to have contact with potential new service providers and access services on a trial basis.

4.9 Strategic commissioning using contractual, purchasing and mapping and research intelligence will design transfer options for senior management approval. The chosen alternate service provider option (which may include a direct payment arrangement where appropriate), will shared with the person affected and their family/carer to make an informed decision.

4.10 If the person facing the decision of alternate provision is assessed as lacking the mental capacity to make that decision and they have no family or friends willing and able to be consulted as part of making that decision, the local authority or NHS body commissioning the care, will instruct an IMCA to support the decision-making process. The IMCA does not become the decision maker; that remains with the identified decision maker (i.e. generally a case manager).

4.11 Where the service provider exit is an enforced or undertaken as an emergency and there is not enough time to instruct an IMCA to represent the person, an IMCA referral will be made as soon as practicable after the transfer to audit the

decision making process and ensure decisions were made in the best interests of the person. An IMCA will be instructed for the first care review and may be involved in further care review decisions.

East Kent - Advocacy for All
08458 320044
eastkentimca@advocacyforall.org.uk

West Kent - Invicta Advocacy Network
07944 637291
imca@invicta-advocacy-network.org.uk

4.12 Decision-making by health and social care professionals must always be made according to the five Statutory Principles of the Mental Capacity Act 2005:

http://www.kent.gov.uk/__data/assets/pdf_file/0017/10862/mental-capacity-act-brief-guide.pdf

4.13 In some instances of enforced or emergency exit, due to market capacity restrictions, it may not be possible to move people to the service provider of their choice. In such cases interim service options can be offered then choice must be given for who will provide the long term service if desired.

4.14 A local authority is not empowered to change a person's service provider against their will. If a person states that they do not want to transfer and is assessed as having capacity, an assessment including risk, will be completed. All options for future support should be discussed and put in writing to the person. These options may include supporting the set-up of a direct payment or personal assistance *arrangement (unless legal advice has supported an agreement to prevent direct payment arrangements if the risk of remaining with the exiting service provider is assessed as too high)*. In the event that the person continues to refuse to move then advice should be taken from the local authority legal team.

4.15 Normally if an adult refuses an assessment of their needs the local authority need not carry it out. However, the local authority must carry one out if the adult is experiencing or at risk of abuse or neglect. The local authority must also carry out a needs assessment where an adult lacks capacity to refuse and it would be in the adult's best interests to do so (Care Act s11).

4.16 **Co-production with stakeholders**: In line with our standing policies, KCC will work alongside people with care and support needs, service providers and other stakeholders to develop shared and agreed solutions.

4.17 **Understanding the market:** KCC will endeavour to maintain a robust understanding of current and future needs for care and support services, using Market Position Statements that include;

- What support and care services people need and how they need them to be provided
- The support and services available at the moment, and what is not available but needs to be

- What support and care services the council thinks people will need in the future
- What the future of care and support will be like locally, how it will be funded and purchased

4.18 **Facilitating market development:** Where practicable, the local authority will collaborate with stakeholders and providers to bring together information about needs and demands for care and support with that about future supply, to understand for their whole market the implications for service delivery.

4.19 KCC will endeavour to support and empower effective purchasing decisions by people who self-fund care or purchase services through direct payments, recognising that this can help deliver a more effective and responsive local market.

4.20 KCC is committed to ensuring that the market has sufficient signals about its intentions, intelligence and understanding to react effectively and meet demand, a process often referred to as market shaping.

4.21 Market position statements are intended to encourage a continuing dialogue between a local authority, stakeholders and providers where that dialogue results in an enhanced understanding by all parties, and is therefore an important market shaping tool.

4.22 **Ensuring value for money:** KCC will reference best practice in the commissioning, re-commissioning and decommissioning of services, and recognises that achieving value for money means optimum use of resources to achieve intended outcomes and therefore will regard service quality as well as cost when procuring services**,** including considering additional social value.

4.23 The market for care and support services is part of a wider system in which much of the need for care and support is met by people's own efforts, by their families, friends or other carers, and by community networks. Market shaping and commissioning should aim to promote a market for care and support that should be seen as broadening, supplementing and supporting all these vital sources of care and support.

- **Market shaping, commissioning, procurement and contracting** are inter-related activities but all have a critical bearing on the ability to minimise poor provider performance and manage provider failure.

- **Market shaping** is close collaboration with relevant partners, including people with care and support needs, carers and families, to facilitate the whole market for support and related services. This includes local authority funded services, those services arranged and paid for by the individuals with care and support needs and carers with support needs and services paid for by a combination of these sources.

- **Commissioning** is the local authority's cyclical activity to assess the needs of its local population for care and support services, determining what element of

this need to be arranged by the authority, then designing, delivering, monitoring and evaluating those services to ensure appropriate outcomes.

- **Procurement** is the specific functions carried out by the local authority to buy or acquire the services which the local authority has duties to arrange to meet people's needs, to agreed quality standards so as to provide effective value for money to the public purse and deliver its commissioning strategy. Contracting is the means by which that process is made legally binding.

- **Contract management** is the process that then ensures that the services continue to be delivered to the agreed quality standards. Commissioning encompasses procurement but includes the wider set of strategic activities.

4.24 The Care Act 2014 places a duty on local authorities' on to facilitate and shape their market for adult care and support as a whole. The ambition is for the whole market to consist of a sustainable and diverse range of care and support providers, continuously improving quality and choice, and delivering better, innovative and cost-effective outcomes that promote the wellbeing of people who need care and support.

4.25 Under the Care Act 2014, local authorities must:

- *ensure that the promotion of the wellbeing of individuals who need care and support, and the wellbeing of carers, and the outcomes they require, are central to all care and support functions in relation to individuals, emphasising the importance;*
- *facilitate markets that offer a diverse range of high-quality and appropriate services;*
- *have regard to ensuring the continuous improvement of those services and encouraging a workforce which effectively underpins the market. It is important to establish agreed understandable and clear criteria for quality and to ensure they are met;*
- *when arranging services themselves ensure their commissioning practices and the services delivered on their behalf comply with the requirements of the Equality Act 2010, and do not discriminate against people with protected characteristics, this should include monitoring delivery against the requirements of that Act;*
- *consider how to help foster, enhance and appropriately incentivise the care sector workforce to underpin effective, high quality services*
- *work to develop markets for care and support that – whilst recognising that individual providers may exit the market from time to time – ensure the overall provision of services remains healthy in terms of the sufficiency of adequate provision of high quality care and support needed to meet expected needs*
- *encourage a variety of different providers and different types of services*
- *encourage a range of different types of service provider organisations to ensure people have a genuine choice of different types of service. This will include independent private providers, third sector, voluntary and community based organisations, including user-led organisations, mutual and small businesses*

- *have regard to ensuring a sufficiency of provision – in terms of both capacity and capability – to meet anticipated needs for all people in their area needing care and support – regardless of how they are funded*
- *understand local markets and develop knowledge of current and future needs for care and support services, and, insofar as they are willing to share and discuss, understand providers' business models and plans*

4.26 Shaping the market and commissioning in this way should minimise poor performance providers and enable an effective response to provider failure if and then this occurs.

4.27 Equally central to this function is the need to ensure that the local authority has, and makes available, information about the providers of care and support services in its area and the types of services they provide. This gathering of market intelligence is equally relevant to authorities' responses to business failure and other service interruptions.

5 The Care Act: Managing Provider Failure

5.1 The possibility of interruptions to care and support services causes uncertainty and anxiety for people receiving services, their carers, family and friends, this procedure explains how the Care Act 2014 makes provision to ensure that, in such circumstances, the care and support needs of those receiving the service continue to be met.

5.2 It describes local authorities' powers and duties when services are at risk of interruption in general and, in particular, when the interruption is because a provider's business has failed.

5.3 Under the Act local authorities have a legal duty to ensure people continue to have their care needs met if a provider stops being able to do so.

5.4 The Act makes it clear that local authorities have a temporary duty to ensure that the needs of people continue to be met if their care provider becomes unable to carry on proving care because of business failure, no matter what type of care they are receiving. Local authorities will have a responsibility towards all people receiving care. This is regardless of whether they pay for their care themselves, the local authority pays for it, or whether it is funded in any other way. In these circumstances, the local authority must take steps to ensure that the person does not experience a gap in the care they need as a result of the provider failing.

- ***Non Business failure*** *(Care Act s.19) means where a service provider cannot or will not meet its responsibilities and KCC judges that the needs of the person are urgent (and where there is not already a duty under s.18 of the Care Act to meet the adult's needs) KCC can decide to act to ensure the person's needs continue to be met.*

- *In urgent cases this can be done without first carrying out the required assessments. In such cases the assessments must still be carried out but can be done in due course so as to not delay care and support being put in place.*

- ***Business failure*** *is defined in The Care and Support (Business Failure) Regulations 2014. These Regulations define what is meant by "business failure" and explain the circumstances in which a person is to be treated as being unable to do something because of business failure. Business failure is defined by a list of different events such as the appointment of an administrator, the appointment of a receiver or an administrative receiver (the full list appears in the Regulations). Service interruption because of "business failure" relates to the whole of the regulated activity and not to parts of it.*

- ***Temporary duty or duty*** *means the duty on local authorities to meet needs in the case of business failure.* ***Temporary*** *means the duty continues for as long as the local authority considers it necessary.*

  The temporary duty applies:

  - *regardless of whether a person is ordinarily resident in the authority's area; and*
  - *from the moment the authority becomes aware of the business failure.*

5.5 KCC is under a **temporary duty** to meet people's needs when a service provider can no longer provide the service because the service provider's business has failed. This duty does not apply in insolvency situations where an Administrator is appointed and continues to run the service.

5.6 The actions to be taken will depend on the circumstances, and may include the provision of information. The duty is to meet needs but authorities have discretion as to how they meet those needs.

5.7 ***Needs to be met*** *must be met are those being met by the service provider immediately before the service provider became unable to carry on the activity. KCC is entitled to charge for meeting those needs. How the needs are met is a decision for the local authority however we must involve the person concerned. Where the person lacks capacity anyone who appears to be interested in the person's welfare must be asked to be involved.*

5.8 The actions to be taken will depend on the circumstances, and may include the provision of information. The duty is to meet needs but authorities have discretion as to how they meet those needs.

5.9 There are numerous other situations that can cause disruption to care and support services not all of which will be related to business failure. These may be planned or unplanned disruptions and relate to, for example:

- *business failure or other commercial difficulties which put the continuation of the provider's business under threat such as insolvency;*
- *cancellation of registration with Care Quality Commission (CQC) including when enforcement action is taken;*

- *management/ staffing changes impact such that services or support cannot be delivered;*
- *unforeseen emergencies such as flood or fire;*
- *outbreak of illness such as norovirus or meningitis at a care home*

5.10 Action should be taken in line with the duties and powers to act placed on local authorities, as set out below.

6 Service interruptions because of business failure

6.1 Business failure of a major provider is a rare and extreme event and does not automatically equate to closure of a service. It may have no impact on residents or the people who use the services. However, if a provider is unable to continue because of business failure, the duties are as follows.

- **A temporary duty to meet people's needs -** this duty applies when a provider is unable to continue to carry on the relevant activity in question because of business failure. If the provider's business has failed but the service continues to be provided then the duty is not triggered, for example.

- The duty applies where a failed provider was meeting needs in the authority's area. It does not matter whether or not the authority has contracts with that provider, nor does it matter if all the people affected are self-funders or arrange their own care and support.

6.2 The needs that **must** be met are those that were being met by the provider immediately before the provider became unable to carry on the activity. Kent County Council **must** ensure the needs are met. However, how that is done is for us to decide, and there is significant flexibility in determining how to do so, as set out in section 8 of the Care Act.

6.3 It is not necessary to meet those needs through exactly the same combination of services that were previously supplied. However, when deciding how needs will be met, we must take all reasonable steps to agree how needs should be met with the person concerned involving as appropriate:

- *the person concerned, any carer that the person has, or anyone whom the person asks the authority to involve;*
- *anyone who appears to the authority to be interested in the person's welfare, in cases where the person concerned lacks capacity;*
- *the carer and anyone the carer asks the authority to involve where a carer's service is involved*

6.4 Disruption for the person or people receiving care should be minimised line with the wellbeing principle and, although we are able to exercise discretion about how to meet needs, the aim should be to provide a service as similar as possible to the previous one.

6.5 Prompt actions should be taken to meet people's needs and it is not necessary for a needs or carer's assessment or a financial assessment to be in place before action is taken.

6.6 Where business failure is the reason for disruption of service or support needs must be met regardless of:

- *whether the needs would meet eligibility criteria*
- *how people are paying for the cost of meeting those needs, for example where the person arranges their own care via a direct payment or in the case of self-funders*
- *ordinary residence (in cases of out of county or cross-border placements where a person or persons are placed within Kent County Council from another authority area)*

6.7 However, it is permissible to charge the person for the costs of meeting their needs where they would ordinarily have paid themselves, and may also charge the local authority which was previously meeting those needs in the case of out of county or cross border placements. The charge must cover only the actual cost incurred by us in meeting the needs. No charge must be made for the provision of information and advice to the person.

6.8 In cases of provider failure where, for example, persons are in receipt of NHS Continuing Healthcare (NHS CHC) the duty to meet the needs and provide NHS CHC falls on the NHS and the local authority does not a legal obligation to meet these needs. IN such cases reference should be made to the:

- *National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2013*
- *National Framework for NHS Continuing Healthcare; and*
- *NHS-funded Nursing Care and the NHS-Funded Nursing Care Best Practice Guidance*

6.9 Where the local authority temporary responsibilities are invoked due to providers failure and in order to ensure continuity of care and support to service users, this requires the local authority relevant function(s) and staff whose usual responsibility it is to take necessary actions.

7 Business failure involving a provider in the CQC oversight regime

7.1 From April 2015, the financial "health" of certain care and support service providers will become subject to monitoring by the Care Quality Commission (CQC). The Care and Support (Market Oversight Criteria) Regulations 2014 set out the entry criteria for a service provider to fall within the regime. These are intended to be service providers which, because of their size, geographic concentration or other factors, would be difficult for one or more local authorities to replace, and therefore where national oversight is required. CQC will determine which service providers

satisfy the criteria using data available to it. It will notify the service providers which meet the entry criteria.

7.2 Where CQC determines that a provider in the regime is likely to become unable to continue with their activity because of business failure, it is required to tell the local authorities which it thinks will be required to carry out the temporary duty, so that they can prepare for the local consequences of the business failure. CQC should work closely together with the affected local authorities to help them fulfil their temporary duty. CQC's trigger to contact authorities is that it believes the whole of the regulated activity in respect of which the provider is registered is likely to fail, not parts of it, so if, say, a single home owned by the provider is likely to fail because it is unprofitable but the remainder of the provider's relevant regulated activity is able to continue. In these circumstances, it is the provider's responsibility to wind down and close the service in line with its contractual obligations and it is expected that providers would do so in a planned way that does not interrupt people's care.

7.3 Where CQC considers it necessary, it may request the provider to share with it relevant information to support local authorities in the discharge of their temporary duty. CQC must give the information, and any further relevant information it holds, to the local authorities affected.

8 Business failure involving a provider not in the CQC oversight regime

8.1 Where the provider falls outside the CQC Market Oversight Criteria the temporary duty on local authorities to meet needs in the case of business failure and to ensure continuity of care in respect of business failure still applies.

9 Service interruptions other than business failure (service failure)

9.1 In situations where services fail or are interrupted but business failure is not the cause powers detailed in Sections 18 and 19 of the Care Act 2014 can be exercised in order to meet urgent needs without having first conducted a needs assessment, financial assessment or eligibility criteria determination.

Examples might be:

- *the continued provision of care and support to those receiving services where these service are in imminent jeopardy and there is no likelihood of returning to a "business as usual" in the imminent future*
- *a temporary service closure related to unforeseen absence of qualified staff*
- *a temporary service closure related to interruption of essential utilities such as water, gas or electricity*
- *complications with the providers suppliers of say agency nursing staff*
- *an unforeseen emergency situation such as fire or flood*
- *permanent closure of a service, such as the sale of a care home which is being sold on for use as a hotel*

9.2 The authority may meet urgent needs regardless of whether the adult is ordinary resident in its area and, therefore, can act quickly if circumstances warrant. In this context, “urgent” takes its everyday meaning, subject to interpretation by the courts, and may be related to, for example, time, severity etc.

9.3 The power to meet urgent needs is not limited by reference to services delivered by particular providers and is thus available where urgent needs arise as a result of service failure of an unregistered provider (i.e. a provider of an unregulated social care activity). The power may also be used in the context of quality failings of providers if that is causing people to have urgent needs.

9.4 The action required in relation to each service interruption should be considered on its facts and via a process of risk assessment. It is for the authority to decide if it will act to meet a person’s needs for care and support which appear to it to be urgent. In exercising this judgement the local authority must act lawfully, including taking decisions that are reasonable.

10 Contingency planning

10.1 This section complements KCC existing emergency, contingency and business continuity plans for service provider exit. As part of contingency planning, KCC will:

- *Consider how they would respond to different service interruptions including reviewing which service interruptions pose the greatest risk in their locality developing contingency plans in advance, in conjunction with local partners*
- *Discuss with local providers which services they would be willing and able to provide if the need arose because another local provider had failed*
- *Consider where the involvement of neighbouring authorities would be essential in order to maintain services, ensure effective liaison and information sharing arrangements are set up in advance*
- *Have the capacity to react quickly to any media reporting of service interruptions, whether large scale or small, to minimise uncertainty and anxiety amongst those is receipt of services and the wider public*

11 Service Provider Exit Protocols

There are two sector specific protocols which build on the Care Act service provider exit principles and are designed to provide practical guidance and tools for the lead mobilisation managers and stakeholders on managing the process. These step by step guides ensure legal duties are met, best practice is followed and people’s well-being is maintained and promoted throughout such incidents. They are:

- Care Home Service Provider Exit Protocol
- Home Care Business Provider Exit Protocol

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Kent County Council

Social Care, Health and Wellbeing – Community Support Market Position Statement

February 2016

Introduction

The focus of this document is community based social care services for vulnerable adults in Kent. It is aimed at current and potential providers of care and support services, so they can understand the present and future demands and how services need to respond to the transformation journey the Council has embarked upon.

Kent County Council must find more effective ways of making public money go further and deliver better outcomes, this responsibility has never been more important than in the current context, as the financial settlement between central and local government is more challenging than ever.

We want to stimulate a diverse market for care that offers people choice so that they are supported to remain as independent as possible, for as long as possible and enjoy a good quality of life, within their local communities. We need a wide range of high quality services that maintain the population's wellbeing and independence and supports those with complex or long term conditions.

Demographic forecasts suggest that the number of people funding their own care will continue to increase and we must redefine our relationship with the market and Kent's residents to offer greater choice in service delivery and greater transparency regarding the quality of care offered, whether the Council manages an individual's care or not.

We believe significant changes in the social care market are necessary to respond to the changing demographics and economic environment. Transformation of services will give us an opportunity to work with the market, including private providers, small and medium enterprises and the voluntary, community and social enterprise sector in new ways.

This Market Position Statement forms part of our approach to market shaping and development. We have started on a journey of transformation and have been using co-productive models and approaches; we will continue to facilitate an ongoing dialogue with a wide range of stakeholders and citizens. We think this is essential in order to develop future effective approaches to care and support. We recognise that we have a wide variety of skills and knowledge to draw upon, from people using and providing services. We know that it is crucial to harness and use this resource as we all face the challenges ahead of us.

People Self-Funding their Care and Support

The Care Act gave new duties to local authorities to facilitate and shape their market for adult care and support, in order that it meets the needs of all people in their area who need care and support, whether arranged or funded by the state, by the individual themselves, or in other ways.

Adult Social Care is means tested, unlike health services which are free at the point of delivery. This means there are many people who fund their own care, in whole or in part.

In the future, the number of people who will fund their own care will grow. While accurate local data is not available, national studies suggest that between 15% and 57% of older people currently fund their own care in residential settings (depending on local levels of deprivation), equating to around 45% of all registered care home places. In addition, our estimations show around 40% of people currently fund their own care at home entirely, with others topping up local authority funded care to some extent.

This will mean more people will need information and advice and a diverse range of support without approaching the local authority, it will be increasingly important for all providers to think about enabling access to their services for those who will purchase with them directly.

Strategic Context

Increasing Opportunities, Improving Outcomes is KCC's new 5 year strategic vision. It links the vision and priorities of the council to a series of strategic and supporting outcomes that will drive commissioning and service delivery across KCC. For adults the key strategic outcome is:

Older and vulnerable residents are safe and supported with choices to live independently

This is underpinned by the following supporting outcomes:

- Those with long-term conditions are supported to manage their conditions through access to good quality care and support;
- People with mental health issues and dementia are assessed and treated earlier and are supported to live well;
- Families and carers of vulnerable and older people have access to the advice, information and support they need;
- Older and vulnerable residents feel socially included;
- More people receive quality care at home avoiding unnecessary admissions to hospital and care homes;
- The health and social care system works together to deliver high quality community services;
- Residents have greater choice and control over the health and social care services they receive.

http://www.kent.gov.uk/__data/assets/pdf_file/0005/29786/Kent-County-Council-Strategic-Statement.pdf

What is Commissioning?

Commissioning is the process for deciding how the Council will best use the total resources available to improve outcomes delivered in the most equitable, efficient and effective way. Commissioning is the local authority's cyclical activity to assess the needs of its local population for care and support services, determining what element of this needs to be arranged by the Council, then designing, delivering, monitoring and evaluating those services to ensure appropriate outcomes.

With the unprecedented challenges the Council is facing, it is more important than ever that we are open and transparent with the market about the budget we will have available for Adult Social Services going forward. The budget for Adult Social Services in 15/16 was £462.9m compared to 2014/15 £466.7m and 13/14 £487.3m.

We will have to continue to manage this difficult financial situation into 2016/17 and at the same time as the Council faces unprecedented budget pressures, we are experiencing every increasing demand for services, reflecting the changing structure of the population as it ages and as people live longer with more complex needs.

In response to these challenges the Council is undertaking a Transformation Programme to modernise services and find efficiencies in our systems and approaches. ***Facing The Challenge: Whole-Council Transformation*** sets out how we are planning to do this across all our services.

http://www.kent.gov.uk/__data/assets/pdf_file/0016/5470/Facing-the-challenge.pdf

Kent County Council Commissioning Framework

Our ***Commissioning Framework*** outlines how we are delivering better outcomes for Kent residents through improved commissioning of services. The commissioning framework can be found at:

http://www.kent.gov.uk/about-the-council/strategies-and-policies/corporate-policies/commissioning-framework

We are supported in our commissioning by a procurement team who provides commercial advice and guidance, which includes running tendering exercises, supporting us in negotiating and awarding contracts and providing a 'Purchase to Pay' service. More information can be found on the Council's website:

http://www.kent.gov.uk/business/grow-your-business/doing-business-with-kent-county-council/how-we-buy-goods-and-services

Becoming a Commissioning led Authority – Delegation of Duties Care Act 2014

The Care Act allows us to delegate some, but not all, of our care and support functions to other parties. This ability provides greater flexibility for a more local approach to be developed in delivering care and support, and permits us to work more efficiently and innovatively, providing better quality care and support for people.

We retain ultimate responsibility for how delegated functions are carried out by other parties. Delegation does not absolve the Council of its legal responsibilities. The Act is clear that anything done (or not done) by the third party in carrying out the function, is to be treated as if it has been done (or not done) by the local authority itself. This is a core principle of allowing delegation of care and support functions.

Ahead of the Care Act we took the bold step of delegating our responsibility for carers assessments via our carers assessment and support contract; this has afforded carers a more specialist assessment and high quality assessment and has proved cost effective for the council.

Throughout our transformation we will seek opportunities, where evidence shows this can be done effectively and safely, to delegate more tasks and create different exciting commissioning opportunities where tasks we once had to perform ourselves are delegated as part of our commissioning strategy.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf

Commissioning for Outcomes

Good commissioning is person-centred and focuses on the outcomes that people say matter most to them. It empowers people to have choice and control in their lives and over their care and support. We will be co-producing and commissioning new models of outcome based care; such models will offer financial rewards to providers for the delivery of cost-saving preventative interventions, which provide better outcomes for the people of Kent.

We will increasingly be rewarding providers for achieving the outcomes that matter for people and in doing this will be developing pay mechanisms that provide the appropriate incentivisation. It is important to note that financial reward can be based on results to a greater or lesser extent; for example, under a purely outcome-based contract, providers would not receive remuneration unless outcomes have been achieved. However, other outcome based schemes involve less risk, with providers receiving capital to cover the costs of delivering a service, with the opportunity to earn an additional 'bonus' payment if key outcomes are met.

Our newly commissioned Community Mental Health and Wellbeing Service will see the ratio of core funding to outcome payment change over the life of the contract. As the contract becomes established and we become more confident with the delivery and data captured, more of the contract value will become associated with the outcomes that matter most to people.

http://www.local.gov.uk/documents/10180/5756320/Commissioning+for+Better+Outcomes+A+route+map/8f18c36f-805c-4d5e-b1f5-d3755394cfab

Promoting Social Value through Commissioning

The Public Services, Social Value Act came into force in January 2013. It requires commissioners of public services to think about how they can secure wider social, economic and environmental benefits through their commissioning endeavors.

The Act is a tool to help commissioners get more value for money when commissioning services. It also encourages commissioners to talk to their local provider market or community to design better services, often finding new and innovative solutions to difficult problems.

Adult Social Care commissioners are working with the Skillnet Group through a Cabinet Office funded project to develop a Commissioning for Social Value Framework.

This Market Position Statement will be updated with the outcomes of the project.

Transformation of Adult Social Care

We have been thinking differently about how we deliver our services in order to make the most of every penny we spend. We have been exploring how and why some people enter the social care system and others do not, and it is clear that some people could be supported for longer in their own communities if there were community wellbeing based support that helped them maintain their independence at home.

The strapline of our transformation is **'a life not a service'**; this is based on consistent feedback that support needs to be more personalised to enable people to achieve the outcomes that matter most to them.

This illustration shows our approach, which is to put the individual at the centre of all we do, looking for ways to support their lifestyle and keep them engaged and connected to the things that matter to them. This reflects a new requirement that the Care Act 2014 has placed on local authorities to ensure that services are available to people which prevent, reduce or delay entry into social care. People using services and their carers have high expectations and rightly want to lead full and rewarding lives, but we know that poor health and social isolation are factors that lead people to require ongoing health and social care services. We need to work with individuals, their families and providers to consider not only the support people need for a particular stage of their life, but how their needs might change throughout the course of their life, so that care becomes more responsive to emerging needs.

At the same time, we understand the power and strength that lies within the communities that people live in, and as well as empowering individuals to take more responsibility for their own health and wellbeing, we need to empower and build capacity within communities to support the vulnerable adults living in them through developing social capital, utilising community assets and harnessing the goodwill, resilience and drive of individuals.

We are working closely with Public Health, the Clinical Commissioning Groups, and other partners, sharing and refining our vision for the future and will seek to commission more integrated services in the future developing ways to support people to better manage multiple long term conditions such as dementia, diabetes and chronic obstructive pulmonary disease.

KCC wants to be transparent about its intentions to strategically commission care services and so has developed this Market Position Statement to set out how community based services are being considered. We will develop an integrated health and social care model which incorporates a broad range of person centred and outcome focussed interventions, encompassing prevention, early intervention, primary and community health services, social care, home care, residential and nursing care and in reach to acute health care.

Our aim is to:

- Improve people's experience and promote their health and wellbeing
- Put an end to the current crisis driven model of care
- Create a value driven and outcome focussed culture that nurtures creativity and innovation in meeting people's needs
- Support people to access good quality advice and information that enable then to self-care/manage
- Create the right conditions which enable people to find solutions that support their wellbeing outside of a tradition medical or service driven models of care and support
- Encourage community development and increase volunteering, befriending and good neighbour schemes
- Support carers in their vital role through the provision of advice and individually tailored support
- Provide flexible and proactive models of care and support that can increase and decrease according to need
- Free professionals up from the rules and bureaucracy; to do the ***right thing*** and provide person centred holistic support that promotes wellbeing
- Provide responsive models of long term care that can flex up or down according to people needs
- Bring services together to ensure better communication and better use of resources and create a better experience for people

Our model is described through three groups of interventions, Promoting Wellbeing, Promoting Independence and Supporting and Maintaining Independence and has strong links across to the Accommodation Strategy. It must be noted this is just a means of describing differing types of interventions, but all support will be fully integrated, silos will be avoided and people will be able to access '***the right care at the right time'*** in order to be as independent and well as possible at all times.

Promoting Wellbeing

These services aim to prevent, delay or avoid people entering into formal social care or health system, by enabling people to manage their own health and wellbeing. Wellbeing services are universal, based in local communities and utilise local resources. They address the issues that lead to people entering into formal care systems, such as social isolation, falls and carer breakdown. Access to good quality information and advice will be the cornerstone of our wellbeing offer, enabling people to identify and access the support that they want in order to keep living fulfilled lives.

Our ethos will be **'a life not a service'**; this is based on consistent feedback that current models of support fit people into a narrow band of available services; whereas future support needs to be more personalised to enable people to achieve the outcomes that matter to them.

GPs and other health/social care professionals find it difficult to keep abreast of all that is available in the community to support people's wellbeing. We will develop models of support that enable people to access the resources in their local community that keep them informed connected active and well. We will be exploring how social prescribing models supported by one to one support from care navigators can use techniques like guided conversation to help people think about their needs and get the support they require. We will investigate how we can support people to plan for later life and be more in control of their care and support needs.

People do not know what is available either through commissioned support in the voluntary sector or provided via other groups such as churches. We want to develop Community Hubs which will be local information and advice hubs that are in prominent and visible locations, where people can pop in for advice and support.

Social isolation and loneliness is a huge issue central to our model will be developing schemes which help people connect for mutual support, activity and fun, keeping people connected keeps them well!

We will work with and through the community and voluntary sector to maximise use of our combined resources, using tools such as asset mapping to ensure traditional and non-traditional types of support for part of our wellbeing offer. Our focus will be on building community capacity and resilience in communities and levering in non-traditional providers to improve the range of support offered.

Promoting Independence

These services also aim to prevent or delay people entering into formal care systems by providing short-term support that provides the best long-term outcome for an individual. For some people, these consist of short term interventions that enable people to recover from episodes of ill health or injury and to return to their previous level of health. For other people, especially those with a long term condition or a disability, these may be fixed term services that provide training and skills development that maximises independence and enables people to live as independently of formal care systems as possible.

Community Hubs will offer therapy services and provide access to assessment and advice regarding the equipment and assistive technologies. We will look to integrate Occupational Therapy services provided by KCC and the Community Health Trusts whilst maximising the opportunities of the newly jointly commissioned community equipment provider, NRS. This will improve access, optimise services, and remove the risk of duplication and variation in assessment and provision; making easier for people to get the equipment that helps them remain independent and well.

Our plans are to bring together KCC's enablement service and Community Health Trusts intermediate care services. To ensure people have rapid access to short term therapeutic interventions that prevent hospital admission, support recovery from illness and enable people to get back on their feet. The service would be designed to support people with complex needs including those with moving and handling issues i.e. double handed care and importantly people living with dementia. The service would respond rapidly to support people to stay out of hospital and through the CHOCs will be aligned to the paramedic service.

The service will prevent acute admissions and support timely and effective discharges and will work on the understanding and belief that '***your own bed is best',*** and that in most cases people are more comfortable in their own homes and therefore recover and regain their independence more quickly if good quality therapeutic support can be provided in their own homes.

Supporting and Maintaining Independence

We know that some people will need ongoing support to remain living in their own homes and communities. Services must support people to maintain wellbeing and self-sufficiency keep them safe and enable them to live and be treated with dignity. Our primary aim must be to enable people to live in their own homes, stay connected to their communities and avoid unnecessary admissions to hospitals or care homes.

We plan to investigate and develop a nurse led homecare service which brings together KCC commissioned homecare services and the Community Health Trust nurses. To provide an outcome focussed flexible and responsive specialist services to support people living at home. This model offers a real opportunity to develop a workforce model that is fit for the future, and which explores the opportunities to train and develop carers and health care assistants and nurses to deliver holistic care focused on patient need. For example, this may include training domiciliary care workers and carers to carry out medical procedures such as insulin injections for insulin dependent people in receipt of home care, and who would otherwise require daily nursing visits.

We will provide wrap around holistic support for people with more intense/complex needs. Key to this model will be a trusted community worker who is given the resources to build a team or circle of support around that individual. This will support specific high risk individuals including those with dementia or very unstable long term conditions.

Integrated enablement and homecare services will also provide peripatetic support to care homes in the area, the teams will in reach to local care homes to provide specialist support for residents and to help staff develop skills and confidence.

Developing an integrated workforce strategy is an essential element of our plan. We must ensure that there is a genuine career pathway across an integrated health and social care system. That we encourage young people into careers in supporting them to gain qualifications and skills. Links with local higher education collages and schools will be nurtured and improved.

Demand and Uptake of Services and Support 2014 – 15

Kent's population is 1.51 million people, we currently support 34,424 adults through a range of different services and support methods, this compares to 33,205 adults in 2012-13.

- 12,522 adults were aged between 18 – 64 years
- 21,902 adults were over the age of 65 years
- 10,160 adults were over the age of 85
- We support 3,545 adults who have mental health issues (5,324 in 2013/14)
- We support 4,550 adults with a learning disability (4,208 in 2013/14)
- 4,150 adults decided to take their Personal Budget as a Direct Payment
- 2,134 adults received their Direct Payment through a Kent Card
- 8,131 adults received an enablement service in comparison to 2013/14 when approximately 8,222 adults received this service
- Of those who used enablement 84.1% where able to return home, due to the support provided, this is an increase on 2013/14
- 12,356 adults received a home care support service to enable them to stay in their home
- This is 0.83 % of our population which is lower than the national average
- 2,660 adults received a day care service
- This is 0.18% of our population, which is lower than the national average
- We have seen an increase of 120% in relation to numbers of adults receiving telecare services
- 2,648 adults have been helped to live more independently following an independence review

These facts came from Adult Social Care, annual Local Account, ***'Here for you, How did we do?'*** document aims to inform Kent residents about our adult social care service's achievements, improvements and challenges.

http://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/local-account-for-adult-social-care

Integration, Opportunities for Joint Commissioning

The Government wants health and social care services to work together more efficiently so that people get the right combination of care and support. Kent County Council and all Seven Kent Clinical Commissioning Group have committed t full integration by 2020.

The ***Health and Social Care Act 2012*** sets out specific requirements for the health system and its relationship with care and support services. It gives a duty to NHS England, Clinical Commissioning Groups, Monitor and Health and Wellbeing Boards to make it easier for health and social care services to work together.

The Care Act 2014 provides the legal framework for changes to the social care system. The Act states that local authorities must consider the integration of care and support provision with health provision and health-related provision where it considers that this would promote the wellbeing of adults with needs for care and support and the well-being of carer's in its area. This will improve the quality of services and people's experiences of them. The Act also allows us to set the standards needed to create an electronic database of people's care assessments, and their care and treatment needs.

Kent is one of fourteen national Integration Pioneers chosen by the Department of Health to deliver integrated care and support at scale and pace. This is a whole system partnership programme involving all seven of Kent's Clinical Commissioning Groups (CCGs), Adult Social Care, the Community Health Trust, the Mental Health Trust, all the Acute Hospitals, District Councils and engages with the voluntary sector and the public.

The Better Care Fund is seen as a key tool in delivering integration and underpins the implementation of the Pioneer Programme. To reflect the complex picture of health and social care within Kent, the Better Care Fund is built from a local level, with seven local CCG level plans.

The aim of the Pioneer Programme in Kent working with the Better Care Fund is: to put the citizen at the centre with services wrapped around them. To do this we said we would work to have:

- Integrated health and social care teams working 7 days, 24/7 in your local community;
- Your GP will coordinate your care, bridging the gap between your GP, social care, community health services and your hospital;
- You will have access to a shared care plan so you and everyone around you know about your care and support;
- Access services through a local referral unit with access to crisis teams and rapid response;
- Hospital without walls;

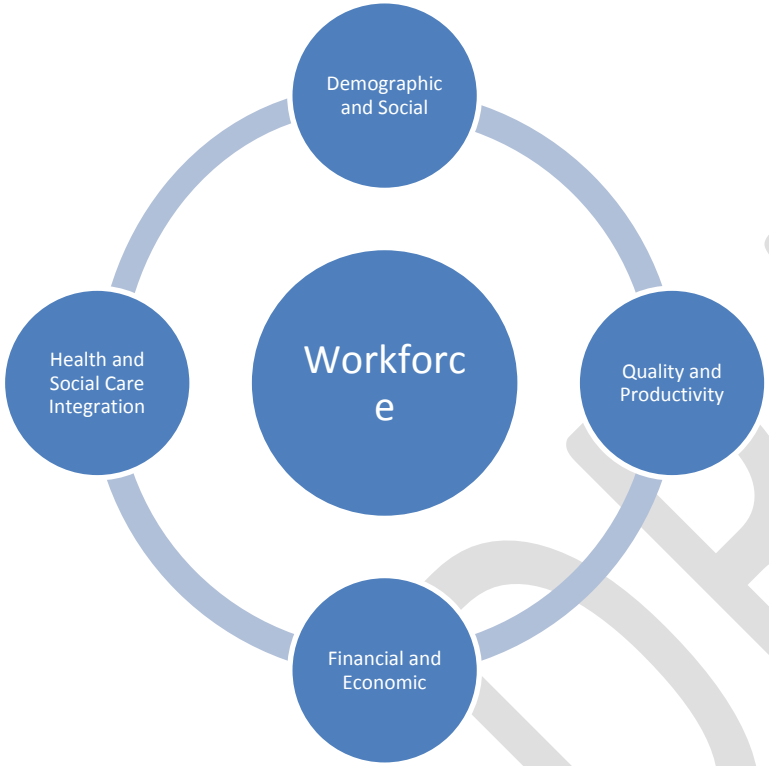
- One team, one estate working towards one budget;
- The continued focus on enablement, admission avoidance and crisis intervention.

KCC has developed the Kent Innovation Hub, which is a network of organisations across health, social care, the voluntary sector, industry and academia; locally, nationally and internationally who share good practice, tackle key challenges and aid the development and implementation of solutions for service change at pace and scale. The Hub is a central communication network, with most activity hosted virtually through Tweet chats and webinars, with additional workshops and conferences, focusing on the themes that support the Pioneers programme.

We are committed to full integration of both commissioning and provision. There is a great deal of joint working going on and new models of provision being developed. We recognise that there is and will be opportunities for providers and organisations to work with us on current and future developments. Our focus will be on promoting wellbeing, and promoting and supporting independence where possible in a person's own home.

Workforce

There are a number of big challenges that face us all in relation to the future of the health and social care workforce in Kent and they must drive all health and social care partners to think differently.



The Kent Health and Wellbeing Board commissioned a Workforce Task and Finish Group to understand the context for Kent and report on priorities including:

- determining how health and care organisations in Kent can best respond to immediate service pressures in an aligned manner;
- determining how to maintain and expand the future workforce in priority areas;
- assessing how financial and human resources can be best invested in service transformation through education, training and the creation of new roles, joint teams, and/or new settings.

As well as advising on:

- any financial and systemic barriers that might affect workforce planning;
- short-term issues and how they might be resolved;
- the identification of priority focus areas for Kent's future workforce;
- the strategic context of workforce education and training, with reference to the Five Year Forward View and development of New Care Models;
- improving workforce planning, ensuring it is better coordinated and linked to strategic forward plans in Kent; and
- how we strike a balance between retraining and reskilling the existing workforce and expanding and creating new roles through innovative education and commissioning programmes.

Making it Real

We are committed to commissioning good quality services that put 'people' first and provide the support they need in the way that is best for them. Co-production is a key element in achieving this so we are working together with people who use services, family carers, service commissioners and service provider's to create services which work for all involved.

KCC is one of fourteen national Integration Pioneers and to show our commitment to transforming, Adult Social Care have agreed with our Health colleagues to sign up to **'Making It Real',** which is a central initiative of 'Think Local Act Personal' (TLAP).

Making it Real sets out what people who use services and carers expect to see and experience when support services are truly personalised. It is based on a set of "progress markers", which were written by 'real' people and families. Making it Real is not a performance management tool but an opportunity for councils and organisations to use the 'progress markers' to help them check and build on their progress with personalisation, and is a way of letting others know how they are doing, especially their local communities and the people they serve

The markers of progress are twenty six ***"I statements"***, which describe what people expect and want when it comes to care and support. They are themed around the following six key areas:

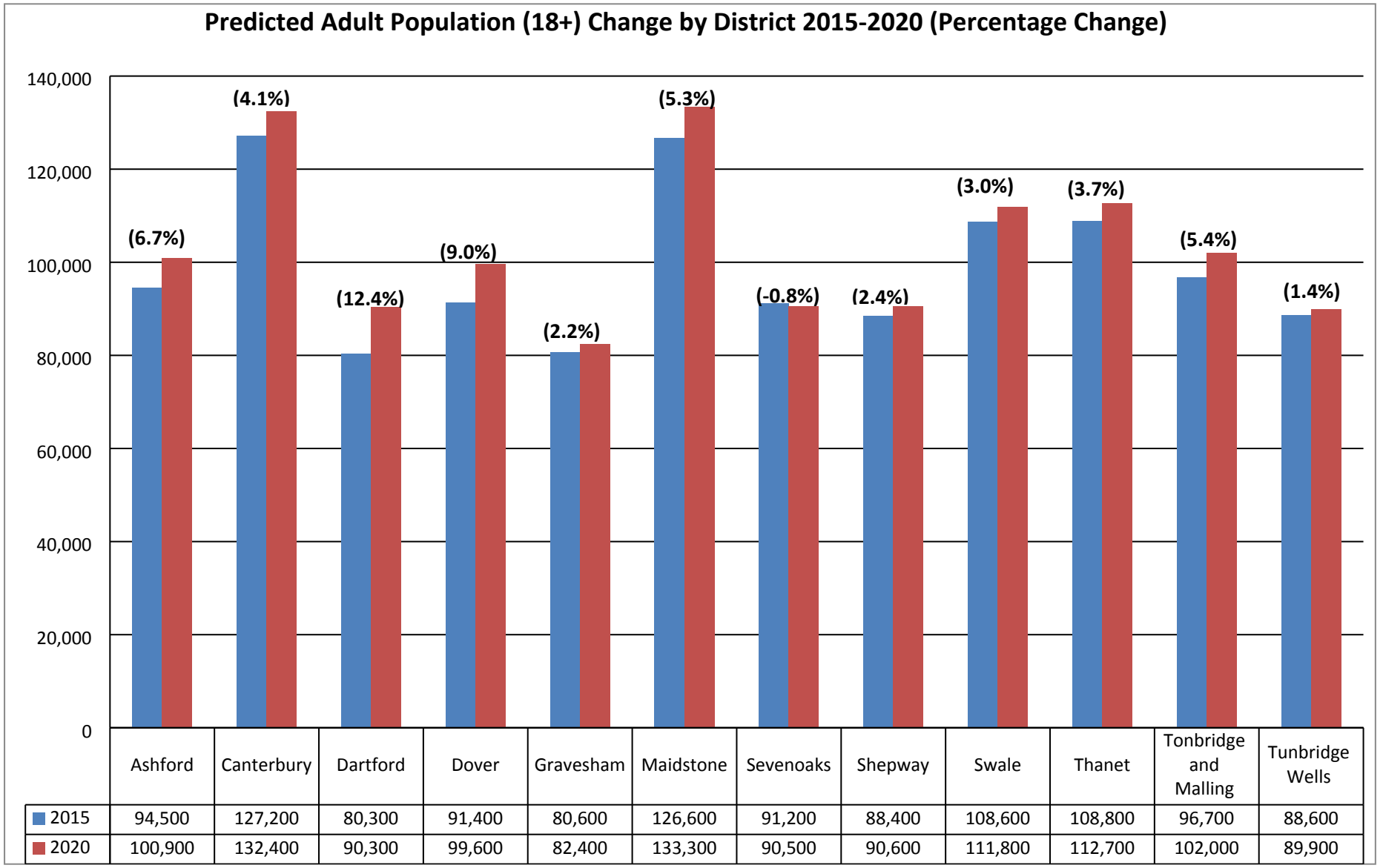
1. Information and advice;
2. Active and supportive communities;
3. Flexible and integrated care and support;
4. Workforce;
5. Risk enablement;
6. Personal budgets and self-funding.

Though we are working on all six ***'Making it Real'*** themes we are developing an action plan that will identify which themes we will prioritise. To help us decide what the prioritised themes should be, we are engaging with people who have experience of using services, families, carers and a range of other stakeholders. As Kent is one of the largest local authorities in the UK, with a large and diverse population, we are using different methods of engagement to establish which themes should be prioritised, these include: coproduction events, workshops, group discussions and consultation with local user groups and forums.

Key Messages to the Market

- Demographic change will significantly increase demand for care and support over the coming years but will not be matched by increases in public funding.
- We will be increasing investment in information and advice, preventative services, assistive technologies to support independent living.
- We will move away from time and task home care and develop more person-centred models of support that are outcome focussed.
- We will be exploring models such as provider managed services and individual service funds to maximise the impact of personalisation.
- We will be looking for more cost effective ways of delivering care and support and we are keen to work with providers who can offer innovative solutions, flexibility and value for money.
- We will be commissioning for care networks and models of support that bring traditional and non-traditional providers together to ensure services are joined up and focus on promoting wellbeing and independence.
- We will be doing more joint commissioning with the NHS and other partners looking for responsive and flexible models of support than prevent hospital admission and/or support timely and effective discharges.
- Providers must plan and adapt their services to support the increasing numbers of people who are funding their own care.
- We will continue to promote self-directed support and increasing the numbers of people taking up personal budgets and direct payments, which will decrease reliance on more traditional models of care and support over time, as people choose more flexible and innovative ways to meet their needs.
- We want to explore and commission models of brokerage and micro-provision of specialist or very local services.
- There is currently an insufficient supply of personal assistants to meet the expected demand as the numbers of people directing their support increases.
- There are plans to facilitate a continued decrease in the number of publicly funded care home placements, as we look to develop more personalised housing options, including Extra Care Housing, supported living and Shared Lives.

Our Population - The Kent Context



	Ashford	Canterbury	Dartford	Dover	Gravesham	Maidstone	Sevenoaks	Shepway	Swale	Thanet	Tonbridge and Malling	Tunbridge Wells
2015	94,500	127,200	80,300	91,400	80,600	126,600	91,200	88,400	108,600	108,800	96,700	88,600
2020	100,900	132,400	90,300	99,600	82,400	133,300	90,500	90,600	111,800	112,700	102,000	89,900

The adult population in Kent (18+) is likely to increase by 5.6%, between 2015 and 2020 (KCC, Business Intelligence).

Population changes will play a huge part in shaping the future of adult social care, both nationally and locally. There will be significant growth in the numbers of people aged over 65 and 85 and an increased prevalence of people living with dementia. Earlier diagnosis and better treatment will mean that people will live longer with long-term conditions and people with a learning disability will also live longer.

People's expectations for older life and their experience of services are changing. People reaching older age in the next 10 or 20 years will be used to having greater choice and control over the services they use and will expect more from their local authority and from care providers. Taken together, this will mean increased demand for care and support and require growth in local markets of personalised services that respond to people's changing needs and aspirations.

Deprivation and Poverty in Kent

On the national Index of Multiple Deprivation 2015, Kent is ranked at 100th out of 152 Counties and Unitary Authorities in England. This places Kent within the least deprived 50% of all counties and unitary authorities in England. Within Kent, Thanet continues to rank as the most deprived local authority, while Tunbridge Wells ranks as the least deprived local authority. Ashford and Swale have experienced the largest increase in deprivation relative to other areas (KCC Business Intelligence). There are pockets of very high deprivation across the county with 117 Lower Super Output Areas (LSOAs) being in the top ten most deprived nationally and 298 LSOAs in the top ten most deprived in the South East. There are 1,047 LSOAs in Kent.

'Relative poverty commonly defined as living on less than 60% of the national median income has been demonstrated to relate to poor health and risk of premature death, arguably through the psycho-social stress of low socio-economic status and poorer quality of social relations' (Kent and Medway Public Health Observatory). In Kent, 19.5% of households are estimated to be in poverty which is below the national average. This equates to approximately 114,000 households in poverty. The estimates have shown that for Kent as a whole, the average level of household poverty is not amongst the worst in the country with the KCC area ranking 102nd out of 152 (bottom third) of county and unitary authorities in England. However, within Kent there are areas with high proportions of households in poverty located alongside areas with relatively low proportions of household poverty (KCC, Business Intelligence).

Infrastructure Support – the Current Situation

Supporting a vibrant, strong and connected voluntary and community sector is a key objective for the Council. We believe this sector is a key partner in helping to prevent, delay or avoid people entering into formal social care or health systems

Not only is the voluntary sector a significant provider of services to vulnerable adults in Kent, but it is also a major player in the Kent economy in terms of the number of people it employs. The reduction, both nationally and locally, of funding for the voluntary sector is impacting on the sustainability of organisations and conversely the support that they provide.

We currently invest £660,000 in funding to organisations that support volunteering and which provide administrative, logistical and business support to the voluntary sector, this enables them to deliver their charitable aims and objectives.

Our relationship with the voluntary sector is outlined in it ***Voluntary and Community Sector Policy*** which can be found at:

http://www.kent.gov.uk/about-the-council/strategies-and-policies/corporate-policies/voluntary-and-community-sector-vcs-policy

Tendering Opportunities

To support the implementation of Voluntary and Community Sector Policy, Adult Social Care and Public Health will be commissioning a new offer of infrastructure support to the sector.

Initial engagement occurred between November and December 2015, co-production of a new model of support will continue into 2016, with the expectation that a new contract will be tendered and in place by September 2016.

Information and Advice

Information and advice is critical to help people choose the best quality care for the situation in which they find themselves, plan for their future care needs, understand what they are entitled to from the state and make the best decisions about funding care.

Under the Care Act 2014 Local Authorities must provide comprehensive information and advice about care and support services in their local area. The Act also states that we must support the person's involvement. If they have difficulty understanding information and advice about their care, retaining or weighing up the information or communicating their views they may need an independent advocate.

As an authority we provide a range of useful information and advice but there is currently no overarching strategy in place relating to its provision. Information and advice delivery arrangements have been developed and implemented in isolation which has resulted in a system that is fragmented and does not facilitate easy access to all the information that an individual may want or need. This is based on feedback from people stating that need services, already in existence, but to which they had not been signposted.

Though the current information and advice offer contains elements that could be viewed as meeting the needs of people who use services, it is unlikely that it will be able to provide effective solutions to some key transformation challenges including:

- Preventing people from being inappropriately drawn into the social care system;
- Actively encouraging people towards the types of information and or advice that may be particularly relevant to them;
- Facilitating the awareness of and access to information and support services to 'all' particularly those who are outside of the system, e.g. self-funders.

There is a range of commissioned preventative services in place that provide information and advice by a variety of channels and formats including

- Advice lines
- Drop in services
- Websites
- Care Navigators

We spend in the region of £720k on grants to a range of providers to deliver these services. Many providers offer information services as part of their operational delivery. We are seeking to explore a new model for information delivery with key partners, providers and stakeholders.

This new model could provide significant and numerous benefits including:

- Single point of access for all to social care information and community-based support services;
- No wrong door for those accessing the information and community support services;
- Care Act compliance;
- An integrated function that supports and enhances our prevention and demand management strategies;
- Consistency across statutory agencies ensuring user friendly functionality and language;
- Access to commissioned and non-commissioned resources;
- Sharing of individuals and local community experience and knowledge;
- Facilitating the development of community capacity and community self-sustainability;
- Developing of links, networks and understanding between those who are required to make information available and those who provide it;
- An integrated information service is a shared funding and working opportunity;
- Information harvesting to inform commissioning and market shaping exercises;
- Identification of joint commissioning opportunities.

We have recently awarded a contract for the provision of community equipment services to NRS Healthcare for a period of 5 years until 30 November 2020 with the possibility of a further 2 year extension. A requirement of this contract is to supply an information and advice service. NRS call this “Safe and Well”, and the offer includes a website, a retail offer (a physical shop in Aylesford and online store) and clinical advice from an occupational therapist.

Tendering Opportunities

An Information Strategy is in development, this Market Position Statement will be updated as soon as we have more information.

Advocacy

The introduction of the Care Act 2014 and the natural end of some existing advocacy contracts in March 2016 provided the opportunity to re-tender the statutory and non-statutory advocacy provision for adults in Kent. Following extensive co-production with a wide range of stakeholders, and an open and transparent procurement process, a new contract has been let to SEAP to act as the Prime Contractor managing the Kent Advocacy Hub, a single point of access for all advocacy provision for adults. SEAP will work collaboratively with a range of appropriately qualified and specialist small and medium sized voluntary sector organisations, with expertise in supporting people with varying needs. The advocacy network delivery partners include:

- Advocacy For All;
- Rethink Mental Illness;
- Assert (Tunbridge Wells Mental Health Resource);
- Centre for Independent Living Kent (CiLK);
- Citizens' Rights for Older People (CROP);
- Alzheimer's and Dementia Support Services (ADSS);
- Kent Association for the Blind (KAB);
- Royal Association for Deaf People (RAD).

This contract will ensure services are easy to find through a single point of access leading to improved efficiencies and better outcomes for vulnerable people. The Hub will also provide wider social value in the form of leadership on advocacy matters across the voluntary and community sector and by attracting inward investment to develop the advocacy offer, to strengthen its independence, sustainability, diversity and reach as well as providing opportunities for volunteering and skill development.

Tendering Opportunities

This new service contract is for three years with the possibility to extend for a further two years if all targets are met. The contract will commence from 1st April 2016.

The Learning Disability Advocacy Service was out of scope of this contract at commencement, as there was an existing contract in place, ending 31st March 2017. At termination, KCC reserves the right to include this provision within the new advocacy hub contract, if all parties are in agreement.

Enablement and Home Care

Enablement

Enablement is provided to respond intensively for a short period of time to best support people back to independence, or to be as independent as possible. Enablement is built on the principle of promoting independence and avoiding unnecessary dependence on long term services such as Home Care and Residential Care.

KCC provides and manages an in-house enablement service and has seen its success grow both in terms of the numbers of people it has supported back to full independence, but also the numbers whose longer term service reliance has been reduced. Enablement delivers good outcomes and both prevents and delays people's ongoing need for more intensive services, saving money and optimising resources in the context of demographic pressures.

The service is available for a specific period of time, which can vary from a few days to a number of weeks. The service is provided by Enablement Support Workers with the specialist support of Occupational Therapists. The Occupational Therapists both ensure effective challenge in the consideration of ongoing services and their intensity, as well as ensuring the use of equipment and technology is fully explored to support these aims.

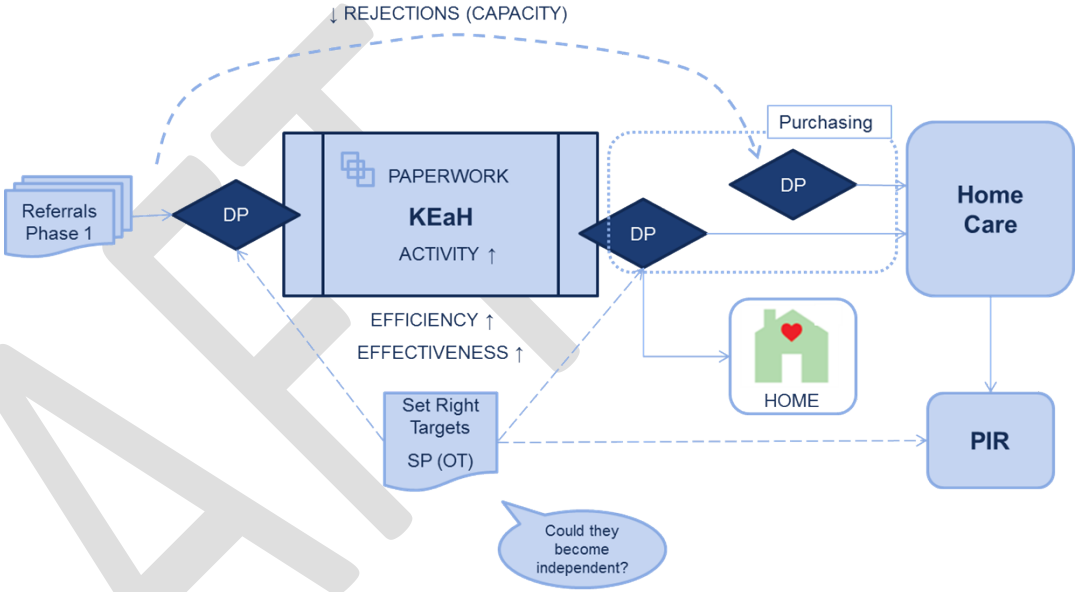
It is important not to consider enablement in isolation. Referral and assessment practice, client reviews and the capacity of other service markets i.e. Home Care, all have an impact on the effectiveness of the promoting an independence pathway. We are working to ensure the pathway is as effective and efficient as it can be across Kent by:

- optimising referrals into it,
- assessing the outcomes achieved
- measuring the time to enable in each of our geographical areas and
- ensuring inter-dependencies are understood and optimised

to ensure we achieve consistent results across Kent. We are also imbedding a performance culture both within the service and through commissioning to ensure maximisation of delivery in relation to this service.

Managing Flow

Whilst managing service improvements within our Enablement Service and optimising the Home Care contracts we let in 2014, we have come to a far better understanding of how a number of important factors come together to support the system to flow at optimum effectiveness. This has included a focus on:



- appropriate length of stay within the Enablement Service, ensuring access to the service and maximisation of outcomes;
- supporting 'line of sight' for Home Care providers, on discharge from Enablement, in relation to ongoing need;
- robust and timely assessments of manual handing needs across the Occupational Therapy pathway, on discharge from acute and sub-acute settings to minimise the need for multi-handed care through innovative use of equipment;
- ensuring Promoting Independence Reviews (PIRs) are managed in a timely way to ensure support arrangements are available to the individual's with ongoing needs;
- facilitating great communication across the health and social care economy, including the private and voluntary sector, to enable better capacity planning and delivery of capacity at the right time.

This learning has supported us to optimise capacity delivering the right support to the right people in a timely way. These elements will be 'built in' to the future design of enablement, home care and other services that interface.

Home Care

We re-let our Home Care contracts in June 2014. Through the tender we reduced the number of providers we contracted with from over 130 to 23. Since the contract was let the number has further reduced to 19 providers, following the exit of a number of providers through both performance management and provider choice. We have worked with providers to look at effective clustering of calls and understand the importance of volume and clustering in any future model. 85% of our Home Care services are delivered by the 19 contracted providers, with 15% of support needs commissioned from a further 50 providers through individual or spot contracts.

Our new contracts include Key Performance Indicators and other measures to support our learning and that of the sector in moving towards outcome based services and beginning to shape the market for the future. The contracts were extended in accordance with a provision within the tender and expire in June 2017.

Tendering Opportunities

We will move away from time and task home care services. Work is currently underway to ensure we develop case management practice in relation to referral, assessment and review, enablement and home care services in order to ensure any service offers are complementary, before any tender is put to market.

We will be reviewing the services we require across the promoting wellbeing, promoting independence and maintaining independence pathways. Current contracts end in June 2017 and a new model will be needed to replace these contracts.

New models will be outcome focussed and therefore ensuring we have the right framework and payment mechanisms to incentivise and reward the right behaviours is crucial.

This Market Position Statement will be updated as soon as we have more information.

Carers – the Current Situation

Estimated number of unpaid carers in Kent, 2011, 2015 and 2020

Unpaid Care Provision	2011		2015		2020	
	Total Number of Carers	Carers as proportion of population	Total Number of Carers	Carers as proportion of population	Total Number of Carers	Carers as proportion of population
Ashford	11,811	10.1%	12,656	10.20%	13,655	10.5%
Canterbury	15,361	10.8%	16,288	10.8%	17,002	10.8%
Dartford	9,209	9.6%	9,962	9.9%	10,753	9.0%
Dover	12,603	11.5%	13,153	11.9%	13,659	11.9%
Gravesham	10,307	10.2%	10,901	10.4%	11,519	10.5%
Maidstone	15,488	10.2%	16,730	10.3%	18,005	10.5%
Sevenoaks	11,914	10.5%	12,395	10.6%	13,092	10.6%
Shepway	12,249	11.5%	12,902	11.9%	13,535	11.9%
Swale	14,178	10.6%	15,952	11.3%	17,144	11.4%
Thanet	15,453	11.7%	16,348	11.9%	17,269	11.9%
Tonbridge & Malling	12,032	10.1%	12,880	10.5%	13,836	10.5%
Tunbridge Wells	10,507	9.3%	11,224	9.7%	11,996	9.7%
Kent	**151,112**	**10.5%**	**161,391**	**10.7%**	**171,465**	**10.8%**
England	**5,409,433**	**10.4%**	**5,711,463**	**10.5%**	**6,010,104**	**10.6%**

Source: Census 2011, Office of National Statistics, Kent & Medway Public Health Observatory

The Care Act 2014 places carers on an equal footing as those people they care for and this has put new duties onto the Local Authority. For the first time carers have a right to an assessment and to services that support their unmet needs.

KCC and all Kent's CCGs currently invest £7m in carers' services. These services are universal and preventative, focusing on those carers whose caring role significantly impacts on their health and wellbeing. A range of services is available through contracted and grant funded services. These include:

- Carers Assessment;
- Emotional Support;
- Information and Advice;
- Training;
- Sitting Services for:
    - Planned short breaks/respite;
    - Carers to attend health appointments;
    - Emergency/crisis support.

The current market is comprised of voluntary sector organisations with specialisms in delivering carers' services. These services are of good quality but there are capacity issues, in particular, with waiting lists for sitting services and crisis response and sometimes, confusion in pathways to access these services from the variety of providers.

Tendering Opportunities

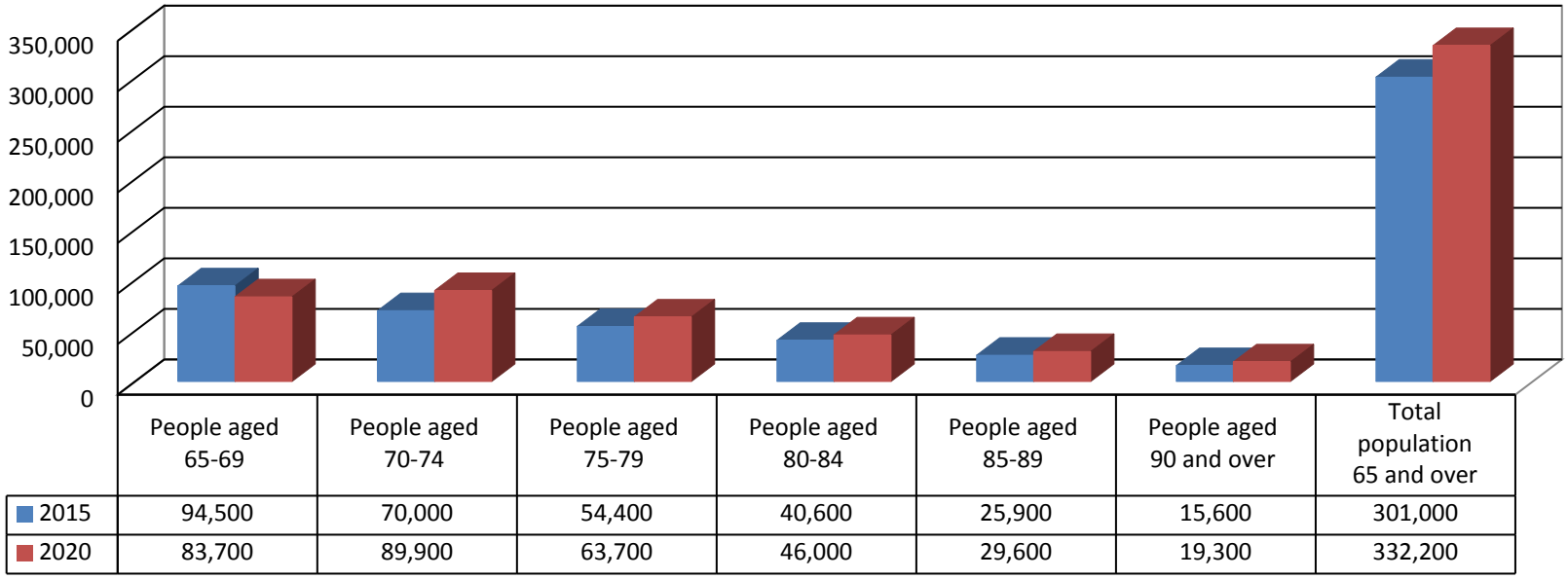
All existing carers contracts expire in March 2018.

It is our intention to co-design and develop a holistic support offer for carers that will replace the current model.

This offer will be co-produced with carers, the people they care for, providers, CCGs and other stakeholders with engagement planned from spring 2016.

New contracts based on this co-produced model will be in place from April 2018.

Older People – the Current Situation



	People aged 65-69	People aged 70-74	People aged 75-79	People aged 80-84	People aged 85-89	People aged 90 and over	Total population 65 and over
2015	94,500	70,000	54,400	40,600	25,900	15,600	301,000
2020	83,700	89,900	63,700	46,000	29,600	19,300	332,200

Source: Projecting Older People Population Information System, Institute of Public Care

With the demographic challenges of our aging population, support services for older people are our biggest area of growing demand. We want to ensure we have a good range of accessible and supportive services within communities that enable people to remain independent and connected to their communities.

The Council retains a small amount of internal service provision which includes:

- Kent Enablement at Home services (KEaH);
- Specialist care homes, including Integrated Care Centres
- Day Services

However, the majority of our services are commissioned either through the private or voluntary sector.

Home care services are delivered through contracts with private and voluntary sector partners. Other services are delivered through a range of contracts and annual grants to voluntary sector organisations. These services seek to support people and thereby avoid, prevent or delay entry into social care and or health services, as outlined in the Care Act 2014, which include:

- Social opportunities
- Befriending
- Voluntary transport schemes
- Falls prevention
- Bathing
- Meal delivery services
- Care navigation
- Information and Advice
- Advocacy

Services are generally of good quality but there is geographical variation in availability and capacity with services such as befriending having waiting lists due to the level of demand. With regard to those services provided by the voluntary sector, many of the current services are delivered through annual grant agreements and are based on historical allocations of funding, rather than related to levels of deprivation and need. Whilst providers strive to innovate and deliver quality services, this approach to funding prevents longer term business planning and service development for organisations.

We want to develop new and innovative models of support that bring different types of services together to ensure that older people get the most appropriate support for their level of need. We want to ensure a joined up offer across different care sectors that support the three themes of our vision promoting wellbeing, promoting independence and maintaining independence in order to ensure best outcomes and the most efficient and effective use of resources.

New ways of delivering support must be supported by different referral and assessment practices, less bureaucracy and a more hand offs approach, and underpinned by consistent, good quality, decision making. We must develop flexible and responsive services that are centred on the individual and what they need to live the life they want, in the way they want to.

In the future our contracts will incentivise and reward the outcomes that matter most to people and we will work with our providers to develop measurement and performance frameworks which evidence the impact we are having in supporting people to remain independent.

Tendering Opportunities

Current grants end 31st March 2016, and are likely to be extended until 31st March 2017, by which time the council is intending to have commissioned a range of universal community based wellbeing services that will avoid, delay or prevent people entering into formal social care services unnecessarily.

Early insight gathering and engagement has begun and will continue into 2016. This 'core offer' will be co-produced with current and future services users, carers, providers, CCGs and other stakeholders.

New contracts based on this co-produced model will be in place from April 2017.

Dementia – the Current Situation

Estimated number of adults living with dementia, 2015 and 2020.

	Estimated no. living with dementia	
	2015	2020
Ashford	1,672	1,974
Canterbury	2,423	2,727
Dartford	1,163	1,340
Dover	1,852	2,129
Gravesham	1,321	1,512
Maidstone	2,214	2,195
Sevenoaks	1,814	2,088
Shepway	1,926	1,794
Swale	1,793	2,121
Thanet	2,344	2,570
Tonbridge and Malling	1,644	1,927
Tunbridge Wells	1,708	1,986
Total Kent	23,889	24,363

Source: Projecting Older People Population Information System, Projecting Adult Needs and Service Information, Office of National Statistics, GP register data and Kent & Medway Public Health Observatory

KCC is committed to supporting Kent to be an inclusive and accessible place where people can live well with dementia. Through the development of our Dementia Friendly Kent Programme and the Kent Dementia Action Alliance, we have made a public commitment to help improve awareness and understanding within our communities, and ensure we are working together to make Kent more “Dementia-Friendly”.

Ensuring Kent is more dementia friendly is part of our commitment to support people to have a life and not a service. People have repeatedly told us that they want to continue with hobbies and interests they had prior to diagnosis for as long as possible, services are important but so is being able to continue to live your life your way.

Diagnosis levels are increasing across Kent, but we are still not hitting the national target of 67%. We will continue to work with the NHS to support and encourage early diagnosis; ensuring people have access to good quality advice, information and advocacy where necessary.

Clinical Commissioning Group	GP Registers	Sum of Practice Populations	Prevalence Rate	Estimated Rate**	Estimated Number	Recorded Prevalence as % of estimated prevalence 2013/14	Recorded Prevalence as % of estimated prevalence 2014/15	Change in % 2013/14 to 2014/15
Ashford	833	126,411	0.66	1.16	1,468	44.00%	56.73%	12.73%
Canterbury & Coastal	1,965	215,303	0.91	1.42	3,050	47.80%	64.42%	16.62%
Dartford, Gravesham & Swanley	1,738	257,242	0.68	1.2	3,079	45.40%	56.45%	11.05%
South Kent Coast	1,824	198,899	0.92	1.6	3,183	39.70%	57.30%	17.60%
Swale	738	108,243	0.68	1.12	1,207	41.80%	61.13%	19.33%
Thanet	1,148	143,193	0.8	1.63	2,328	39.20%	49.32%	10.12%
West Kent	3,576	475,717	0.75	1.31	6,245	46.90%	57.26%	10.36%
Kent	**11,822**	**1,525,008**	**0.78**	**1.35**	**20,561**	**44.30%**	**57.50%**	**13.20%**

We have commissioned dementia cafes and peer support groups with at least one of each in every one of the twelve districts in Kent. These groups offer both practical and emotional support, people attending can find out more about their rights and support available locally and can also meet with others whose lives have been effected by the condition for mutual support.

We have invested in a dementia crisis service jointly with the NHS, this is a key area of commissioning supporting people through crisis or emergency situations is vitally important in promoting independence preventing hospital and care home admissions.

Ensuring the needs of people whose lives have been affected by dementia are integral to our commissioning intentions and look for opportunities to jointly commission services with the NHS, including those which:

- Improve access to advice and information;
- Support people at time of crisis / prevent hospital and care home admissions;
- Support people at end of life.

Tendering Opportunities

Ensuring the needs of people caring for loved ones living with dementia will be central to our Carers Commissioning intentions.

Meeting the needs of people living with dementia will be part of our Older People's 'Core Offer' commissioning intentions.

From April 2016 a small pot for Dementia Innovation Grants will be made available via KCC's Grant Prospectus, which will be published in 2016; these grants will be linked to work of our Dementia Action Alliances.

Mental Health – the Current Situation

Mental illness includes common mental illness (CMI), such as depression, anxiety, panic disorders and obsessive compulsive disorders; and serious and enduring mental illness (SEMI) including bipolar affective disorder and psychosis. The prevalence estimates can be used to estimate the number of people living with a common mental health disorder in Kent, 2012 and 2021. This is a crude estimate and does not take into account the age breakdown within each CCG, the prevalence of co-morbid chronic physical illness or variations in deprivation, all of which have a significant impact on the prevalence of mental illness:

Estimated number of individuals with a common mental illness in Kent, 2012 and 2021

	2012		2021	
	Estimated Population aged 16-74	Estimated number of individuals with CMI	Estimated Population aged 16-74	Estimated number of individuals with CMI
NHS Ashford	85,726	13,176	91,333	13,937
NHS Canterbury and Coastal	147,582	22,683	150,072	22,901
NHS Dartford, Gravesham and Swanley	180,179	27,694	190,702	29,101
NHS South Kent Coast	146,772	22,559	148,699	22,691
NHS Swale	100,542	15,453	108,264	16,521
NHS Thanet	95,481	14,957	100,734	15,372
NHS West Kent	331,711	50,984	349,945	53,402
Total	**1,087,993**	**167,506**	**1,139,749**	**173,925**

Source: Kent and Medway Public Health Observatory

Serious mental illness (SMI) includes psychosis, personality disorder and bipolar affective disorder. The prevalence of SMI is available from the Quality Outcomes Framework:

Estimated number of individuals with a serious mental illness 2015 and 2020

	Estimated no. adults 18-64 with antisocial or borderline personality disorder		Estimated no. adults 18-64 with psychotic disorder	
	2015	2020	2015	2020
Ashford	575	593	289	299
Canterbury	748	747	375	373
Dartford	508	532	254	266
Dover	512	504	257	252
Gravesham	502	513	252	257
Maidstone	772	801	387	400
Sevenoaks	541	549	272	277
Shepway	502	505	250	252
Swale	669	696	335	348
Thanet	618	632	313	320
Tonbridge and Malling	581	600	292	303
Tunbridge wells	553	566	275	282
Kent	**7,081**	**7,238**	**3,551**	**3,629**

Source: Projecting Adult Needs and Services Information

It should be noted that these estimates do not consider the distribution of risk factors for mental illness, such as deprivation and chronic illness. Therefore the projections listed above are crude estimates, the true number may within each district dependent on these additional factors.

Of the people living with common and severe mental illness in Kent communities, around 5,000 to 7,000 of these will need a clearly defined care programme of support to avoid relapse and promote recovery. The rest will need a lower intensity of support to stop them reaching a crisis point and unnecessarily entering into health and social care systems

KCC is responsible for providing community prevention and early intervention, as well as statutory services for mental health. Preventative services are universal and help prevent entry into formal social care and health systems, reduce suicide and prevent negative health outcomes associated with poor mental health. This year we ended a range of differing contracts and grants to develop a new Community Mental Health and Wellbeing Service. This new service will be outcome focussed and is designed to reduce stigma, promote good mental health and wellbeing, preventing issues escalating and enabling people to find the right support at the right time. The service also supports the recovery pathway enabling people to be discharged from secondary care services.

Most of our social care staff are seconded to Kent and Medway NHS and Social Care Partnership Trust. As part of the new Community Mental Health and Wellbeing Service, we are embedding a primary care social work and enablement service within the new model. This is part of our joint commitment with all Kent's CCGs to ensure secondary mental health services are used appropriately and more resources are diverted into proactive community provision.

Adults with severe mental health problems are one of the most socially excluded groups in society, experiencing both health inequalities and reduced life expectancy. Although many people want to work, we know that less than a quarter are actually in employment. According to research carried out by the Royal College of Psychiatrists, people with severe mental health problems have the lowest employment rate for any of the main groups of disabled people. Supporting people to find or remain in employment is a strategic priority.

Good quality housing is a key to a good life, ensuring we develop a good range of housing options and services that support people to find housing and/or maintain their tenure is critically important. As the new Community Mental Health and Wellbeing Service embeds we will be looking for opportunities to work more closely with housing providers to create opportunities for a mixture of supported housing options that promote independence and reduce reliance on care home placements.

When we redesign community support services for people with mental health problems we will be considering the supporting independence service (SIS) alongside the similar support provided via housing related support contracts to ensure pathways are simplified, streamlined duplication is eradicated.

Tendering Opportunities

Kent County Council, both Public Health and Adult Social Care in conjunction with all Kent's CCGs have recently completed a

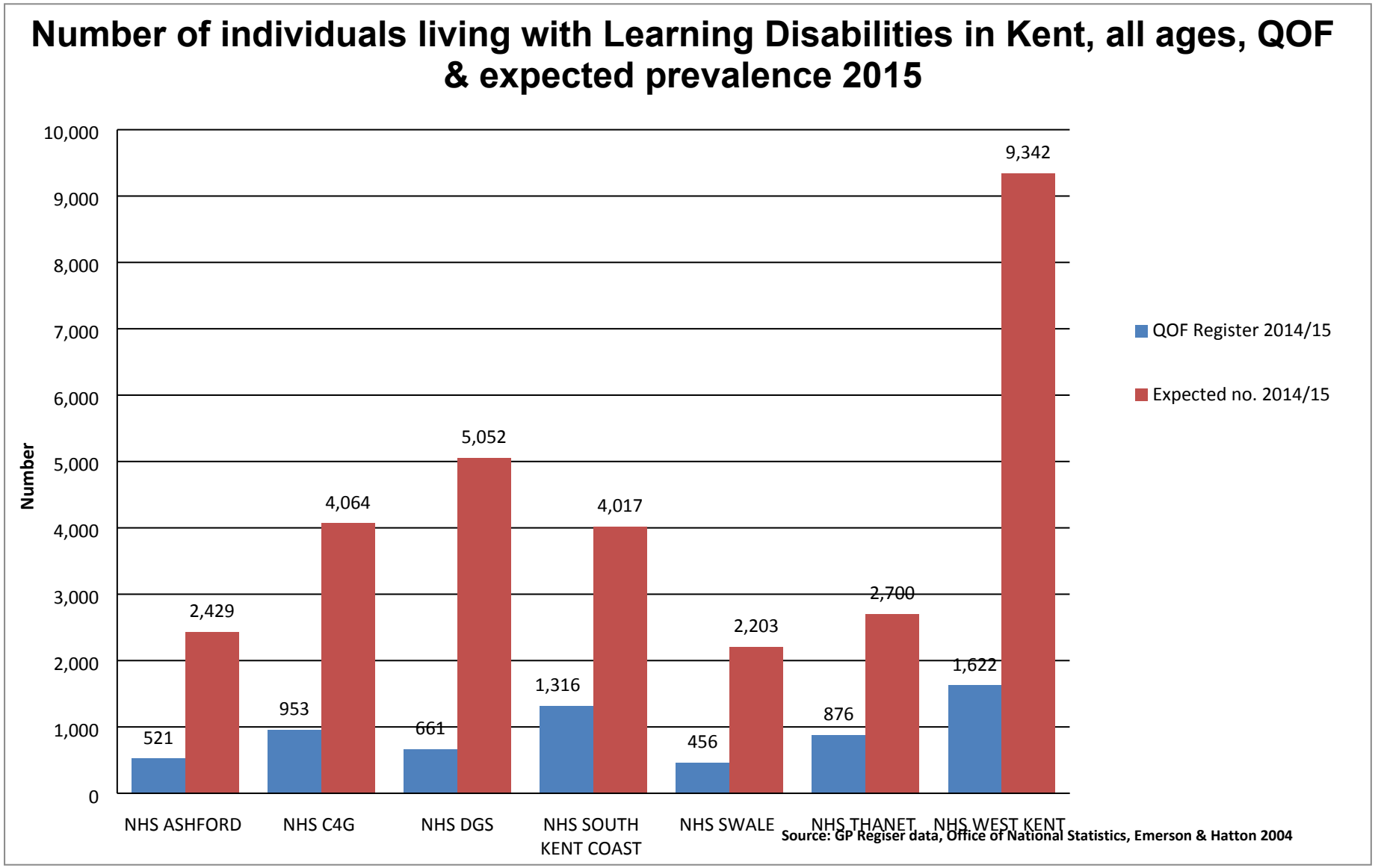
tender process for a new Community Mental Health and Wellbeing Service. The contract was awarded in January 2016. This new contract has been designed to be a flexible and allow for further investment over the life of the five year contract. The contract contains an option to extend for a further two year period.

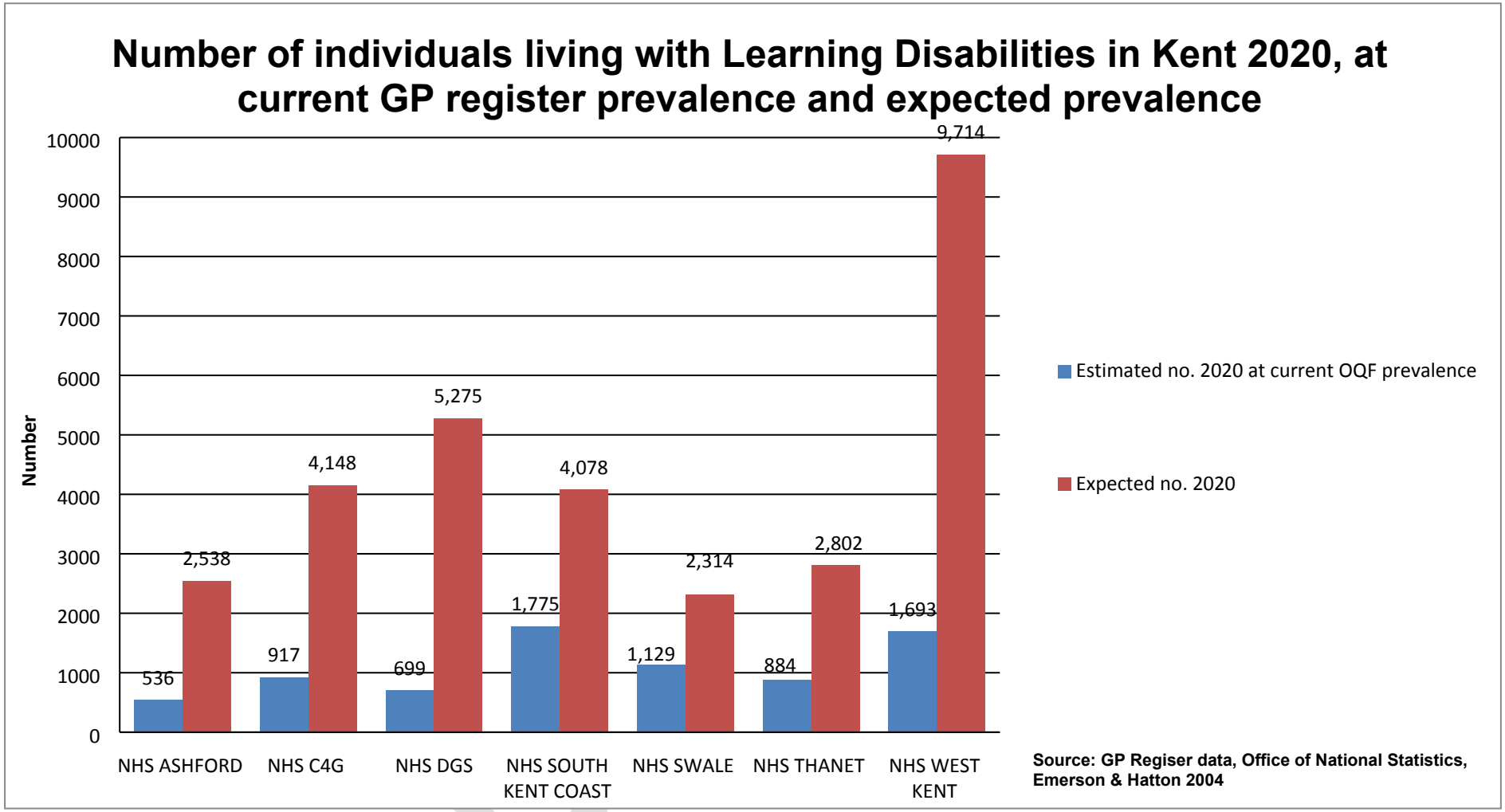
This new services operates with a lead Strategic Partner working with, and through, a network of delivery partners, to provide an outcome focused proactive model of early intervention and support. Our new Strategic Partners in Kent are:

Porchlight, covering:	Dartford, Gravesham, Swanley CCG
	Swale CCG
	South Kent Coast CCG
	Thanet CCG
Shaw Trust, covering:	West Kent CCG
	Ashford CCG
	Canterbury Coastal CCG

The current Supporting Independence Service contract ends in September 2017, we are looking to explore options for people with mental health issues and recommission new services that link to the Community Mental Health and Wellbeing Service that support people's independence and choice.

Learning Disability – The Current Situation





The type of services and support that people with learning disabilities want and need is changing. Younger people with a disability are transitioning into adult social services with the aim to be as independent as possible, some with a goal to enter into full time employment, whilst others have higher levels of complex needs than we have previously seen. In addition, the aging population of people with learning disabilities means that more people are entering into retirement and want to do different activities than before,

whilst others are developing dementia and need different types of support. In response to this, the services that we both deliver and commission must continue to change and adapt in order to reflect these demands.

Your Life, Your Home is a key Adult Social Care transformation project supported by our Efficiency Partner Newton Europe.

Your Life Your Home aims to Increase the options for independent living available to adults with learning disabilities through Supported Living and Shared Lives placements and reduce the number of residential placements, in line with Government Legislation, detailed in Valuing People Now. Also when we redesign community support services for people with a learning disability we will be considering the supporting independence service (SIS) alongside the similar support provided via housing related support contracts to ensure pathways are simplified, streamlined duplication is eradicated.

In Kent there are currently over 1200 adults with a learning disability living in residential care. We know that many people's needs can be met in alternative settings which will allow them to lead more independent lives. Alternative accommodation that may be more suitable; such as a flat with shared communal areas with other people, shared housing or shared living with a family. As part of this process, the project team will be involved in ensuring sufficient alternative accommodation is made available for people that choose to move on from residential care. People who move into alternative accommodation will also need a range of community based services that continue to support their independence.

The way the Council manages disability services is changing as we are developing a Lifespan Pathway. To help to make this a reality, children's and adults disabilities teams have been brought under the same management structure. We are looking to develop the support offered by the integrated disability teams to be focused across the whole lifespan, removing the need for transition support as young people move from children's to adult services. This will undoubtedly change the way we commission services in the future.

For some years now the Council has worked with local NHS providers to provide integrated learning disability teams and has always worked closely with NHS commissioning bodies in the planning and development of services for people with a learning disability in Kent. Now the Council together with the NHS CCGs across Kent are creating an integrated commissioning arrangement for learning disability, where the council will host and manage the integrated commissioning service. There will be a pooled budget which will initially support the integrated community learning disability teams but is expected to increase over time to support greater integration, especially in the approach to the independent care sector and the purchasing of support for individuals with complex needs.

KCC and Kent's CCGs have developed a joint plan for and have already successfully resettled over 35 people from specialist learning disability in-patient units into community homes. Further plans are in hand for more people to be discharged with appropriate community support and to reduce the number of specialist in-patient beds.

Community based services for adults with a learning disability are provided through both an internal provision and commissioned services, these include:

Internal

- Day Services - the Good Day Programme
- Independent Living Service
- Kent Pathways Service
- Short Breaks and Respite
- The Adult Placement Scheme
- Kent Supported Employment

External

- Day Services
- Supporting Independence Service
- Housing related support services
- Specialist Residential Services - our aim is always to promote independence, though we recognise we will always require some specialist residential services in the future.

Tendering Opportunities

The current Supporting Independence Service contract ends in September 2017, we are looking to explore options for people with learning disabilities and recommission new services that link to the Your Life, Your Home is a transformation project that support peoples independence and choice.

The external day care provision has arisen as a result of demand and there is a lack of consistency around quality in relation to cost, access to different types of opportunities across the county and the type of activity that are available. Engagement has begun with day care providers with the aim of commissioning a consistent model of day services by September 2017.

Physical Disability – the Current Situation

The 2011 census asked respondents to answer the following question: *Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?* In 2011 8.0% of census respondents in Kent reported that their activities of daily living were limited 'a lot', this compares to 8.4% in England (Office of National Statistics 2013). A further 9.6% of Kent respondents reported that activities of daily living were limited 'a little', compared to 9.4% in England. Variation in the prevalence of reported limitation in activities of daily living was noted across Kent with the highest prevalence of reported limitation in activities of daily living reported in Thanet (11.5% 'a lot', 11.9% 'a little'), and Shepway (10.0% and 11.1%). The following table demonstrates the number of individuals reporting physical activity limitation in Kent 2011 and the projected number in 2020.

	2011					
	Day-to-day activities not limited		Day-to-day activities limited a little		Day-to-day activities limited a lot	
	Number	%	Number	%	Number	%
Ashford	98,871	83.8	10,669	9.0	8,416	7.1
Canterbury	123,827	81.9	14,891	9.9	12,427	8.2
Dartford	82,630	84.9	8,114	8.3	6,621	6.8
Dover	88,417	79.2	12,404	11.1	10,853	9.7
Gravesham	84,378	83.0	9,546	9.4	7,796	7.7
Maidstone	130,638	84.2	13,845	8.9	10,660	6.9
Sevenoaks	97,802	85.1	9,872	8.6	7,219	6.3
Shepway	85,251	79.0	11,965	11.1	10,753	10.0
Swale	110,513	81.4	13,580	10.0	11,742	8.6
Thanet	102,838	76.6	15,979	11.9	15,369	11.5
Tonbridge and Malling	102,859	85.1	10,367	8.6	7,579	6.3
Tunbridge Wells	98,678	85.8	9,399	8.2	6,972	6.1
Kent	**1,206,702**	**82.4**	**140,631**	**9.6**	**116,407**	**8.0**

Source: Census 2011, Office of National Statistics

	2020					
	Day-to-day activities not limited		Day-to-day activities limited a little		Day-to-day activities limited a lot (number)	
	Number	%	Number	%	Number	%
Ashford	109,489	83.8	11,759	9.0	9,276	7.1
Canterbury	129,379	81.9	15,639	9.9	12,954	8.2
Dartford	92,647	84.9	9,057	8.3	7,420	6.8
Dover	90,785	79.2	12,724	11.1	11,119	9.7
Gravesham	90,703	83.0	10,272	9.4	8,415	7.7
Maidstone	144,529	84.2	15,277	8.9	11,844	6.9
Sevenoaks	105,314	85.1	10,643	8.6	7,796	6.3
Shepway	89,746	79.0	12,610	11.1	11,360	10.0
Swale	122,849	81.4	15,092	10.0	12,979	8.6
Thanet	111,038	76.6	17,250	11.9	16,670	11.5
Tonbridge and Malling	112,082	85.1	11,327	8.6	8,297	6.3
Tunbridge Wells	105,574	85.8	10,090	8.2	7,506	6.1
Kent	**1,304,134**	**82.4**	**151,740**	**9.6**	**125,637**	**8.0**

Source: Census 2011, Office of National Statistics

KCC commissions very few services specifically for people with a physical disability as the majority of people opt to take a direct payment in order to make their own decisions about the care and support they want. However, people with a physical disability may be accessing services through contracts such as Supporting Independence Services, housing related support, Kent Enablement at Home, Respite and Day Services.

The Council funds user led, peer support organisations that provide information and advice about how to manage Direct Payments, employ personal assistants, maximise income and other issues.

Healthwatch are setting up a Physical Disability Collaborative to help draw together individuals and organisation interested in the development, commissioning and provision of disability-related support.

We want to explore and commission for great levels of personalisation and control we are investigating models of brokerage and want to continue to see a strong physical disability user-led culture in Kent.

We will be looking for ways to support the Kent's micro provision and personal assistant market place as a key means of delivering person centred support.

There is a lack of wheelchair accommodation and it is planned to include wheelchair accessible housing in all new developments. There will be a focus on the housing needs for people with a physical disability in the Accommodation Strategy in the near future.

When we redesign community support services for people with a physical disabilities we will be considering the supporting independence service (SIS) alongside the similar support provided via housing related support contracts to ensure pathways are simplified, streamlined duplication is eradicated.

Tendering Opportunities

The current Supporting Independence Service contract ends in September 2017, we are looking to explore options for people with physical disabilities and recommission new services that support people's independence and choice.

Some people with a physical disability attend our external day care provision for people with a learning disability and it is the intention to commission these services by September 2016. For day care providers, that only support people with a physical disability, a decision will be made about whether to draw them into this commissioning process.

Sensory Impairment – the Current Situation

Estimated number of individuals with severe visual impairment and hearing impairment 2015 and 2020

	Number of individuals with severe visual impairment	
	2015	2020
Ashford	47	48
Canterbury	61	60
Dartford	41	43
Dover	42	41
Gravesham	41	42
Maidstone	63	65
Sevenoaks	44	45
Shepway	41	41
Swale	54	56
Thanet	50	52
Tonbridge and Malling	47	49
Tunbridge Wells	45	46
TOTAL KENT	529	540

Source: Projecting Adult Needs and Services Information

	2015		2020	
	Number of individuals with moderate-severe hearing impairment	Number of individuals with profound hearing impairment	Number of individuals with moderate-severe hearing impairment	Number of individuals with profound hearing impairment
Ashford	12,618	285	14,552	330
Canterbury	17,072	409	18,777	446
Dartford	9,016	196	10,148	229
Dover	13,564	313	15,210	349
Gravesham	10,171	221	11,153	252
Maidstone	16,863	377	19,189	434
Sevenoaks	13,442	305	14,939	349
Shepway	13,696	324	15,114	360
Swale	14,109	306	16,148	349
Thanet	16,650	396	18,017	420
Tonbridge and Malling	12,792	275	14,461	319
Tunbridge Wells	12,364	290	13,953	330
Total Kent	**162,357**	**3697**	**181,661**	**4167**

Source: Projecting Adult Needs and Services Information

Estimated number of individuals with combined sensory impairment, 2015 and 2020

	2015		2020	
	Severe combined sensory impairment	Deafblind (all combined sensory impairment)	Severe combined sensory impairment	Deafblind (all combined sensory impairment)
Ashford	322	800	387	923
Canterbury	393	1,002	517	1,278
Dartford	207	561	249	624
Dover	321	813	375	937
Gravesham	234	637	278	712
Maidstone	384	1,010	473	1,180
Sevenoaks	304	802	372	941
Shepway	302	781	362	919
Swale	295	808	365	974
Thanet	376	976	429	1,090
Tonbridge & Malling	290	771	363	942
Tunbridge Wells	287	753	328	848
Total Kent	**3,715**	**9,714**	**4,498**	**11,368**

Source: SENSE

In 2014-15 2,440 referrals were responded to by Sensory Services. These comprise

- 1,624 by Kent Association for the Blind,
- 446 by Hi Kent and
- 352 by the Deaf and deafblind Team.

A detailed Sensory Joint Needs Assessment has also been developed which reveals the high prevalence of sensory impairment, particularly amongst older people and people with learning disabilities.

A Sensory Strategy has been developed which informs commissioning decisions and the development of services for visually impaired people, d/Deaf and deafblind people. It addresses the needs of both sensory impaired children and adults with specific attention given to people with learning disabilities who are a group at high risk of developing sensory impairments which can remain undiagnosed. The strategy was developed by health and social care commissioners, senior managers in social care and education in KCC, and involved extensive engagement and consultation with relevant stakeholders including the voluntary sector, service users, families and carers. The strategy covers a 3 year period from 2016-19 and focuses on improving outcomes for sensory impaired people in the areas of public health, health and social care and social inclusion. A detailed implementation plan is currently under development.

A Local Eye Health Network (LEHN) has also been established in Kent by NHS England. This network brings together a range of stakeholders including commissioners and providers in health and social care with an interest in eye health and sight loss services. The network aims to facilitate joint working to improve outcomes for visually impaired people in Kent.

Community equipment for people with sensory impairment will be provided by NRS Healthcare until November 2020 as part of the service they have recently been contracted to provide. Technology Enabled Care Services (TECS) for people with sensory impairment e.g. access to technology, software, apps and for practical support to make use of technology will be provided until November 2020 by Centra Pulse, who has recently been awarded this contract. The NRS and Centra contracts are both for a period of 5 years, with the opportunity to extend for up to a further 2 years. Strategic partnerships will need to be developed between these two organisations and other providers across the sector that support people with sensory impairment.

Tendering Opportunities

A Sensory Strategy has been developed and it will be published in 2016 along with an implementation plan.

This will set out commissioning intentions and service developments for the next three years.

As soon as this is published we will update this Market Position Statement with more information.

Autistic Spectrum Conditions – the Current Situation

It is thought that the overall prevalence of adults with autism nationally is 1.1% of the population. With the Kent adult population (16 to 90+ years old) at the time of writing estimated at 1,221,000 then this would include approximately 13,431 people with autism. Current estimates suggest over half these will have a co-occurring learning disability and approximately 6,700 will have autism in the absence of a learning disability. The number of adults with autistic spectrum conditions in the absence of a learning disability is predicted to rise by 4% from 2015 to 2020 (PANSI & POPPI, Institute of Public Care).

There is not only a statutory and moral responsibility, but a sound economic argument for improving the support and care for all people with autism. A study led by the London School of Economics and Political Science estimates that autism costs the country at least £32 billion per year in treatment, lost earnings, care and support for children and adults with autism. This is far higher compared to some other conditions: £12billion for cancer, £8billion for heart disease and £5billion for stroke.

An Autism Collaborative has been established to inform commissioning decisions and development of services for people with autistic spectrum conditions and their carers. The collaborative consists of senior managers from Older People & Physical Disability, Disabled Children, Learning Disability & Mental Health directorates, Health and Social Care Commissioning, Children's Commissioning, Kent and Medway NHS and Social Care Partnership Trust, people with autism, parents and carers of those with autism, voluntary organisations and academics from the Tizard Centre, University of Kent. Each stakeholder member will actively contribute to the ongoing development of the collaborative and delivery of its objectives. These objectives are:

- Develop a Kent Autism Strategy for adults with Asperger's Syndrome and Higher Functioning Autism;
- To address policy, guidance and issues that impact on people with autistic spectrum conditions ;
- To identify priority areas for service improvement (which are inclusive and equitable), research and development;
- To inform the Joint Strategic Needs Assessment (JSNA);
- To identify priority areas for charitable, community and voluntary services;
- To ensure a common understanding of user expectations and requirements;
- To identify areas of good practice and develop an evidence base;
- To promote the needs of people with autistic spectrum conditions, linking to other existing groups which are not necessarily autism specific to make autism 'everyone's business'.

Public Health is currently working on developing a joint needs assessment for people with autism.

Alongside the development of the Kent Autism Strategy CCGs are developing an all-age Neurodevelopmental Integrated Care Pathway initially for those with Autistic Spectrum Conditions and Attention Deficit Hyperactivity Disorder. The pathway will describe the health and social care pathway for all people with autism and / or ADHD from diagnosis to post diagnostic support.

Tendering Opportunities

The Kent Autism Strategy is currently under development and will be published in 2016 along with an implementation plan.

This will set out commissioning intentions and service developments for the next three years.

As soon as this is published we will update this Market Position Statement with more information.

Domestic Abuse – the Current Situation

At any one time over 250 adults (and their children) who are experiencing domestic abuse are being supported by the council. Domestic abuse services are also commissioned by a number of agencies, including the Police and Crime Commissioner, Public Health and KCC. Collectively, these services have an annual value of approximately £3.2 million.As a result of the funding arrangements, current service provision for domestic abuse is complex and its pathways unclear. Arrangements are often short term and unsustainable, which makes innovation difficult. There is overlap in service geography and/or function. Existing services are not well networked together. In the meantime, there are gaps in service for lesbian, gay, bi-sexual and transgender victims, male victims and those with more complex issues such as substance misuse.

There are currently approximately 28,000 incidents reported to Kent Police each year and demand for support services continues to rise. Current services are concentrated on those at high risk of harm such as refuge provision and Independent Domestic Violence Advisors (IDVA) support. There is limited support available to support those at lower risk.

It is our ambition to commission collaboratively with partners to gain a more strategic oversight of domestic abuse services across the county. Commissioning in this way will eradicate duplication, will enable efficiencies in the offer for high risk victims and strengthen the availability of preventative and services. Creating a networked, flexible service based on need, rather than the source of funding will make services easier for people to use in a more timely way. Helping people to get the help they need more quickly will help to reduce the overall burden that the effects of domestic abuse place on public services. The service will be better able to articulate with other commissioned provision including the Community Mental Health and Wellbeing Service

A multi-agency Commissioning Task and Finish Group has established a pooled resource and a draft specification from which an integrated domestic abuse service can be commissioned. The proposed integrated model of commissioning will work to improve consistency in provision, and provide seamless pathways for service users, and increase the scope of those that can be supported. It will strengthen the preventative benefit of specialist domestic abuse support. By engaging with families sooner, support providers will be better able to reduce the risk of escalation of abuse, and the risk to children. It will put domestic abuse provision on a more sustainable footing and encourage innovation.

Tendering Opportunities

Market engagement and co-production events have been taking place to inform the new service design and a service specification is in draft form.
It is anticipated that the procurement process will begin in January 2016 for the new service to be operational in July 2016.

Homelessness, Offender Services and Substance Misuse – the Current Situation

At any one time just fewer than 1500 vulnerable homeless people, 138 offenders and 18 people with substance misuse issues are being supported by Adult Social Care.

The council's commitment to provide housing related support to the vulnerable, socially excluded people in these cohorts is currently £5.7m annually.

Whilst these housing related support services have been considered discretionary, they deliver an important role in meeting the statutory preventative duty imposed by the Care Act.

The housing related support offer for each of these cohorts is currently separate. There is an inequity in levels of support based on the cohort rather than the need of the individual.

A recent needs analysis of housing related support needs in Kent conducted by the Chartered Institute of Housing identified opportunities to co-commission, reduce duplication and deliver outcomes more cost-effectively, allowing the council to retain and further the preventative benefit of these services whilst reducing their cost.

We will consider how these services may be reshaped, reconfigured and commissioned differently through a thematic redesign of integrated, preventative and co-commissioned services, taking advantage of commissioning opportunities in a broader context.

We will explore the rationalisation of these disparate services into one centralised offer given the shared nature of need i.e. could all homelessness provision be able to offer support to those with substance misuse issues and/ or, histories of offending, resulting in the:-

- Reduction in the overall number of contracts;
- Reduction in duplication with others both within the local authority and its key partners;
- Defining, aligning and improving a clear preventative role to reduce demand on more expensive statutory services;
- Increase in capacity by erasing the artificial boundaries between accommodation based services and community based services and making better use of the private rented sector.

We will examine opportunities to pool resources with a range of other commissioners of similar services to rationalise, redesign and commission a flexible, coherent service based on outcomes rather than funding arrangements.

Since April 2015 KCC also has a duty under Section 76 of the Care Act 2014 to work with statutory partners to ensure that prisoners within the Kent prison estate have access to good integrated health and care support. This means that when KCC is made aware that an adult in a custodial setting may have care and support needs then an assessment must be carried out as it would be for someone in the community. Assessments to date have mainly involved input from the Occupational Therapy team but arrangements are in place with the two health providers operating in Kent's prisons to provide any eligible assessed social care needs. The new NRS ICES Contract includes the supply of community equipment to people living in prisons

Tendering Opportunities

The tender timeline for recommissioning Homelessness, Offender Services and Substance Misuse has yet to be agreed as soon as we have more information the opportunity will be published via the Kent Business Portal and this Market Position Statement will be updated.

Integrated Community Equipment Services

KCC, in partnership with the seven Kent NHS Clinical Commissioning Groups, have appointed Nottingham Rehab Limited (trading as NRS Healthcare) to deliver a countywide Integrated Community Equipment Service.

Commissioners are supporting NRS Healthcare to develop strategic relationships across the care sector. Over time, this will include home care providers, care homes, voluntary sector organisations, housing organisations, community nursing providers and others providing care and support in the community.

There are opportunities to maximise people's independence and provide proportionate levels of care through easy access to the right equipment that supports people to manage their conditions and access good quality care and support.

The service includes the loan of equipment like pressure care, hoists, bathing equipment, special seating and other daily living equipment to help disabled children get the most out of school and at home and for older and disabled adults to live independently in their own homes.

Tendering Opportunities

This service started on 30 November 2015 and will be for a period of five years, with the option to extend for a further two years.

Technology Enabled Care Services (TECS)

KCC has appointed Invicta Telecare Limited (trading as Centra Pulse and Connect) to deliver a countywide Technology Enabled Care Service. This service comprises the following elements:

A. Direct Service Provision

1. Telecare service
   a. Monitoring – 24 hour service
   b. Install/de-install and maintenance service

2. Digital Care and Assistive Technology Services.
3. Service User Support – service user / Carer training, support and specialist assessment of equipment type

B. Staff Training and Support

- Advisory Service
- Training

C. Service Development

- Horizon Scanning
- Strategic Development e.g. delivery and care pathways

Future proposals to enhance the TECS service available from Centra Pulse may include tele-coaching and telephone assessment and review and, in a fast progressing market the supply and, where required, monitoring of cutting edge assistive technologies. This will enhance the Council's ability to meet the needs of service users to maximise their life opportunities.

We are supporting Centra Pulse to develop strategic relationships across the care sector. Over time, this will include home care providers, care homes, voluntary sector organisations, housing organisations, community nursing providers and others providing care and support in the community.

Tendering Opportunities

This service started on 30 November 2015 and will be for a period of five years, with the option to extend for a further two years.

Kent's Accommodation Strategy Better Homes: Greater Choice

This Market Position Statement has been written regrading community based provision. Please see follow the link below if you require more information about supported housing and/or care home provision. The Accommodation Strategy identifies how the provision, demand and aspiration for housing, care and support services will be met for people who use social care services should they need to move to access care. Our vision is that people should be supported to live independently in their own homes and receive the right care and support. However, if that option is no longer suitable, the right accommodation solutions have to be in the right places across the county, and they have to be the right type, tenure and size. This vision is coupled with improved commissioning of services across each of the adult social care client groups.

Social care, along with health, is experiencing unprecedented change and will face many challenges in future. The foundation of the Accommodation Strategy is the necessity to form partnerships and work coherently to ensure that the current and future needs of the clients eligible for services are met, providing clients with greater choice and access to high-quality housing and care home accommodation.

Forecasting the numbers of provision has included an increase in the older population and factored in all of the work required to keep people at home for longer. The numbers are indicative and will be reviewed periodically based on the success factors of investment in prevention and the commissioning strategy for community care and support and the CCG commissioning plans.

http://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/accommodation-strategy-for-adult-social-care

Tendering Opportunities

The Kent Business Portal

This portal allows the sharing of information about existing contracts and forthcoming tendering opportunities across councils in the Kent area. The Portal can be accessed from the link:

https://kentbusinessportal.org.uk/procontract/portal.nsf/vLiveDocs/SD-DEVV-6UGE9Y?OpenDocument&contentid=1.001

From here organisations and individuals can:

- Register free to receive email notifications of opportunities;
- Click on Opportunities to view current contract opportunities advertised by the participating authorities;
- Click on Contract Store to view the contacts currently let by the participating authorities;
- Click on User Guides for instructions on using the system and frequently asked questions.

If you have any questions regarding Adult Social Care Community Support commissioning please email:

Communitysupport@kent.gov.uk

Useful Links

The Care Act: Published to the DH website:

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

Commissioning for Better Outcomes: a route map. Available at:

http://www.local.gov.uk/documents/10180/5756320/Commissioning+for+Better+Outcomes+A+route+map/8f18c36f-805c-4d5e-b1f5-d3755394cfab

Facing the Challenge: Whole-Council Transformation. Available at:

http://knet/ourcouncil/Transformation%20library/Facing%20the%20Challenge%20-%20whole-council%20transformation.pdf

Facts and figures about Kent: Available at:

http://www.kent.gov.uk/about-the-council/information-and-data/Facts-and-figures-about-Kent

Health and Social Care Act (2012). Available at:

http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted

Increasing Opportunities, Improving Outcomes: Kent County Council's Strategic Statement 2015 – 2020. Available at:

http://knet/ourcouncil/Transformation%20library/Strategic%20Statement%20for%20County%20Council.pdf

Joint Strategic Needs Assessment. Available at:

http://www.kpho.org.uk/joint-strategic-needs-assessment

Making it Real. Available at:

http://www.thinklocalactpersonal.org.uk/_library/Resources/Personalisation/TLAP/MakingItReal.pdf

Voluntary and Community Sector (VCS) Policy. Available at:

http://www.kent.gov.uk/about-the-council/strategies-and-policies/corporate-policies/voluntary-and-community-sector-vcs-policy

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 - 10 March 2016

Subject: **DRAFT 2016/17 SOCIAL CARE, HEALTH AND WELLBEING DIRECTORATE BUSINESS PLAN**

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: Children's Social Care and Health Cabinet Committee – 22 March 2016
Cabinet – 25 April 2016

Electoral Division: All

Summary: This paper presents the Social Care, Health and Wellbeing draft Business Plan (Appendix 1 to this paper), which is the directorate-level business plan for 2016/17. The paper also sets out the agreed business planning process for 2016/17.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT ON** the draft 2016/17 directorate Business Plan for the Social Care, Health and Wellbeing directorate, in advance of the final version to be approved by the Cabinet Members and Corporate Director.

1. Introduction

1.1 This report presents the draft Social Care, Health and Wellbeing Directorate Business Plan 2016/17 and it also sets out the arrangements for development and approval of Business Plans as agreed by Policy and Resources Cabinet Committee on 10 December 2015. The draft directorate Business Plan is attached as Appendix 1 to this report.

1.2 The directorate Business Plan is intended to provide a summary of the key strategic priorities for the directorate, along with divisional significant priorities, finance and staff resourcing, key risks, organisational development priorities and key performance management information.

1.3 This report presents the draft directorate Business Plan for 2016/17 for the Social Care, Health and Wellbeing directorate, for consideration and comment by the Cabinet Committee.

1.4 The directorate Business Plan will be approved by the Cabinet Member and Corporate Director. Final approval by the Leader and Cabinet Members will

be sought after taking account of the views expressed by this Cabinet Committee today, and that of the Children's Social Care and Health Cabinet Committee on 22 March 2016.

2. Policy Framework

2.1 The priorities set out in the Social Care, Health and Wellbeing draft directorate Business Plan are designed to support the overall objectives of the County Council's as set out in 'Increasing Opportunities, Improving Outcomes: Kent County Council's Strategic Statement 2015 – 2020' and 'A Commissioning framework for Kent County Council: Delivering better outcomes for Kent residents through improved commissioning'.

2.2 In the context of Facing the Challenge, and the 'Medium Term Financial Plan 2016-19 Managing Kent's money responsibly' the directorate Business Plan identifies priorities in terms of service delivery and transformation to meet future challenges.

3. Draft Directorate Business Plan for Social Care, Health and Wellbeing directorate

3.1 The draft Business Plan for the Social Care, Health and Wellbeing directorate reflects the move towards supporting Kent County Council becoming a strategic commissioning authority and contains the following sections:

- Corporate Director's foreword
- Cross-cutting directorate priorities – which all the divisions pledge to contribute towards achieving the strategic service priorities that are relevant to all of the services provided by the Social Care, Health and Wellbeing directorate. The strategic priorities reflect the current pressing context in terms of KCC's 'Facing the Challenge' transformation agenda, the 'KCC Strategic Statement', and the wider economic challenges that the county is facing. This chapter concludes with an explanation of how the directorate will make its contribution to addressing these challenges. The Business Plan is also informed by the principles espoused in the KCC 'Commissioning Framework'
- Significant divisional priorities which drive and support the delivery on the directorate cross-cutting priorities are set out. These demonstrate the common thread running through the directorate level priorities to the overarching KCC strategic priorities
- Major service redesign, commissioning and procurement activity spanning 2016/17, 2017/18 and 2018/19 is provided which should assist Members with their oversight role in assessing our progress within the KCC transformation programmes
- In-house and external service provision information including contract value and contract end date is set out which should also assist Members with their oversight role as the journey to becoming a commissioning authority continues
- Directorate resources – providing a summary of the financial and staff resources available to the directorate
- Property and ICT infrastructure – providing a summary of the requirements of the directorate

- Key directorate risks and resilience
- Performance Indicators and Activity Indicators
- Organisational development priorities including the succession planning objectives

3.2 The Business Plan brings together information about each of the services in the Social Care, Health and Wellbeing directorate. The directorate brings together Specialist Children's Services, Older People and Physical Disability, Disabled Children and Adults Learning Disability and Mental Health, Commissioning and Public Health divisions. The cross-cutting directorate wide priorities set out in the Business Plan demonstrate how the directorate will work together to deliver a diverse range of services more efficiently and effectively for the people of Kent.

3.3 As mentioned earlier the directorate Business Plan includes a section on workforce development. The directorate has identified a number of priorities for the year which will support staff to achieve the directorate's priorities. The priorities will be drawn from KCC's Organisation Development Plan and the directorate's Organisational Development Group Action Plan, both of which provide more detail. Workforce development is supported by four organisation-wide development frameworks managed by HR.

3.4 The directorate Business Plan also includes a section on performance, listing the Key Performance Indicators (KPIs) and Activity Indicators that will be used to monitor and report on the directorate's performance during the year. A selection of KPIs and Activity Indicators is included in the Quarterly Performance Report to Cabinet and the Performance Dashboards are presented to Cabinet Committees. It should be noted that the KPIs for the directorate will be published in the final version of the directorate Business Plan, once approved, before it is presented to the Leader and Cabinet Members.

3.5 Each directorate Business Plan also includes a section on the key directorate risks, which are set out in more detail in the Directorate and Divisional Risk Registers. A separate report on the Directorate Risk Registers is subject to consideration at this Cabinet Committees meeting.

4. Next steps

4.1 Following any final amendments and including responses to comments expressed by Members of this Cabinet Committee and the Children's Social Care and Health Cabinet Committee, the final version of the directorate Business Plan will be cleared by the Corporate Director and the Cabinet Member. All directorate Business Plans will be collectively agreed by the Leader and Cabinet and will be published on the Council's website.

4.2 As stated in paragraph 3.1 above, the 2016/17 business planning round requires the directorate to provide revised information to support Members to better identify forthcoming issues they may wish to explore in more detail, in support of their role in a strategic commissioning authority. The information is set out in the sections covering major service redesign, commissioning and procurement activity and internal and external services provision.

4.3 The business planning process requires Business Plans below the directorate level to be developed. It is the relevant Director's responsibility to ensure that Business Plans are produced at divisional and/or business unit levels which inform management of their area of the business. Divisional level plans will be approved by the Corporate Director in consultation with the relevant Cabinet Member and published on KNet for accessibility and transparency purposes.

4.4 The divisional level Business Plans will identify key actions and milestones for business-as-usual priorities and will reflect the actions and milestones required in order to deliver key projects and changes set out in the directorate Business Plan.

5. Conclusion

5.1 The draft directorate Business Plan 2016/17 provides a high level reference guide to the services that make up Social Care, Health and Wellbeing and the top level directorate priorities for 2016/17. It sets out how the directorate will be contributing to the 'Facing the Challenge' strategic priorities and in meeting the outcomes and principles that are set out in the KCC's Strategic Statement and the Commissioning Framework respectively.

6. Recommendation

6.1 Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT ON** the draft directorate Business Plan 2016/17 for the Social Care, Health and Wellbeing Directorate, in advance of the final version being approved by the Cabinet Member and Corporate Director.

7. Background Documents

7.1 Business Planning 2016/17 Report to Policy & Resources Cabinet Committee 10 September 2015
https://democracy.kent.gov.uk/documents/s59334/Item%20C1%20-%20Business%20Planning%202016%2017%20PR%20Committee%20draft%20v2.pdf

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Appendix 1

Social Care, Health and Wellbeing

Directorate Business Plan

April 2016 to March 2017
(Draft v.03)

Contents

Foreword from our Corporate Director

I am pleased to present you with the Social Care, Health and Wellbeing Directorate Business Plan, for the financial year beginning April 2016 to the financial year ending March 2017.

This Business Plan reflects our transformation vision, core values and commitments which inform our services. It also sets out the important information about the key roles and responsibilities that come with working in our Directorate, in carrying out functions in fulfilling the legal obligations and other objectives placed on the Kent County Council (KCC), in respect of Children's Social Services, Adult Social Care and Public Health.

The primary purpose of our Directorate is to work with people who need help and support because of their circumstances and who may therefore require any of the services we provide. We do this, by working with people to understand their needs and, help them to build on their strengths and capabilities. We always aim to promote their independence and/or welfare and we seek to contribute to improving outcomes that are important to people. Within this core purpose, we make it our top priority to discharge our statutory safeguarding responsibilities often working with relevant partner organisations.

Looking to the 2016/17 financial year ahead, it is clear that we will continue to deal with significant external pressures. First, the Directorate will be expected to do all it can to provide services within the ongoing challenging financial settlement that is imposed on local authorities which, in some ways accentuate the pre-existing funding pressures. Due to the broader funding pressures that KCC faces, our directorate along with other directorates will be required to find ways for achieving value for money and making its resources stretch further without comprising our core values and commitments. Second, we will continue to support people who increasingly present with complex set of needs because of the rising number of people living longer.

We will progress putting further systems in place to embed the transformational changes into 'business as usual' and, we will ensure that the embedding measures are sustained and led by KCC staff. We will also begin the planning for Adults Transformation Phase 3 so will require fundamental changes of the operational arrangements to help deliver additional benefits. Our Directorate will continue to play a leading role in making a reality of the health and social care integration ambitions outlined in the KCC Strategic Statement 2015 – 2020. These are being taking forward under the Integrated Care Pioneer Programme. In so far as they may affect the local authority functions, we will also actively engage with the new planning arrangements being introduced under the Government's mandate to NHS England for 2016 – 17.

Our strategic and operational response will be called upon in dealing with the significant additional pressures due to the unprecedented, very high number of unaccompanied asylum seeking children and, related care leaver issues. The Adoption Service and how it operates within the planned regional network will be addressed. We are fully prepared and we will response positively to any external review of our children's services by OFSTED.

We also recognise that our services will need to demonstrate organisational resilience to assist us in achieving the progress we plan for this year. This means that we must sustain a high calibre workforce able to carry out consistently high standard of practice. To ensure that this objective is achieved we will put the steps described in our 'Workforce

Development Plan' into action. The types of support we put in place and, the investment that we make, will reflect the collaborative and the partnership arrangements in place. Improving joint working between teams within KCC and, between KCC, NHS organisations, districts councils and schools is essential for making the 'transition process' run smoothly for people moving from one service to another.

Finally, despite the challenges that we will undoubtedly be dealing with this financial year, I am confident that we have the necessary resourcefulness, skills and capabilities in place. We will seize the opportunity to ensure that we make sound commissioning decisions and drive for the delivery of quality services that improve outcomes and wellbeing for people.

This Business Plan for 2016/17 should be read alongside other relevant directorate and KCC strategic documents. I look forward to working with all our internal and external partners to achieve the objectives outlined in this plan.

Andrew Ireland
Corporate Director, Social Care, Health and Wellbeing

Overview of our Directorate

We are known as the Social Care, Health and Wellbeing directorate and, we have the foremost role in discharging the statutory responsibilities for social care and public health that Kent County Council (KCC) is obliged to fulfil.

Divisions in our Directorate

Our directorate is made up of five divisions which are recognised as a formal part of the organisational structure of KCC. The divisions are illustrated below and followed by a short statement about the responsibilities and the overall purpose of each division. Additional information about the roles and responsibilities of the business areas can be found in the divisional business plans which support this business plan.

Specialist Children's Services Division

Our Specialist Children's Services are responsible for carrying out the statutory responsibilities for children's social work. The overarching duties are safeguarding children and young people from harm and promoting their health and wellbeing. We do this by working with all the relevant partners. The overall purpose of the division is to deliver positive outcomes for Kent's children, young people and their families. The division is made up of ten key business areas.

Older People and Physical Disability Division

Our Older People and Physical Disability services provide a range of services to improve outcomes for older people and physically disabled adults and their carers. The overall purpose of the division is supporting older and vulnerable adults wherever they live in our community to live independently by promoting their wellbeing, promoting and supporting their independence. The division is made up of eight key business areas.

Disabled Children, Adult Learning Disability and Mental Health Division

Our Disabled Children, Adult Learning Disability and Mental Health services provide a range of services for children and young with disabilities, people with a learning disability, people with mental health conditions and their carers.

The overall purpose of the division is supporting vulnerable adults and disabled children wherever they live in our community to live independently by promoting their wellbeing, and independence and supporting their independence. The division is made up of five key business areas.

Commissioning Division

Our Commissioning division is responsible for commissioning and procuring a range of social care services for vulnerable adults, children and young people and carers. The overall purpose of the division is supporting adults and children wherever they live in our community to have greater choice and control to lead healthy lives. It ensures that the right level of quality care is provided at the right time, in the right place and at the right cost. The division is made up of four key business areas.

Public Health Division

Our Public Health division is responsible for the commissioning and the provision of services that aim to improve and protect the health of the population. The overall purpose of Public Health team is to understand and highlight the factors that affect peoples' health, helping people to stay healthy and preventing illness. With our partners we seek to promote and deliver actions across the lifespan to improve the overall health and wellbeing of residents and to reduce inequalities in health.

Our Financial and Staffing Resources

The Directorate has a total budget allocation of £491,077.5m and a total of 3,533.2 FTE staff.

Our Directorate Priorities

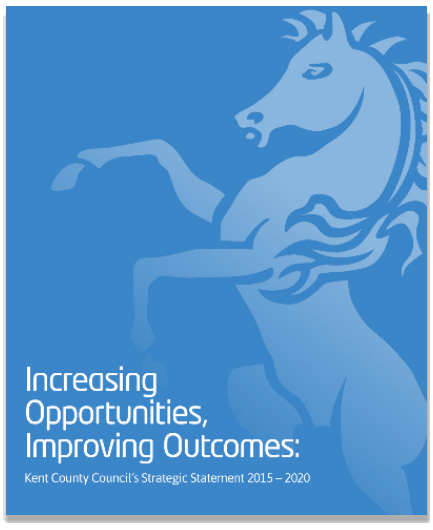
County Council Vision
Our focus is on improving lives by ensuring that every pound spent in Kent is delivering better outcomes for Kent's residents, communities and businesses

Our main responsibilities as a Directorate include, carrying out individual and population-level needs assessments; commissioning and/or arranging help, care and support services to meet the needs of residents who are eligible and; taking the appropriate actions in respect of KCC's overarching duties for safeguarding and promoting the welfare of vulnerable children (as set out in the Children Act 1989) and, safeguarding adults who are unable to protect themselves from either the risk of, or the experience of abuse or neglect (as set out in the Care Act 2014). In this respect, the safeguarding duties regarding children and adults have a legal impact on other organisations which are specifically mentioned in the legislation such as, the Police and the NHS and other organisations.

Our seven Directorate priorities for 2016/17and how these contribute to the Kent County Council's Strategic Statement 2015 – 2020 are explained in the following section of the business plan. In brief, we are committed to:

- Priority 1: Proactive and effective management of safeguarding responsibilities
- Priority 2: Transformation which is focused on improving lives and achieving better outcomes
- Priority 3: **Greater integration between health and social care services that deliver better outcomes**
- Priority 4**: Improving outcomes for people living with mental health conditions**
- Priority 5: Ensuring people **experience a smoother transition and improving outcomes**
- Priority 6: **Outcome-based commissioning and the move to becoming a commissioning authority**
- Priority 7: Sound decision making by knowledgeable, skillful and resilient workforce.

The two strategic outcomes (and 14 supporting outcomes) that strongly influence what we do are:



Strategic Outcome

Children and young people in Kent get the best start in life

Strategic Outcome

Older and vulnerable residents are safe and supported with choices to live independently life

The above directorate priorities form part of a number of things we do which demonstrate our overall contribution towards the achievement of the outcomes outlined in the KCC Strategic Statement. Much of the focus of our activities is directed at addressing the above two strategic outcomes, even so, many of our activities also contribute to the other outcome – "Kent communities feel the benefits of economic growth by being in-work, healthy and enjoying a good quality of life".

The cross divisional priorities described below hold all the divisions in the directorate to account and the senior management team as a group have undertaken to be bound by these priorities and each will act to further the achievement of the council-wide as well as directorate priorities.

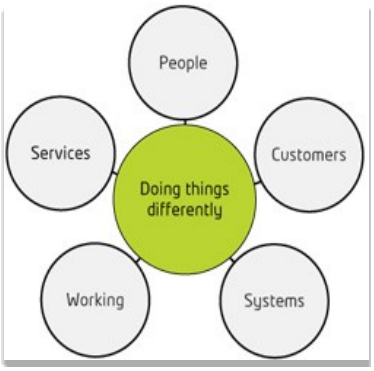
Proactive and effective management of safeguarding responsibilities

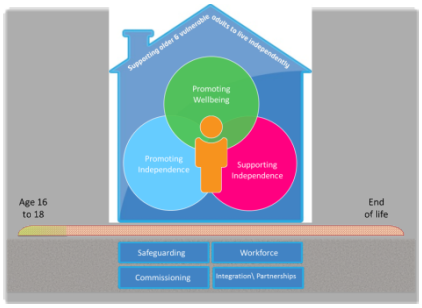
	Context • The 1989 and 2004 Children Acts and the Care Act 2014 respectively set the overall **responsibilities for safeguarding and promoting the welfare and wellbeing of children and adults.** • **Systems and processes are in place which govern actions that should be taken to protect people** • **The law also places safeguarding responsibilities on key partner organisations** • **Safeguarding annual reports are produced to account for how we discharge these duties.**

Planned key actions:
We will continue to be proactive and take action where necessary with partners (internal and external) to keep vulnerable people safe from harm, abuse and neglect. In doing so we will make sure that the voices of children and adults going through such difficult times are heard.
We will maintain the right level of investment in staff responsible for discharging the statutory safeguarding responsibilities of the county council with focus on how we deal with child sexual exploitation at both strategic and operational levels
We will ensure staff are well trained and confident in carrying out safeguarding tasks and monitor how this is effectively put into practice
We will continue to conduct practice audits with the aim of improving practice and sharing information about high quality practice in the council and we will also continue to provide regular reports to Members and produce annual reports for the Health and Wellbeing Board as well as bringing these to the attention of the boards of relevant organisations
We will consider extending the use of the signs of safety based approach which we have

successfully introduced in children's services into adult social care
We will have in place a team which will lead on our preparation and response to external inspections (under the Single Inspection Framework and Joint Target Area Inspection Framework)
We will equip county councillors to take on their respective corporate parenting responsibilities through well placed briefings and bespoke training and carry out a review to assess effectiveness of such actions
We will take steps to arm staff so that we can further embed the implementation of the PREVENT strategy responsibilities through targeted cross-function and multiagency training with schools, Police, district and borough councils and the NHS
A programme of work will be taken forward so that staff working within the Healthy Child Programme can play a continuing role in making sure that safeguarding risk issues are identified and appropriate follow up actions taken
We will support the Leader of Kent County Council to lobby the Government to fully fund the true cost of providing support to unaccompanied asylum seeking children and for the repayment of historical unaccompanied asylum seeking children underfunding. We will also support efforts to ensure a national distribution scheme for unaccompanied asylum seeking children is implemented
We will continue to take steps to ensure a high level of public awareness of safeguarding so that people know how to raise any concern by working with the Kent Safeguarding Children Board (KSCB) and the Kent Safeguarding Adults Board (KSAB). We will keep our communication with the public under review

Transformation which is focused on improving lives and achieving better outcomes





Context

- We put the needs of people at the centre of our transformation changes
- Transformation programmes for adults, children and public health are in place. Some have been completed and others are reaching the maturity stage and become business as usual
- We monitor the difference the changes make to peoples' lives (outcomes) as well as value for money that is achieved
- We promote a shared view of outcomes by commissioners and providers
- We are operating against the backdrop of people presenting with complex and challenging needs, regulatory changes and budget pressures.

Planned key actions:
We will focus on proactive case management with the aim of improving outcomes for children, young people and their families working in conjunction with colleagues in the Early Help division. Our objective is to ensure a sustained embedding of the transformation changes we have made in the Specialist Children's Services division
We will prioritise work in developing a more efficient edge of care service to ensure that the numbers of children in care are kept to a minimum. As with the above action, Specialist Children's Services will work closely with Troubled Families and Early Help teams. The achievement of this objective is dependent upon our ability to increase the number of appropriate step downs from Specialist Children's Services to Early Help
We will transform 16+ services and pathway plans to improve NEET outcomes by moving forward work with partners to agree a new pathway that improves on the existing arrangements. This is a joint objective between Specialist Children's Services and Early Help divisions
We will establish a project board and develop plans to support the implementation of the 'adult social care vision' which will usher in (Adult Transformation Phase 3) a new model of care to replace the traditional 'care management' approach. This will be the basis for renewing and reclaiming social work practice. We will develop new ways of doing business such as making Enablement and Occupational Therapy (KCC and NHS) work more effectively. As part of this, we will engage staff, Members, partners and the social care market. We will report on progress to the KCC Strategic Commissioning Board
We will take further action to embed the transformational changes in adult social care and ensure they are sustained and become business as usual. We will do so by making sure that all frontline staff and managers are clear about what is expected of them; perform their duties accordingly; have the necessary tools in place and timely information to track how well we are doing
We will deliver the agreed wellbeing outcomes and financial savings relating to the ongoing transformation projects (Your Life Your Home, Kent Pathways Service, Acute Hospital Optimisation, 16-25 Accommodation and Support Programme and the Lifespan Integrated Pathway programme. Further information is provided in the divisional priorities section of this plan. We will report on progress to the KCC Strategic Commissioning Board

We will commence work with the Strategic Infrastructure division to define the ICT requirements for adult social care by September 2016. This system review will inform the development of clear pathways as part of work supporting the 'adult social care vision'. This is seen as a necessary major improvement of the client-based system which will operate in adult social care. The intention is to have systems that meet the expectations of the national policy agenda on integration between health and social care by 2020. This will be influenced by the implementation plan for the 'adult social care vision'.
We will put plans in place to ensure effective transformation of the adult and children public health improvement programmes in line with statutory guidance within allocated financial resources, as a key means for improving the health and wellbeing of local residents
We will deliver the supporting transformation programmes including the new health inequalities strategy and the district health improvement deal. The former would lead to the replacement of the existing Mind the Gap strategy.
We have defined our equalities priorities which are informed by the KCC Strategic Statement, the outcomes expressed in the 0-25 Transformation Change Portfolio, the Adults Transformation Change Portfolio and the cross directorate priorities described in this business plan.

Greater integration between health and social care services that deliver better outcomes

Context

- Kent is a national Integrated Care Pioneer site required to deliver integrated care and support
- Kent has a Better Care Fund (BCF) pooled fund of £101.4 million (2015/16)
- Government mandate to the NHS England's and the Sustainability and Transformation plans will influence the integration work in Kent
- Integration with health is relevant to both adult children social care
- New forms of integration of provision and commissioning are being considered as part of the next phase of transformation.

Planned key actions:
We will continue to work with our NHS partners on the Integrated Care Programme, of which the Better Care Fund is a key component. The objective is to provide the most efficient and effective service for the public with the explicit aim of improving outcomes for

people in line with the KCC strategic outcomes. Further information about this can be found in the major service redesign section of this business plan
In supporting the work of the Health and Wellbeing Board, we will take forward plans to use the Design Centre for Clinical and Social Innovation approach to critically evaluate the contribution of new models of integration care
We will consider and take forward options for integrated provision as well as integrated commissioning (for example, encompass Multi Community Specialist Provider (MCP) (formerly Whitstable Vanguard), Integrated Care Organisations, Accountable Care Organisations) where these would add value and lead to an even quicker improvement in outcomes, resulting in fewer unplanned admissions to hospital and care homes. We will update members on our progress via the adult social care performance dashboard report
We will be exploring further joint commissioning arrangements between health and social care for children's services, building on joint commissioning of children's services we have in place with North Kent CCG
We will carry on working with the Ebbsfleet Development Corporation and other key partners to influence the nature of social care provision that may be needed as part of the construction of Healthy New Towns in north Kent
We will take forward work with CCGs and NHS England to ensure that the vision for adult social informs further integration arising from the new planning arrangements for health and social as set out in the Government mandate to NHS England for 2016 – 17 and the associated guidance (Sustainability and Transformation plans)

Improving outcomes for people living with mental health conditions

Context

- Mental health is valued equally with physical health and is now referred to as 'parity of esteem'
- Live It Well Strategy is our joint strategy for improving the mental health and wellbeing of people in Kent and Medway
- KCC (public health, children's services and adult services) jointly commission a range of services with CCGs to help children and adults living with mental health conditions
- Services also take account of people with dual mental health and learning disability needs
- Prevention, early intervention and recovery services is also a focus for mental health services.

Planned key actions:
We will make further progress on the outcomes set out in Kent's Emotional Wellbeing Strategy for Children and Young People by advancing actions described in the Delivery

Plan (including CAMHS) and we will judge local systems against the six pledge commitment to children and young people
We will implement a new primary care social care service which will sit outside of the secondary mental health service. This service will be co-located with the Community Mental Health and Wellbeing service
We will work with a strategic partner to deliver community mental health and wellbeing service which will help people to avoid entering the formal social care and health systems. The focus of service delivery will be community first, values driven and outcome focused provision for people with mental health needs
We will explore with key partners further opportunities that can be taken to combat social isolation and loneliness as part of the preventative measures for improving the mental health wellbeing of residents. This is a key objective of the Kent Joint Health and Wellbeing Strategy for Kent
We will produce and implement a new Live it Well strategy based on a set of key principles linked to the CCGs strategy for mental health and the 'adult social care vision'. Each Commissioning agency that is, KCC, Medway Council, NHS England and CCGs will also publish corresponding commissioning plans linked to Outcome 4 of the Kent Joint Health and Well Being Strategy for Kent.
We will focus mental health services as a key priority as part of making progress on the Kent Social Care Accommodation strategy which we developed with the involvement and agreement of our key partners

Ensuring people experience a smoother transition and improving outcomes

Context

- Joining up and integrating services are key goals for achieving improved outcomes for people
- The Kent Local Offer is one example of how we work to make it easier for people to find out about services for 0-25 year olds with special educational needs and disabilities
- Transition takes place at different points for people depending on their needs
- Several services and strategies are interdependent (LD Transformation Programme; 0-25 Commissioning, Emotional Wellbeing Strategy; Specialist Service Pathway; Sensory Strategy; Neuro developmental Pathway)

Planned key actions:
We will continue to ensure that the transition(s) processes are carefully planned so that there are no gaps in the service we provide or arrange for young people. We will also ensure that young people and their families are fully involved in the planning processes

We will seek to make further progress with the implementation of Lifespan Pathway Programme to support people with disabilities and ensure improvement of the coordination of a person's care and support as they move from children's services to adults' services. This work will call for the involvement of several functions in KCC to work together with key partners providing universal services
We will develop a new pathway for transition of young people with a disability from children's services to adult services. This will take account of interdependent issues as we develop services such as all ages county sensory services, 0-15, 16-25 and 26+ services
We will also continue to work with health, education and housing to support young people with special educational needs and disability (and their parent or carers) when accessing services via the local offer
We will continue to review how much more can be done in widening the reach of the Kent Pathways Service and the Your Life your Home for new people requiring adult social care support

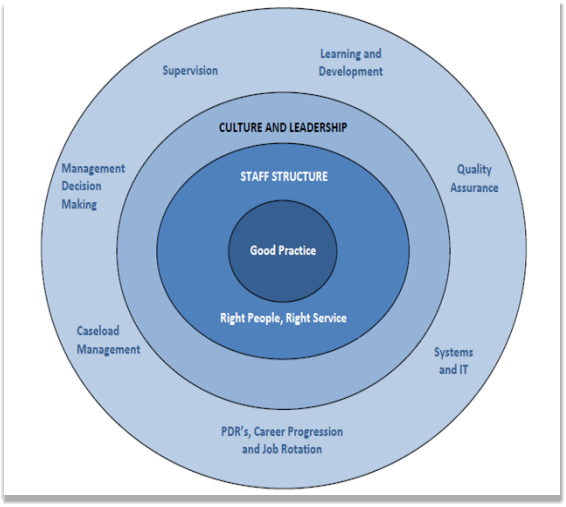
Outcome-based commissioning and the move to becoming a commissioning authority

	**Context** • The KCC Commissioning Framework demands strengthening of our commissioning work and it introduced the principle of contestability • The policy intention is that outcome-based approach should be the foundation of all our commissioning exercises • Regulations stipulate that children services, public health and adult social care have to meet sufficiency and provision responsibilities for a range and quality of services in the local area • The move to becoming a fully-fledged commissioning authority requires clarification of roles in the commissioning cycle • Commissioning is increasingly framed by integration and strategic partnerships

Planned key actions:
We will increase the number of outcome-based commissioned services as the term of

existing contracts come to an end. In this endeavour, we will adhere to the principles outlined in the Commissioning Framework with the expectation that commissioning activities will be strengthened and contract management enhanced
We will carry out our legal responsibilities for market shaping by regularly considering the care and support needs of people in Kent. We will include in this the care and support services available for people, and work out where the gaps are and how they can be filled. The aim, in line with the strategic outcome is to make sure that people can find care and support that meets their needs, and that a variety of options are available to suit people's individual circumstances and preferences. We consider that getting this right will make a reality of people have choice and control
We will continue to work hard to address the evident and pressing challenge of ensuring the right balance of non-residential and residential models of care and sufficient capacity in line with our overall strategy for children and adults with and without disability. This challenge is closely linked to the need to ensure sustainability of the residential and domiciliary social care markets and the connected social care workforce issues in Kent
To support the above objective we will continue to play an active role in the Workforce Task and Finish Group established by the Kent Health and Wellbeing Board to find a lasting integrated solution. We will work with our health and provider partners to use the quality assurance framework as a systematic and structured way for monitoring, measuring and improving the quality of services by provider organisations. We will measure quality through a variety of ways, including hearing the views and experiences of people who use services, surveys of parents and carers. This is one facet of making a reality of outcome-based commissioning
We will begin preparing services so that we are able to demonstrate how we meet the contestability requirements as a result of working to the Commissioning Framework. This will include clarification of roles, responsibilities and accountabilities within the commissioning cycle as we start to embed strategic commissioning into business as usual. Please see the major service redesign and commissioning activity and the significant divisional priorities sections of this business plan for further information
We will implement actions in our market position statements for adults and sufficiency strategy for children. These contain detailed information on what is needed in Kent and what and how we intend to respond to cater for current and future needs.. This is a key requirement placed on us as commissioners by regulations.
We will build on existing partnerships such as the learning disability joint commissioning and joint commissioning of emotional wellbeing service along the lines mentioned above, under the greater integration between health and social care services that deliver better outcomes priority
We will focus as we have done in the past on managing increasing demand for services and actively working with the community and voluntary sector partners on improving social isolation in local areas with the expectation that more people could be helped without coming into the formal care system. This would be assisted by delivering the refreshed joint strategic needs assessment and ensuring that it becomes a widely used and effective planning tool for the wider health and care sector, and drives the refresh of the Kent Health and Wellbeing Strategy.

Sound decision making by knowledgeable, skilful and resilient workforce



Context

- Our workforce and organisational development priorities are outlined in the Organisational Development Plan
- We would not achieve our service objectives without the hard work of our dedicated staff
- There are over 40,000 workers employed in the social care market in Kent compared to the less than 6,000 that work in the county council
- Our staff will increasingly work in the integration environment and will be expected to operate as confident practitioners

Planned key actions:
We provide frontline staff with the necessary support they need through appropriate training offer, effective supervision, clear personal action plans so that they remain confident decision makers and practitioners
We will enable staff to continually develop their skills and expertise as practitioners and be able to deal with complex cases by providing them with quality advice and guidance
We will take measures to further improve further our recruitment and retention activities especially those relating to qualified social work staff, team and service managers and other key staff, with the ultimate aim of ensuring a stable workforce. We will do so by building on our workforce engagement support - working with secondary schools, colleges and universities students and having a presence at regional recruitment events. Detailed plans on this by each division are available
We will develop bespoke support (such as a Transformation Engagement Team in adult social care) for staff and teams undergoing implementation of service transformation so that they are equipped in working in a changing or changed environment
We will maintain systems that support existing staff whose qualification and membership of professional bodies require them to meet certain annual or regular registration requirements. We will also make sure that staff comply with the standards of the new national accreditation scheme (Knowledge and Skills Statement)
We will ensure implementation of the Assessed and Supported Year in Employment (ASYE) framework for children and adult social care
In respect of succession planning, information and future resourcing requirements have been determined and we will take forward the appropriate development activity for the identified staff. This will be set out in individual development plans for 2016/17. This will be reflected in the directorate's organisational development priorities for future workforce development and it will be aligned to the vision for the future. It is expected that directors will undertake workforce planning activities within their divisions which will also shape the directorate's organisational development priorities going forwards. Further information about succession planning can be found in the directorate organisational development priorities section of this business plan

As set out in the Commissioning Framework for Kent County Council, we are held to account for delivering KCC's strategic outcomes.

Our significant divisional priorities

In the following section we set out the significant priorities of the five divisions that make up the Social Care, Health and Wellbeing directorate. These only give indication of the top priorities and further detailed information can be found in the respective divisional business plans. In addition, there are major transformation plans which provide extra information about the medium term objectives.

Specialist Children's Services

Continued development of best practice around Child Sexual Exploitation (CSE) and Missing Children at a strategic and operational level

We will continue to develop best practice in respect of CSE and Missing Children at both a strategic and operational level by ensuring all staff members have access to appropriate learning, training and practice development. Workshops have been held to ensure staff are trained on use of the CSE Toolkit and Return Interviews.

District based Adolescent Risk Management Panels (ARMP) have been reinstated that will take place monthly and we will also be instigating area based quarterly review panels for Long term Missing. Membership of the ARMP will be made up from a range of services and District partners, including the Police. The information, data and intelligence from these meetings will be fed back to the Multi-Agency Child Sexual Exploitation Group (MASE) which is now the strategic Kent Safeguarding Children Board (KSCB) arm for CSE. The current KSCB CSE and Trafficking Group will now change to 'Emerging Vulnerabilities' dealing with missing children, trafficking, gangs and Prevent issues. Both groups have a detailed Action Plan.

CSE is a priority area for all agencies. To progress expertise and appropriate responses, Kent has set up a multi-agency CSE team referred to as 'CSET'. This team will lead on all aspects of CSE including 'Operation Willow', which raises public awareness of CSE issues. Their role will be to educate both professional partners/agencies and the public of CSE and associated risks, particularly for missing children. Data across all agencies will be analysed and used to inform understanding of the county profile for CSE and in planning preventative and targeted services for those children and young people affected.

Embedding the outcomes of Transformation and ensure sustainability

We will continue to embed the outcomes of transformation, focusing on sustainability of the service long term. Maintaining high levels of performance and ensuring best practice will allow for more proactive case management and improved outcomes for Children, Young People and their Families.

Working towards the continued reduction in average caseloads within the service will help staff to focus more on case progression and throughput as well as ensuring the appropriate number of cases are stepped down to Early Help using the existing threshold criteria.

We have introduced and supported staff in using the 'Signs of Safety' practice model. The model is designed to help conduct risk assessments and produce action plans for

increasing safety, and to reduce risk and danger by identifying areas that need change while focusing on strengths, resources and networks that the family have.

Development of the Corporate Parenting Agenda

Over the past 12 months we have worked on developing the Corporate Parenting Agenda, including the work of:

Reviewing Kent's Fostering Service and proposing a Service Specification that strengthens the role of central fostering teams and holds area fostering managers to account for meeting minimum national standards and exceeding them.
Contract monitoring the improvement partnership with Coram, and overseeing the resumption of management of Kent's Adoption Service from 23 January 2016. We will negotiate continued work with Coram as practice innovation and development partners, including keeping alive opportunities for Kent's future participation in a Regional Adoption Agency.

Drawing up an Action Plan and starting work on the direction and activity proposed by the Specialist Children's Services Participation Strategy. To make sure that Specialist Children's Services is supported in making decisions and developing services based on clear evidence and analysis of feedback from children and young people. An important step has been the recruitment and appointment of a participation co-ordinator.
In March this year the work will be continued by a permanent appointment to the Assistant Director – Corporate Parenting post. They will have a remit that spans Fostering, Adoption and Participation, but adds responsibility for Kent's Virtual School (VSK) and the Care Leavers Service. There will be a post restructure review of the Care Leavers service after one full year of operation, which will take forward recommendations from the Accommodation Strategy. A review of 16+ services and Pathway plans will be undertaken as well as looking at plans to improve NEET outcomes.

Recruitment and Retention of qualified social work staff and ongoing development

We will work hard to improve the recruitment and retention of qualified social work staff including Team Managers employed by the service to develop a stable, permanent workforce, which will reduce the requirement for agency workers. This will ensure that consistent contact is maintained with Children, Young people and their Families and will improve staff morale.

We will also focus on staff development through appropriate programmes which will help ensure staff retention and increase in the proportion of social work staff that are permanent members of the workforce. Kent County Council has been invited to take part in a pilot developing the assessment process for the National Assessment Accreditation System for Child and Family social work prior to its implementation in 2016. Once implemented all relevant staff will be required to undertake the accreditation process over the next four years to 2020. This is designed to ensure that all staff meet the mandatory national standards for Children and Families Social Work. We will ensure all staff have the relevant skills, knowledge and experience and are aware of development areas to ensure we have a fit for purpose workforce.

We will take an active role in the South East Regional Partnership through the Memorandum of Co-operation to positively manage the agency workforce in terms of costs and quality and to consider broader collaborative workforce planning

Disabled Children, Adult Learning Disability and Mental Health

Keep children and adults safe through robust and effective safeguarding

We will continue to take active steps to safeguard and promote the welfare and wellbeing of children and adults and keep them safe from harm, abuse and neglect. We will undertake this task by working with all relevant partners as necessary. In doing so we will make sure that the voices of children and adults going through such difficult times are heard and provide an appropriate response.

We know that being able to carry out this function depends on well-trained, capable and confident staff, therefore we will make sure the right training, support and guidance are in place for staff and team managers.

In response to the implementation of the Care Act we have worked with the Kent and Medway Partnership Trust to put in place new local authority-led safeguarding management arrangements.

Work with partners to deliver an integrated service for adult Learning Disability and adult Mental Health primary and secondary care

The services we deliver or arrange to be delivered on our behalf will be person centred, holistic and non-stigmatising. A key feature of this is that we will use a strength-based approach which focuses on promoting wellbeing, independence, recovery and promoting social inclusion, with no wrong door.

The Community Mental Health and Wellbeing service will form a key part of an integrated pathway across the voluntary sector, primary care mental health and social care and include public health initiatives to ensure there are appropriate, equitable, timely and cost effective interventions for vulnerable people in the community. The service will be based on recovery and social inclusion principles and designed to be accessible to anyone needing mental health and wellbeing support in Primary Care, and prevent people who may fall through the gaps between services. In addition, key transformation phase 2 activities such as Your Life Your Home, Kent Pathways Service and Shared Lives will become fully embedded.

We will continue to lead on the local authority responsibilities for the Approved Mental Health Professional role by ensuring well-equipped and effective assessment and decision-making processes.

Ensure that services for disabled children and adults with a learning disability form a lifespan pathway in order to ensure a smooth transition for young people from children's services to adults' services

We will progress the implementation of Lifespan Pathway Programme which aims to support people with disabilities and ensure improvement of the coordination of a person's care and support as they move from children's services to adults' services. The key elements of this programme are an integrated approach to 5-15, 16-24 and 25 and above services. This work is also driven by the important objectives such as providing a seamless continuity of support from 0-25 for disabled children/young people and their families; joining up service delivery between social care, health and education; maximisation of joint commissioning opportunities.

Older People and Physical Disability

Improve Social Care Practice, Performance and Ensure that Key Business Processes are Efficient and Continually Evolve

Our workforce will be trained, qualified, supported and clear about their roles and accountabilities this will improve the experience for the public in contact with the service. All staff will be clear about their accountabilities through personal action planning and individual performance management. Staff will receive regular supervision; reflect on their practice, development and performance management. Social care staff will be clear about how they deliver quality standards through systematic sharing of best practice, lessons learnt and developing their understanding of the inspection and regulatory framework for adult social care. Our workforce will have a clear understanding of what performance means and how it applies to service delivery and our managers will effectively use our Performance Framework to support understanding of performance trends and issues and take relevant actions.

Keeping Vulnerable Adults Safe, Promoting Independence and continue to Transform and modernise our Services

The experience of the public in contact with the service will be improved with reduced time between initial contact and assessment of need and we will ensure promoting independence through Enablement and Occupational Therapy (KCC & NHS). We will support people to go home after a hospital admission and will help people to access voluntary sector support in the community instead of having to access long term social care support. We will continue to review Safeguarding arrangements to ensure the protection of vulnerable people and ensure that Safeguarding closures are timely.

Implement the Integrated Care and Support Pioneer Programme and Delivery Plan, Integrating Health and Social Care Commissioning and Service Delivery (Including Better Care Fund)

We will work alongside our health and social care partners to implement the Integrated Care Pioneer Programme. The service we deliver to the public will be improved through integrated commissioning and service provision, avoiding duplication and ensuring clearer care and support planning from strategic to individual service user level.

Strategic Commissioning

Commissioning Assessment

The service aims to enhance the value that People Commissioning provides to the vulnerable children and adults of Kent, and to enable us to evidence our impact. We will be focusing on the work that we do and the way that we do it, specifically the way that we manage change and delivery aspects of our role.

As with the transformation programmes in both Adults and Children's Services, the assessment is the first stage and this took place during January and February 2016 to identify the areas that will be taken forward to a design phase between March - June 2016. Implementation activity will commence from July 2016 onwards, with any significant changes to the way Commissioning functions, or is structured will apply from this time onwards.

Business process review

We will review and then recommend changes to business processes and systems processes to optimise efficient and effective working. This will incorporate the development and/or review of the current business processes which underpin the systems recording, and ensure we are maximising efficiencies in systems process and operational practice processes. Based on this evidence, we will clarify roles and responsibilities with the business processes and provide a clear documented understanding of responsibility and accountability. The outcome will be to define our requirements for Social Care Systems across the business areas in scope, including anticipating future requirements and potential systems.

Safeguarding

We will work with other agencies in ensuring that the statutory role of the Kent and Medway Safeguarding Adults Board is fulfilled.

We will work with other Units in Commissioning to implement the Quality in Care Protocols and utilise intelligence from the Care Quality Commission to reduce the number of providers with a safeguarding or quality concern.

We will use all resources available to effectively meet the challenges presented to the Deprivation of Liberty Safeguards service following the Cheshire West Judgement.

Public Health

To ensure effective transformation of the Adult and Children's Public Health Improvement programmes, in line with statutory guidance and within financial resource

Develop a new approach needed to meet the challenges faced in Public Health, the changing needs of the population and the financial envelope of the Public Health grant.

We will drive an intelligence led approach to the innovative design and implementation of the Public Health improvement programmes, ensuring the most effective services are provided, aiming to reduce health inequalities.

To deliver the supporting transformation programme including the new health and inequalities strategy and District health improvement deal

We will work with colleagues in the public sector and our partners, including Clinical Commissioning Groups and District Authorities, to finalise our strategic delivery plan for Public Health, ensuring Public Health outcomes are integral to the design and delivery of services.

Delivering the refresh of the Joint Strategic Needs Assessment (JSNA), ensuring that it becomes a widely used and effective planning tool for the wider health and care sector, supporting the refresh of the Kent Health and Wellbeing Strategy

We will ensure that the JSNA is used to inform the whole public sector, and that it will support the development of services targeted to achieve maximum effect. We will support the work of the Better Care Fund to deliver the integration of health and social care and a whole systems approach to reducing the service demand.

Ensuring a coordinated and effective programme of Health Improvement Campaigns across the health and care sector, delivering consistent health improvement messages to the public. Raising awareness of key Public Health challenges both through proactive public relations and through a series of campaigns, with the aim of educating and supporting people to take more responsibility for their own health and wellbeing.

In order to support people to take responsibility for their own health and wellbeing, and that of their family during 2016/17, we will take every opportunity to raise the level of understanding of what can damage peoples' health and wellbeing, and provide information on how they can make positive changes.

We will utilise media interest and focus during certain times of the year to proactively promote our key messages in our priority areas of alcohol, smoking, obesity and physical activity, and mental health.

Whilst maintaining targeted campaigns aimed at reducing harm in specific areas, e.g., smoking in pregnancy, reducing suicides, encouraging safer sexual practices, taking action on child obesity, improving provision for mental health services, including reduction in suicides, and encouraging uptake of NHS health checks.

Our major service redesign and commissioning intentions over the next three-years

The information in the table below presents our major service redesign and commissioning intentions at the time of going to print over the period 2016/17 to 2018/19. These also identify where there are related Key Decisions involved.

Category*	Description (briefly what and why)	2016/17				2017/18				2018/19			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	Adult Services												
C	Commissioning of short term beds in Faversham as a replacement for the beds used by Faversham residents at Kiln Court	D		R									
SR	Commissioning of a build contract for nursing care provision on the Isle of Sheppey	P		D									R
C	Commissioning of a day service in Maidstone as a replacement for the services at the Dorothy Lucy Centre	D			R								
C	Sale of Wayfarers as a going concern to seek an independent provider for the ongoing use as a care home	P	D										
C	Integrated commissioning of care home placements with the CCG's (starting with West Kent CCG)	A		P		D		R					
SR	Extra Care Housing – care provision review (alongside the Homecare service)		A										
SR	Developments of supported accommodation, including extra care housing to provide choice in accommodation and support the Your Life Your Home project	A		P		D		R					

C	Learning Disability Day Services – commissioning of external learning disability day care provision, completing a procurement process to have a model which is fit for purpose and to implement quality and cost controls of external market of over 90 providers	K	D			R							
C	Infrastructure Support to the Voluntary Sector – commissioning an infrastructure support to the voluntary sector that is fit for purpose, and aligns to the outcomes identified by the sector and supports the intentions in KCC Voluntary Sector Policy	K	D		R								
C	Commissioning of community based Wellbeing Services in line with the Strategic Vision of Adult Social Care	A	P		K	D							
C	Carers assessment and support service		A		P/K		D				R		
C	Healthwatch Kent Service			R	D	A	P/K	D			R		
C	Carers Short breaks Service			A	P		K	D				R	
SR	Internal Day Care						D		R				
SR	Short breaks		K	D	R								
SR	Lifespan Integrated Pathway			D	R								
SR	KCC Services for Autistic Adults and Children	A	P	D	R								
SR	Vulnerable Adults Pathway	P	D	R									
SR	Transformation Programme Phase 3	A	P/K	D	R								
C	Integrated Community Equipment Services Contract – annual review			R				R				R	
C	Technology Enabled Care Services contract – annual review			R				R				R	
SR/C	Commissioning of nurse led outcome based homecare in line with the Strategic Vision of Adult Social Care	A/K	P	P	K	D	D						

SR/C	Integrated OT service accessing equipment and assistive technologies	A	P	P	K	D	D						
SR/C	OT led rapidly responding integrated reablement linked to paramedic service	A	P	P	K	D	D						
	Specialist Children's Services												
C	Review future service options of internal and external edge of care services	R	K										
SR	Review future service options for Rights, Representation and Advocacy services			R	A	P	D	D	K	D	D	R	
SR	Review future service options for externally commissioned Independent Fostering services	A	A	D	D	K	D	D	R				
SR	Review future service options for Independent Adoption & Special Guardianship Order Support Services					R	A	P	D	D	K	D	R
C	Commissioning of specialist level day short breaks respite services to achieve provision of short break from caring for parents of disabled children because current contracts due to expire 31 March 2018		A	A	P	PK	D	D					
C	Commissioning of targeted level day short breaks respite services to achieve provision of short break from caring for parents of disabled children because current contracts due to expire 31 March 2018		A	A	P	PK	D	D					
SR	Commissioning of low targeted level day	AP	KD										

	short breaks respite service to achieve provision of short break from caring for parents of disabled children because current contract due to expire 30 June 2016												
C	Commissioning of specialist term time & residential placements and Day care providers to replace spot purchasing arrangements		A	A	A	P	PK	D	D				
C	Commissioning of mental health services as contracts due to expire March 2017	AD	D	D	DK	D							
SR	Care Leavers Pathway	D	D	D	R								
SR	Supported Accommodation and Floating	P	D	D	D	D	D	R					
SR	Supported Lodgings SAFE	D	R										
SR	Care Leavers Social Housing	D	D	R									
SR	16/17 Homeless Protocol	D	D	R									
	Public Health												
SR	Staying Well Health Visiting Service	P	P/K	D		R	A	P	D		R	A	P
SR	Starting Well Family Nurse Partnership (FNP)	P	P/K	D		R	A	P	D		R	A	P
SR	Starting Well School Public Health Service	P	P/K	D		R	A	P	D		R	A	P
C	Starting Well Young People's Substance Misuse Service	D	A	P	D	R	D	A	R	P	D		R
SR	Starting Well Infant Feeding Service	R	A	P	D								
C	Community mental health and wellbeing service	D			R	D			R	D			R
C	Kent Sheds	D		R/A	P/D	D	D	D	D	D	D	D	D
C	Healthy lifestyle services – healthy weight, health trainers, physical activity services, other community services, Healthy Living	P	D/K	D	R	R	R	A	P	D	R	A	P

	Centres												
C/SR	Tier 3 - Healthy weight	D	D	D	D	D	D	D	D	D	D	D	D
SR	Other KCC Public health investments - integrated domestic abuse services, Homelessness services, learning disabilities etc.	D	D	D	D	D	D	D	D	D	D	D	D
SR	Befriending service	R/A	R/A	P	P	D	D	D	D	D	D	D	D
C	Postural stability	D	D	R/A	R/A	D	D	D	D	D	D	D	D
C	Winter Warmth	D	D	R/A	R/A	R/A	R/A	R/A	R/A	R/A	R/A	R/A	R/A
C	Re-commission East Kent Adult Drug and Alcohol Service to support and enable residents	A	P/K	D	D	D	R	R	R	R/A	R/P	R/D	R
SR	Co-design and implement a new operating model for the West Kent Drug and Alcohol Service	R	D	D	R	R/A	R/P	R/D	R	R/A	R/P	R/D	R
C	Commissioning Public Health Services (including NHS Health Checks and Stop Smoking Services) from primary care (GP practices and pharmacies). Existing contracts due to end in September 2016.	P	D/K	D	R	R	R	A	P	D	R	A	P
C	Review new community sexual health services contracts implemented in 2015 and consider whether to extend existing contracts or re-procure services from April 2017.Existing contracts due to finish in March 2017.	A	P/K	D	D	D	R	R	R	R/A	R/P	R/D	R

***Categories**
Commissioning (C)
Service Redesign (SR)

Each activity is mapped by against:

Analyse (A)
Plan (P)
Do (D)
Review (R)
Key Decision Point (K)

Our in-house and external service providers

Service*	Internal or external	If external:			Next Review stage**
		Contract value (£)	Provider name	Contract end date	
	Adult Services				
Nursing and Residential Care:					
Learning Disability (aged 18+)	External	75,224.4	Various	None	1/4/2016
Mental Health (aged 18+)	External	7,047.5	Various	None	1/4/2016
Older People (aged 65+) Nursing	External	21,385.2	Various	31/3/2020	1/4/2016
Older People (aged 65+) Residential	External	26,121.4	Various	31/3/2020	1/4/2016
Older People (aged 65+) Residential	Internal	14,467.1	KCC Residential Service		
Physical Disability (aged 18-64)	External	11,849.7	Various	None	1/4/2016
Supported Living:	External		Various		
Learning Disability (aged 18+)	External	31,544.2	Various	30/9/2017	1/4/2016
Learning Disability (aged 18+)	In-house	2,154.7	Independent Living Scheme	None	
Learning Disability (aged 18+) Shared Lives Scheme	In-house	3,330.9	Shared Lives Scheme	None	1/4/2016
Older People (aged 65+)	External	400.7	Various	30/9/2017	1/4/2016
Physical Disability (aged 18-64)/Mental Health (aged 18+)	External	3,879.6	Various	30/9/2017	1/4/2016
Learning Disability Day Services	External	£5,743, 000 (annual)	Various	None	March 2016
Physical Disability Day Services	External	£676, 750 (annual)	Various	None	March 2016
Day Care Transport	External	£1,500,000	Various	None	April 2016
Learning Disability Day Services	External	£76,031 (annual)	Wood n Ware	March 2017	Sept 2016

		£230,801 (total)			
Learning Disability Day Services	External	£90,000 (annual) £270,000 (total)	Mersham Street Café	January 2017	None
Learning Disability Day Services	External	£34,695 (annual) £106,568 (total)	Clay and COlour Works	March 2017	Sept 2016
Learning Disability Day Services	External	£72,600 (annual)	Yeomans Groundworks	May 2016	None
Learning Disability Day Services	External	£241,852 (annual)	Princess Christian Farm (Hadlow College)	September 2034	July 2016
Business Support to Voluntary Sector	External	£105,000	Social Enterprise Kent	March 2016	None
Valuing People Now	External	£140,000 (annual) £420,000 (total	East Kent Mencap	March 2017	April 2016
Employment support for adults with a disability	Internal	£209,000	Kent Supported Employment	March 2017	October 2016
Carers assessment and support	External	£3.9M	Carers First East Kent Carers Consortium Involve	March 2018	July 2016
Healthwatch Kent	External	£667,000	Engaging Kent CIC	March 2017 +1	Sept 2016
Carers Short Breaks	External	£1.3m contract part funded by CCGs £1.2m annual grant	Crossroads	March 2017 + 1	October 2016
Kent Advocacy	External	£1.3m	SEAP	March 2019 + 2	September 2016

LD Advocacy	External	£298K	Advocacy for All	March 2017	July 2016
Integrated Community Equipment Service	External	circa £55m (for KCC and NHS CCGs)	Nottingham Rehab Ltd (trading as NRS Healthcare)	30/11/2020	1/12/16
Technology Enabled Care Services	External	circa £5.5m	Invicta Telecare Ltd (trading as Centra Pulse and Connect)	30/11/2020	1/2/16
Just Checking	External	£69K	Just Checking	16/1/2018	1/2/17
Home Care Contracts 2014	External	circa £25M	Various (19 providers)	June 2017	March 2016
Home Care Contracts 2002 & Spot Contracts	External	circa £5M	Various (approx. 50 providers)	Ongoing; spot contract	March 2016
	Specialist Children's Services				
Independent Adoption & Special Guardianship Order Support Services	External	£1,505,100	Barnardos	30/09/2018	September 2016
Safer Stronger Families	External	£2,135,732	Core Assets	31/10/2016	January 2016
Representation, Rights & Advocacy (RRA)	External	£845,400	The Young Life's Foundation	31/03/2018	October 2016
Independent Fostering Framework	External	£15,000,000	33 Framework Providers	02/06/2017	March 2016
Independent Children's Homes	External	Various (spot purchasing arrangements)	Various (spot purchasing arrangements)	Spot purchasing (no end date)	(no end date)
Independent Semi-Independent Accommodation	External	Various (spot purchasing arrangements)	Various (spot purchasing arrangements)	Spot purchasing until new accommodation	

				services are in place	
Targeted level Disabled Children's Short Break Fun Club Service	External	£597,672.00	Imago	30/06/2016	February 2016
Specialist level Disabled Children's Short Break School holiday play schemes & Term Time Clubs	External	£584,870.00	Various	31/03/2018	February 2016
Specialist level Disabled Children's Short Break School holiday play schemes & Term Time Clubs	External	£584,870.00	Various	31/03/2018	February 2016
Targeted level Disabled Children's Short Break School holiday play schemes & Term Time Clubs	External	£180,000.00	Various	31/03/2018	February 2016
Disabled Children's Family Days (Sensory & PD)	External	£60,000.00	Core Assets	31/03/2017	February 2016
Risk Assessments and Harmful Sexual Behaviours services	External	£504,504.00	tbc	31/03/2019	February 2016
Direct Payments Support Service 0-25	External	£975,000.00	CxK	31/09/2016	February 2016
Young Healthy Minds	External	£4,737,872.20	Action for Children	30/03/2017	February 2016
Post Sexual Abuse Services	External	£777,985.00	Sussex Partnership NHS Foundation Trust	31/03/2017	February 2016
Community CAMHS contribution	External	£4,500,000.00	KCC-IASK	31/03/2017	February 2016
Information and Advice Service Kent (I-ASK)	Internal	£90,000.00	Various	n/a	February 2016
Disabled Children Day care agencies - spot purchased	External	n/a	Various	n/a	February 2016
Disabled Children's Term time & Residential placements - spot purchased	External	n/a	Various	n/a	February 2016

Disabled Children's overnight short breaks placements - spot purchased	External	n/a			
Supported Accommodation in a Family environment	External	£671,952.00	Catch22	March 2018	
Dover Housing Support Services	External	£76,583.23	Porchlight	31/03/2016	tbc
New Town Street	External	£694,700.33	Porchlight	31/03/2016	tbc
New Wharf	External	£754,324.68	Porchlight	31/03/2016	tbc
Swale Young Persons at Risk	External	£312,970.35	Porchlight	31/03/2016	tbc
The Grove	External	£526,358.27	Depaul Trust	31/03/2016	tbc
Ashford Young Persons Service	External	£1,684,122.00	Home Group Ltd	31/03/2016	tbc
Dover Young Persons Service	External	£768,853.20	Home Group Ltd	31/03/2016	tbc
Trinity Foyer	External	£3,164,745.93	Home Group Ltd	31/03/2016	tbc
Maidstone Housing Supported Service	External	£68,073.97	Sanctuary Housing Association	31/03/2016	tbc
Ryder House	External	£1,940,164.26	West Kent YMCA	31/03/2016	tbc
Shepway Young Persons at Risk	External	£253,458.07	Lookahead Care and Support	31/03/2016	tbc
Bridge House	External	£1,285,150.18	Centra	31/03/2016	tbc
Overton House	External	£144,273.10	Centra	31/03/2016	tbc
Porchlight Young Person Hostel	External	£2,087,738.68	Porchlight	31/03/2016	tbc
YMCA Thames Gateway	External	£1,118,914.83	YMCA Thames Gateway	31/03/2016	tbc
Church View	External	£81,135.07	YMCA Thames Gateway	31/03/2016	tbc
Calverley Hill	External	£362,281.23	Chapter 1	31/03/2016	tbc
Wincheap	External	£596,674.50	Cantercare	31/03/2016	tbc
Old Colonial	External	£245,601.13	Family Mosaic	31/03/2016	tbc

Daisies	External	£456,116.38	Home Group Ltd	31/03/2016	tbc
Dartford LIFE	External	£372,962.88	LIFE Housing	31/03/2016	tbc
Maidstone Teenage Parent Service	External	£328,203.70	Golding Homes	31/03/2016	tbc
Young People Floating Support East Kent	External	£469,898.72	Sanctuary Housing Association	30/09/2016	tbc
Young People Floating Support West Kent	External	£364,094.94	Sanctuary Housing Association	30/09/2016	tbc
	Public Health				
Health Visiting and Family Nurse Partnership[	External	£22,604,400	KCHFT	30-09-16	Currently
School Public Health Service (All exc. Swale)	External	£4,852,760	KCHFT	30-09-16	Currently
School Public Health Service (Swale)	External	£828,758	MFT	30-09-16	Currently
Young people's substance misuse service	External	£3,606,932	Addaction	31/03/17	Currently
Infant Feeding Service	External	£830,354	PS Breastfeeding	30-09-18	Currently
Early Help and Prevention	Internal	£1,548,500	Early Help	TBC	Currently
Canterbury and District Early Years	External	£150,000	Canterbury District Early Years Project	30-09-16	Currently
Community Mental Health and Wellbeing Service	External	£19.925, 000	Shaw Trust Porchlight	31-03-21	Annual review and prior to contract end
Kent Sheds	External	£50,000	TBC	31-03-2017	Currently

Mental Wellbeing Evaluation Postural Stability		(including grants for Sheds)			
			The Mc pin Foundation		
	External	£100,045	KCHFT	31st March 2017	Currently
		Contract 1 - £80,564 Contract 2 - £16,100	Involve	Contract 1 – 31st March 2017 Contract 2 1st Aug 2016	Currently
		Contract 1 - £71,022 Contract 2 - £21,600	Good Neighbour project	Contract 1 - 31st March 2017 Contract 2 1st Aug 2016	Currently
		£44, 000	Access to Resources	31st March 2017	currently

Our budget and staffing resource

The summary of the budget allocated to our Directorate is shown below:

2015/16 Revised Budget **£000s**	Division	Staffing **£000s**	Non-staffing **£000s**	Gross Expenditure **£000s**	Internal Income **£000s**	External Income **£000s**	Grants **£000s**	Net Cost **£000s**
3,262.7	Strategic Management and Directorate Budgets **(Andrew Ireland)**	1,016.3	13,822.5	14,838.8	0.0	-160.0	-272.9	14,405.9
32,449.3	Commissioning **(Mark Lobban)**	7,585.4	27,072.6	34,658.0	-2,5152.5	-2,064.9	-2,0804.4	28,360.2
175,244.2	Disabled Children and Adults Learning Disability and Mental Health **(Penny Southern)**	30,222.5	162,999.0	193,221.5	0.0	-12,929.5	-2,058.4	178,233.6
141,366.7	Older People and Physical Disability **(Anne Tidmarsh)**	41,307.8	203,380.8	244,688.6	-862.8	-91,332.8	-8,171.1	144,321.8
0.0	Public Health **(Andrew Scott-Clark)**	3,833.5	73,365.4	77,198.9	-50.0	-5,982.8	-71,166.1	0.0
110,429.4	Specialist Children's Services **(Philip Segurola)**	59,152.0	113,989.2	173,141.2	-15,439.1	-2,113.0	-49,559.0	106,030.1
483,092.4	**Total**	**150,230.9**	**610,169.1**	**760,400.0**	**-19,450.5**	**-116,564.0**	**-133,308.0**	**491,077.5**

Note: The information in the above table is subject to further changes to reflect the allocation of centrally held pressures and savings such as the performance reward pressure, national insurance pressure, and publicity saving.

The summary of the staffing resources in our Directorate is shown below

Division	FTE	Grade Band	FTE	%
Strategic Management	4.4	KR6 and below	1444	41
Commissioning	161.5	KR7 - 9	1204.3	34
Disabled Children and Adults Learning Disability and Mental Health	*1002.1	KR10 - 13	821.1	23
Older People and Physical Disability	1246	KR14 - 15	52	1
Public Health	65.9	KR16 and above	11.8	0.3
Specialist Children's Services	**1053.4	**Total**	**3533.2**	**100**
Total	**3533.2**			

*Includes Disabled Children Services since April 2015
** Excludes Disabled Children Services since April 2015

Our property and ICT infrastructure requirements

Adult social care will commence a major programme to renew the approach to social care practice via the implementation of the ‘adult social care vision’. This will mark the beginning of phase 3 of the transformation programme. This is in the light of directorate responding to KCC’s policy objective of become a commissioning authority.

At the same time there is substantial work in hand to integrate the commissioning and provision of health and social care. As mentioned above under the health and social care integration priority, Kent is an Integrated Care Pioneer site and this as well as the NHS Five Year Forward View, NHS England has initiated a programme of technology projects called Personalised Health and Care 2020 will have some influence on our ICT infrastructure requirements going forward.

We operate complex and inter-related needs and financial IT systems which have important interface with other corporate systems. Therefore our system requirements must take this into account as well as offering us the flexibility to be able to move the integration agenda forward, in particular working with Clinical Commissioning Groups (CCGs).

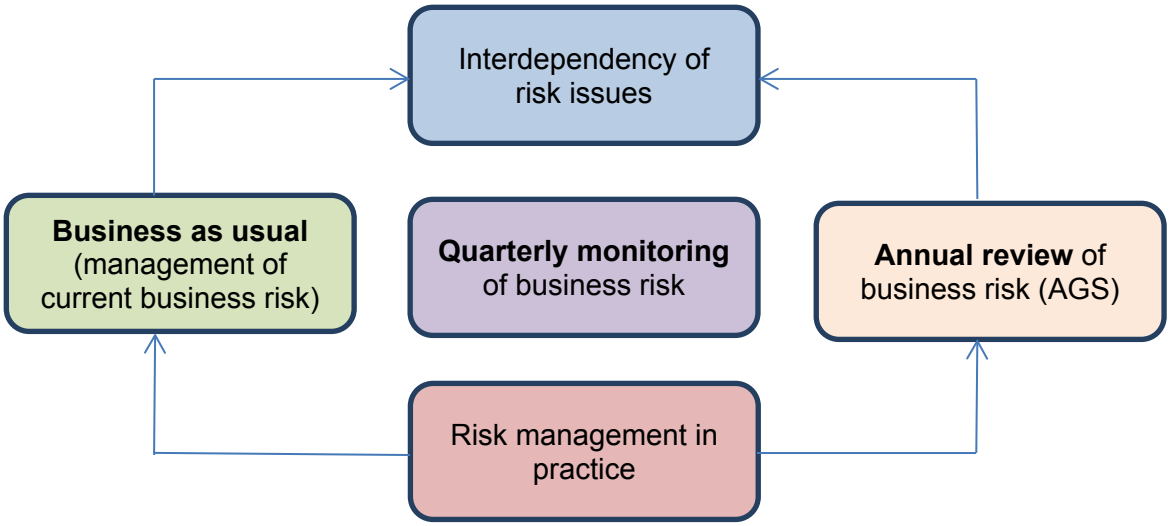
We need to have in place a system that helps us to meet the national policy intention on integration by 2020 but that is also capable of meeting the requirements associated with the implementation of Phase 2 of the Care Act by 2020.

We will take the chance and work with Agilisys to understand what additional opportunities there may be for providing citizens with online access to services and other similar facilities.

We will therefore start work with the Corporate Strategic Infrastructure division to define the ICT requirements for adult social care by September 2016. This system review will inform the development of clear pathways as part of work supporting the ‘adult social care vision’. This is regarded as a necessary major development to the client-based system which will operate in adult social care.

Our key Directorate risks

Risk Management in the Social Care Health and Wellbeing directorate



Proactive and effective risk management is vital to ensuring we can achieve the challenging priorities and targets set out in this business plan, and is driven by the county council's strategic business plan priorities as set out in KCC's Strategic Statement.

Our risk management process informs the business planning and performance management processes, budget and resource allocation, to ensure risk management supports the delivery of our organisational priorities and objectives. The essential factor is that risk management is a function we carry out as part of the 'business as usual" as illustrated above.

We maintain a **Directorate Risk Register** which is regularly monitored and revised to reflect action taken to mitigate the risk occurring or increasing. As risks de-escalate they are removed from the register and where necessary, new emerging risks are added.

The directorate takes a mature approach to risk, involving an appropriate balancing of risk and reward to ensure that threats to achievement of objectives are appropriately managed, while opportunities are enhanced or exploited to achieve the required transformational outcomes. The Annual Governance Statement (AGS) which is a review of how we have managed risks reflecting on action during the course of the year form part of the risk management process.

The Directorate continues to build on its business continuity preparedness arrangements working with the changes presented by national policy reforms and the local transformation programmes.

Key Topic	Key areas of risk
Financial Pressures	Public Sector financial pressures that impact on partner organisations and private sector providers
Demand for services	Managing the increasing demand for Social Care services.
Unaccompanied Asylum seeking children	Managing the impact of a significant increase in the number of Unaccompanied Asylum Seeker Children and the lack of a national dispersal scheme.
Safeguarding	Safeguarding – protecting vulnerable children and adults and meeting requirements of the PREVENT duty placed on Local Authorities, child sexual exploitation, implications of the Mental Capacity Act and Deprivation of Liberty Assessments
Transformation	Ensuring that benefits are delivered from the transformation of Children's and Adult's Social Care Services Maintaining performance and quality of services throughout the transformative period.
Social care market	Managing and working with the Social Care Market, achieving "Best Value" and the impact of the National Living Wage and to ensure greater stability of the workforce and the Market.
External inspection	Effective management and preparedness in order to minimise any adverse impact associated with OFSTED inspection of any our services.
Health and Social Care Integration	Health and social care integration, and the delivery of the joint KCC/Clinical Commissioning Group health and social care commissioning plan, 'Pioneer' programme and the Better Care Fund.
Evolving market	Ensuring the implementations of new models of health improvement, in an evolving market place and within resource constraints
Health inequalities	Potential failure in continuing to improve the health of Kent population, and reducing health inequalities
ICT Systems	Ensuring that ICT systems are "fit for purpose" and utilised to deliver services effectively and act as a key enabler of change
Business disruption	The management/governance and security of information and how the directorate operates in any business disruption

It is important to point out that several of the above risks are captured in the Corporate Risk Register due to their potential implications for the county council as a whole: the management of adult social care demand and the demand for specialist children's services, in particular those associated with Unaccompanied Asylum Seeker Children; the impact of the changes being introduced as part of the broader health and social care integration (transformation and sustainability plans); the nature of the stability of the social care market and the aligned workforce implications; as well as the potential risks relating to data protection breaches and the impact of a business disruption or emergency incident. Additional information regarding these risks and the mitigations we have put in place can be found in the Directorate and Corporate Risk Register.

Our key performance indicators and targets

We need to know that we are providing our services in the right way and to help us do this we have a number of key performance measures and milestones that reflect what we set out to achieve. These Key Performance Indicators (KPIs) support the delivery of our key priorities set out in this business plan.

We routinely use our monthly Performance Dashboard to track how well we are doing; identifying quickly any areas where we may need to improve or take corrective action. Our overall performance in delivering against our directorate priorities and how they contribute to the achievement of KCC's strategic outcomes will be measured by these indicators, which are published in our Quarterly Performance Report to Members. In addition, we will be able to use activity information from this business plan to inform the Strategic Statement annual report.

Our Quarterly Performance Report

Performance indicators provide valuable information and are defined very carefully to balance the need to be proportionate in collecting information, with the level of detail that is required in order to be operationally useful. Our key performance indicators will take account of changes to the data that government requires local authorities to submit as well as the level of change and transformation within the Council that is required to respond to current challenges.

Although a small set of performance indicators will be reported to Cabinet on a quarterly basis in our Quarterly Performance Report, each of our services within the five divisions monitor a bigger set of performance indicators to ensure that the services we manage are performing as well as possible. Services and divisions usually monitor these indicators, as set out in their business plans, in monthly meetings.

Below is a list that sets the targets and activity measures we will use to measure our performance in 2016-17. It provides a flavour of the areas we monitor to assess the contribution of our services. The targets centre on the objectives linked to our vision and to particular themes within our strategic framework, and are set out in the following tables.

Some of our targets at a glance

Key Performance Indicators				
Ref	**Indicator Description**	**2015-16 Actual**	**2016-17 Floor**	**2016-17 Target**
SCS01	Children in care placement stability: same placement for last 2 years		65%	70%
SCS02	Percentage of current CIC Foster Care Placements that are either KCC Foster Care or Relatives and Friends		75%	85%

SCS03	Average number of days between BLA and moving in with adoptive family (for children adopted)		650 days	426 days
SCS04	Percentage of case holding posts filled by KCC Permanent qualified social workers		75%	85%
SCS05	Percentage of children becoming child protection for a second or subsequent time		<10% >15	<15 >20
SCS06	Percentage of online case file audits completed that were graded good or outstanding		40%	60%
PH/AH 01	Number of the eligible population aged 40-74 years old receiving an NHS Health Check	38,400		tbc
PH/AH 02	Participation of Year R (4-5 year old) pupils in the National Child Measurement Programme	95%	85%	90%
PH/AH 03	Participation of Year 6 (10-11 year old)pupils in the National Child Measurement Programme	95%	85%	90%
PH/AH 004	Percentage of people quitting at 4 weeks, having set a quit date with smoking cessation services	53%	47%	52%
PH/AH 05	Positivity rate of Chlamydia detection per 100,000 young adults aged 15-24 years old	1,025	1,840	2,300
PH/AH 06	Percentage of clients accessing community sexual health services offered an appointment to be seen within 48 hours	100%	81%	90%
PH/AH 07	Number of new clients accessing the Health Trainer service being from the 2 most deprived quintiles	55%	56%	62%
PH/AH	Percentage of young people exiting specialist substance misuse services with a planned exit	94%	88%	98%
PH/AH 08	Successful completion of drug treatment – opiate users	9%	8%	9%
PH/AH 09	Number of mothers receiving an antenatal visit/contact with the Health Visiting Service*	tbc	63%	70%
PH/AH 10	Percentage of new birth visits conducted by the Health Visitor Service within 14 days of Birth*	tbc	81%	90%
ASC01	Percentage of contacts resolved at first point of contact (%)	tbc	tbc	tbc
ASC02	Number of clients receiving a Telecare service (snapshot)	tbc	tbc	tbc
ASC03	Number of new clients referred to an enablement service (quarterly)	tbc	tbc	tbc
ASC04	Number of admissions to permanent residential or nursing care for older people (rolling year)	tbc	tbc	tbc
ASC05	Number of promoting independence reviews completed (quarterly)	tbc	tbc	tbc
ASC06	Percentage of clients still independent after enablement	tbc	tbc	tbc

Activity Indicators – Thresholds represent range of the activity expected

Ref	Indicator Description	Threshold	Q1	Q2	Q3	Q4	2015-16 Expected
	tbc	tbc	tbc	tbc	tbc	tbc	tbc
	tbc	tbc	tbc	tbc	tbc	tbc	tbc
	tbc	tbc	tbc	tbc	tbc	tbc	tbc
	tbc	tbc	tbc	tbc	tbc	tbc	tbc
	tbc	tbc	tbc	tbc	tbc	tbc	tbc
	tbc	tbc	tbc	tbc	tbc	tbc	tbc
	tbc	tbc	tbc	tbc	tbc	tbc	tbc
	tbc	tbc	tbc	tbc	tbc	tbc	tbc

Current performance against our Key Performance Indicators can be viewed in the Quarterly Performance Report and Directorate Dashboard

Our Directorate organisational development priorities

KCC has a number of organisational development frameworks in place and these are designed to set out how we will deliver our statutory and mandatory training for staff in order to ensure that we deliver essential developmental programmes consistently across the Council. There are four frameworks which have been developed and reviewed with managers and staff – Health & Safety, Social Care, Leadership and Management and Staff Development.

A key focus for us this year is succession planning development actions. We will therefore take forward the appropriate development activity for key identified staff. This will be set out in individual development plans for 2016/17. This will be reflected in the directorate's organisational development priorities for future workforce development and it will be aligned to the vision for the future for all our services. Directors will undertake workforce planning activities within their divisions which will also shape the directorate's organisational development priorities going forwards.

The following priority areas have been agreed by the Directorate Organisational Development Group as key areas which we will take forward during this financial year:

1. **Development of workforce in relation to:**
   - Professional practice improvement and development
   - Implementation of national accreditation scheme for children's social workers
   - Scope and plan for potential accreditation scheme for adults social workers

2. **Development of Principal Social Worker role for Adults arising from:**
   - Future vision and reclaiming of social work
   - Linked to 1. above

3. **Workforce planning in relation to**
   - Senior level succession planning and talent management
   - Service level analysis currently being undertaken in OPPD and DCLDMH
   - Assessment and design activity being undertaken in Commissioning
   - Identifying gaps in critical roles and resourcing plans across the directorate
   - Wider workforce and integrated workforce

4. **Retention of staff**
   - Career progression pathways
   - Apprenticeships
   - OU and "growing our own qualified staff"
   - Step up to Social Work/Frontline – Childrens
   - Think Ahead – Mental Health
   - Connections with universities

5. **Social Work Health Check – Minimum Standards for Employers**
   - Complete and evaluate current activity in Childrens
   - Scope and plan for Adults

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 - 10 March 2016
Subject:	**RISK MANAGEMENT: SOCIAL CARE, HEALTH AND WELLBEING (ADULT SOCIAL CARE AND SPECIALIST CHILDREN'S SERVICES DIVISIONS)**
Classification:	Unrestricted
Past Pathway of Paper:	None
Future Pathway of Paper:	None
Electoral Division:	All

Summary: This report presents the strategic risks relating to the Adult Social Care (ASC) and Specialist Children's Services (SCS) Divisions of the Social Care Health and Wellbeing Directorate. The report includes the risks on the Corporate Risk Register for which the Corporate Director is the designated 'risk owner'. The paper also explains the management process for review of key risks.

A report on risk management arrangements relating to Public Health will be presented to this Committee for consideration at the May meeting.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** the Risk Management arrangements for Adult Social Care and Specialist Children's Services outlined in this report and to **COMMENT** on the risks presented.

1. Introduction

1.1 Directorate Business Plans are reported to Cabinet Committees as part of the Authority's business planning process. The plans include a high-level section relating to key directorate risks, which are set out in more detail in this paper.

1.2 Risk management is a key element of the council's Internal Control Framework and the requirement to maintain risk registers ensures that potential risks that may prevent the Authority from achieving its objectives are identified and controlled. The process of developing the registers is therefore important in underpinning business planning, performance management and service procedures. Risks outlined in risk registers are taken into account in the development of the Internal Audit programme for the year.

1.3 Directorate risk registers are reported to Cabinet Committees annually, and contain strategic or cross-cutting risks that potentially affect several functions across the Social Care, Health and Wellbeing Directorate, and often have

wider potential interdependencies with other services across the council and external parties.

1.4 Corporate Directors also lead or coordinate mitigating actions in conjunction with other Directors across the organisation to manage risks featuring on the Corporate Risk Register. The Corporate Director for the Social Care Health and Wellbeing Directorate is designated 'Risk Owner' for several corporate risks, which include the health and social care "red risks" along with the risks associated with the implementation of the Welfare Reform Act 2012.

1.5 A standard reporting format is used to facilitate the gathering of consistent risk information and a 5x5 matrix is used to rank the scale of risk in terms of likelihood of occurrence and impact. A Risk Matrix for the ASC and SCS divisions is attached in Appendix 1.

2. Risks relating to Adult Social Care and Specialist Children's Services within Social Care, Health and Wellbeing

2.1 It continues to be a time of significant risk for ASC and SCS. Specific concerns include the on-going financial pressures facing the Directorate; the fragility of the social care market (and the impact of the introduction of the Living Wage on the sector); the capacity to respond to the Unaccompanied Asylum Seeker Children arriving in Kent; and the need to manage capacity and demand particularly during the winter pressures where Health Trusts are under particular pressure which impacts on social care. At the same time the Directorate continues to transform services and to meet statutory duties such as safeguarding vulnerable adults and children.

2.2 The risks, relating to ASC and SCS, are reflected in the 16 risks currently on the Directorate's risk register (Appendix 2). The key "red" risks on the register are currently:

- Transformation of Adult Social Care Services
- Safeguarding – protecting vulnerable children
- Safeguarding – protecting vulnerable adults
- Austerity and pressures on public sector funding
- Health integration
- Increasing demand for social care services
- Managing the social care market
- Mental Capacity Act and Deprivation of Liberty Assessments
- Capacity to assess, support and accommodate the increased arrival rate of Unaccompanied Asylum Seeker children

2.3 These risks also feature on the Authority's Corporate Risk Register, due to the significance of the risks to the council as a whole.

2.4 The PREVENT initiatives to reduce the threat of terrorism, radicalisation and extremism were recently added to the Directorate Risk Register. Since the report to Members in March 2015, the following risks have been taken off the register:

- Health and Social Care Act 2012
- Preparation for legislative change and the Care Act 2014
- Organisational change
- Independent Living Fund

2.5 Inclusion of risks on the risk register does not necessarily mean there is a problem. On the contrary, it can give reassurance that they have been properly identified and are being managed proactively. The risk registers are regarded as 'living' documents to reflect the dynamic nature of risk management. The Directorate Management Team formally monitors and reviews the risk register on a quarterly basis, although individual risks can be identified and added to the register at any time.

3. Recommendation

3.1 Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** the Risk Management arrangements for Adult Social Care and Specialist Children's Services outlined in this report and to **COMMENT** on the risks presented.

4. Background Documents

4.1 KCC Risk Management Policy on KNet intranet site. http://knet/ourcouncil/Pages/MG2-managing-risk.aspx

5. Contact details

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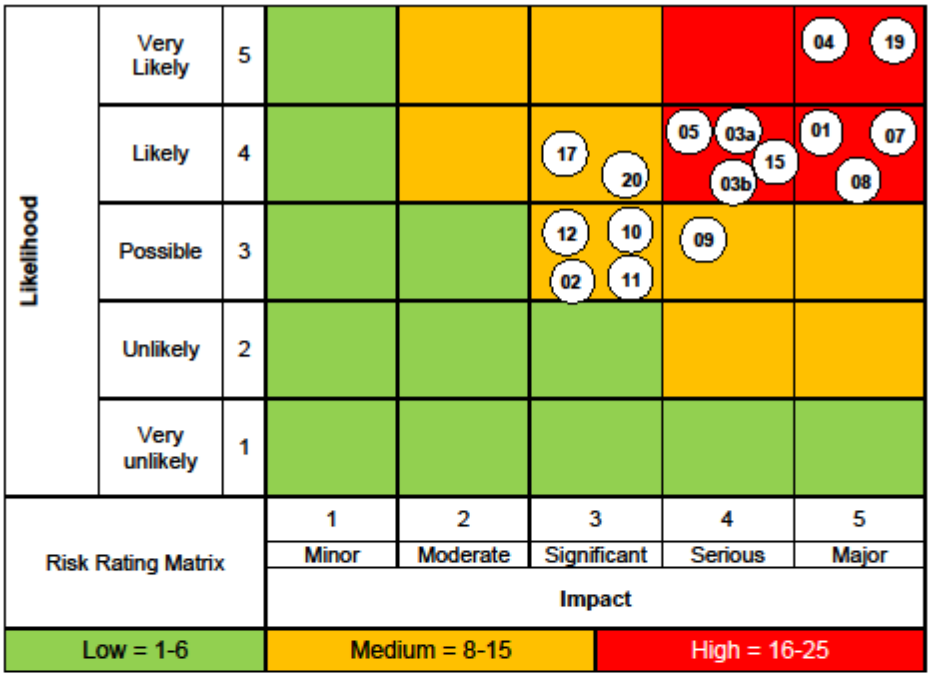
Appendix One

Social Care Health and Wellbeing Risk Register Risk Profile



Risk Number	Risk	Likelihood	Impact	Risk Score
01	Transformation of ASC Services	5	4	20
02	Transformation of Children's Services	3	3	9
03a	Safeguarding - protecting vulnerable children	4	4	16
03b	Safeguarding - protecting vulnerable adults	4	4	16
04	Austerity and pressures on public sector finance	5	5	25
05	Working with health, integration, pioneer and BCF	4	4	16
07	Increasing demand for social care services	5	4	20
08	Managing and working with the social care market	4	5	20
09	Information and Communication Technology	4	3	12
10	Information Governance	3	3	9
11	Business disruption	3	3	9
12	KCC and KMPT Partnership Agreement	3	3	9
15	MCA and Deprivation of Liberty assessments	4	4	16
17	OFSTED preparedness and service improvement	4	3	12
19	Capacity to assess, support and accommodate the increased arrival rate of unaccompanied asylum seeker children	5	5	25
20	Prevent duties	3	4	12

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APPENDIX 2

Social Care Health & Wellbeing Risk Register

FEBRUARY 2016

Risk ID	SCHW 01	Risk Title	Transformation of adult social care services		
Source / Cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
Transformation of adult social care services. The transformation programme is being implemented in adult social care. Adopting new ways of working and implementing a programme of significant change is not without risk.	A phased approach has been adopted to the Transformation Programme in OPPD and a Project Management approach to the 7 LD Transformation Projects. Savings need to be made through more efficient and effective ways of working. Carrying out the transformation is a demand on resources.	If the transformation programme does not meet targets this will lead to significant pressures on the service and on the directorate and local authority budgets. How the phases of the Transformation Programme are managed and implemented is crucial as it has a major impact on the service including productivity and performance.	Andrew Ireland, Corporate Director SCHWB/ Mark Lobban Director Commissioning SCHWB	Very Likely (5)	Serious (4)
				Target Residual Likelihood	**Target Residual Impact**
				Possible (3)	Significant (3)

Control Title	Control Owner
A Transformation Portfolio Board is established with agreed Governance arrangements. A Portfolio Management office is in place to ensure the right change initiatives are being delivered in the right way.	Andrew Ireland, Corporate Director SCHWB/Mark Lobban Director Commissioning SCHWB
Support of Efficiency partner with diagnostics, design and implementation of the Transformation agenda.	Andrew Ireland, Corporate Director SCHWB/Mark Lobban Director Commissioning SCHWB
There is a separate risk register and issues log at portfolio, programme and project levels.	Andrew Ireland, Corporate Director SCHWB/Mark Lobban Director Commissioning SCHWB
Oversight and monitoring by Transformation Advisory Group Programme Board, Budget board and Cabinet Committee.	Andrew Ireland, Corporate Director SCHWB/Mark Lobban Director Commissioning SCHWB

Transformation Programme in place with links and interdependencies with the KCC Transformation /Facing the Challenge Programme.	Andrew Ireland, Corporate Director SCHWB/Mark Lobban Director Commissioning SCHWB
6 monthly reporting to Cabinet Committee and monthly programme reporting to portfolio board and TAG.	Andrew Ireland, Corporate Director SCHWB/Mark Lobban Director Commissioning SCHWB
A sustainability programme is in place in OPPD to monitor the impact of change and transformation and ensure the performance management measures are achieving intended outcomes. A virtual Transformation Engagement Team continues to ensure staff are engaged and leading change and improvement at a local level	Anne Tidmarsh, Director OPPD
Monthly meeting to assess whether the programme benefit is achieving expectations	Andrew Ireland, Corporate Director SCHWB

Action Title	**Action Owner**	**Planned Completion Date**
Agreed on going work with an Efficiency Partner. This includes acute hospital optimisation, access to independence, your life your home, Kent Pathways Service, and Shared Lives	Mark Lobban, Director Commissioning SCHWB	1st April 2016
Manage the interdependencies and relationship between transformation and other Corporate and Directorate programmes.	Andrew Ireland, Corporate Director SCHWB	31st March 2016
Ensure effective two way communication re the Transformation Programme. Need to ensure staff that are informed and there is "ownership" of the message. A communication bulletin is produced and disseminated.	Mark Lobban Director Commissioning SCHWB	1st April 2016
Monitoring of Transformation phase one, OPPD projects e.g. Optimisation, Care Pathways, Commissioning. Roll out of "Sandbox" methodology. Handover to business as usual to ensure the continued realisation of the benefits of the changes made.	Anne Tidmarsh, Director Older People & Physical Disability	1st April 2016
Working with Newton Europe on the Phase 2. PMO set up. Priorities for all phase 2 activity being defined (regardless of whether KCC or Newton Europe).	Mark Lobban, Director Commissioning SCHWB	31st March 2016
The 7 Transformation Projects in LD services are being progressed through project management arrangements. The Your Life Your Home pilot completed.	Penny Southern, Director DCLDMH	31st March 2016

Risk ID	SCHW 02	Risk Title	Transformation of children's services			
Source / Cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
Transformation of children's services	SCS Transformation to make continuous improvements to services for vulnerable children and young people in Kent.	Failing to transform and continuously improve services could adversely impact on vulnerable children and young people. Failure to maximise the benefits of the work would also be detrimental to service delivery, budgets and key performance indicators.	Andrew Ireland, Corporate Director SCHWB/ Philip Segurola, Director Specialist Children's Services	Possible (3)	Significant (3)
				Target Residual Likelihood	**Target Residual Impact**
				Unlikely (2)	Significant (3)

Control Title	Control Owner
Robust performance management through audit activity, management information reports, deep dive meetings, 0-25 programme board and SCS DivMT	Andrew Ireland, Corporate Director SCHWB/Philip Segurola, Director Specialist Children's Services
Performance framework, operational framework and quality assurance framework in place.	Andrew Ireland, Corporate Director SCHWB/Philip Segurola, Director Specialist Children's Services
0 to 25 Unified Programme is part of the over-arching cross-directorate 0-25 Portfolio. The programme is led by the relevant Corporate Directors through the 0-25 Portfolio Board which reports to the Transformation Advisory Board (TAG) a member led body.	Andrew Ireland, Corporate Director SCHWB/Philip Segurola, Director Specialist Children's Services
Following the conclusion of the design phase, SCS and EHPS will continue to work with Newton Europe in delivering the implementation phase.	Philip Segurola, Director Specialist Children's Services

A Fostering Action Plan has been produced following an audit. The action are being developed, monitored and progressed. A report has been submitted to Governance & Audit Committee		Philip Segurola, Director Specialist Children's Services
There is a separate risk register for the programme, which is presented at each Portfolio Board meeting		Andrew Ireland, Corporate Director SCHWB/Philip Segurola, Director Specialist Children's Services
Action Title	**Action Owner**	**Planned Completion Date**
Progress will be monitored in part through a rolling programme of audits of services. Peer review audits of services including children in need, child protection and children in care. Progress will be tracked against previous audits and results presented to SCS DivMT with six monthly and yearly audit reports. KSCB to host multi agency audits	Philip Segurola, Director Specialist Children's Services	31st March 2016
Produce and disseminate a monthly programme update for staff. Develop a process to encourage two way communication.	Philip Segurola, Director Specialist Children's Services	31st March 2016
Regular reporting and cascading of learning through meetings with Director and monthly attendance at joint SCS and EHPS DivMT meetings.	Philip Segurola, Director Specialist Children's Services	31st March 2016
SCS and EHPS DivMT to attend Leaders workshops in preparation for Implementation Phase.	Philip Segurola, Director Specialist Children's Services	31st March 2016
Implementation will be rolled out sequentially, allowing intensive work to take place in each area and to ensure that each district can learn from the experiences of those that have been involved at earlier stages.	Philip Segurola, Director Specialist Children's Services	30th June 2016
Through Resource Group maintain the continued focus on recruitment to permanent Social Work and Management vacancies and the retention of experienced qualified social work staff.	Andrew Ireland, Corporate Director SCHWB	31st March 2016
Implementation of the signs of safety model of intervention concurrently with the roll out of the implementation phase to further improve consistency and quality of practice.	Philip Segurola, Director Specialist Children's Services	31st March 2016

Risk ID	SCHW 03a	Risk Title	Safeguarding - Protecting vulnerable children			
Source / Cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**	
Safeguarding - Protecting vulnerable children	The Council must fulfil its statutory obligations to effectively safeguard vulnerable children.	Its ability to fulfil this obligation could be affected by the adequacy of its controls, management and operational practices or if demand for its services exceeds its capacity and capability.	Andrew Ireland, Corporate Director SCHWB/ Mark Lobban Director Commissioning SCHWB	Likely (4)	Serious (4)	
				Target Residual Likelihood	**Target Residual Impact**	
				Possible (3)	Significant (3)	

Control Title	Control Owner
Safeguarding Boards in place for children's services, providing a strategic countywide overview across agencies.	Andrew Ireland, Corporate Director SCHWB/Philip Segurola, Director Specialist Children's Services
Multi-agency public protection arrangements in place.	Andrew Ireland, Corporate Director SCHWB/Mark Lobban, Director Commissioning SCHWB/ Philip Segurola, Director Specialist Children's Services
Quarterly reporting to Directors and Cabinet Members and Annual Report for Members	Andrew Ireland, Corporate Director SCHWB/ Philip Segurola, Director Specialist Children's Services
The unit has been restructured. This includes additional child protection and Independent Reviewing Officer Capacity	Philip Segurola, Director Specialist Children's Services
Consistent scrutiny and performance monitoring through Divisional Management Team, Deep Dives and	Andrew Ireland, Corporate Director SCHWB/Philip

audit activity.	Segurola, Director Specialist Children's Services
SCS and EHPS are to adopt the Signs of Safety model of intervention, a standardised child-focused model of risk analysis, risk management and safety planning.	Andrew Ireland, Corporate Director SCHWB/Philip Segurola, Director Specialist Children's Services
The SCS Development Action Plan has been updated to reflect the recommendations in the recent OFSTED Child Sexual Exploitation themed inspection. The plan is a joint plan with EHPS and children's commissioning.	Philip Segurola, Director Specialist Children's Services
Deep dives for constructive challenge by Senior Managers of front line services. This includes an extended deep dive process with visits to District Teams using an inspection type format.	Andrew Ireland, Corporate Director SCHWB/Philip Segurola, Director Specialist Children's Services

Action Title	**Action Owner**	**Planned Completion Date**
Ongoing provision of safeguarding training for the relevant staff.	Andrew Ireland, Corporate Director SCHWB	31st March 2016
Continue with recruitment programme to attract and retain high calibre social workers and managers	Andrew Ireland, Corporate Director SCHWB	30th September 2016
Support KSCB in delivering business plan.	Philip Segurola, Director Specialist Children's Services	31st March 2016
Progressing delivery against plans and oversight through SCS DivMT and joint SCS and EHPS DivMT meetings	Philip Segurola, Director Specialist Children's Services	31st March 2016
A revised deep dive process has been agreed and is in place. Deep Dives to take place in 2016.	Philip Segurola, Director Specialist Children's Services	30th June 2016
On-going Implementation of solutions to help manage the current unallocated cases.	Philip Segurola, Director Specialist Children's Services	31st March 2016

Risk ID	SCHW 03b	Risk Title	Safeguarding - Protecting vulnerable adults			
Source / Cause of risk		**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
Safeguarding - Protecting vulnerable adults		Potential risk for vulnerable people. A statutory responsibility to safeguard vulnerable adults.	Failure to achieve this could lead to vulnerable people being at risk.	Andrew Ireland, Corporate Director SCHWB/ Mark Lobban Director Commissioning SCHWB/ Penny Southern, Director DCLDMH/ Anne Tidmarsh, Director OPPD	Likely (4)	Serious (4)
					Target Residual Likelihood	**Target Residual Impact**
					Possible (3)	Significant (3)

Control Title	**Control Owner**
The Kent Adult Safeguarding Board (SAB) is in place with key agencies. Financial agreement between partner agencies. The SAB has been on a statutory footing following implementation of the Care Act in April 2015. There are 3 key working groups within the SAB: - Quality Assurance Working Group: This group has introduced a range of performance improvement tools including a dashboard of key indicators and a self-assessment framework - A Learning and Development Group; This group carries out structured work e.g. redrafting the multi-agency training package in response to the Care Act changes - Policy, Protocols and Guidance Group to review and revise policies	Andrew Ireland, Corporate Director SCHWB
Multi agency public protection arrangements in place.	Andrew Ireland, Corporate Director SCHWB

Quarterly reporting to Directors and Cabinet Members and an Annual Report to Members.	Mark Lobban Director Commissioning SCHWB/ Nick Sherlock, Head of Adult Safeguarding
Consistent scrutiny and performance monitoring through Divisional Management Teams, Deep Dives and Audit Activity. Also through the Quality Assurance Working Group and the Adult Safeguarding Quarterly Report.	Mark Lobban Director Commissioning SCHWB/Penny Southern, Director DCLDMH/Anne Tidmarsh, Director OPPD/ Nick Sherlock, Head of Adult Safeguarding
RiPfA work is ongoing, developing the capability framework for safeguarding and MCA work. Due to be launched in April 2016. The multi-agency Adult Safeguarding training package has been redrafted in response to Care Act changes.	Mark Lobban Director Commissioning SCHWB/ Nick Sherlock, Head of Adult Safeguarding
OPPD Improvement Plan in place.	Anne Tidmarsh, Director OPPD
In Kent a Transforming Care/Winterbourne Steering Group is in place. This has been to learn the lessons from Winterbourne and to take forward the Transforming Care Programme in Kent.	Penny Southern, Director DCLDMH

Action Title	**Action Owner**	**Planned Completion Date**
Ongoing provision of safeguarding training for the relevant staff.	Nick Sherlock, Head of Adult Safeguarding	31st March 2016
Ongoing programme of safeguarding audits and feedback sessions from the audits	Nick Sherlock, Head of Adult Safeguarding	31st March 2016
Preparation for the introduction of the Capability Framework for safeguarding and multi-agency training courses revised to reflect the Care Act changes	Nick Sherlock, Head of Adult Safeguarding	31st March 2016
Corporate Audit of adult safeguarding practices expected in 2015/16	Nick Sherlock, Head of Adult Safeguarding	1st April 2016
Making Safeguarding Personal project work to develop service user involvement in safeguarding – link to ADASS national project. Initial project completed and being rolled out.	Nick Sherlock, Head of Adult Safeguarding.	31st March 2016

Risk ID	SCHW 04	Risk Title	Austerity and pressures on public sector funding			
Source / Cause of risk		**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
Austerity and pressures on public sector funding impacting on capital and revenue budgets. Public sector finance pressures and the need to achieve significant efficiencies for foreseeable future.		KCC has to find £83 million of savings in 2015/16. Expected that there will be further reductions in local government spending in future years. Partner organisations and private sector providers also experiencing funding challenges potentially putting joint working at risk. Financial pressures in the health sector having repercussions for social care. Increased stress on some families due to financial pressures. Insufficient central government funding to support UASC care leavers.	Major funding pressures impact on the delivery of social care services. The capital strategy putting specific projects at risk. Business viability of independent providers could be impacted with some providers going out of business.	Michelle Goldsmith, Finance Business Partner/ Andrew Ireland, Corporate Director SCHWB	Very Likely (5)	Major (5)
					Target Residual Likelihood	**Target Residual Impact**
					Likely (4)	Serious (4)

Control Title	Control Owner
Robust financial and activity monitoring regularly reported to DMT and budget reporting within the DivMTs	Andrew Ireland, Corporate Director SCHWB/ Michelle Goldsmith, Finance Business Partner
Robust debt monitoring	Andrew Ireland, Corporate Director SCHWB/ Michelle Goldsmith, Finance Business Partner
Transformation programme to ensure efficiencies and the best use of available resources.	Andrew Ireland, Corporate

	Director SCHWB/ Mark Lobban, Director Commissioning SCHWB/ Penny Southern, Director DCLDMH / Anne Tidmarsh, Director OPPD/ Michelle Goldsmith, Finance Business Partner
More efficient use of assistive technology	Andrew Ireland, Corporate Director SCHWB/ Mark Lobban, Director Commissioning SCHWB/ Penny Southern, Director DCLDMH / Anne Tidmarsh, Director OPPD/ Michelle Goldsmith, Finance Business Partner
The 0 to 25 Partnership Board is overseeing the joint Transformation projects of SCS, Early Help and Preventative Services and Children's Commissioning - working closely with Newton-Europe. The programme feeds into the overarching 0 to 25 Change Portfolio.	Philip Segurola, Director Specialist Children's Services
Business Plans in place for 2015/16. Draft Business Plans being developed for 2016/17.	Andrew Ireland, Corporate Director SCHWB
Dialogue with the Home Office re the increasing numbers of unaccompanied minors and the costs of supporting UASC care leavers	Philip Segurola, Director Specialist Children's Services

Action Title	**Action Owner**	**Planned Completion Date**
Continued drive to deliver efficient and effective services through transformation and modernisation agenda. Consultation on 4 KCC residential care homes.	Andrew Ireland, Corporate Director SCHWB	31st March 2016
Continue to work innovatively with partners, including health services, to identify any efficiencies.	Andrew Ireland, Corporate Director SCHWB	31st March 2016
Building community capacity. In LD services the GDP programme moving from segregated facilities to inclusive settings with partners.	Andrew Ireland, Corporate Director SCHWB	1st April 2016

Focus on prevention, enablement and independence for vulnerable adults.	Andrew Ireland, Corporate Director SCHWB	1st April 2016
Development of appropriate incentives within the commissioning framework	Mark Lobban Director Commissioning SCHWB	1st April 2016
Continue to review and ensure value for money from residential and IFA placements.	Mark Lobban Director Commissioning SCHWB	1st April 2016
SCS to continue to manage budget reductions including care cost reduction and placement reconfiguration. Improve business processes. Management Actions in place, close monitoring of spend, engaging finance staff in monthly DivMT slot, savings targets part of 0-25 programme. Also a substantive item on the joint DivMT meetings between SCS and EHPS	Philip Segurola, Director Specialist Children's Services	31st March 2016
OPPD developing and implementing management actions to address the financial pressures facing the Division.	Anne Tidmarsh, Director Older People & Physical Disability	31st March 2016
Shaping the social care market through tendering for home care and for residential and nursing home care	Mark Lobban Director Commissioning SCHWB	1st April 2016

Risk ID SCHW 05	Risk Title	Working with Health, Integration, Pioneer and BCF			
Source / Cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
Working with health, integration of health and social care services	There is a need to develop integrated health and social care services. There is a risk if services do not become fully integrated. Local Authorities are required to have a plan in place by 2017 and be ready for integration by 2020. There are risks associated with joint working including ensuring commitments to Section 75 agreements. Also pressures within the health sector having repercussions for social care. Pressures on NHS Trusts particularly at winter having repercussions for social care.	Increased health and social care integration will impact on ways of working and the delivery of services. If services are not integrated there is a risk of gaps between services or in some instances duplication of services or inefficient use of the available joint resources. If health services are not meeting needs there can be increased pressures on social care services and budgets.	Andrew Ireland, Corporate Director SCHWB/ Mark Lobban, Director Commissioning SCHWB/ Penny Southern, Director DCLDMH/ Anne Tidmarsh, Director Older People & Physical Disability/ Philip Segurola, Director Specialist Children's Services	Likely (4)	Serious (4)
				Target Residual Likelihood	**Target Residual Impact**
				Possible (3)	Significant (3)

Control Title	Control Owner
Reporting and inputting to Transformation Board regarding integration but also to Health and Wellbeing Boards, Locality Boards, Clinical Commissioning Groups and Vanguard Groups.	Anne Tidmarsh, Director Older People & Physical Disability
Programme management arrangements in place for integration with a Programme Plan and local action plans based on the Programme Plan. Co-ordination by a programme manager.	Anne Tidmarsh, Director Older People & Physical Disability

Kent is one of the 25 Integrated Care and Support Pioneers. This is giving renewed impetus to the integration programme in Kent. An Integration Pioneer Steering Group is in place with over 25 stakeholder members.	Anne Tidmarsh, Director Older People & Physical Disability
The Better Care Fund will help the integration programme and the development of joined up working and commissioning. High level county wide BCF finance and performance meetings take place to monitor implementation, performance and delivery including issues and risks.	Anne Tidmarsh, Director Older People & Physical Disability
Close working at a leadership level seeking to develop a shared transformation plan. Health and Well Being Board in place. Meetings with CCG Accountable Officers.	Andrew Ireland, Corporate Director SCHWB/ Mark Lobban, Director Commissioning SCHWB/ Penny Southern, Director DCLDMH/ Anne Tidmarsh, Director Older People & Physical Disability/ Philip Segurola, Director Specialist Children's Services
JSNA to support health and social care commissioning.	Andrew Ireland, Corporate Director SCHWB
Joint working with health on Section 75 agreements including the Section 75 agreement for the provision of the Community Equipment Service	Mark Lobban, Director Commissioning SCHWB/ Penny Southern, Director DCLDMH/ Anne Tidmarsh, Director Older People & Physical Disability

Action Title	**Action Owner**	**Planned Completion Date**
Developing integrated performance measures and monitoring	Anne Tidmarsh, Director OPPD	1st April 2016
Work closely with the CCGs to focus on long term conditions to improve people's ability to self-care.	Anne Tidmarsh, Director OPPD	1st April 2016
Kent has Pioneer Status for Health and Social Care Integration. This broadens the integration programme to include commissioning and provision. Further work to be done to develop and take forward the integration programme and wider Pioneer work.	Anne Tidmarsh, Director OPPD	1st April 2016

The Better Care Fund plan has been produced and agreed by the Health and Wellbeing Board. Further updates to be provided to the Health and Wellbeing Board.	Anne Tidmarsh, Director OPPD, Programme Manager	31st March 2016
Local BCF delivery groups working on local action plans.	Anne Tidmarsh, Director OPPD	31st March 2016
To ensure alignment of the commissioning plans for social care and CCGs	Andrew Ireland, Corporate Director SCHWB	31st March 2016
Information management and technology strategy being developed within the CCG area Digital Roadmaps to support a shared integration plan.	Anne Tidmarsh, Director OPPD	31st March 2016
Ensure adherence to the CHC Framework and monitor joint working arrangements to prevent cost shunting.	Mark Lobban, Director Commissioning SCHWB/ Penny Southern, Director DCLDMH/ Anne Tidmarsh, Director OPPD/ Philip Segurola, Director Specialist Children's Services	31st March 2016
To continue to monitor the Section 75 agreements	Mark Lobban, Director Commissioning SCHWB/ Penny Southern, Director DCLDMH/ Anne Tidmarsh, Director OPPD	31st March 2016

Risk ID	SCHW 07	Risk Title	Increasing demand for social care services			
Source / Cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
Risk that demand will outstrip available resources.	Fulfilling statutory obligations and duties becomes increasingly difficult against rising expectations and increased demand for services. Increased demand due to: - demographic changes in population i.e. more people living longer, more people with dementia and an increase in clients with complex needs and migration of population (see separate risk for Unaccompanied Asylum Seeker Children).	Austerity potentially leads to more stress, family breakdown and need for support from specialist children's services. More reliance on informal carers leads to strain on families and individuals. More pressure on services to respond to increased demand, a risk of service failure if there is insufficient capacity to respond.	Andrew Ireland, Corporate Director SCHWB/ Mark Lobban Director Commissioning SCHWB/ Penny Southern, Director DCLDMH/ Anne Tidmarsh, Director OPPD	Very Likely (5)	Serious (4)
				Target Residual Likelihood	**Target Residual Impact**
				Likely (4)	Serious (4)

Control Title	Control Owner
Robust monitoring, reporting and analysis to DMT and Business Planning	Andrew Ireland, Corporate Director SCHWB/Mark Lobban, Director Commissioning SCHWB/ Penny Southern, Director DCLDMH/ Anne Tidmarsh, Director OPPD
Working towards joint planning and commissioning with partners	Andrew Ireland, Corporate Director SCHWB/Mark Lobban, Director Commissioning SCHWB/ Penny Southern, Director DCLDMH/ Anne Tidmarsh, Director OPPD

Early intervention and Preventative services aimed at reducing demand-enablement, fast track minor equipment, short term care with step down and step up support	Andrew Ireland, Corporate Director SCHWB/Mark Lobban, Director Commissioning SCHWB/ Penny Southern, Director DCLDMH/ Anne Tidmarsh, Director OPPD
Developing community capacity particularly in relation to prevention and early help.	Mark Lobban, Director Commissioning SCHWB
Tendering taking place for Residential and Nursing Care to shape/manage the market.	Andrew Ireland, Corporate Director SCHWB/Mark Lobban, Director Commissioning SCHWB
As part of the 0 to 25 programme, streamlining back office processes and systems. Freeing up social worker time for more direct work. Focus on quality and effectiveness of intervention and ensuring an appropriate and timely throughput of cases	Philip Segurola, Director Specialist Children's Services
Continued monitoring of Ordinary Residence regarding the disproportionate number of people in need across the age ranges (children and adults) being placed by other local authorities into Kent.	Andrew Ireland, Corporate Director SCHWB/ Philip Segurola, Director Specialist Children's Services/ Penny Southern, Director DCLDMH
Adults Transformation Programme in progress. Phase One implemented including: Care Pathways, Commissioning and Procurement and Optimisation. Phase 2 and LD projects now in progress.	Andrew Ireland, Corporate Director SCHWB/Mark Lobban, Director Commissioning SCHWB/ Penny Southern, Director DCLDMH/ Anne Tidmarsh, Director OPPD

Action Title	**Action Owner**	**Planned Completion Date**
Review of care ensuring good outcomes linked to effective arrangements for support. Monitoring of trusted assessor arrangements e.g. carers assessments.	Andrew Ireland, Corporate Director SCHWB	31st March 2016
Continued use and development of Assistive Technology (Telecare). Extend scope of Telecare.	Andrew Ireland, Corporate Director SCHWB	1st April 2016

Continued working to ensure children in care are supported with a permanency plan. Early help for families. Promoting adoption and permanency where it is right for the child.	Philip Segurola, Director Specialist Children's Services	31st March 2016
Continue to invest in preventative services through voluntary sector partners.	Andrew Ireland, Corporate Director SCHWB	31st March 2016
Adult social care Transformation Programme - tracking and monitoring the impact of delivery -on going.	Andrew Ireland, Corporate Director SCHWB	1st April 2016
Checking cases to ensure that where SCHW is approached to take cases on then the individual case does "qualify" under the Ordinary Residence guidance - on going.	Andrew Ireland, Corporate Director SCHWB	1st April 2016
Continued modernisation of Older People Services and of Learning Disability Day Services through the Good Day Programme.	Andrew Ireland, Corporate Director SCHWB	1st April 2016
Monitor demand for services including new referrals and people requiring services for longer -often with complex needs.	Penny Southern, Director DCLDMH	31st March 2016
SCS working with Strategic Commissioning and EHPS to negotiate improved contracts with providers.	Philip Segurola, Acting Director Specialist Children's Services	31st March 2016
To further improve the adoption journey for children and adopters in Kent and achieve earlier permanence and improved outcomes for children in the care system	Philip Segurola, Acting Director Specialist Children's Services	31st March 2016

Risk ID	SCHWB 08	Risk Title	Managing and working within the Social Care Market.			
Source / Cause of risk		**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
Managing and working within the Social Care Market.		SCHW adult services commissions about 90% of services from outside the Directorate. Many of them from the Private and Voluntary sector. Although this offers efficiencies and value for money it does mean the Directorate needs the market to be buoyant to achieve best value and to give service users real choice and control. A risk is the care home and domiciliary care markets not being sustainable. Becoming increasingly difficult to obtain provider supply at affordable prices. The introduction of the Living Wage could severely impact on the care market and could result in home closures/service failures. Also, there is a need to develop and promote the Children's social care market to ensure the sufficient supply to meet the needs of children in need and children in care.	Some parts of the social care market are facing severe financial pressures; this could be compounded by a significant increase in the minimum wage. If some providers fail then there could be gaps in the care market for certain types of care or in geographical areas. This would make it difficult to place some service users. Financial pressures could result in difficulties purchasing care at affordable prices. A risk that providers will choose not to tender for services at Local Authority funding levels.	Andrew Ireland, Corporate Director SCHWB/ Mark Lobban Director Commissioning SCHWB	Likely (4) **Target Residual Likelihood** Possible (3)	Major (5) **Target Residual Impact** Significant (3)

Control Title	Control Owner
Strategic Commissioning and Access to Resources function in place to ensure KCC gets value for money - whilst maintaining productive relationships with providers.	Andrew Ireland, Corporate Director SCHWB/Mark Lobban, Director Commissioning SCHWB
Regular market mapping and price increase pressure tracking	Andrew Ireland, Corporate Director SCHWB/Mark Lobban, Director Commissioning SCHWB
Procurement and contract controls	Andrew Ireland, Corporate Director SCHWB/Mark Lobban, Director Commissioning SCHWB
Commissioning framework for children's services	Andrew Ireland, Corporate Director SCHWB/Mark Lobban, Director Commissioning SCHWB
Regular meetings with provider and trade organisations	Andrew Ireland, Corporate Director SCHWB/Mark Lobban, Director Commissioning SCHWB
A risk based approach to monitoring providers	Andrew Ireland, Corporate Director SCHWB/Mark Lobban, Director Commissioning SCHWB
Reviewing relationships with voluntary organisations	Andrew Ireland, Corporate Director SCHWB/ Mark Lobban, Director Commissioning SCHWB
Develop commissioning plans for specific service areas to determine if a tendering process is required and then implement.	Mark Lobban, Director Commissioning SCHWB
Every provider has signed the National Fostering Framework agreement and KCC's service specification.	Mark Lobban, Director Commissioning SCHWB
Preparations taking place for the next residential/nursing home relet	Mark Lobban, Director Commissioning SCHWB
Opportunities for joint commissioning in partnership with key agencies (health) being explored	Andrew Ireland, Corporate Director SCHWB/ Mark Lobban, Director Commissioning SCHWB
On-going monitoring of Home Care and market coverage following Home Care retender	Mark Lobban, Director Commissioning SCHWB

An Accommodation Strategy is in place developed with partners and key stakeholders		Mark Lobban, Director Commissioning SCHWB
Action Title	**Action Owner**	**Planned Completion Date**
Ensuring market is able to offer choice in the new market conditions opened up by personalisation	Mark Lobban, Director Commissioning SCHWB	31st March 2016
Project to improve quality of care in independent sector. Framework to be produced.	Mark Lobban, Director Commissioning SCHWB	31st March 2016
Need to ensure there is sufficient local foster and residential care for disabled children to reduce the need for out of county placements.	Mark Lobban, Director Commissioning SCHWB	31st March 2016
Preparation taking place in Strategic Commissioning and Procurement to tender for residential and nursing home care.	Mark Lobban, Director Commissioning SCHWB	1st April 2016

Risk ID	SCHW 09	Risk Title	Information and Communication Technology			
Source / Cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**	
Need to ensure that information and communication systems are fit for purpose and support business requirements.	There is a risk that failure of critical systems or network failure will impact significantly on the delivery of services. There are risks if systems are slow or if there is down time. An example is a problem with systems could impact on client billing. A second risk is that systems are not updated so that they become obsolete and are no longer fit for purpose, or the system provider decides not to retain a commitment to the product. A third risk is if systems do not have disaster recovery systems in place.	Information Systems need to be fit for purpose to assist service delivery and performance management - if systems are not fit for purpose this could have a significant impact on the service. If there is a lot of down time or if systems are slow it can impede staff from accessing key information about service users and carers.	Andrew Ireland, Corporate Director SCHWB/ Philip Segurola, Director Specialist Children's Services/ Mark Lobban, Director Commissioning SCHWB	Likely (4)	Significant (3)	
				Target Residual Likelihood	**Target Residual Impact**	
				Possible (3)	Moderate (2)	

Control Title	Control Owner
Upgrade to version 29.1 of SWIFT/AIS has taken place	Mark Lobban, Director Commissioning SCHWB
A new Controcc System implemented (Foster Payment System). Phase 1 is live, phase 2 is planned.	Philip Segurola, Director Specialist Children's Services
Children's System Programme Board oversees ICT related projects for SCS and EHPS such as updates and improvements to the ICS system (Liberi), the procurement and integration of Controcc and a EH module on Liberi.	Philip Segurola, Director Specialist Children's Services
SCS Progression of new technology options to improve remote access and flexible recording	Philip Segurola, Director Specialist Children's Services

Reconfiguration of roles and responsibilities undertaken to clarify accountabilities including the role of system owner		Mark Lobban, Director Commissioning SCHWB
Work on going with SWIFT/AIS software provider. Meetings with account holder and on -going dialogue. Northgate recently taken over by a private equity company - Cinven. Monitoring to see if there are any implications in terms of their commitment to the social care market.		Mark Lobban, Director Commissioning SCHWB
Action Title	**Action Owner**	**Planned Completion Date**
Any issues and risks regarding the new Liberi system are to be dealt with in the Programme board/separate risk register	Philip Segurola, Director Specialist Children's Services	31st March 2016
The contract with the current provider is time limited and decisions will need to be taken regarding future arrangements.	Mark Lobban, Director Commissioning SCHWB	31st March 2016
DMT will need to consider the strategic use of ICT and related investment needs within adult social care to incorporate the requirements of Facing the Challenge, adult social care transformation and the Care Act. Revamp of ASSG planning and monitoring systems and re-investment of dedicated resource.	Mark Lobban, Director Commissioning SCHWB	31st March 2016
Implementation of tablet option with remote access as part of TRP refresh programme. Exploring options for remote access for those using existing technology.	Philip Segurola, Director Specialist Children's Services	31st March 2016
Following out sourcing of Digital Services to Agilisys, need to ensure there is no disconnect between back office systems (managed by ICT) and the customer facing website (managed by Agilisys).	Linda Harris, Infrastructure Business Partner	31st March 2016
A disaster recovery environment in place - need to test DR once a year and after every upgrade. DR is needed and in place for Liberi and CONTROCC.	Linda Harris, Infrastructure Business Partner	31st March 2016
CCGs working towards local health and care economies being paper free by 2020. Expected that Local Authorities will participate. Paper submitted to DMT regarding position in Kent.	Linda Harris, Infrastructure Business Partner	31st March 2016

Risk ID	SCHW 10	Risk Title	Information Governance			
Source / Cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**	
With New Ways of Working, flexible working and increased information sharing across agencies there are increased risks in relation to data protection. With office moves taking place files may need to be moved and there could be insufficient storage in the accommodation provided. There are also risks that in shared office spaces some SCHW staff may be working/hotdesking alongside staff not in the Directorate	The success of health and social care integration is dependent upon organisations being able to share information across agencies boundaries. Such working means that client information may be shared with other organisations which may have an implication on information sharing protocols. Also flexible working could lead to increased risk of loss of data or equipment. Delegated functions to other organisations raises issues about information sharing and what controls, systems and I.G assurance mechanisms the other organisations have in place.	This could lead to breaches of the Data Protection Act if protocols and procedures are not followed.	Andrew Ireland, Corporate Director SCHWB	Possible (3)	Significant (3)	
				Target Residual Likelihood	**Target Residual Impact**	
				Possible (3)	Moderate (2)	
Control Title					**Control Owner**	
Information sharing agreements and protocols for some specific projects are in place. IG is considered during the PMO process. Where information sharing with non-government organisations then Egress can be used to lead to greater security.					Andrew Ireland, Corporate Director SCHWB/Mark Lobban, Director Commissioning SCHWB/ Penny Southern, Director DCLDMH/ Anne Tidmarsh, Director OPPD/Philip Segurola, Director Specialist Children's Services	

Organisational policies on IT security and the principles of Data Protection in place.	Andrew Ireland, Corporate Director SCHWB/Mark Lobban, Director Commissioning SCHWB/ Penny Southern, Director DCLDMH/ Anne Tidmarsh, Director OPPD/Philip Segurola, Director Specialist Children's Services
E Learning training for staff to raise awareness. All staff to complete the e-learning training on Information Governance and Data Protection.	Andrew Ireland, Corporate Director SCHWB/Mark Lobban, Director Commissioning SCHWB/ Penny Southern, Director DCLDMH/ Anne Tidmarsh, Director OPPD/Philip Segurola, Director Specialist Children's Services
Clause in employment contracts requiring compliance with data protection requirements.	Andrew Ireland, Corporate Director SCHWB/Mark Lobban, Director Commissioning SCHWB/ Penny Southern, Director DCLDMH/ Anne Tidmarsh, Director OPPD/Philip Segurola, Director Specialist Children's Services
Policy impact Assessment for the information governance aspects of projects such as the residential re-let.	Andrew Ireland, Corporate Director SCHWB
In shared offices there are designated areas for SCHW staff to ensure phone calls are not overheard.	Mark Lobban, Director Commissioning SCHWB/ Penny Southern, Director DCLDMH/ Anne Tidmarsh, Director OPPD/Philip Segurola, Director Specialist Children's Services

Action Title	Action Owner	Planned Completion Date
All projects need to have information protocols and agreements where information is to be shared across agencies.	Andrew Ireland, Corporate Director SCHWB	31st March 2016
Need to continue to raise awareness across staff groups. All staff to undertake E-learning in information governance	Andrew Ireland, Corporate Director SCHWB	31st March 2016
Standard operating procedures being produced with organisations that are to be data processors with access to adult social care client database information.	Anne Tidmarsh, Director Older People & Physical Disability	31st March 2016
On-going work with health partners regarding information sharing through the Pioneer Programme.	Anne Tidmarsh, Director Older People & Physical Disability	1st April 2016
Information Governance reports to DMT with updates.	David Oxlade, Head of Operational Support	1st April 2016
In SCS regular communication with staff to remind them of data protection requirements and the need to use secure e-mails etc. Learning to be shared from Data Protection breaches	Philip Segurola, Director Specialist Children's Services	31st March 2016
Ensure lessons are learned from the Information Commissioner's findings and are cascaded and inform training.	Philip Segurola, Director Specialist Children's Services	31st March 2016

Risk ID	SCHW 11	Risk Title	Business disruption			
Source / Cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
Possible disruption to services	Impact of emergency or major business disruption on the ability of the Directorate to provide essential services to meet its statutory obligations.	Such an event would impact on the customers of our services and possibility the reputation of the service would suffer	Andrew Ireland, Corporate Director SCHWB/ Penny Southern, Director DCLDMH	Possible (3)	Significant (3)
				Target Residual Likelihood	**Target Residual Impact**
				Possible (3)	Significant (3)

Control Title	Control Owner
Business Continuity Systems and Procedures are in place	Andrew Ireland, Corporate Director SCHWB/ Penny Southern, Director DCLDMH
Business continuity planning forms part of the contracting arrangements with private and voluntary sector providers	Andrew Ireland, Corporate Director SCHWB/ Penny Southern, Director DCLDMH
Good partnership working at all levels for emergency planning.	Andrew Ireland, Corporate Director SCHWB/ Penny Southern, Director DCLDMH
Business Impact Analysis and Risk Assessment are reviewed at least every 12 months or when substantive changes in processes and priorities are identified.	Andrew Ireland, Corporate Director SCHWB/ Penny Southern, Director DCLDMH
Crisis/emergency planning training available for staff.	Andrew Ireland, Corporate Director SCHWB/ Penny Southern, Director DCLDMH
Business Continuity plans reviewed annually or in light of significant changes or events.	Andrew Ireland, Corporate Director SCHWB/ Penny Southern, Director DCLDMH

Action Title	Action Owner	Planned Completion Date
Business Continuity Risk Assessment identifies actions at divisional level	Andrew Ireland, Corporate Director SCHWB	31st March 2016
Regular review and update of continuity plans	Andrew Ireland, Corporate Director SCHWB	31st March 2016
Business Management Team to work with strategic commissioning and corporate procurement to ensure contracted services have business continuity arrangements in place.	David Oxlade, Head of Operational Support	31st March 2016
Establish Directorate Capacity Management Group. Develop a single capacity planning process for whole system resilience in quality of care, safeguarding and emergencies in care provision.	David Oxlade, Head of Operational Support	31st March 2016
Develop and deliver a specialist programme in Emergency Response for Social Care and Public Health Staff: (1) operational resilience in social care; (2) Emergency response in the community; (3) surge capacity management	David Oxlade, Head of Operational Support	31st March 2016

Risk ID	SCHW 12	Risk Title	KCC KMPT partnership agreement			
Source / Cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**	
Partnership agreement with KMPT to deliver mental health services.	Risk that a failure to meet mental health statutory requirements would have legal, financial and reputational risks for the Local Authority and would impact on service quality for service users.	Legal, financial and reputational risks for the Local authority and impact on service users.	Penny Southern, Director DCLDMH	Possible (3)	Significant (3)	
				Target Residual Likelihood	**Target Residual Impact**	
				Possible (3)	Moderate (2)	

Control Title	Control Owner
Improved governance and performance monitoring arrangements in place.	Penny Southern, Director DCLDMH
Div MT oversight of the joint operating framework and improved data quality to monitor services.	Cheryl Fenton, Head of Mental Health Social Work
CQC highlighted a concern with high caseloads in KMPT. This will impact on KCC seconded staff. A system has been introduced to monitor caseloads on a weekly basis through a RAG rating tool. This it to be monitored at DivMT.	Cheryl Fenton, Head of Mental Health Social Work
Increased monitoring of the number of residential care placements through coordination of the Complex Needs Panel, the review of placements, and the transfer of a significant number of residential clients to the KCC Primary Care Mental Health Service.	Cheryl Fenton, Head of Mental Health Social Work
Introduction of a new model to deliver safeguarding duties under Section 42 Care Act 2014 with KCC providing designated senior officer role and oversight of all stages of enquiries	Cheryl Fenton, Head of Mental Health Social Work
KMPT required to implement social work job plans, caseload management tool and focused roles and responsibilities for mental health social workers (based on the College of Social Work recommendations). To seek assurance at Div MT.	Cheryl Fenton, Head of Mental Health Social Work

Action Title	Action Owner	Planned Completion Date
Improve the supervision, support and Continuous Professional Development for social care staff. Arrangements for professional supervision in place. Supervision audits on-going. Targeted recruitment and succession strategy has been implemented.	Cheryl Fenton, Head of Mental Health Social Work	31st March 2016
Partnership/Operating Agreement between KCC and KMPT monitored through DivMT on an on-going basis. Annual report to Members regarding the Agreement.	Penny Southern, Director DCLDMH	31st March 2016
Continue to promote the personalisation agenda with social care clients in mental health services. Implementation of recent Social Work Assistant review with clear remit to support the personalisation agenda. Transfer of KERS service to new Primary Care Mental Health Service to ensure early intervention and prevention via enablement	Cheryl Fenton, Head of Mental Health Social Work	31st March 2016
Monitor KPIs -focus on red indicators and exception reports. Address IT issues - action plan to do this	Cheryl Fenton, Head of Mental Health Social Work	1st April 2016
Establishment of a Primary Care and Well Being Service to deliver social care. Will be in place by April 2016 as part of a wider multi agency approach to community mental health service. This will include a primary care social work service.	Penny Southern, Director DCLDMH	31st March 2016
Audit of implementation of Care Act planned to inform ongoing action required by KMPT.	Cheryl Fenton, Head of Mental Health Social Work	31st March 2016

Risk ID	SCHW 15	Risk Title	MCA and Deprivation of Liberty Assessments		
Source / Cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
A judgement by the Supreme Court has implications for the number of Deprivation of Liberty Assessments that are required.	The number of Deprivation of Liberty assessments has significantly increased. This could lead to DOLs applications and Best Interests Assessments not being done within the statutory framework.	This could result in some people living in circumstances where they are deprived of their liberty based on the new legal interpretation but without a DoLs assessment. This could be detrimental to the individual and could result in a challenge based on the Supreme Court judgement.	Mark Lobban, Director Commissioning SCHWB	Likely (4)	Serious (4)
				Target Residual Likelihood	**Target Residual Impact**
				Likely (4)	Moderate (2)

Control Title	Control Owner
DMT briefed on the judgement and its implications.	Nick Sherlock, Head of Adult Safeguarding
Briefing issued by Corporate Director.	Nick Sherlock, Head of Adult Safeguarding
Support is provided to staff through the DoLs/MCA team	Nick Sherlock, Head of Adult Safeguarding
Specialist DoL training is available to staff	Nick Sherlock, Head of Adult Safeguarding
Additional resources identified and deployed to increase staff capacity (including for advocacy and section 12 doctors)	Nick Sherlock, Head of Adult Safeguarding

Action Title	Action Owner	Planned Completion Date
Staff who have completed the BIA training are being put onto the BIA rota. Two BIA training courses per year are being delivered through Canterbury	Mark Lobban, Director	31st March 2016

Christchurch University. Range of initiatives to increase the DoLs capacity i.e. New Section 12 Contract to focus on the backlog; Commissioning of 750 BIA Assessments from Connect 2 Kent	Commissioning SCHWB	
As this risk is the result of a national judgment - most Local Authorities are facing similar challenges. To keep abreast of any national (DH) developments or further court judgments	Mark Lobban, Director Commissioning SCHWB	1st April 2016
Additional funding identified for 2015/16 to invest in additional staff and to meet costs (e.g. legal costs). DMT agreed a way forward for the deployment of these resources for DoLs applications for institutional care settings. Authorisation for the recruitment of additional staff agreed. Action plan has been developed to ensure a systematic implementation of managing these resources. DMT agreed to extend the number of authorisers within the Directorate. A Cost modelling exercise has been completed to identify costs for applications arising from supported living placements in DCLDMH	Mark Lobban, Director Commissioning SCHWB	31st March 2016

Risk ID	SCHW 17	Risk Title	OFSTED preparedness and service improvement			
Source / Cause of risk		**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
Preparedness for an Ofsted Inspection		An announced Ofsted Single Inspection Framework is expected in 2015	Failure to maintain service improvement could adversely impact on children and young people, budget and staffing. A critical inspection could result in being placed on an improvement notice.	Andrew Ireland, Corporate Director SCHWB/ Philip Segurola, Director Specialist Children's Services	Likely (4) **Target Residual Likelihood** Likely (4)	Significant (3) **Target Residual Impact** Moderate (2)

Control Title	**Control Owner**
A children's improvement group has been established, comprising of senior manager from SCS and Early Help and Preventative Services.	Philip Segurola, Director Specialist Children's Services
The 0 to 25 programme Board provides a strategic overview.	Philip Segurola, Director Specialist Children's Services
Recruitment and retention plan in place and monitored through the resource group.	Philip Segurola, Director Specialist Children's Services
Progress is robustly monitored locally, at monthly performance slots at divisional management teams and at area deep dive meetings.	Philip Segurola, Director Specialist Children's Services
Engagement with expert practitioner group. Ensure implementation of the social work contract.	Philip Segurola, Director Specialist Children's Services
Following removal from improvement notice the Children's Improvement Plan has been revised and re-launched as a development action plan. The joint plan with EHPS addresses high priority actions and addresses the recommendations made in the recent OFSTED CSE themed inspection and the actions identified during a recent external review	Philip Segurola, Director Specialist Children's Services

Action Title	Action Owner	Planned Completion Date
Annex A documentation collated and updated in readiness for an Ofsted inspection.	Philip Segurola, Director Specialist Children's Services	31st March 2016
Teams to identify and collate good practice examples	Philip Segurola, Director Specialist Children's Services	31st March 2016
There is a continuous programme of audits with regular reporting to Senior Managers. Currently reviewing the Audit Process both within SCS and multi-agency KSCB. How best to cascade lessons learnt and evidence impact to be considered as part of this work	Philip Segurola, Director Specialist Children's Services	31st March 2016
Work to Children's Development Plan and continue to amend in line with areas for improvement, identified through Q&A activity, peer challenge or external inspection	Philip Segurola, Director Specialist Children's Services	31st March 2016
CSE action plan Incorporated into the Children's Development Plan.	Philip Segurola, Director Specialist Children's Services	31st March 2016
Weekly monitoring of key performance indicators and caseloads.	Philip Segurola, Director Specialist Children's Services	31st March 2016

Risk ID	SCHW 19	Risk Title	Capacity to assess, support and accommodate the increased arrival rate of Unaccompanied Asylum Seeking Children		
Source / Cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
Since May 2015 there has been an unprecedented increase in the numbers of UASC arriving in Kent.	There is a risk that there will be insufficient accommodation, social work assessment capacity and support for UASC	Insufficient capacity within the council to accommodate and support UASC. The current arrival rate places increased demand on all aspects of SCS service delivery, such as VSK, the IRO service, social work capacity and the availability of accommodation and support. If costs are not met by the Home Office there could be a significant budget shortfall for the Council. Capacity to recruit sufficient social work and IRO staff to undertake the work required	Philip Segurola, Director Specialist Children's Services	Very Likely (5) **Target Residual Likelihood** Possible (3)	Major (5) **Target Residual Impact** Serious (4)

Control Title	Control Owner
The Leader, Members and Senior Officers continue to make representations to the Home Office	Philip Segurola, Director Specialist Children's Services
From September 2015 two additional, temporary Reception Centres have opened	Philip Segurola, Director Specialist Children's Services

SCS DivMT authorised an increase in staff for asylum duty team, IRO service and district teams		Philip Segurola, Director Specialist Children's Services
Action Title	**Action Owner**	**Planned Completion Date**
Trying to strengthen the position of a dispersal scheme with the Home Office	Philip Segurola, Director Specialist Children's Services	31st March 2016
Continue to review staffing levels and increase as required. Work with HR and Connect to Kent to source additional social workers	Philip Segurola, Director Specialist Children's Services	31st March 2016
Daily updates top Senior Management to review arrival rate, capacity, and accommodation and support requirements. Management action taken as required	Philip Segurola, Director Specialist Children's Services	31st March 2016
Continue to work with other providers to source accommodation	Philip Segurola, Director Specialist Children's Services	31st March 2016

Risk ID	SCHW 20	Risk Title	Prevent Duties			
Source / Cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**	
The Government's "Prevent Duty" requires the Local Authority to act to prevent people from being drawn into terrorism. The Local Authority needs to comply with the Counter Terrorism Act 2015	Failure to meet the requirements of the "Prevent Duty" could lead to more people being drawn into terrorism and terrorist activities.	Could lead to more terrorism and terrorist activity.	Andrew Ireland, Corporate Director SCHWB/Philip Segurola, Director Specialist Children's Services/Mark Lobban, Director Commissioning/Penny Southern, Director DCLDMH/Anne Tidmarsh, Director OPPD	Possible (3) **Target Residual Likelihood** Unlikely (2)	Serious (4) **Target Residual Impact** Moderate (2)	

Control Title	Control Owner
Prevent Duty Delivery Board established to oversee the activity of the Kent Channel Panel, co-ordinate Prevent activity across the County and report to other relevant strategic bodies in the county such as the Kent Safeguarding Boards	Andrew Ireland, Corporate Director SCHWB
Kent Channel Panel (early intervention mechanism providing tailored support to people who have been identified as at risk of being drawn into terrorism) established at district and borough level	Andrew Ireland, Corporate Director SCHWB
Briefings produced and communication on Knet regarding the PREVENT agenda. Mandatory training package produced	Andrew Ireland, Corporate Director SCHWB

Action Title	Action Owner	Planned Completion Date
Awareness raising "Prevent" training for those working with people directly at risk	Andrew Ireland, Corporate Director SCHWB/Philip Segurola, Director Specialist Children's Services/Nick Sherlock, Head of Adult Safeguarding	31st March 2016
Reports to the Divisional Management Teams to raise awareness of the issue	Nick Wilkinson, Head of Youth Justice and Safer Young Kent	31st March 2016
Mandatory training being rolled out.	Nick Wilkinson, Head of Youth Justice and Safer Young Kent	31st March 2016

Risk ID	CRR 12	Risk Title	Welfare Reform changes	(Directorate Led Corporate Risk)		
Source / Cause of Risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**	
The Welfare Reform Act 2012 put into law many of the proposals set out in the 2010 white paper *Universal Credit: Welfare that Works*. It aims to bring about a major overhaul of the benefits system and the transference of significant centralised responsibilities to local authorities. KCC needs to be prepared to manage the uncertain affects and outcomes that the changes may have on the people of Kent. This now includes assessment of potential impacts of the Welfare Reform & Work Bill.	The impact of the reforms in regions outside of Kent could trigger the influx of significant numbers of 'Welfare' dependent peoples to Kent. Failure to plan appropriately to deal with potential consequences.	An increase in households falling below poverty thresholds with vulnerable people becoming exposed to greater risk. Additional pressure on KCC services e.g. demand for adults and children's social care. Increasing deprivation leads to increase in social unrest and criminal activity.	Andrew Ireland, Corporate Director SCHW **Responsible Cabinet Member(s):** Graham Gibbens, Adult Social Care & Public Health	Possible (3) **Target Residual Likelihood** Possible (3)	Serious (4) **Target Residual Impact** Significant (3)	

Control Title	Control Owner
Ongoing analysis and tracking of impacts conducted by Strategy, Policy & Assurance and Strategic Business Development & Intelligence teams plus external partners to give an indication of scale of implications of reforms. Mechanism developed to track benefit migration into Kent.	Emma Mitchell, Director Strategic Business Development & Intelligence /David Whittle, Director Strategy, Policy, Relationships and Corporate Assurance
Policy & research updates produced periodically to aid monitoring of potential impacts	David Whittle, Director Strategy, Policy, Relationships and Corporate Assurance/Emma Mitchell, Director Strategic Business Development & Intelligence

Kent Support and Assistance Service operating as the County's local welfare assistance scheme		Graham Gibbens, Cabinet Member Adult Social Care & Public Health
Action Title	**Action Owner**	**Planned Completion Date**
Review of local welfare assistance scheme	Mark Lobban, Director Commissioning SCHW	September 2016
Policy and research update to review potential impacts of welfare reform changes, including potential implications of Welfare Reform and Work Bill	David Whittle, Director Strategy, Policy, Relationships and Assurance/Emma Mitchell, Director Strategic Business Development & Intelligence	January 2016

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 - 10 March 2016
Subject:	**ADULT SOCIAL CARE PERFORMANCE DASHBOARD**
Classification:	Unrestricted
Previous Pathway:	None
Future Pathway:	None
Electoral Division:	All

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

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **COMMENT** on the Adult Social Care performance dashboard.

1. Introduction

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

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

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

2. Performance Report

2.1 The main element of the performance report can be found at Appendix 1, which is the Adult Social Care dashboard which includes latest available results for the key performance and activity indicators

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

dashboard will evolve for Adult Social Care as the transformation programme is shaped.

2.3 Cabinet Committees have a role to review the selection of indicators included in dashboards, improving the focus on strategic issues and qualitative outcomes, and this will be a key element for reviewing the dashboard

2.4 A subset of these indicators is also used within the quarterly performance report, which is submitted to Cabinet.

2.5 As an outcome of this report, members may make reports and recommendations to the Leader, Cabinet Members, the Cabinet or officers.

2.6 Performance results are assigned an alert on the following basis:

Green: Current target achieved or exceeded

Red: Performance is below a pre-defined minimum standard

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

3. Recommendations

3.1 The Adult Social Care and Health Cabinet Committee is asked to **COMMENT** on the Adult Social Care performance dashboard.

4. Report Author

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Head of Performance for Adult Social Care
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steph.smith@kent.gov.uk

5. Background documents

None

Appendix A

Adult Social Care Dashboard

Q3 December 2015

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

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

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

Adult Social Care Indicators

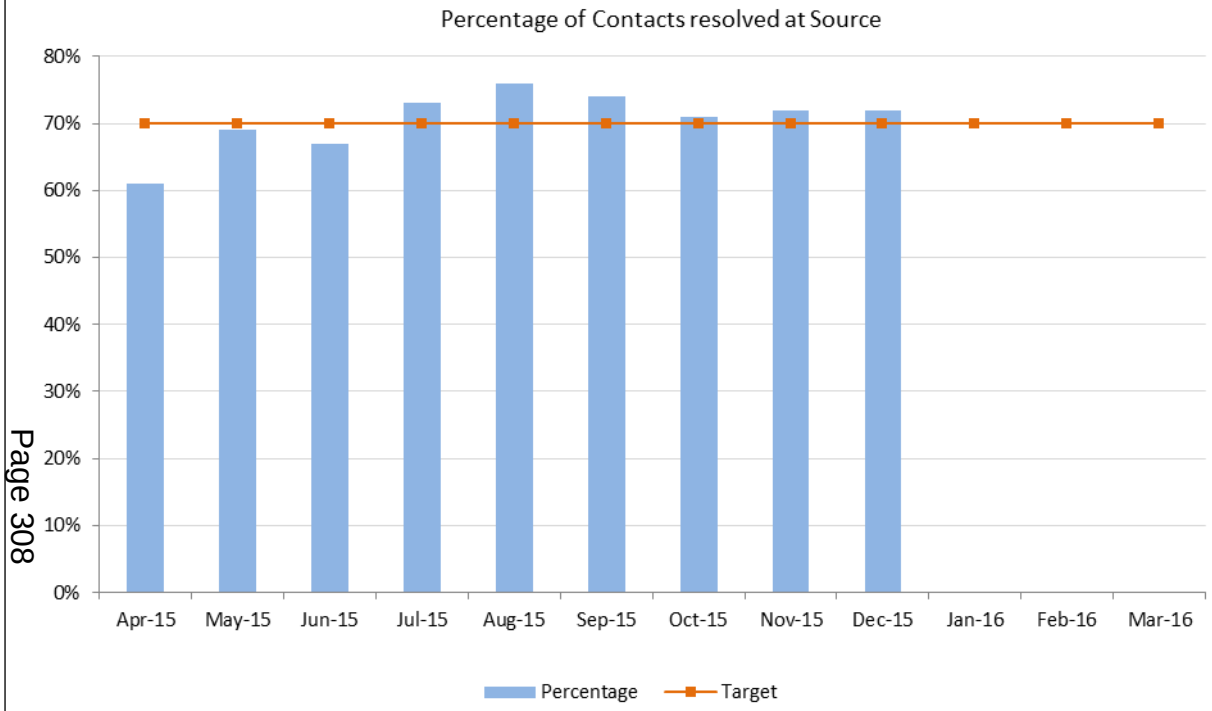
The key Adult Social Care indicators are listed in summary form below, with more detail in the following pages. A subset of these indicators feed into the Quarterly Monitoring Report, for Cabinet. This is clearly labelled on the summary and in the detail.

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

All information is as at December 2014 where possible.

Indicator Description	SCHW SPS	QPR	2014-15 Outturn	Current 15-16 Target	Current Position	Data Period	RAG	Direction
1. Percentage of contacts resolved at source (ASC01)	Y	Y	40.0%	70%	**72%**	Month	GREEN	⟷
2. Number of completed Promoting Independence Reviews		Y	390	337	**450**	Month	GREEN	↑
3. Number of adult social care clients receiving a Telecare service (ASC02)	Y	Y	4694	5630	**5781**	Cumulative	GREEN	↑
4. Referrals to enablement (ASC03)	Y	Y	683	700	**691**	Month	AMBER	↓
5. Delayed transfers of care				30%	**42%**	12M	AMBER	↑
6. Admissions to permanent residential or nursing care for people aged 65+			1065	1300	**1291**	Rolling 12M	GREEN	↓
7. Number of people aged 65+ in permanent residential care (AS01)	Y	Y	2409	2260	**2385**	Snapshot	AMBER	↓
8. Number of people aged 65+ in permanent nursing care (AS02)	Y	Y	1179	1362	**1243**	Snapshot	GREEN	↑
9. Number of people aged 65+ receiving domiciliary care (AS03)	Y	Y	3849	2909	**3828**	Snapshot	RED	↓
10. Number of people with a learning disability in residential care (AS04)	Y	Y	1231	1221	**1227**	Snapshot	GREEN	↑
11. Number of people with a learning disability receiving a community service			1542	1559	**1675**	Snapshot	GREEN	↑
12. Percentage of adults in contact with secondary mental health in settled accommodation			83%	75%	**84%**	Quarterly	GREEN	⟷
13. Percentage of adults with a mental health needs in employment			11.9%	13%	**13.5%**	Quarterly	GREEN	↑

1. Percentage of contacts resolved at source (ASC01)			GREEN ⇔
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Older People and Physical Disability



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

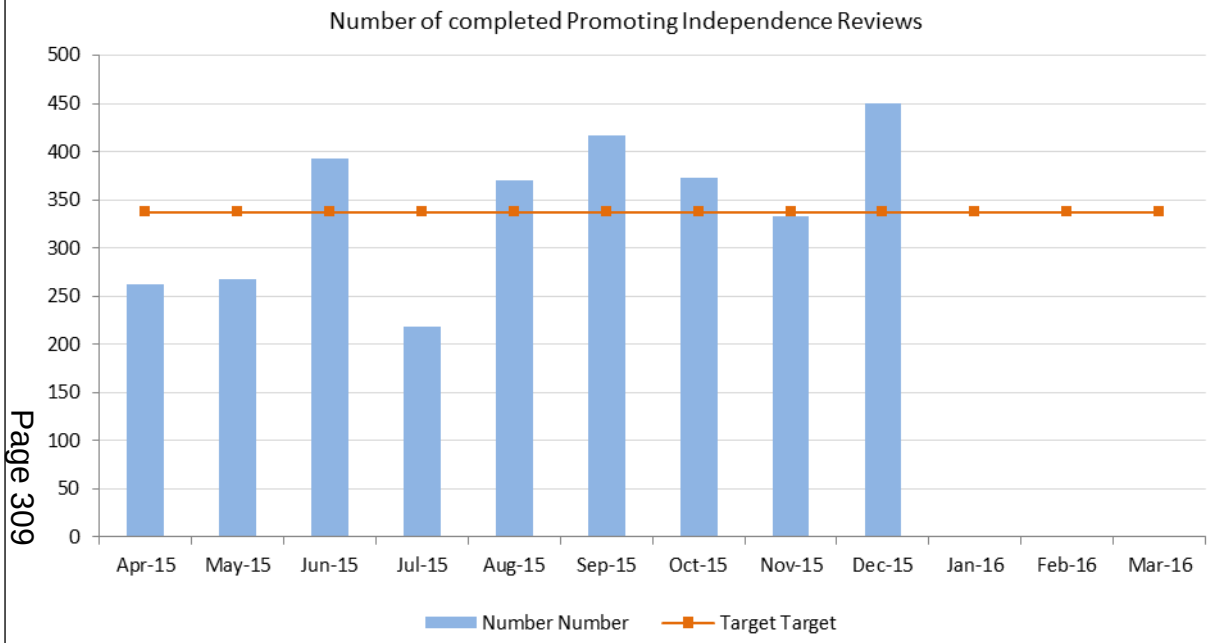
Quarterly Performance Report Indicator

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	**70%**	**70%**	**70%**	**70%**	**70%**	**70%**	**70%**	**70%**	**70%**	**70%**	**70%**	**70%**
Percentage	61%	69%	67%	73%	76%	74%	71%	72%	72%			
RAG Rating	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN			

Commentary

A key priority for Adult Social Care is to respond to more people's needs at the point of contact, through better information, advice and guidance, or provision of equipment where appropriate. Although performance in March was on target, and has since improved, as stretching targets for improvement have been set for this year, current performance is behind target.

2. Number of completed Promoting Independence Reviews			GREEN ⇧
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Older People and Physical Disability



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

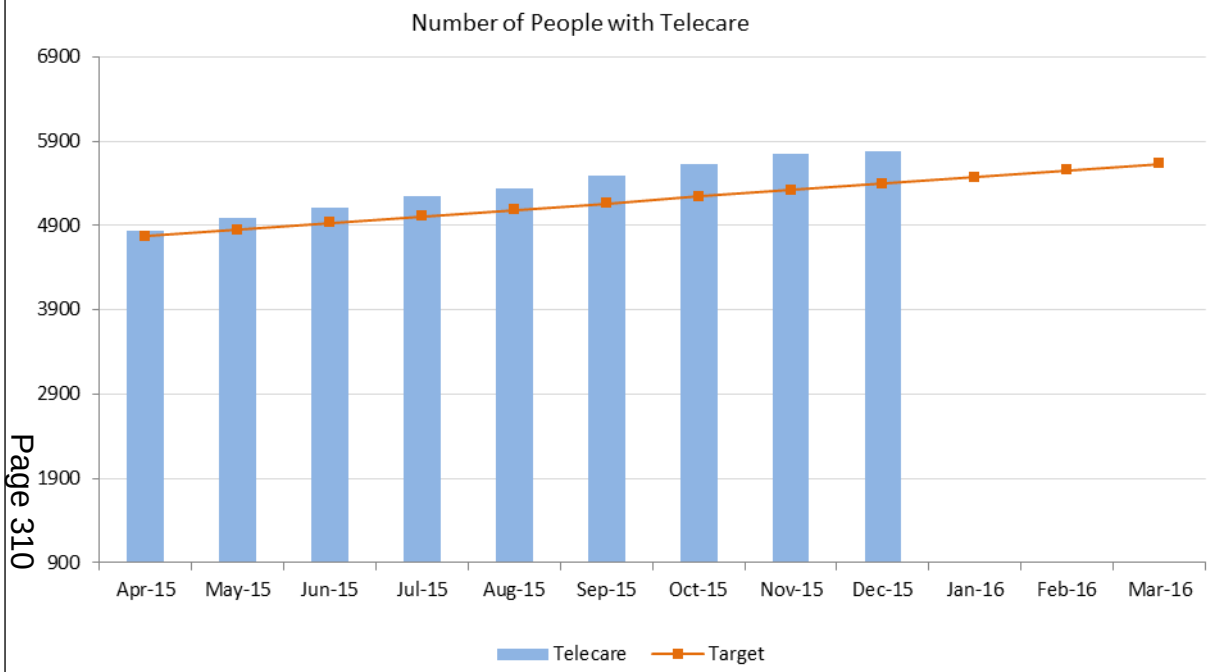
Data Source: Newton Europe PIR Tracker

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	**337**	**337**	**337**	**337**	**337**	**337**	**337**	**337**	**337**	**337**	**337**	**337**
Number	262	268	393	218	370	417	373	333	450			
RAG Rating	RED	RED	GREEN	RED	GREEN	GREEN	GREEN	GREEN	GREEN			

Commentary

The current phase of the Transformation programme involves the staffing consultation, mobilisation of home care and staff reduction and these issues are influencing performance in the short term. Discussions continue to take place on a regular basis to ensure that any operational issues are identified and resolved.

3. Number of adult social care clients receiving a Telecare service (ASC02)			GREEN ⇧
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Older People and Physical Disability



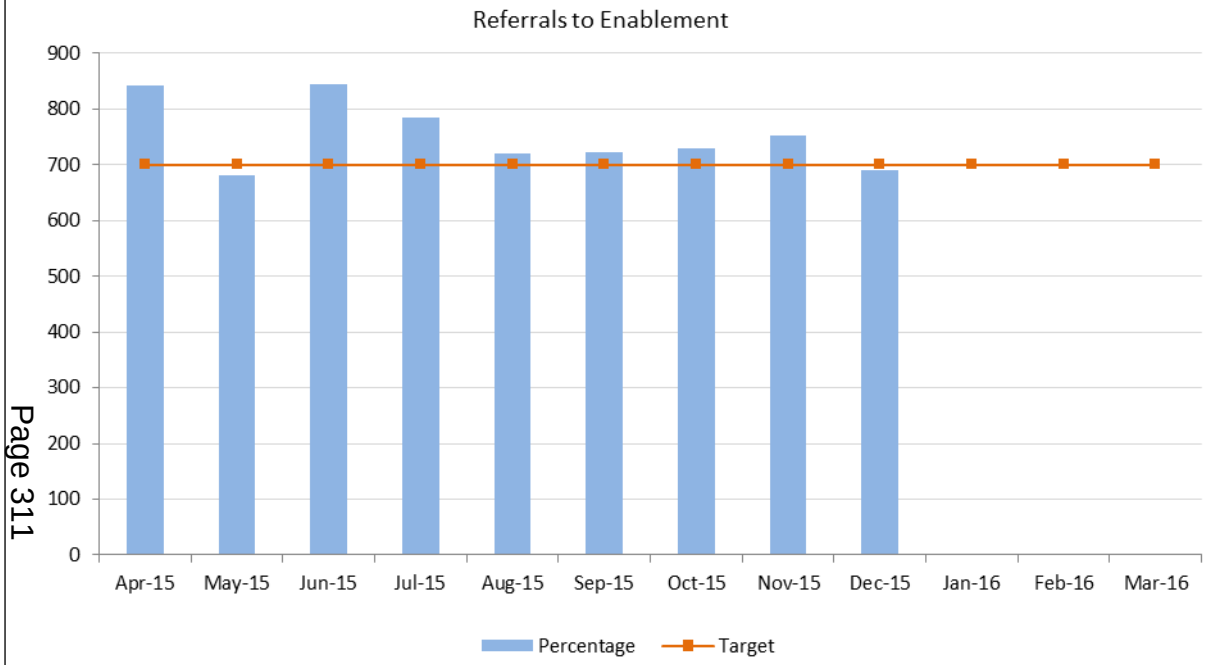
Data Notes.
Units of Measure: Snapshot of people with Telecare as at the end of each month
Data Source: Adult Social Care Swift client System

Quarterly Performance Report Indicator

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	**4772**	**4850**	**4928**	**5006**	**5084**	**5162**	**5240**	**5318**	**5396**	**5474**	**5552**	**5630**
Telecare	4840	4996	5116	5246	5336	5489	5623	5746	5781			
RAG rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN			

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

4. Referrals to Enablement (ASC03)			AMBER ⇩
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Older People and Physical Disability



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

Quarterly Performance Report indicator

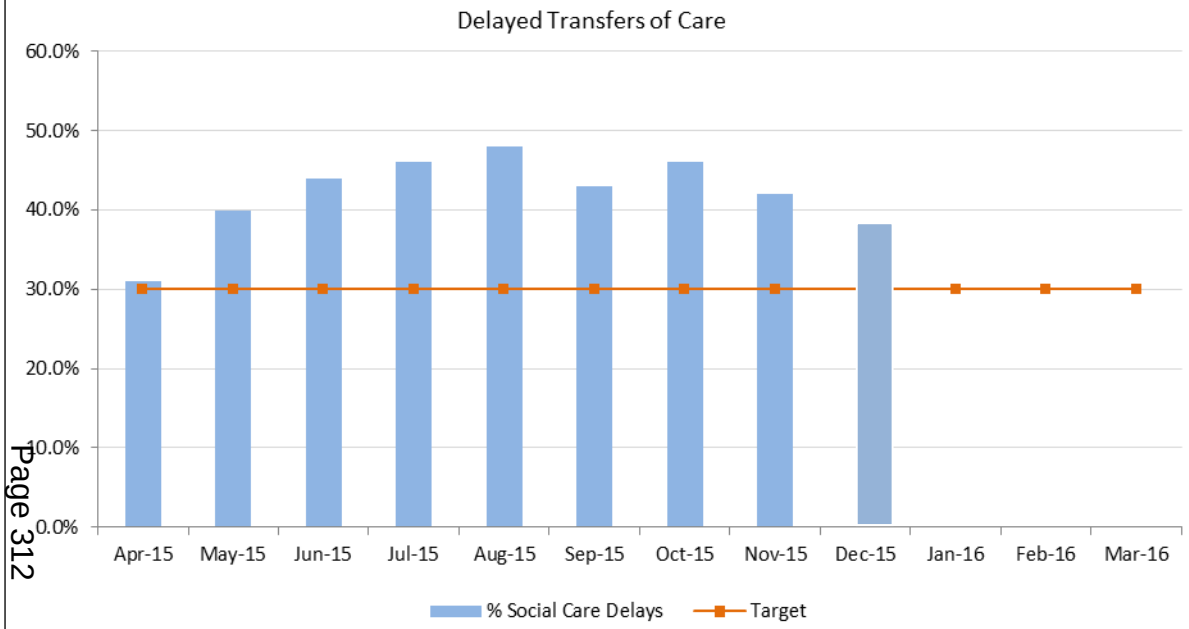
Trend Data	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	**700**	**700**	**700**	**700**	**700**	**700**	**700**	**700**	**700**	**700**	**700**	**700**
Enablement Referrals	843	682	844	785	721	722	730	753	691			
RAG Rating	GREEN	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER			

Commentary

Enablement was slightly below target in December. This is a normal seasonal trend, where fewer enablement referrals are made over the Christmas period. Referrals have been well over target in January and February.
In addition, the roll out of the phase 2 enablement programme has now started and this will further increase the efficiency of enablement and referral rates.

5. Delayed transfers of care — AMBER⇧

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



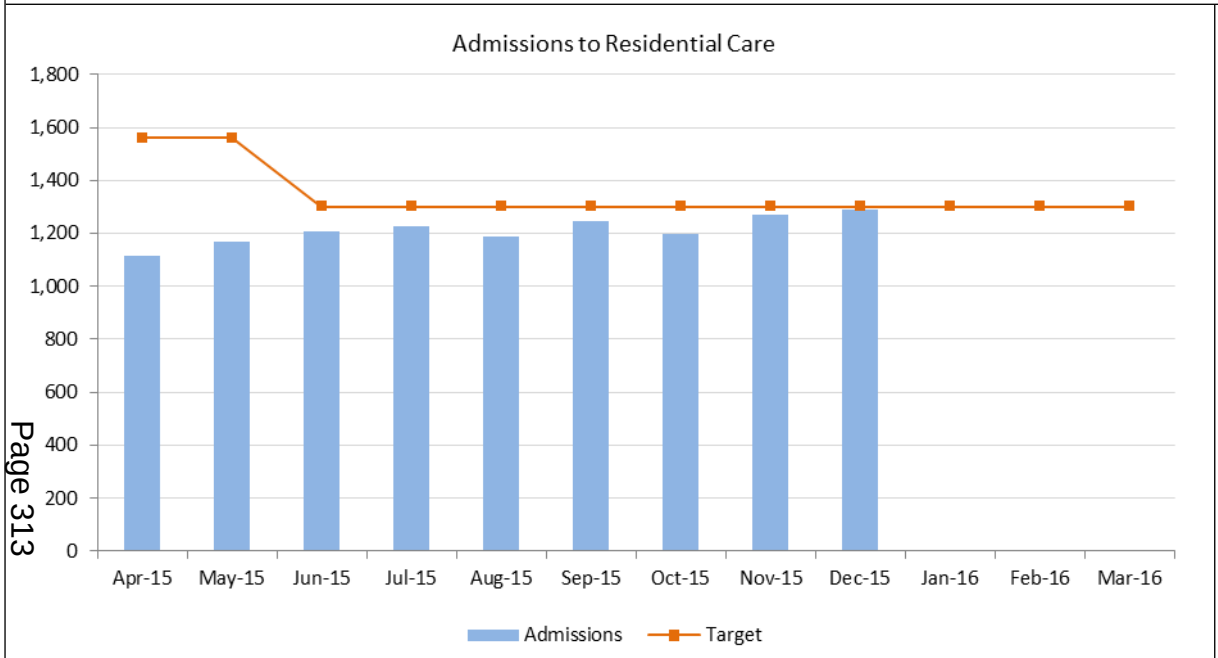
Data Notes.
This indicator represents the percentage of delays attributable to Social Care

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	**30%**	**30%**	**30%**	**30%**	**30%**	**30%**	**30%**	**30%**	**30%**	**30%**	**30%**	**30%**
Delayed per 1000	31%	40%	44%	46%	48%	43%	46%	42%	38%			
RAG rating	AMBER	AMBER	RED	RED	RED	RED	RED	RED	AMBER			

Commentary

Performance is improving for social care, despite overall numbers of delays increasing. Effective working relationships with health and social care means that despite there being increasing pressures on the Directorate as it deals with increasing demand within the current financial pressures, schemes such as enablement and discharging home to assess are having a positive impact during our Winter pressures. Performance relating to social care is actually better than in the summer months, and the introduction of our new residential placement process means that patients have more choice in the home that they move to. The main reasons for delays are awaiting a homecare package or a nursing home bed (whilst making a choice) and this relates to 39 people across the county. The reported figures are, as usual, those supplied by NHS England. Work is continuing on reconciling these with the figures that were expected based on the information held by KCC.

6. Admissions to permanent residential or nursing care for people aged 65+			GREEN ⇩
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Older People & Physical Disability



Data Notes.

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

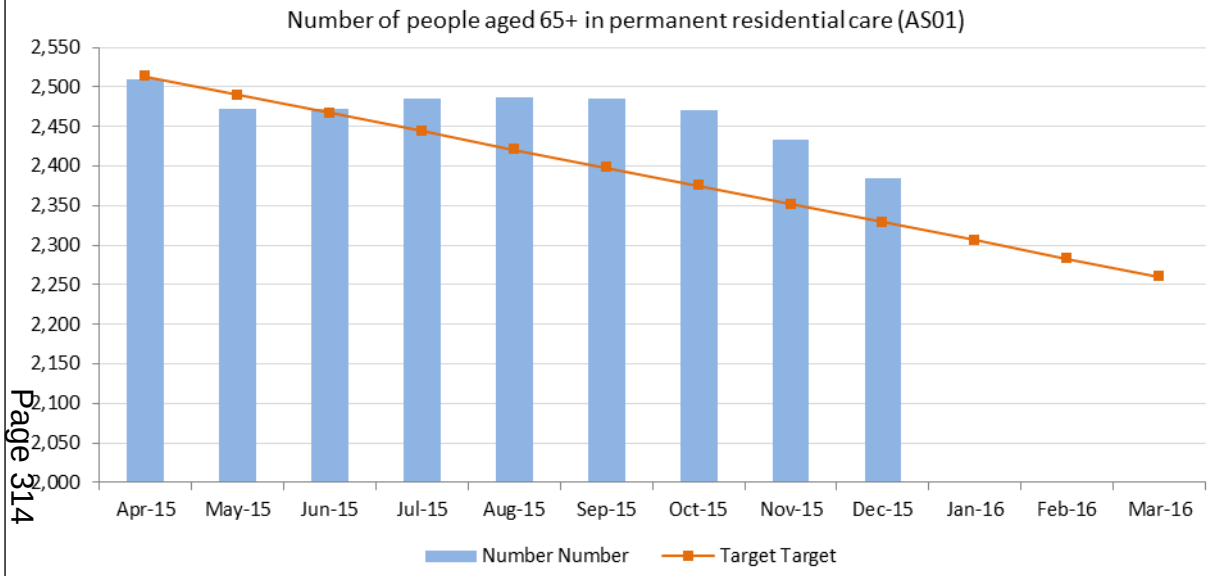
Data Source: Adult Social Care Swift client System – Residential Monitoring Report

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	**1,560**	**1,560**	**1,300**	**1,300**	**1,300**	**1,300**	**1,300**	**1,300**	**1,300**	**1,300**	**1,300**	**1,300**
Admissions	1,113	1,167	1,209	1,226	1,189	1,246	1,196	1,271	1,291			
RAG rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN			

Commentary

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

7. Number of people aged 65+ in permanent residential care (AS01)			AMBER ⇧
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Older People & Physical Disability



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

Data Source: MCR summary report – SWIFT

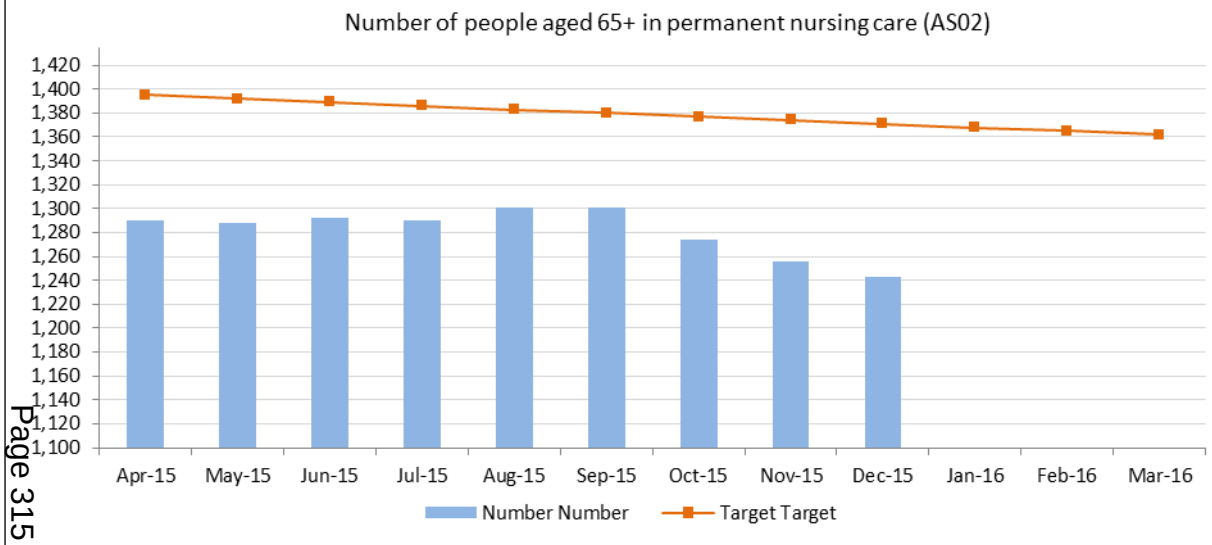
Quarterly Performance Report indicator

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	**2513**	**2490**	**2467**	**2444**	**2421**	**2398**	**2375**	**2352**	**2329**	**2306**	**2283**	**2260**
Number	2510	2472	2473	2486	2487	2486	2471	2433	2385			
RAG Rating	GREEN	GREEN	AMBER	AMBER	AMBER	RED	RED	RED	AMBER			

Commentary

The number of people aged 65+ in permanent residential care continues to decrease. This is closely monitored throughout the year but seasonally admissions increase during the Winter Pressures period we are currently in.

8. Number of people aged 65+ in permanent nursing care (AS02)			GREEN ⇧
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Older People & Physical Disability



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

Data Source: MCR summary report – SWIFT

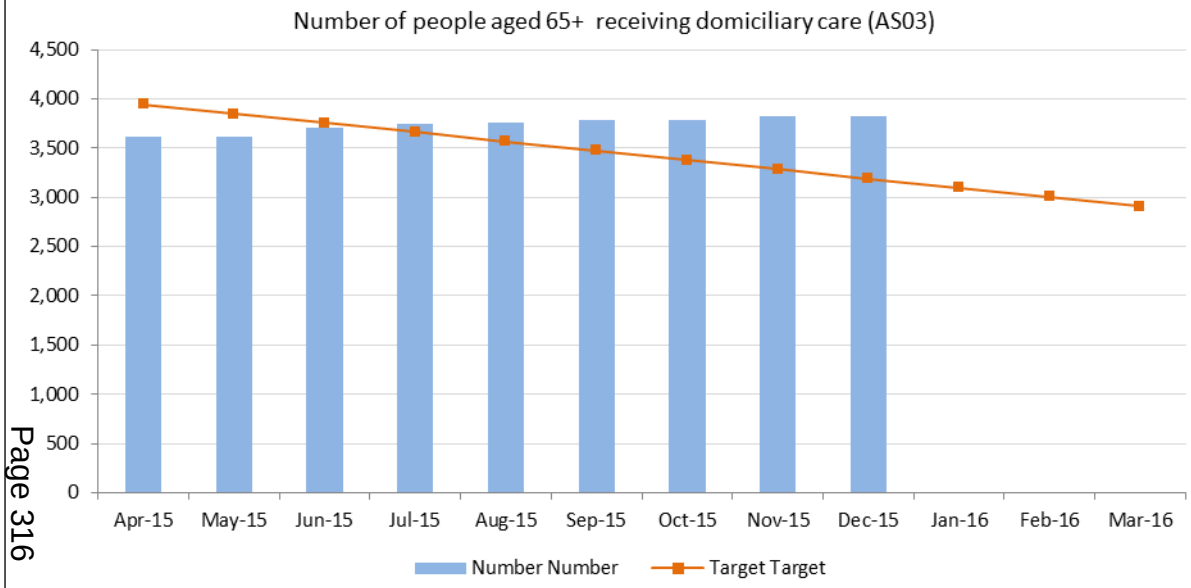
Quarterly Performance Report indicator

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	**1395**	**1392**	**1389**	**1386**	**1383**	**1380**	**1377**	**1374**	**1371**	**1368**	**1365**	**1362**
Number	1290	1288	1292	1290	1301	1301	1274	1256	1243			
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN			

Commentary

The number of people aged 65+ in permanent Nursing Care continues to decrease across Kent and is significantly less than the target.

9. Number of people aged 65+ receiving domiciliary care (AS03)			RED ⇩
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Older People & Physical Disability



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

Data Source: MCR summary report – SWIFT

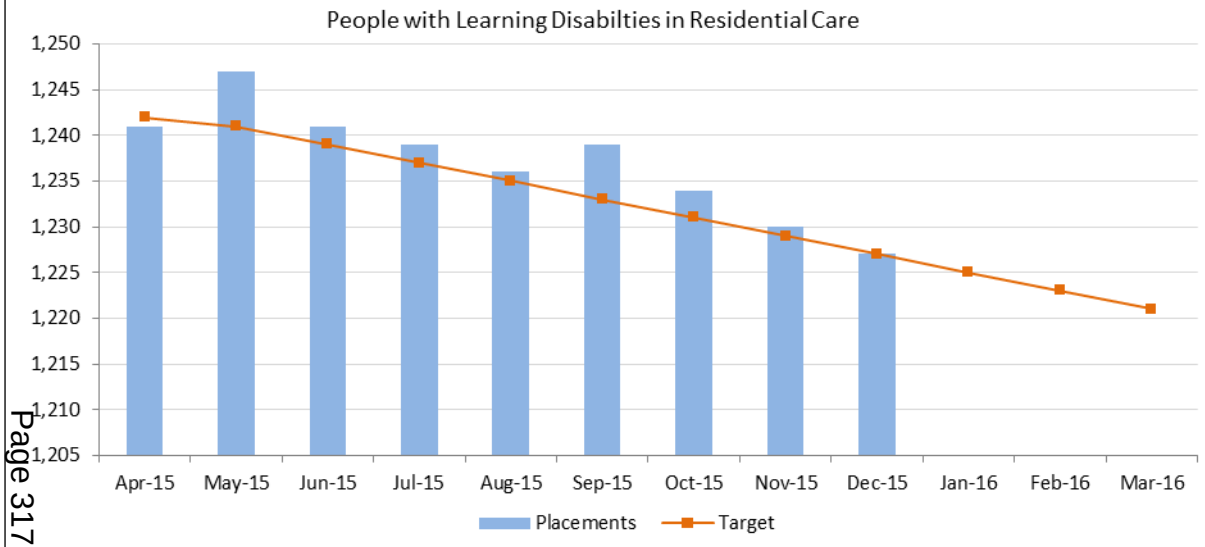
Quarterly Performance Report indicator

Trend Data	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	**3943**	**3849**	**3755**	**3661**	**3567**	**3473**	**3379**	**3285**	**3191**	**3097**	**3003**	**2909**
Number	3612	3618	3705	3751	3759	3778	3779	3825	3828			
RAG Rating	GREEN	GREEN	GREEN	AMBER	RED	RED	RED	RED	RED			

Commentary

The number of people receiving homecare continues to increase slightly. The main reason for this relates to the balance between the number of people receiving direct payments and the number of people receiving homecare. Last year nearly 1,000 people transferred to direct payments from homecare through the retender process. This year, as people leave the direct payment service, the new and incoming people are choosing to go into homecare. Therefore we are seeing the number of direct payments decreasing and the number of people receiving homecare increasing. The target was originally based on the trend from last year, and in light of this year's activity, will be amended for next year.

10. Number of people with a learning disability in residential care (AS04)			GREEN ⇧
Cabinet Member	Graham Gibbens	**Director**	Penny Southern
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Learning Disability



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

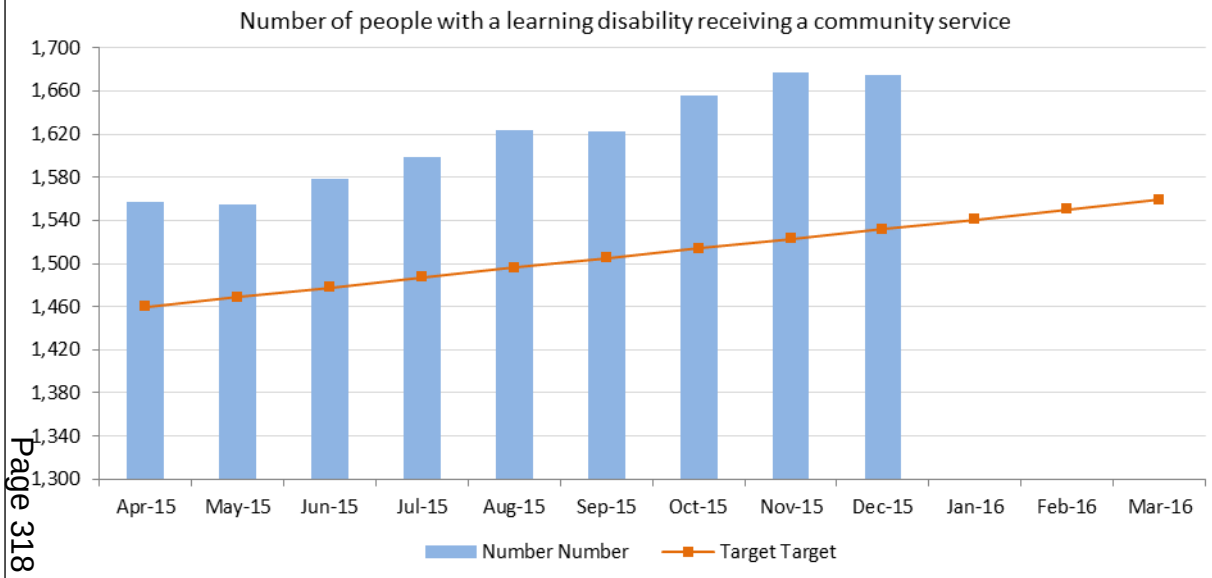
Quarterly Performance Report indicator

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	**1242**	**1241**	**1239**	**1237**	**1235**	**1233**	**1231**	**1229**	**1227**	**1225**	**1223**	**1221**
Number	1241	1247	1241	1239	1236	1239	1234	1230	1227			
RAG rating	GREEN	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN			

Commentary

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

11. Number of people with a learning disability receiving a community service			GREEN ⇧
Cabinet Member	Graham Gibbens	**Director**	Penny Southern
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Learning Disability



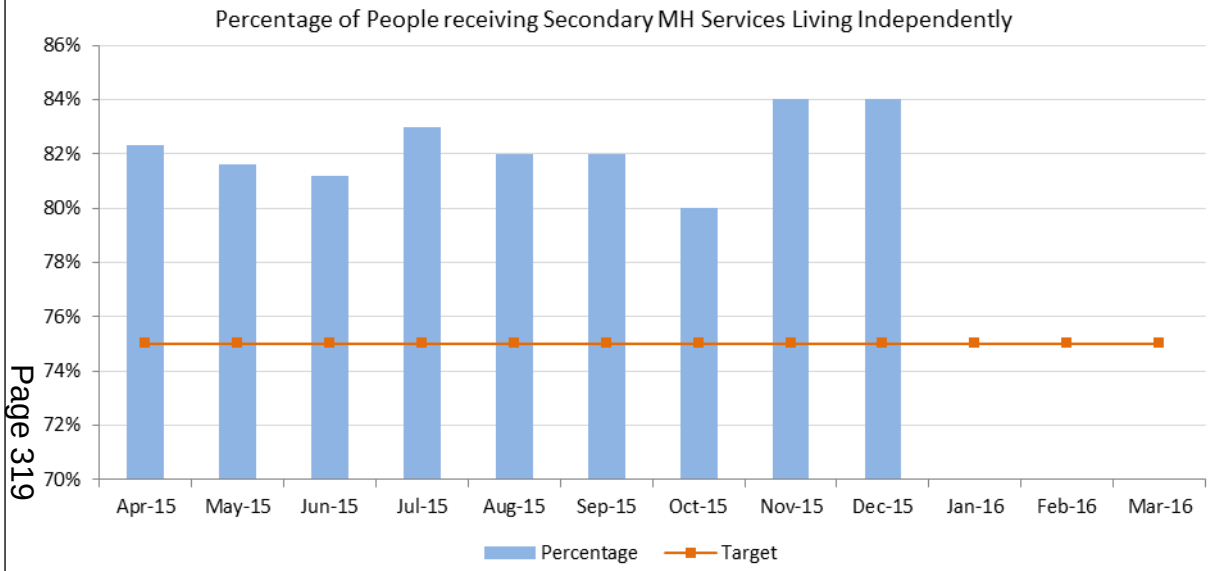
Data Notes.
Units of Measure: Number of people with a learning disability receiving supported living, supporting independence or shared lives service as at month end.
Data Source: MCR summary

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	**1460**	**1469**	**1478**	**1487**	**1496**	**1505**	**1514**	**1523**	**1532**	**1541**	**1550**	**1559**
Number	1557	1555	1579	1599	1624	1623	1656	1677	1675			
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN			

Commentary

The number of people with a learning disability receiving a community service remains stable and is ahead of target.

12. Percentage of adults in contact with secondary mental health services living independently, with or without support			GREEN ⇧
Cabinet Member	Graham Gibbens	**Director**	Penny Southern
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Mental Health

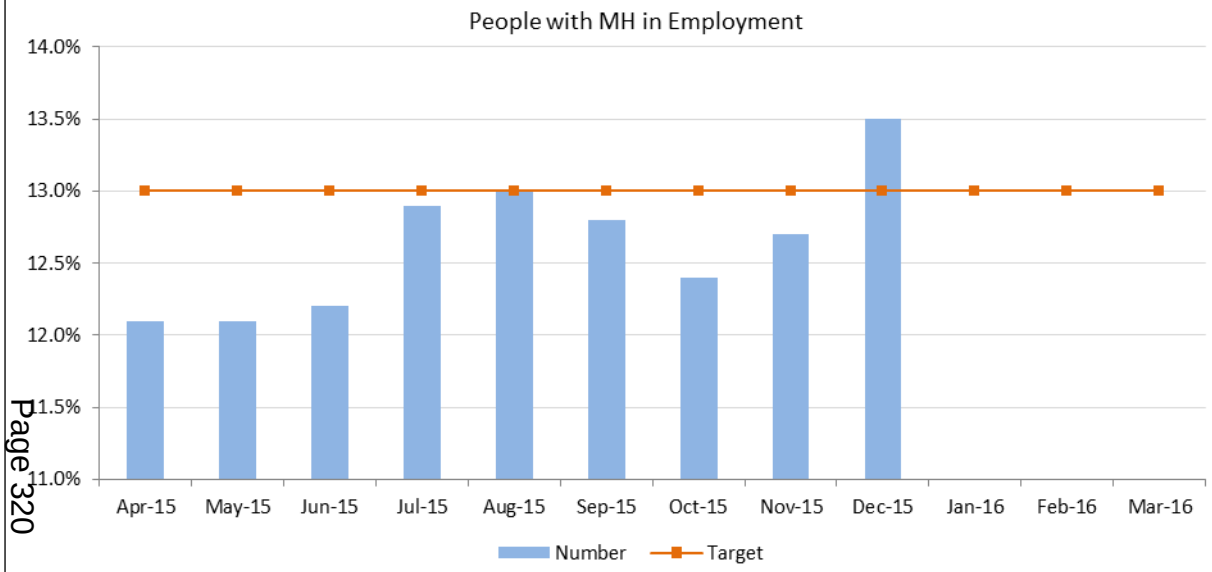


Data Notes.
Units of Measure: Proportion of all people who are in settled accommodation
Data Source: KPMT – quarterly

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**
Percentage	82%	82%	81%	83%	82%	82%	80%	84%	84%			
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN			

Commentary

13. Percentage of people with mental health needs in employment			GREEN ⇧
Cabinet Member	Graham Gibbens	**Director**	Penny Southern
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Mental Health



Data Notes.
Units of Measure:

Data Source: KPMT – quarterly

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	**13%**	**13%**	**13%**	**13%**	**13%**	**13%**	**13%**	**13%**	**13%**	**13%**	**13%**	**13%**
Percentage	12.1%	12.1%	12.2%	12.9%	13.0%	12.8%	12.4%	12.7%	13.5%			
RAG Rating	AMBER	AMBER	AMBER	AMBER	GREEN	AMBER	AMBER	AMBER	GREEN			

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

10 March 2016

Subject: Public Health Performance - Adults

Classification: Unrestricted

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

Future Pathway: None

Electoral Division: All

Summary: This report provides an overview of key performance indicators for Public Health commissioned services relating to adults, and for a range of Public Health Outcome Framework indicators.

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

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to comment on the current performance and note the actions taken by Public Health to address areas of concern.

1. Introduction

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

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

2. Performance Indicators of Commissioned Services

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

Indicator Description	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Proportion of annual target population with completed NHS Health Check (rolling 12 month basis)	46% (A)	51% (G)	51% (G)	52% (G)	48% (A)	45% (A)
Proportion of clients accessing community sexual health services offered an appointment to be seen within 48 hrs	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)
Chlamydia positivity detection rate per 100,000 for 15-24 year olds	1,672 (R)	1,635 (R)	1,335 (R)	1,099 (R)	951 (R)	Expected March 2016
Proportion of smokers successfully quitting, having set a quit date	52% (G)	54% (G)	57% (G)	52% (G)	53% (G)	Expected March 2016
Local Indicator						
Proportion of new clients seen by the Health Trainer Service from the two most deprived quintiles (and NFA)	53% (R)	57% (A)	51% (R)	53% (R)	56% (A)	55% (A)

Substance Misuse Services		2009/10	2010/11	2011/12	2012/13	2013/14
% of adult treatment population that successfully completed treatment		22.6%	26.0%	26.0%	20.6%	17.2%
National Figures for comparison:		11.5%	13.7%	15.1%	15.0%	15.1%
	Sept 14	Dec 14	Mar 15	Jun 15	Sept 15	Dec 15
% of opiate users completing treatment successfully who do not return to treatment within 6 months, of all in treatment. (rolling 12 month basis)	9.7% (G)	9.6% (G)	9.4% (G)	9.3% (G)	9.7% (G)	8.9% (A)
National Figures for comparison:	7.8%	7.8%	7.6%	7.4%	7.2%	7.0%

NHS Health Checks

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

2.3. The programme has a target for at least 50% of those eligible for a health check to receive it within a twelve month period. The performance against this target fell to 45% in the twelve months to the end of December 2015, which places it at amber. This decline in uptake is likely to be due to a number of factors which

may include capacity constraints in primary care as most checks are delivered within GP practices across the county.

2.4. Kent County Council have been working with Kent Community Health NHS Foundation Trust (KCHFT) who deliver the programme across Kent to increase the numbers of health checks in order to reach overall annual target.

2.5. Public Health commissioned a new Health Checks outreach programme from October 2015 which is targeted the more deprived parts of the county and engaging citizens to have a 'Health MOT' and, if they are eligible go on to have a full NHS Health Check.

Sexual Health

2.6. Community sexual health clinics in Kent have continued to exceed the waiting times target of offering an appointment within 48 hours, where requested. Community sexual health services are available across Kent and provide sexual health testing and treatment, contraception and HIV outpatient services. Most clinics offer walk-in clinics as well as appointment-based systems.

2.7. Performance on Chlamydia detection rates remain well below the target level of 2300 positive tests for 100,000 of the population. Public Health are working with Public Health England to resolve concerns on the validation, coding and reporting of the Chlamydia data as the data collated nationally does not reflect the local information.

2.8. Kent County Council working with our commissioned laboratory provider has made available the option to home test for chlamydia via an online system; this should increase access options to Kent residents who may prefer not to use clinic based services.

Smoking

2.9. The latest available data (Q2) show that the Stop Smoking Service met the 'quit-rate' target of 52%. 760 Kent residents were recorded as having quit smoking through the programme during this time period.

Health Trainers

2.10. The Health Trainer service engaged with 859 new clients during Q3 and had seen a total of 2,788 during the first 9 months of the financial year. This exceeds the stretch target of 2,750.

2.11. 55% of new clients are from the two most deprived quintiles in Kent. The target set for 2015/16 was for 62% of new clients to be from quintiles 1 and 2 in order to help address health inequalities.

2.12. The Health Trainer Service clients reported that 89% of goals were either achieved or part-achieved. Common goals related to diet, exercise and emotional wellbeing.

Substance Misuse

2.13. The Q3 data on adult community drug and alcohol services show that 206 adult opiate clients completed treatment successfully in the twelve months to the end of June 2015 and did not return within the following six months.

2.14. This was 8.9% of all opiate clients in treatment which narrowly misses the target of 9%. Kent's performance on this indicator remains well above the national average of 7%. The decline in Kent reflects the national trend.

3. Annual Public Health Outcomes Framework (PHOF) Indicator

3.1. The table below presents the most recent nationally-verified and published data; the RAG is the published PHOF RAG and is in relation to National figures. There have been updates to the mortality and suicide rates, late identification of HIV, smoking prevalence and substance misuse indicators since the previous report to the Committee in December.

Annual PHOF Indicators	2007-09	2008-10	2009-11	2010-12	2011-13	2012-14
Under 75 mortality rates considered preventable:						
Cardiovascular diseases per 100,000	59.8 (G)	57.4 (G)	55.9 (A)	52.3 (A)	49.3 (A)	46.0 (G)
Cancer per 100,000	85.4 (G)	84.8 (G)	83.6 (G)	81.5 (G)	79.3 (G)	78.4 (G)
Liver disease per 100,000	12.4 (G)	12.1 (G)	12.0 (G)	12.4 (G)	13.2 (G)	13.7 (G)
Respiratory disease per 100,000	17.4 (A)	17.4 (A)	17.6 (A)	16.6 (A)	16.7 (A)	16.5 (A)
Suicide rate (all ages) per 100,000	8.4 (A)	7.7 (A)	8.4 (A)	8.1 (A)	9.2 (A)	10.2 (R)
Proportion of people presenting with HIV at a late stage of infection (%)	Not available		49.5 (A)	46.7 (A)	51.0 (R)	52.8 (R)
Adults classified as overweight or obese (%)	Not available					65.1 (A)
		2010	2011	2012	2013	2014
Prevalence of smoking among persons aged 18 years and over (%)		21.7 (A)	20.7 (A)	20.9 (A)	19.0 (A)	19.1 (A)
Opiate drug users successfully leaving treatment and not re-presenting within 6		14.6 (G)	14.7 (G)	10.9 (G)	10.3 (G)	9.3 (G)

months (%)					
	2009/10	2010/11	2011/12	2012/13	2013/14
Alcohol-related admissions to hospital per 100,000. All ages	568 (G)	574 (G)	557 (G)	565 (G)	551 (G)
Proportion of adult patients diagnosed with depression (% - HSCIC)	Not available			5.6	6.4

3.2. All mortality rates considered preventable presented here have continued to decrease with the exception of liver disease which experienced a slight increase, however it does remain better than national.

3.3. Analysis of the increasing suicide rate in Kent has shown that it is mainly generated by an increase in numbers of male suicide. Further analysis shows that it is mainly middle aged men, the majority of whom aren't known by secondary mental health services. This group was identified as being at high risk in the 2015-2020 Suicide Prevention Strategy that was developed last year, and a number of actions are being taken forward to reduce the risk. These include:

- A suicide prevention partnership with the Kent County Football League to raise awareness of mental health issues amongst the football community
- A major county-wide social marketing campaign (to be launched in spring 2016) which encourages at-risk men to seek help (through the Mental Health Matters Helpline)
- The continuation of programmes such as Kent Sheds and the Primary Care Mental Health Link Workers
- The commissioning of a new Community Wellbeing Service

3.4. It should be noted that the suicide prevention strategy cannot be delivered by one single agency. That is why the Suicide Prevention Steering Group (chaired by Public Health) is made up of a wide range of agencies (including Kent Police, KMPT, and Network Rail) and charities (such as Samaritans, Mind, Rethink) who are all committed to working together to address this issue.

3.5. There has been a slight increase in the proportion of people presenting with HIV at a late stage of infection and Kent continues to perform worse than national; the new Community Sexual Health Services contracts offer testing for a range of sexually-transmitted infections, including HIV, as well as targeted outreach. The services are designed to engage particular groups of the population who can be at risk of HIV but are less likely to access mainstream sexual health services. This targeted provision and relevant campaigns and promotion are expected to lead to improvements in the numbers of HIV tests offered and taken up. Please refer to the Public Health Campaigns and Press Paper taken to the previous Cabinet committee in May 2015.

3.6. Kent County Council, as part of the Sexual Health offer, is offering free, online HIV testing in line with the national Public Health England campaign targeting high-risk groups. This offer extends to those with concerns because they have had unprotected sex with someone from a high-risk group. In order to continue raising awareness and maintain momentum, media campaigns will run throughout the year. It is important to note that online testing will encourage more testing and will result in better detection rates for early and late diagnosis.

4. Conclusions

4.1. Overall performance against the indicators for commissioned services remained stable against the targets, with the exception of substance misuse which moved from Green to Amber, missing green by 0.1%. Public Health are contract-managing service providers closely to drive up performance on all the indicators.

5. Recommendations

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

6. Background Documents

6.1. Public Health Campaigns and Press Paper. Adult Social Care and Health Cabinet Committee. 1 May 2015

7. Contact Details

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

From: 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, 10 March 2016

Subject: Kent Alcohol Strategy – Update

Classification: Unrestricted

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

Future Pathway of Paper: none

Electoral Division: All

Summary:
The latest Kent Alcohol Strategy (2014 -16) was launched in April 2014. The Strategy was adopted by a host of partner organisations and agreed that the Kent Drug and Alcohol Partnership (KDAP) would be the steering group for this strategy. The strategy was also showcased and highlighted by the DPH's Annual Public Health Report for 2015. This report describes the headline progress being made throughout Kent to date.

Recommendation:
Members of the committee are asked to:

a) note and comment on the progress to date and planned work for the next period; and

b) note that the KDAP partnership and Public Health Team would like the opportunity to bring a more detailed report to the May 2016 Cabinet Committee.

1. Introduction

1.1. This report presents an overview of progress towards implementing the Kent Alcohol Strategy 2014-16. The six pledges of the strategy are listed in Table 1.

Table 1: the six pledge areas of the Kent Alcohol Strategy 2014-16

Improve prevention and identification	**Improve the quality of treatment**	**Co-ordinate enforcement and responsibility**
Tailor the plan to the local community	**Target vulnerable groups and tackle health inequalities**	**Protect children and young people**

2. District Action Plans

2.1 Each District has an alcohol action plan tailored to its particular alcohol-related priorities and which report to the respective Local Health and Wellbeing Boards. These plans are based upon the six pledge areas of the strategy and are facilitated by the Kent Public Health team. These include targeted activity for Adults and Children and Young People.

Notable District activity to date includes:

West Kent:

i. Have held a multi-partner 'alcohol summit' held in autumn 2015

ii. Have implemented a multi-agency 'place of safety' in Tunbridge Wells to facilitate the management of alcohol misuse by those participating in the Night Time Economy

East Kent:

i. have implemented an Alcohol Integrated Care pathway in Thanet and South Kent Coast which drew national recognition. There are plans to extend pathway across Kent in 2016.

ii. Had several projects to increase screening and referrals from hospitals, GPs and pharmacies in Thanet and South Kent Coast. More information on these projects will follow on evaluation in 2016.

2.2 Local plans incorporate the work of local Community Safety Partnerships who have an active programme around anti-social behaviour including work.

2.3 The Kent universities are undertaking work to raise awareness of alcohol harm within student populations and are participating in a nationally accredited programme. More information will be available in future updates.

2.4 District groups are asked in particular to target their 'at risk' populations e.g. women and older drinkers and work with local businesses. District Alcohol Task / Finish groups have been provided with Local Alcohol Profiles to assist them.

3 Campaigns and Workforce training

3.1 Know Your Score

3.1.1 The KCC self-assessment tool 'Know Your Score' was launched in November 2015. The number of tests completed in the first week was 2, 556 following extensive media coverage on both radio and TV in the South East region.

3.2 Dry January

3.2.1 Commissioned by Public Health England, information on the 2016 campaign will be available later in 2016. The Dry January 2015 campaign was very successful in Kent. Women aged between 35-45 years were the main users of

the site (80%) with the main reason for visiting was that they wanted to lose weight.

3.2.2 This is an important point to note as the general trend for alcohol related hospital admissions in women (and older people) is increasing. This type of web-based activity would appear to be a good method of reaching this group.

Table 2: Dry January sign up in Kent (Alcohol Concern, 2015)

Year	Number of website visits for advice and information	Signed up to 1 month abstinence
2014	1,780	N/A
2015	7,761	1,859

3.3 Workforce training

3.3.1 Face –to –face training sessions for Identification and Brief Advice (IBA) has been provided to a variety of front line workforce groups in Kent and will be reported upon at the next update. Currently training is available via the Public Health Alcohol Learning website. It is not possible to track how many individuals access this training online.

3.3.2 Organisations are encouraged to keep a record of staff who undertakes this training as far as possible. It is important that some public facing workforces in particular undertake this training. For example, those working in Social Services, Health and Housing departments.

3.3.3 A national framework, funded by Public Health England, lays out for the first time the skills social workers in all areas of practice need when working with someone with alcohol and drug problems. This will facilitate the 'Troubled Families' and 'Making Every Adult Matter' programme in due course.

4 Kent Community Alcohol Partnerships – Ministerial visits

4.1 These are local partnerships set up to tackle town centre and community issues that arise from alcohol misuse such as town centre disruption or illegal sales. These are supported by Kent Trading Standards. These Kent Community Alcohol Partnerships tackle anti-social behaviour of young people and children in communities. The necessity for a CAP originates with communities themselves and is led by the community. For this reason the number of CAPs will vary in response to local need and support.

4.2 There are currently 12 Kent CAPs and work is underway to re-shape these in Kent to target 'hotspots' and increase partnership working in support of CAP development. More information will be provided at the May Cabinet Committee Meeting.

4.3 Gareth Johnson MP and Tracey Crouch MP visited Swanscombe and Snodland in October 2015. The work in Kent was also acknowledged at Ministerial level during a national award ceremony in London in 2015

5 Dual Diagnosis

5.1 Substantial progress has been made to improve service access and quality of care for those individuals with a mental health condition and a substance misuse issues – referred to as 'Dual Diagnosis' (DD).

In 2015, the Kent Strategic Steering Group has overseen the development of:

i. A revised Joint Working Partnership Agreement (JWPA) which details lead agency responsibilities, protocols and procedures

ii. A Dual Diagnosis Trust policy within the Kent and Medway Partnership Trust. This policy is required to underpin the JWPA.

iii. A care pathway to support the JWPA

iv. Workforce training of both Mental Health staff and substance misuse service provider staff groups

v. Educational and networking tools and resources via shared learning events and a webpage to coordinate information

vi. A data sharing agreement has been reached for clinical staff working to substance misuse services to have access to the KMPT patient clinical record system (RIO) to expedite patient care. Work is underway to explore the inclusion of Primary Care patient record system in South Kent Coast.

5.2 It is anticipated that the final agreement of the JWPA and Care Pathway will be reached at the next Strategic Steering Group meeting in March 2016.

6 Alcohol Strategy: progress monitoring

6.1 The overall Kent progress towards achieving the aims of the Kent Alcohol Strategy is monitored via the Kent Drug and Alcohol Partnership Group (KDAAP).

6.2 Local District plan activity is reported to the respective local Health and Wellbeing Boards. Notable District activity is included in the KDAAP reports to inform and share good practice.

6.3 Key performance indicators are displayed in Table 3. Subsidiary indicators are also collated for purposes of evaluation at the end of the strategy.

Table 3: Kent alcohol strategy: key progress indicators

Pledge area	Aim	Achievement	DoT
1. Improve prevention and Identification	Screen 9% of the Kent population (18+) Target 106,389	128,542 (121%) More figures to be included.	
2. Improve the Quality of Treatment	Increase number of referrals into treatment services by 15% by 2016 [1].	Trend increasing.	
2 Co-ordinate Enforcement and Responsibility *These elements of the plans are largely taken from the work of Kent Community Safety Partnerships.*	12 police operations per year will be completed e.g. CSP targeted activity within localities Support the work the development of Kent CAPs	Achieved in 2015[2]. Ongoing in 2016. Achieved and ongoing	
3 Tailor the plan to the local community 4 Target Vulnerable groups and Tackle Health Inequalities	Each District will develop a local alcohol action plan. Contained in District plans as locally identified priorities.	Achieved Ongoing. Evaluation at the end of the strategy	 
6 Protect Children and Young People	Reduce alcohol related hospital admissions for those aged under 18 years	The number of admissions is decreasing. Kent is better than the national and South East region - *Appendix 1*	

7 Licensing

7.1 The availability of alcohol is a key factor in relation to reducing the impacts of alcohol related harm and anti-social behaviour. Public Health will hold an event in March 2016 for those involved with licensing decisions in Kent. The aim is to agree how Health data can be incorporated into licensing decisions. More information will follow in the next update.

8 New Chief Medical Officer (CMO) Guidance on Alcohol – January 2016

8.1 There has been new expert guidance for the safe limits for drinking Alcohol. This will mean that the public health team will revise and update current material to incorporate these new messages.
The alcohol limit for men has been lowered to be the same as for women. The UK's Chief Medical Officer (CMO) guideline for both men and women is that:

i. You are safest not to drink regularly more than 14 units per week. This is to keep health risks from drinking alcohol to a low level.

[1] Service Quality Assured by service monitoring of national reports on a range of service indicators and via quarterly KDAAP reports Service information available at: https://www.ndtms.net/default.aspx
[2] These include a variety of activities such as issuing Protected Public Space orders to discourage antisocial behaviour in public places and joint operations with Trading Standards for example.

ii. If you do drink as much as 14 units per week it is best to spread this evenly across the week.
iii. The Chief Medical Officer (CMO) guidance is that pregnant women should not drink any alcohol at all.
iv. If you are pregnant or planning pregnancy, the safest option is not to drink alcohol at all. This is to keep the risks to your baby to a minimum.
v. The more you drink the greater the risk to your baby.

9 Conclusion

9.1 Overall, good progress is being made towards the aims of the Kent alcohol strategy 2014-16.

9.2 Attention should be given to measures to develop methods of sustainable, systematic and comprehensive alcohol identification, screening and referral within statutory organisations. This should include Occupational Health and productivity considerations for Kent employers.

9.3 District plans should be based around the six pledge areas of the strategy. Some key areas for further development at district plan and partnership level displayed in Table 4. This is not an exhaustive list.

Table 4: Recommended areas for action in District plans

Embedding *systematic* screening & IBA in *- contracts* *- practice* *- protocols* *- systems* *- assessment forms* *- referral systems*	Embedding systematic training in workforces especially those working with vulnerable groups.	Incorporate screening into commissioned contracts as far as possible.	Target at local level priority groups – older drinkers and women. *See Kent Public Health Observatory website for local profiles*
Increase referrals into services *E.g. Embed and promote the KYS tool within organisations and businesses e.g. staff awareness and occupational health*	Adapt alcohol integrated care pathway for use. *Public Health can facilitate this*	Consider CQUIN arrangements to facilitate reduction in hospital admissions / related health harms. *e.g. KYS etc.*	Promote Mutual Aid organisations (*incorporate into care pathway)* Partnership support at District level for neighbourhood CAPs

10. Recommendation

Recommendation:
Members of the committee are asked to:

a) note and comment on the progress to date and planned work for the next period; and

b) note that the KDAP partnership and Public Health Team would like the opportunity to bring a more detailed report to the May 2016 Cabinet Committee.

11. Background Documents:

None

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Figure 1: Alcohol specific admissions – under 18s in Kent (LAPE, 2015)

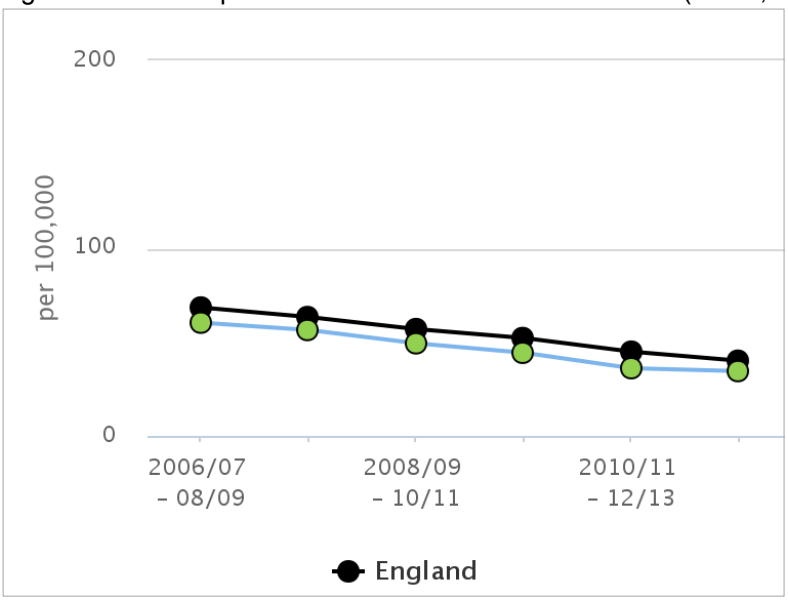

Figure 2: Alcohol specific admissions – under 18s, compared to England and South East region, 2011/12-2013/14 (LAPE, 2015)

Area	Value	Lower CI	Upper CI
England	40.1	39.4	40.7
South East region	35.6	34.1	37.2
Bracknell Forest	16.1	8.6	27.5
Brighton and Hove	63.1	51.0	77.1
Buckinghamshire	22.0	17.4	27.5
East Sussex	42.7	35.8	50.6
Hampshire	36.7	32.7	41.0
Isle of Wight	90.0	70.2	113.7
Kent	34.5	30.9	38.4
Medway	29.9	22.5	38.9
Milton Keynes	16.9	11.6	23.9
Oxfordshire	41.9	35.9	48.6
Portsmouth	37.6	27.7	49.8
Reading	17.5	10.4	27.7
Slough	18.3	11.3	28.0
Southampton	87.1	72.4	104.0
Surrey	33.5	29.5	37.9
West Berkshire	20.6	12.9	31.2
West Sussex	36.4	31.3	42.1
Windsor and Maidenhead	22.3	14.0	33.8
Wokingham	20.4	12.8	30.8

Source: Calculated by Public Health England: Knowledge and Intelligence Team (North West) using data from the Health and Social Care Information Centre - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) -Mid Year Population Estimates

From: Peter Sass, Head of Democratic Services

To: Adult Social Care and Health Cabinet Committee – 10 March 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)

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
Drugs and Alcohol Action Team (DAAT)

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 25 January 2016, 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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Last updated on: 1 March 2016

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

Agenda Section	Items
10 MAY 2016	
B – Key or Significant Cabinet/Cabinet Member Decisions CURRENT/FUTURE DECISIONS	• **Mind the Gap** – key decision • **Domestic Abuse Support Services (now part of the Housing-Related Support Review)**
C – Items for Comment/Rec to Leader/Cabinet Member	• **Transformation and Efficiency partner update –** *regular six-monthly* • **Update on In-House Short Break Services in Kent for People with a Learning Disability**
D – Monitoring	• **Public Health risk management arrangements** • **Update on Alcohol Strategy** (more detail available after March report) • **Work Programme**
E – for Information, and Decisions taken between meetings	○
12 JULY 2016	
B – Key or Significant Cabinet/Cabinet Member Decisions CURRENT/FUTURE DECISIONS	• **Recommissioning of Infrastructure Support to the Voluntary Sector**
C – Items for Comment/Rec to Leader/Cabinet Member	• **Update on Care Act implementation** – 6 monthly • **Employment of Vulnerable Adults** – added at 3 Dec agenda setting • **Community Mental Health and Wellbeing Service** (6months after start of contract)
D – Monitoring	• **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	• **Local Account Annual report** – Final version for Members' comment prior to publication – October or December?
C – Items for Comment/Rec to Leader/Cabinet Member	• **Report back on operation of Kent Drug and Alcohol Services contract (6m after start)**
D – Monitoring	• **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	• **Local Account Annual report** – Final version for Members' comment prior to

Cabinet/Cabinet Member Decisions CURRENT/FUTURE DECISIONS	publication
C – Items for Comment/Rec to Leader/Cabinet Member	• **Transformation and Efficiency partner update –** *regular six-monthly*
D – Monitoring	• **Adult Social Care Performance Dashboards** now to alternate meetings • **Public Health Performance Dashboard** now to alternate meetings • **Work Programme**
E – for Information, and Decisions taken between meetings	
26 JANUARY 2017	
B – Key or Significant Cabinet/Cabinet Member Decisions CURRENT/FUTURE DECISIONS	
C – Items for Comment/Rec to Leader/Cabinet Member	• **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	• **Work Programme**
E – for Information, and Decisions taken between meetings	
14 MARCH 2017	
B – Key or Significant Cabinet/Cabinet Member Decisions CURRENT/FUTURE DECISIONS	
C – Items for Comment/Rec to Leader/Cabinet Member	
D – Monitoring	• **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	

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