ADULT SOCIAL CARE AND HEALTH CABINET COMMITTEE

Tuesday, 11 October, 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

Tuesday, 11 October 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, Mrs P T Cole, Mrs V J Dagger, Mr P J Homewood, Ms D Marsh and Mrs C J Waters
UKIP (2)	Mr H Birkby and Mr A D Crowther
Labour (2)	Mrs P Brivio and Ms A Harrison
Liberal Democrat (1):	Mr S J G Koowaree

Webcasting Notice

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UNRESTRICTED ITEMS

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

A - Committee Business

A1 Introduction/Webcast announcement

A2 Membership - to note that Ms Diane Marsh has joined the Panel to fill the vacancy left by the recent death of Robert Brookbank.

A3 Apologies and Substitutes

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

A4 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.

A5 Minutes of the meeting held on 12 July 2016 (Pages 7 - 20)

To consider and approve the minutes as a correct record.

A6 Verbal updates by the Cabinet Member and Directors (Pages 21 - 22)

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 Commissioning of Integrated Domestic Abuse Services (16/00014) (Pages 23 - 36)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Social Care, Health and Wellbeing on the proposed commissioning approach for domestic abuse service provision in Kent, which the Committee is invited either to endorse or make a recommendation to the Cabinet Member.

B2 Accommodation-based Short Breaks Model (16/00067) (Pages 37 - 96)

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 future provision of accommodation-based short breaks for children, young people and adults with a disability. The Committee is asked to consider and endorse or make recommendations to the Cabinet Member on the proposed way forward.

B3 Community Day Services for People with a Learning Disability and/or Physical Disability (16/00089) (Pages 97 - 106)

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 commission of day services through the external marketplace. The Committee is asked to consider and endorse or make recommendations to the Cabinet Member on the proposed decision to recommission.

B4 Local Account for Kent Adult Social Care (April 2015 - March 2016) (16/00090) (Pages 107 - 166)

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 annual Local Account report, which the Committee is invited either to endorse or make a recommendation to the Cabinet Member.

B5 Sexual Health Services - contract extensions (16/00095) (Pages 167 - 176)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Director of Public Health on the commissioning of sexual health services. The Committee is asked to consider and endorse or make recommendations to the Cabinet Member on the proposed extension of the

existing contracts to 31 March 2019.

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

C1 Public Health Adult Substance Misuse Service procurements (Pages 177 - 182)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Director of Public Health on procurement of services in East Kent and in the Prisons service.

C2 Shaping the Future - Care Quality Commission Strategy for 2016 - 2021 (Pages 183 - 188)

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 Care Quality Commission Strategy, on which the Committee is invited to comment.

C3 Care Act - update on the implementation (Pages 189 - 194)

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 implementation of the Care Act from April 2015, on which the Committee is invited to comment.

C4 Your Life, Your Well-being - A Vision and Strategy for Adult Social Care, 2016 - 2021 (Pages 195 - 270)

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 Strategy, on which the Committee is invited to comment.

D - Monitoring

D1 Annual Equality and Diversity Report (Pages 271 - 278)

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 equality and diversity work and progress on the County Council's equality objectives for 2015/16.

D2 Community Mental Health and Wellbeing Service - Live Well Kent (Pages 279 - 318)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Social Care, Health and Wellbeing on progress made in commissioning the new service, its strategic direction and performance, on which the Committee is invited to comment.

D3 Public Health West Kent Substance Misuse Service Update - Adults (Pages 319 - 322)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Director of Public Health on the new service model in West Kent substance misuse services and an update on the procurement process, on

which the Committee is invited to comment.

D4 Commissioning Options for the re-provision of Dementia Day Services currently provided at the Dorothy Lucy Centre (Pages 323 - 334)

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 a proposal to re-provide the dementia day care currently provided by the Dorothy Lucy Centre through existing external provision, rather than a block contract, from April 2017.

D5 Work Programme 2016/17 (Pages 335 - 340)

To receive a report on the Committee's work programme.

E - FOR INFORMATION ONLY

EXEMPT ITEMS

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

Benjamin Watts,
General Counsel (Interim)
03000 416814

Monday, 3 October 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 Tuesday, 12 July 2016.

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

ALSO PRESENT: Mr P B Carter, CBE and Mr G K Gibbens

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

UNRESTRICTED ITEMS

10. Membership
(Item A2)

Members noted that Ms A Harrison had joined the committee in place of Mr T A Maddison.

11. Apologies and Substitutes
(Item A3)

Apologies for absence had been received from Mrs Brivio, Mr Brookbank and Mr Koowaree.

Mrs Howes was present as a substitute for Mrs Brivio and Mr Bird as a substitute for Mr Koowaree.

12. Declarations of Interest by Members in items on the Agenda
(Item A4)

There were no declarations of interest.

13. Minutes of the meeting held on 10 May 2016
(Item A5)

RESOLVED that the minutes of the meeting held on 10 May 2016 are correctly recorded and they be signed by the Chairman. There were no matters arising.

14. Verbal updates by the Cabinet Member and Directors
(Item A6)

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

17 May Spoke at Live Well Kent Launch Event at Canterbury Christ Church University – this had provided an opportunity to meet with providers and service users. *A further report on Live Well Kent would be made to a future meeting of this committee*.
19 May Attended Kent Integrated Care Alliance Conference at Ashford International Hotel
25 May Attended South East England Councils and South East Strategic Leader joint Health and Social Care Integration Workshop at King's College, London – the Leader of the County Council has spoken at this event, which sought to advance the integration of health and social care services.
Short Breaks Consultation – this had started on 7 June and would run for 12 weeks, and was concerned with accommodation–based short breaks for people with disabilities, particularly at Osbourne Court in Faversham. One aim of the review was to improve the transition from children's to adult services. An information pack had been issued and presentations made to local focus groups, to seek to shape the services to suit those who relied on them. Ms Southern assured the committee that there was no plan to reduce services. There had been a good response so far to the consultation *and a further report would be made to this committee in October.*

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

Update on Adults Transformation and the start of Phase 3 – he had visited all NHS Trusts and clinical commissioning groups (CCGs) to identify issues which would need to be addressed as part of the transformation, to ensure integration of these issues in the NHS's 5 year plan and to identify opportunities for joint working.
Blackburn Lodge's recent "Good" CQC Inspection – the home had achieved a good rating, despite recent challenges, and staff were congratulated by Members on their hard work to maintain standards during this time.
Meeting with Helen Greatorex, new Chief Executive of Kent and Medway Partnership Trust – Ms Greatorex was committed to working with local authorities and the ongoing relationship between the County Council and NHS Trusts was good.
Update on CQC Strategy – the 'Shaping the Future' strategy document for 2016 to 2021 had set up a new, collaborative, responsive approach. *A full briefing on this would be given to the October meeting of this committee.*

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

Community Pharmacies – a letter from Mr Gibbens and the Cabinet Member for Education and Health Reform, Roger Gough, had been sent to the Minister to seek to secure adequate funding for pharmacies in rural and edge-of-town locations. It had been good to have the recent news that NHS funding would be made available to support the integration of primary care and community pharmacies. Mr Scott-Clark added that pharmacies facing hardship could bid to access this funding via pharmacy access schemes, based on location and local need. Local Pharmaceutical Committees had expressed concern about the viability of suburban and rural pharmacies.
29 June Spoke at Perinatal Mental Health Conference at Canterbury Christ Church University

29 June Visited Turning Point substance misuse services in Canterbury - it had been encouraging to see the increased confidence that the service was able to give people and to see former users who had benefited from support returning to mentor others.

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

Community Pharmacy funding – covered above
NHS Sustainability and Transformation Plans: Prevention – prevention had previously been a key issue in the NHS 5 year plan, and the County Council Public Health team would support enhanced intervention and seek to promote priorities such as addressing obesity, achieving parity of esteem for mental and physical health and encouraging employers to take workplace health and lifestyle choices such as drinking and smoking seriously.
Work with the Town and Country Planning Association – the County Council's Public Health team would work with Public Health England, district councils, local CCGs and Health and Wellbeing Boards to address the issue of planning health more systematically and effectively into the infrastructure of new developments, in terms of green space and walking and cycling routes.
Healthy New Towns/Ebbsfleet – related to the above, Ebbsfleet had been awarded Health New Towns status, and Public Health would work with Public Health England, the district council, local CCG and the Ebbsfleet Development Corporation to address issues such as building a healthy environment and linking health services to the local transport network.

Members made the following comments:

a) news of the Ebbsfleet Healthy New Towns initiative was welcomed, and the importance of supporting and developing existing communities emphasised; and

b) concern was expressed that the County Council might put resources into services such as those to support people to stop smoking that the public may not then use, for example, preferring familiar high street providers such as Boots. If such services were to be invested in, the public should be encouraged to use them. Mr Scott-Clark explained that NHS Sustainability and Transformation Plans (STPs) included a drive to encourage clinicians to treat smoking as a clinical illness instead of a social illness, as they had previously done. The 'stop smoking' service would be sub-contracted to pharmacies, and he undertook to give Members the details of local pharmacies offering the service outside the meeting.

5. RESOLVED that the verbal updates be noted, with thanks.

15. Re-commissioning of Infrastructure Support to the Voluntary and Community Sector (16/00051)
(Item B1)

Mr P B Carter, Leader of the Council and Cabinet Member for Business Strategy, Audit and Transformation and Commercial and Traded Services, was present for this item, and Ms S Sheppard, Commissioning Manager, Community Support, was in attendance.

1. Ms Sheppard introduced the report and explained that the Commissioning Advisory Board (CAB) had considered the issue on 6 July, at which the following points had been raised:-

a) concern had been raised about the independence of infrastructure providers, and the fact that they were viewed as competitors by the organisations they supported because many were also service providers. Infrastructure providers would need to demonstrate that they could separate their infrastructure and service provider roles effectively; and

b) the value of the contract would diminish over its length, and services would need to be self-sustaining in providing support. Bidders would need to identify how they would achieve this sustainability.

2. Members who had attended the CAB meeting added that reservations had been expressed there, and the board had requested changes to the report. Ms Sheppard explained that the agenda and reports for this committee had been published before the board meeting and so it had not been possible to update the report to this committee.

3. In debate, Members made the following comments:-

a) the rationale for using the best available organisations working together as a team was understood, but an alliance was only as good as its weakest link and doubts were expressed about how well the arrangement would work. Ms Sheppard responded that peer support could be used to share expertise and spread best practice across the range of large and small organisations;

b) concern was expressed that, if services were to be delivered by volunteers, skill levels and the quality of training could be difficult to monitor and guarantee. Ms Sheppard explained that volunteer centres would take on a brokerage role, so neither they nor the County Council would be liable for problems arising from shortcomings in volunteers. The brokerage role was a traditional one within the sector, but an ongoing challenge to be addressed was a way to make volunteering more flexible so more people could be encouraged to volunteer in ways which fitted their time, capacity and skills;

c) the change in arrangement would save £500,000, and the value of making the extensive changes proposed to achieve this saving was questioned;

d) the proposed 3- or 5-year contract would bring future certainty to providers who currently had no such certainty around ongoing funding from year to year;

e) the overview of the voluntary and community sector which would be possible with the recommissioning would make it easier for best practice to be shared and spread, and for areas of particular hardship to be highlighted for further help; and

f) the voluntary sector and the services it provided were of enormous value to the County Council, but the true value could only be calculated if the number of hours donated by volunteers were identified and added together. Concern was expressed that, if the voluntary sector were not able to provide a service at any time, the County Council may be unable to plug the resulting gap.

4. In addition to Ms Sheppard's responses, Mr Lobban assured Members that the proposed recommissioning was in no way to be seen as a way of cutting funding or support to the voluntary sector. He emphasised the importance of the sector and said the purpose of the recommissioning was to protect service delivery and review the approach to ensure the most effective delivery. He assured Members that, if consultation had indicated that the recommissioning would be detrimental to the voluntary sector in any way, it would not have been pursued. Mr Ireland added that, in the new arrangement, the County Council would be able to direct the most support to the organisations delivering the most critical support services, while providing all with the stability of a longer-term contract and allowing them to plan ahead with more certainty than previously.

5. Mr Carter emphasised the importance of the proposed new contract in the County Council's relationship with the voluntary sector and the importance, therefore, of getting its content right. For that reason, it had been referred to the Commissioning Advisory Board for discussion, even though its value was below the usual threshold of £1m. The County Council sought to work more closely with the voluntary sector, which added great value but was a very complex part of the industry. Consultation had shown mixed views from the sector on the County Council's current support arrangements, and the new contract was a way of improving this support. He advised that the issue would be considered by the Strategic Commissioning Board before the contract was finally issued, to ensure that it gave existing organisations optimum support and encouraged new ones to grow. The County Council needed to harness the skills and creativity of the voluntary sector and he hoped that the Cabinet Committee would support the recommissioning as a constructive way forward. He reassured the committee that the selection of organisations to which contracts should be awarded would be carefully undertaken. He suggested strengthening the first recommendation in the report by adding a condition that the ending of the current grant funding arrangements be subject to there first being a good model of alternative delivery in place.

6. RESOLVED that the decision proposed to be taken by the Leader of the Council and Cabinet Member for Business Strategy, Audit and Transformation and Commercial and Traded Services, to:

a) confirm that the current grant funding arrangements to Local Infrastructure Organisations will end, subject to there first being a good model of alternative delivery in place;

b) procure and award a new contract which meets the outcomes identified in section 4.2 of the report and commences from January 2017; and

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,

be endorsed.

Mr G K Gibbens, Cabinet Member for Adult Social Care and Public Health, joined the meeting at this point.

16. Chlamydia Testing Service Contract Extension (16/00062)
(Item B2)

Ms K Sharp, Head of Public Health Commissioning, was in attendance for this item.

1. Ms Sharp introduced the report and assured Members that the proposed extension was already covered in the Public Health budget. The contract was performance-based and payment for services would depend on required levels of performance having been met. A separate tendering exercise for future services would be undertaken in time for a new contract to be awarded.

2. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to extend the existing contract for the chlamydia testing service to 31 July 2017, be endorsed.

17. 'Mind the Gap' - Health Inequalities Action Plan for Kent, 2016
(Item C1)

1. Mr Scott-Clark introduced the report and set out progress since last reporting to this committee in September 2015. The County Council's Health Outcomes Framework (HOF) aimed not only to improve health but to reduce health inequalities across the county. He explained that, although the overall health of people in Kent had improved in recent years, the gap between those with good health and those with poor health had not improved. Section 2 of the report set out how health inequalities were measured across the county, and Mr Scott-Clark emphasised the importance of approaching the issue by using a very localised approach, by encouraging local Health and Wellbeing Boards to take ownership of the issue and making use of existing organisations and initiatives. The committee was asked to support this approach, with *further detailed plans being presented to the committee in January 2017.*

2. Mr Scott-Clark responded to the following comments and questions from Members:

a) the divisions of the county used to identify trends were small – typically between 1,000 and 1,500 people – so relatively small numbers of people could alter patterns;

b) a view was expressed that health professionals could do better than to 'practise what they preach' or to 'lead from the front', as NHS staff often had quite unhealthy behaviours, which set a bad example. Mr Scott-Clark referred back to his earlier comment about the NHS Sustainability and Transformation Plans needing to take workplace health seriously, and this was a good example of why it should do so;

c) factors such as air pollution also needed to be taken into account, and links with district councils could help Public Health to understand the importance of this to general health, especially when considered alongside rates of smoking; and

d) the report and the work which had preceded it were welcomed as a tool for Members to use in addressing health issues in their local areas. Local Members were better placed than a committee to understand the issues prevalent in any one area of the county and could make use of local links and knowledge.

3. The Cabinet Member, Mr Gibbens, acknowledged the value of local knowledge and added that the Health and Wellbeing Boards, which had also considered the report, could progress the action plan via local Health and Wellbeing Boards. He said he would also look into adding Public Health issues to the regular area Member briefings, and advised Members that each area had an allocated Public Health officer who could help Members to find out and interpret health information about health inequalities.

4. RESOLVED that the analysis and progress in developing the next 'Mind the Gap' Health Inequalities Action Plan for Kent be endorsed.

18. Update on Health Improvement Services Transformation Programme
(Item C2)

Ms K Sharp, Head of Public Health Commissioning, was in attendance for this item.

1. Ms Sharp introduced the report and explained that a separate tendering exercise for future services would be undertaken in autumn 2016. She set out ways in which the County Council was engaging key partners to explore how services could be linked within communities, for example, linking to the Growth and Economic Development directorate to encourage green tourism, and by making use of new technology such as apps and fit-bits. She responded to comments and questions from Members, as follows:

a) the report stated that 75% of respondents had agreed with the proposed model, and Ms Sharp confirmed that the number of respondents had been relatively small, around one hundred. She added that separate 'insight' pieces of work and work with focus groups within each district of the county would also be undertaken. These would allow observation of local patterns of behaviour and show how new services would need to be shaped;

b) the robust measures referred to, which would monitor activity and be used to track outcomes, would also allow links to be made between patterns of associated behaviours, for example drugs and alcohol use, and identify relationships between such behaviours – for example, people stopping smoking often tended to start eating more instead;

c) the action plan would seek to encourage people to use available technology as far as possible, as this had a lower unit cost than other methods of communication, and communication of Public Health

campaigns would need to follow their intended audience, for example at leisure facilities, in pubs, etc.; and

d) in response to a question about broadening the scope of the health trainer model, Ms Sharp explained that, as health trainers had credibility in the community, Public Health would indeed seek to extend the project, for example the health trainer model did not currently cover mental health issues. A pilot programme for health trainers was currently based in a GPs' surgery and utilised GPs' lists to identify patients who could most benefit from the service. However, it was important always to bear in mind that not everyone wanted to address general health issues with their GP and may prefer to receive support in other ways. Flexibility was needed to be able to measure service delivery, wherever and however it was delivered.

2. RESOLVED that the progress with partners on the re-commissioning of adult health improvement services be noted and the direction of travel be endorsed, and a competitive tendering of a new model, based on the key points identified in the report, be supported.

19. Proposed Kent Drug and Alcohol Strategy, 2017-2022
(Item C3)

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

1. Ms Mookherjee introduced the report and outlined the engagement and development work undertaken since last updating the committee on the previous drug and alcohol strategy, and set out the challenges presented by changing patterns of drug use, including increased use by older people and increasing mortality. Public consultation on the new strategy would run from August to October 2016. Ms Mookherjee responded to comments and questions from Members, as follows:

a) the report and the briefing it provided were welcomed in helping Members to understand current patterns of drug and alcohol use;

b) in addressing drug use, it was important to tackle the supply of drugs and to seek to use sequestration orders to channel the money made from selling drugs into projects to support and treat users. Ms Mookherjee explained that this would require very close working with the Police, who were already a key partner in developing the strategy;

c) the consumption of alcohol in public houses was not as much of a problem as consumption at home. In licensed premises, alcohol was more expensive, and a responsible publican would refuse to serve someone who was obviously already drunk; both of these would effectively limit the amount of alcohol which could be consumed. However, in supermarkets, alcohol was frequently discounted and could be consumed to excess at home, without the check of a watching publican; and

d) the report on cannabis use in Kent had responded to a request made at the previous meeting and was welcomed.

2. RESOLVED that the proposal for the Kent Drug and Alcohol Strategy (2017-2022), specifically the main themes of the strategy and the timeline, be noted, and the approach taken be endorsed.

20. Adult Social Care Performance Dashboard
(Item D1)

Mr J Hardman, Performance Manager, was in attendance for this item.

1. Mr Hardman introduced the report and explained that performance currently rated amber was making very good progress towards achieving the required targets.

2. In response to a question about a target having been increased, Mr Hardman explained that, at the start of the current financial year, some targets had been increased to present a new and more challenging level to aim for, to encourage continued improvement. He added that some patterns of service use would impact upon others, and while one increased, another would decrease. For example, an increase in the take-up of nursing care places would often show a corresponding decrease in the take-up of residential care places, and targets for the two would occasionally need to be re-aligned.

3. RESOLVED that the information set out in the Adult Social Care performance dashboard, and given in response to comments and questions, be noted, with thanks.

21. Public Health Performance - Adults
(Item D2)

Ms K Sharp, Head of Public Health Commissioning, was in attendance for this item.

1. Ms Sharp introduced the report and explained the rationale for the changes to measuring and reporting chlamydia detection and substance misuse, for which the committee's support was being sought. Mr Scott-Clark then responded to comments and questions from Members, as follows:-

a) the percentage of adults in Kent classified as overweight or obese was rated amber, although the actual figure – just over 65% - was surprisingly high. Mr Scott-Clark explained that this measure had only been applied nationally in 2012 and very little comparison data was yet available. In this situation, Kent compared favourably to the national average, and was hence rated amber. 'Overweight' referred to adults with a body mass index (BMI) of between 25 and 30, and 'obese' referred to those with a BMI of 30 or above. GPs collected data but there was known to be much under-reporting as only those visiting their GP could be measured and counted. By placing professionally-trained health trainers in GPs' surgeries, this pattern could start to be addressed; and

b) asked why some data used, for example, the obesity data mentioned above, was so old, Mr Scott-Clark explained that, because of the way in which Public Health data was collected and verified nationally, it was not unusual for there to be a delay in reliable data becoming available for use.

2. RESOLVED that:-

a) the performance outlined in this report be noted;

b) the chlamydia detection metric be temporarily removed whilst system-wide concerns on recording and reporting are resolved and Public Health calculate a robust alternative; and

c) the substance misuse measure be changed from 'opiate-only' re-presentation to 'all clients planned exits'.

22. Public Health Communications and Campaigns Update
(Item D3)

Mr W Gough, Business Planning and Strategy Manager, was in attendance for this item.

1. Mr Gough introduced the report and explained that the Public Health team had built on experience gained in past campaigns and was now able to make the most flexible use of traditional and social media and interactive downloads to reach the optimum audience.

2. Members praised the clarity and impact of the campaign materials, especially those for the 'Release the Pressure' campaign to reduce the suicide rate amongst men.

3. RESOLVED that the progress and impact of Public Health campaigns in 2015/16, and the key developments planned for 2016/17, be noted and welcomed.

23. Adult Social Care Annual Complaints Report (2015 - 2016)
(Item D4)

Mr A Mort, Customer Care and Operations Manager, was in attendance for this item.

1. Mr Mort introduced the report and explained that, although local authorities were required to have in place a procedure for responding to complaints, and to publish an annual report on the number and type of complaints received and the measures taken to respond to and address them, the County Council always sought to exceed this minimum requirement and strive for best practice in complaint handling. It also sought to apply the lessons learnt from past complaints to improve future service delivery.

2. The number of complaints received in 2015-16 had increased, possibly due to increased pressure on services, and the key theme was communications. Compliments were also logged and they highlighted the positive and professional support given by staff and the benefits gained by service users from initiatives such as the enablement program.

3. In response to a question about how the Council responded to complaints, Mr Mort explained that the response and the method used would take account of the nature and complexity of the complaint. For a very complex complaint, an

independent investigation would be commissioned, but, in most cases, a face-to-face meeting would be arranged, wherever possible, or a manager would telephone the complainant to talk through issues.

4. RESOLVED that the information set out in the report, and given in response to a question, be noted, with thanks.

24. Business Plan/Contract Management - new regular item
(Item D5)

1. The Chairman introduced the item by explaining that all Cabinet Committees had been asked to adopt a new regular item of business under which they would have an opportunity to discuss and comment on current contracts relating to the services within their respective remits. Committees were being asked to consider how they wished to approach and organise this new activity.

2. In discussing the issue, Members contributed the following comments and views:

a) it would be impossible to look at all contracts; two or three could be selected at a time for detailed scrutiny;

b) there may not be a report to every meeting, only when a particular contract was of concern;

c) the basic need would be to establish if a contract were working properly, and if not, why not, and what could be done to address problems. It would be vital to seek officers' help in identifying this;

d) if a contract were identified for scrutiny at the next meeting, it would be difficult for the committee to read about it in sufficient depth in the week between publishing the agenda papers and attending the meeting to discuss it;

e) it was not desired that the committee would hold additional meetings to accommodate contract management activity, but to look at things properly it was likely that meetings would become longer, perhaps with committee business in the morning and contract management discussion in the afternoon;

f) it may be that discussion of contracts would need to take place in a closed session. The depth of detail covered and the nature of the discussion would determine this;

g) transparency was important but to discuss issues properly, such discussion would have to take place in a closed session;

h) the committee may not need to see actual contract documents; it would just need to have access to the regular monitoring activity undertaken to measure performance and outcomes, and would need to understand what the performance measures were for each contract;

i) if the committee wished to dig deeper than this, a working group could be established to look at contracts in depth. The work of this group would depend on the issues identified and would allow more scope than having a restricted report to a committee meeting;

j) a working group would comprise only three or four members. It would be better if the whole committee had an opportunity to discuss a contract and come to a view on it;

k) it was essential that a working group had officer support as officers would know the detail of service delivery. The working group could make site visits to see service delivery at first hand and would then report back to the committee. Previously, Select Committees had tried a 'rapporteur' approach to information gathering, in which one Member would visit a site alone and make a report back to the committee, but some Members had not been comfortable with this solo working and would prefer officer support;

l) a summary of each contract could be prepared, perhaps just one A4 sheet, setting out basic information, such as the contract holder and the requirements of the contract.

3. Mr Ireland pointed out the very large number of contracts currently relating to health and social care service delivery, with a wide range of values. The committee would need to identify which of these it wished to look at, by perhaps identifying a threshold value or minimum geographical spread for contracts to be examined. He suggested that a register of contracts, summarising their purpose and value, would help the committee to identify this, and offered to supply this to the committee's October meeting. Mr Lobban added that the County Council let a number of generic contracts to a wide number of different contractors across the county. Members would need to be clear of the extent to which they wanted to look at a contract and the extent to which they wanted to look at a contractor.

m) the Commissioning Advisory Board looked at proposed contracts above a £1m threshold, before procurement, whereas the committee's role would be to monitor the performance of contracts, after procurement. This could be done most effectively when a contract had been running for six or twelve months. However, officers would already be undertaking this monitoring using standard Kent Performance Indicators (KPIs), as part of their role as commissioners. The committee could then take an overall view of any persistent under-performance. It could also take advantage of local Members' local knowledge;

n) the committee did not have legal or specialist knowledge so would always need to have the most knowledgeable officers present during any discussion of contract detail;

o) Members trusted officers, who would monitor the performance of contracts and contractors, and it was expected that any problem would have been identified by officers and would be dealt with promptly. For any service delivery problems identified in media coverage, Members would need to

receive a very prompt briefing by officers so they would be well informed and able to comment locally, if required to;

p) some Members were nervous of labelling anything on any list of contract performance with a red RAG rating; perhaps a 'double-amber' could be used instead. Mr Scott-Clark advised that, in reporting the RAG ratings, it was important to be honest about performance and identify problems where these existed; and

q) the committee's contract monitoring work could result in it making a recommendation which would inform the next round of procurement.

4. RESOLVED that comments and views on the committee's emerging new role be noted, with thanks.

25. Work Programme 2016/17
(Item D6)

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

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By: Mr G K Gibbens, Cabinet Member for Adult Social Care and Public Health

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

Mr A Scott-Clark, Director of Public Health

To: Adult Social Care and Health Cabinet Committee – 11 October 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. Launch of Adult Social Care Strategy Consultation
2. King's Fund/Nuffield Social Care for Older People
3. 29 September – Spoke at Hot Potato Dementia Event in Herne Bay
4. 5 October – Spoke at Safeguarding provider event as part of Safeguarding awareness week

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

1. Statutory Care and Support Guidance
2. National Survey on the Care Act
3. Consultation on changes to Attendance Allowance

Adult Public Health

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

1. Child Obesity Plan
2. Parliamentary Select Committee report into Public Health post reforms
3. Community Pharmacies
4. 13 September – Attended Public Health England Conference at Warwick University in Coventry
5. 20 September – Attended roundtable at The King's Fund about the role of a pharmacy as a community asset

Director of Public Health – Mr A Scott-Clark

1. Introduction to new Deputy Director of Public Health Allison Duggal
2. Diabetes Wellness (DWELL) programme

3. New Health Profiles published

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 - 11 October 2016
Subject:	**COMMISSIONING OF INTEGRATED DOMESTIC ABUSE SERVICES**
Decision No:	16/00014
Classification:	Unrestricted
Past Pathway of Paper:	Strategic Commissioning Board - 8 and 22 September 2016 Commissioning Advisory Board - 23 September 2016
Future Pathway of Paper:	Cabinet Member decision
Electoral Division:	All

Summary: Domestic Abuse has a significant impact on families and individuals in Kent. The number of reported incidents is increasing, along with demand in all associated agencies and services. Historically, the provision of services has been commissioned or grant funded by a wide range of agencies including the Office of the Police and Crime Commissioner, district and boroughs and Kent County Council. These disparate and complex funding arrangements lead provision to be complex and pathways unclear. Arrangements are often short term and services are not well networked together. There is duplication either in geography or function whilst elsewhere gaps exist.

The Council worked with its partners, stakeholders and with survivors of abuse to plan to recommission these services from a pooled budget in a more integrated and outcome focussed way. This approach is supported by a broad base of research and evidence from for example Joint Strategic Needs Assessment, NICE Guidance. In adopting an approach based on co-production and co-design, the Council plans to bring together service provision in a more efficient, cost effective and sustainable manner that improves services for those experiencing domestic abuse intervening earlier and reducing harm to both adults and children.

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

a) **NOTE** the funding for domestic abuse services from 2017/18;

b) **COMMENT** on the proposed commissioning approach for domestic abuse provision in Kent; and

c) **CONSIDER** and **ENDORSE**, or **MAKE RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (Attached as Appendix 1) to commission integrated services for domestic abuse support and

delegate to the Corporate Director of Social Care Health and Wellbeing, or other suitable nominated officer, authority to implement that decision.

1. Introduction

1.1 The Council is a significant partner in the funding and commissioning of services for those experiencing or recovering from domestic abuse and also has responsibility for domestic homicide reviews in the event of the death of an individual that is considered to be as a result of domestic abuse.

1.2 Domestic abuse services are currently commissioned by a number of agencies, including the Police and Crime Commissioner, districts and boroughs.

1.3 As a result of the funding arrangements service provision for domestic abuse is complex and its pathways unclear. The lack of strategic oversight means that arrangements are often short term and unsustainable, which makes innovation difficult. There is an amount of overlap in either geography or function and existing services are not well networked together. There are also gaps in services for a number of groups including with more complex issues such as substance misuse.

1.4 Following endorsement by the Adult Social Care and Health Cabinet Committee in December 2015, work has been undertaken to examine how these services could be reshaped to be fit for purpose in the future.

1.5 Since the last report a programme of Joint Targeted Area Inspections (JTAI) have been announced by Government.

1.6 JTAI on the theme of domestic abuse began in September 2016. The joint inspections will be carried out by inspectorates including Ofsted, Care Quality Commission, HMI Constabulary and HMI Probation. The purpose of the inspections is to examine how well Local Authorities and their partners are working together to protect children living with domestic abuse.

2. Context

2.1 Based on The Home Office's 'ready reckoner' tool it is estimated that there are approximately 60,000 victims of domestic abuse in Kent and Medway at a cost of around £170m annually with about £40m of this cost connected to wellbeing and social care.

2.2 There have been consistent increases in domestic abuse incidents reported to Kent Police, with 3,000 more incidents in 2014/15 than in 2013/14. There are currently approximately 28,000 incidents reported to Kent Police each year.

2.3 Demand for support services continues to rise, with multi agency risk assessment conferences referrals rising by over 30% since 2012, and referrals for Independent Domestic Violence Advisor (IDVA) support showing a 64% increase since 2013/14. Demand for floating support services is also increasing, with utilisation for this service currently at 103% of the contract capacity. Refuges are consistently full, with lack of suitable move-on

opportunities causing issues with 'bed blocking' delaying new entrants to refuge support.

2.4 Recent work indicates that domestic abuse is a factor in over 4,000 family assessments a year with over 17,500 children in Kent having been exposed to domestic abuse.

2.5 There have been 17 incidents of domestic homicide in Kent in the last four years. The Council holds responsibility for domestic homicide reviews. The estimated cost of a domestic homicide review in an upper tier authority is in the region of £20k.

3. Summary of activity to date

3.1 A Commissioning Task and Finish Group, comprised of key commissioning partners including the Office of the Police and Crime Commissioner (OPCC), Kent Police, Kent Fire and Rescue Service and District and Borough Councils has worked together to formulate a collaborative approach to commissioning domestic abuse services in Kent from a pooled budget. As experienced commissioners and significant investors, it was agreed that Kent County Council (KCC) should lead on the commissioning and procurement of the revised integrated service.

3.2 The Commissioning Task and Finish group has undertaken significant work in devising a flexible, holistic specification for an integrated domestic abuse service, which works towards reshaping current provision to offer greater consistency and range of support across the county. Initially, a single countywide solution was put forward for discussion.

3.3 A wide range of consultation and engagement events have been held to support the development and co-design of the integrated service. These include:-

- Three events with funding partners and a range of face to face meetings with individual partners
- Two market engagement events with existing and potential providers
- Public consultation including four face-to-face focus groups and an online survey, open from 8 June to 15 August.

3.4 The feedback from these events has been used to refine and define the revised model and commissioning approach proposed.

4. Commissioning Approach

4.1 The three largest commissioned services are Women's Refuges, IDVAs and Floating Support. Refuges and Floating Support are commissioned by KCC. The IDVA service is partnership funded, with the OPCC holding the contract.

4.2 All three contracts are due to end on 31 March 2017, presenting an opportunity to review and improve how the services are commissioned and delivered to ensure good levels of access and provision across the county.

4.3 The proposal from KCC is to integrate the three primary areas of commissioning into a holistic model of support, improving client pathways and consistency of support across Kent. Provision in the Unitary Authority of Medway is not to be included in the integrated model.

4.4 The commissioning objectives are to deliver:-

- An integrated pathway where support can be stepped up and down seamlessly
- A single referral point and triage process "No wrong door"
- Increased emphasis on prevention and early intervention
- Improved services (and access) to diverse communities
- Victims given most appropriate support
- Increased support for standard and medium risk victims whilst maintaining support for high risk victims

4.5 The strengthened preventative response, enabling agencies to intervene earlier will reduce reliance on high risk, crisis interventions and ultimately reduce harm.

4.6 The integrated service will contain elements of provisions in four essential areas:-

- Referral, Assessment and Triage
- Accommodation
- Community Interventions
- Training, Awareness and Education

4.7 An illustration of the proposed model is provided in Appendix 2. The model ensures that a consistent countywide approach to entry into support provision and agreements and training is balanced with a localised model of support delivery.

4.8 An agreement will be put in place between partners, stakeholders and providers that will describe how agencies will work together to ensure that pathways are clear, services delivery is joined up and responsible agencies are held to account for the outcomes achieved.

4.9 Some district partners have indicated that they would prefer to retain responsibility for certain aspects of community interventions themselves. The agreement will ensure that the services delivered under these local district arrangements articulate properly with integrated model to deliver clear, measurable outcomes that give parity to the support offer to domestic abuse survivors elsewhere in the county.

4.8 This principle of clear articulation with provision outside the model will be particularly important in order to ensure a robust approach to those with complex needs e.g. mental health, drug/alcohol/ domestic abuse known as the "Toxic Trio", a significant feature in many of the domestic homicides that have occurred in Kent to date.

4.9 In addition to the operational benefits of a recommissioned model, the revised arrangements will enable strategic change to be driven forward throughout the life of the contract. Whilst the specification for the service will be clear and ensure a standard of service across all interventions, it will be designed to be

flexible and responsive. The service and specification will evolve and develop over the contract term, providing a platform for innovation and strategic thinking.

4.10 During the contract term the opportunity also exists to simplify the governance of the sector, securing the best strategic fit.

5. Procurement Timeline

5.1 In order to ensure seamless and continuous service provision, the new integrated service should begin on 1 April 2017 and the following milestones are in place:-

- Tender Opportunity published through the Kent Business Portal in mid-October, open for 1 month
- Outcome decided mid- December
- Outcome announced and contract awarded January 2017
- Closely managed transition and mobilisation period before go live on 1 April 2017

5.2 Unfortunately the next Adult Social Care and Health Cabinet Committee on 6 December 2016 will be too early to report the outcome of the tender exercise. However the subsequent one on the 26 January 2017 will be too late to allow the necessary mobilisation before 1 April 2017. Therefore it is proposed to decide the outcome between Cabinet Committee meetings and report it retrospectively on 26 January 2017.

6. Financial Implications

6.1 The proposed amount to be spent on the newly commissioned service in Kent is £2.3m. A summary of the funding arrangements and partners is provided in Appendix 3.

6.2 This commissioning activity will not deliver immediate cashable savings. The county council does not propose to reduce its contribution to domestic abuse provision at a time of increasing demand. Through commissioning a more robust model of support, associated costs to the Council, through increased involvement from social care and rising demands on crisis intervention will be diminished**.**

6.3 The Council's financial commitment to adult domestic abuse provision will be £2.04m. This will be supplemented by the contributions from partner agencies to swell the pooled pot to £2.3m.

7. Legal implications

7.1 Legal agreement between funding partners is currently being designed and legal advice is being sought.

7.2 In November 2010, the Home Office set out a 'Call to End Violence Against Women and Girls' Strategy, with the main themes focussing on:

- prevention
- the provision of good quality services and
- improved partnership working

7.3 Since the inception of the strategy, the legislative landscape has changed to include forced marriage, and coercive and controlling behaviour.

7.4 Furthermore, the introduction of the Domestic Violence Disclosure Scheme and Domestic Violence Protection Orders provide improved options in keeping victims of abuse safe in their own communities and avoiding potential or further victimisation.

8. Equalities implications

8.1 An equality impact assessment for the commissioning of an integrated domestic abuse service has been completed, and a copy is available on request.

8.2 The reshaped service provides an opportunity to better serve the needs of those from diverse and hard to reach communities and those with protected characteristics.

9. Other corporate implications

9.1 The recommissioning of domestic abuse services in this way will lend itself well to improving clarity between council's other existing or newly commissioned services e.g. those for families, mental health and substance misuse.

10. Conclusions

10.1 Following endorsement by the Adult Social Care and Health Cabinet Committee in December 2015, the Council has set about working collaboratively with its partners to establish how domestic abuse services could be reshaped into an integrated offer from a pooled budget and better serve the rising needs of Kent residents.

10.2 Extensive co-design with a broad range of stakeholders has resulted in a model that provides a stable, sustainable platform for a consistent offer to survivors across the county whilst enabling local needs to be addressed in the short term, as well as providing a platform for future strategic development.

10.3 With contracts for existing services shortly coming to an end, the opportunity exists for the county council to lead on the commissioning of such a service on behalf of funding partners. The new service will begin 1 April 2017.

11. Recommendations:

11.1 Recommendations: The Adult Social Care and Health Cabinet Committee is asked to:
a) **NOTE** the funding for domestic abuse services from 2017/18;
b) **COMMENT** on proposed commissioning approach for domestic abuse provision in Kent; and
c) **CONSIDER** and **ENDORSE**, or **MAKE RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (Attached as Appendix 1) to

(i) Commission integrated services for domestic abuse support
(ii) Delegate to the Corporate Director for Social Care Health and Wellbeing or other suitable nominated officer authority to implement that decision

12. Background Documents

Record of Forthcoming Executive Decision
https://democracy.kent.gov.uk/mgIssueHistoryHome.aspx?IId=35925&PlanId=307

Adult Social Care and Health Committee Meeting 3 December 2015
https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=829&MId=5791&Ver=4

13. Contact Details

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Relevant Director
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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	16/00014

For publication

Key decision:
Affects more than two Electoral Divisions and expenditure of over £1m

Subject: Commissioning of Integrated Domestic Abuse Support Services

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

1.Commission an integrated domestic abuse support service across the county of Kent and
2. Delegate to the Corporate Director for Social Care Health and Wellbeing or other suitable nominated officer authority to implement that decision

Reason(s) for decision:
Current arrangements for the provision of domestic abuse services are often short term and services are not well networked together. There is duplication in either geography or function whilst elsewhere gaps exist

Bringing together service provision in a more efficient, cost effective and sustainable manner will improve services for those experiencing domestic abuse intervening earlier and reducing harm to both adults and children and will enable a more balanced provision across the county, address the inequity of provision and afford better value for money by reducing duplication

Financial Implications
The proposed amount to be spent on the newly commissioned service in Kent is £2.3m.

The Council's financial commitment to adult domestic abuse provision will be £2.04m. This will be supplemented by the contributions from partner agencies to swell the pooled pot to £2.3m.

Legal implications
Legal agreement between funding partners is currently being designed and legal advice is being sought.

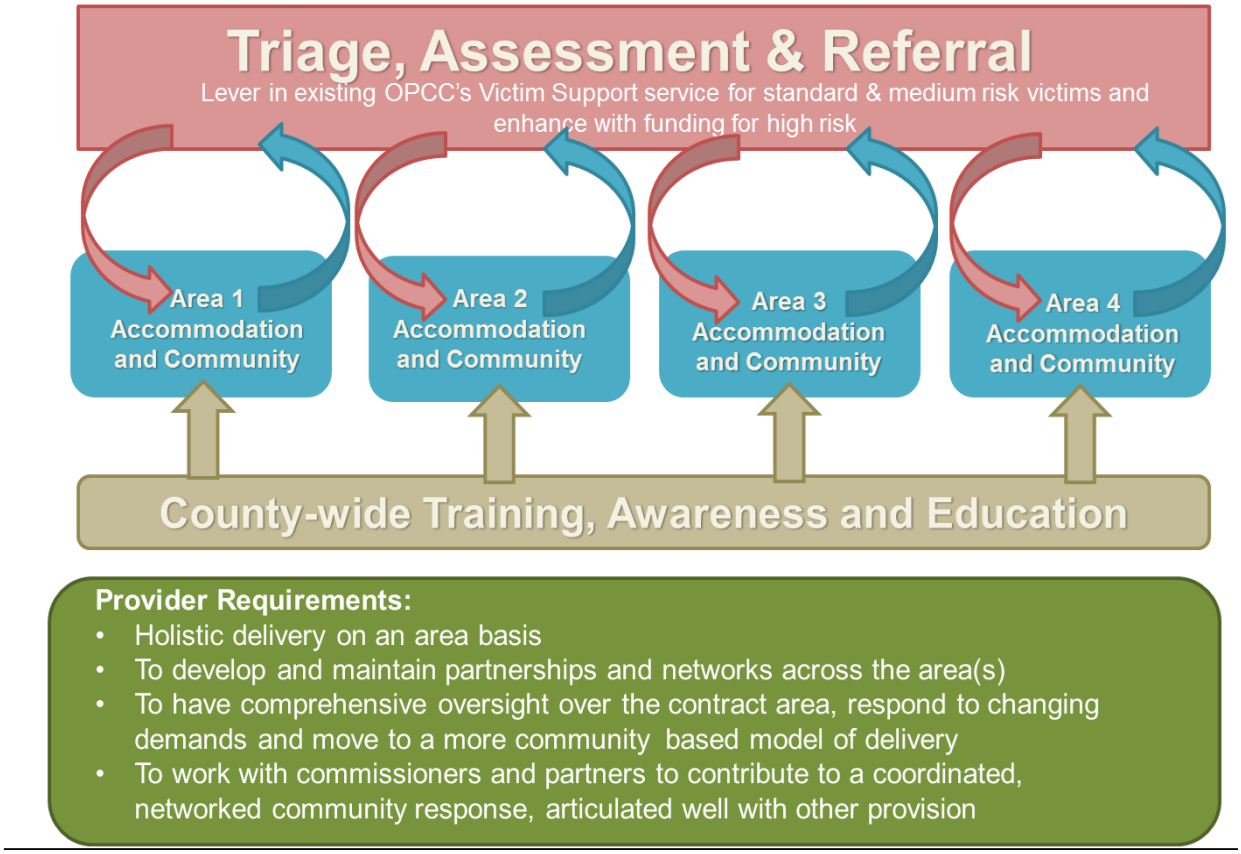
Equality Implications
An equality impact assessment for the commissioning of an integrated domestic abuse service has been completed. The reshaped service provides an opportunity to better serve the needs of those from diverse and hard to reach communities and those with protected characteristics.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care and Health Cabinet Committee on 11 October and the outcome included in the paperwork which the Cabinet Member will be asked to sign.
Any alternatives considered: None
Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

....

signed date

Appendix 2 Summary – Kent Integrated Domestic Abuse Service



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Appendix 3 Funding of Intgrated Model for Domestic Abuse Support Services

Funding Partner	Annual Contribution
Kent County Council	£2,028k
Office of the Police and Crime Commissioner	£150k
Districts and Boroughs	£133k
Kent Fire and Rescue	£20k
Total	£2,331k

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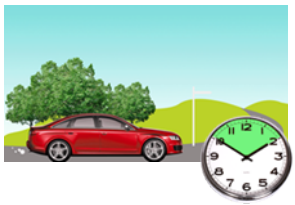
This paper is from	 	**Graham Gibbens**, Cabinet Member for Adult Social Care and Public Health **Andrew Ireland**, Corporate Director, Social Care, Health and Wellbeing
	**It is for:** Adult Social Care and Health Cabinet Committee 11th October 2016 After this a decision will be taken. This decision has the number 16/00067	
	**It is about:** Outcome of the short breaks for people with a learning disability consultation. Proposed closure of Osborne Court at Faversham.	
Classification: Unrestricted	**Been to:** Directorate Management Team 7 September	**Electoral Division:** Faversham
What has happened		
	There was a 12 week consultation from 7th June 2016. We asked people what they wanted from short breaks in the future. We told people why we felt it was right to propose to close Osborne Court.	
	**Recommendations:** The Adult Social Care and Health Cabinet is asked to: **a) NOTE** the outcome of the 12 week Consultation and; **b) CONSIDER** and **ENDORSE** or make a **RECOMMENDATION** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (Attached as Appendix 1) to proceed with the accommodation based short break model and the proposal to end service provision at Osborne Court and identify alternative services for the 58 service users and family carers and close Osborne Court.	

1. Introduction	
	The consultation told people: • what our plans for the short breaks service are • our plans for Osborne Court • how people could tell us what they thought.
	**How the consultation worked** There were documents to tell people about the changes in easy read. These were available publicly and sent to all those affected. There were meetings and presentations.
The plan for short breaks	
	A) To have a countywide accommodation short breaks service for those aged 16 and above with disabilities and additional complex needs. And 5 children's short break units which are all KCC. There should be support for carers in crisis whatever the needs of the person they care for.
	B) The countywide service will be 6 adult accommodation short break units. 4 KCC and 2 external private providers. These will be invested in to give modern facilities like our children's short break units.
	C) The children's and adults short break service will work closely together. This will mean there is a smooth transition between services and people can move into the adult service when they are ready.
	**For this to happen it is recommended to close Osborne Court and find alternative services for the 58 service users and family carers.**

2. Consultation – what people told us	
	A) People were worried about how the closure of Osborne Court would affect service users. Family carers were encouraged to have a 1 to 1 meeting. In the meeting these worries could be talked about. People were reassured there would be better services ahead and there would be minimum disruption.
	B) The location and having to travel to other services was raised. This subject was included in the Member Briefing paper on the consultation webpage. It was discussed in meetings and 1 to 1s. Issues were taken note of and will be looked at and sorted out.
	C) People wanted to know why Osborne Court had been chosen to close. It was explained that we had taken advice from our Landlords (Property and Infrastructure) on which building we thought should close.
	D) People were worried if Southfields could accommodate extra people while it was being modernised. Not everyone has chosen to go to Southfields. There are options to use the other units. When we know we will be able to make plans.
	E) General comments were that people were not worried about distances to travel as long as the service was good. People would like to visit the other buildings to see what they are like.

	F) There are service users and carers who have asked to use the other services before the proposals are agreed. Service users and carers have also said which services they would like to go to.
	**Consultation – what staff told us** A) Staff were concerned as to why Osborne Court was chosen to close. It was explained that we had taken advice from our Landlords (Property and Infrastructure) on which building we thought should close.
	B) Staff asked how we would manage the refurbishment of Southfields while making sure we had enough short term beds available. We won't be able to give a definite answer until all 58 service users have told us which service they would like to use.
	C) Staff were worried about their jobs. There was a presentation to staff about this. There will be a formal staff consultation. The focus is to look at other similar jobs in the other in house provider units and wider KCC vacancies. There are no plans to have less staff.
	**Wider feedback and comments** A) Faversham Health Matters (a local community interest company) were concerned about KCC closing other services in Faversham and leaving Faversham short on services. It was noted the short break service is countywide and people travel to services across Kent to best meet their needs rather than being closest to where they live.



B) Time taken travelling to Southfields was raised.

This subject was included in the Member Briefing paper on the consultation webpage. It was discussed in meetings and 1 to 1s.

Issues were taken note of and will be looked at.

C) There were questions about investing money into Osborne Court.

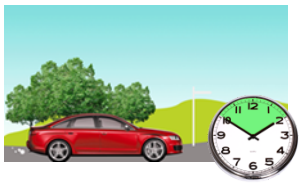
The amount spent on the building was not included in the reports, so it was shared with Faversham Health Matters.

Faversham and Swale Labour

D) We also had feedback from Faversham and Swale East Labour Party. They asked;

What are the reasons young people in transition are not using the short breaks service.

The reasons are; **1)** A change in what people wanted from the service, **2)** The quality of the buildings and what they offer, **3)** The difference in quality between children's and adults buildings.



Concern over the travel time to other buildings

This subject was included in the Member Briefing paper on the consultation webpage. It was discussed in meetings and 1 to 1s.

Issues were taken note of and will be looked at.

Concerns that services needed urgently may not be available. And losing expertise.

It was explained that there were no plans to outsource services.

3. You Said – we did	
	We have changed the original proposals because of what people told us to make them better.
	A) We had originally aimed to invest more in Southfields at Ashford. But we need to invest the money across all four buildings where service users choose to go. We will make a decision on this and involve service users and family carers on where the money will be spent.
	B) Concern over the extra number of people using Southfields. We should have been clear in the document that there were other options to avoid unnecessary concern for people.
	C) Concern about not enough additional external short break services. Our commissioning department are looking into whether a local provider can offer extra services.
	D) Opportunities for working with family carers and organisations in providing services. This was not in the original documents. We see it as a good thing and will look at it closely.
	E) The land value at Osborne Court. This was not put in the original documents. It would have been useful for people to know. The value of the land was not a consideration in the recommendation to close Osborne Court.
4) Equality Impact Assessment	
	This can be seen in the full Cabinet Committee Paper.

5. Conclusion

5.1 Most people agreed with the Future Model (plan).

People understood that we need to make the best of our services with the money we have.

5.2 People were concerned over the closure and its effect on service users, family carers, staff and the local community.

We have listened to all the concerns and made changes where appropriate.

5.3 We will try and make the impact on people as small as possible.

Service users and family carers
All 58 service users and their family carers who use Osborne Court have been contacted.
93% (almost all) have met to talk about their circumstances.

- Alternative services have been found. There are no reductions in services.
- Working closer together with children's respite services is coming on well.
- A number of service users and family carers would like to use some of the alternative services they were made aware of.

Staff

We have focused on keeping staff from Osborne Court as there are no plans on having less staff.

It is planned to find alternative or similar roles for staff across the short breaks service. If the closure of Osborne Court goes ahead there will be a 30 day consultation for staff.

Building

If the decision is made to close Osborne Court the building will remain open as long as needed to support the move of service users and staff to other services.

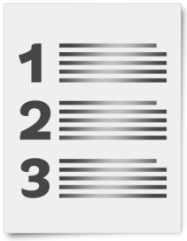
It will then be handed back to the Landlord (KCC Property and Infrastructure).

<table>
<tr><td> 
</td><td>Money

The 504k which was going to be spent on Southfields will now be looked at and spent on facilities in the sites people have chosen to have their short breaks.

The money spent on Osborne Court will be shared across all the sites. This will make facilitates better for everyone.</td></tr>
<tr><td> 
 
</td><td>We have listened carefully to what people have told us. We understand change is very difficult for everyone – especially those who use our services.

We have made changes to the proposal by listening to what people have told us.

We believe that with the Future Model of the Service it will be better and keep giving a vital service to family carers.</td></tr>
<tr><td colspan="2">Recommendations</td></tr>
<tr><td> 
</td><td>Recommendations: The Adult Social Care and Health Cabinet is asked to:
a) NOTE the outcome of the 12 week Consultation and; CONSIDER and ENDORSE or make a RECOMMENDATION to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (attached as Appendix 1) to proceed with the accommodation based short break model and the proposal to end service provision at Osborne Court and identify alternative services for the 58 service users and family carers and close Osborne Court.</td></tr>
<tr><td></td><td></td></tr>
<tr><td>  </td><td>Relevant Director

Penny Southern, Director Disabled Children, Adults Learning Disability and Mental Health.

03000 415505
Penny.southern@kent.gov.uk</td></tr>
<tr><td></td><td>Appendix 1 : Accommodation Based Short Break Model Recommendation Report

Appendix 2 : Presentation to Cabinet Committee</td></tr>
</table>

To:	Graham Gibbens, Cabinet Member for Adult Social Care and Public Health
From:	Andrew Ireland, Corporate Director of Social Care Health and Wellbeing
Decision Number:	16/00067
Subject:	**ACCOMMODATION BASED SHORT BREAKS MODEL**
Classification:	Unrestricted
Previous Pathway of Paper:	Social Care, Health and Wellbeing DMT – 7 September 2016 Adult Social Care and Health Cabinet Committee – 11 October 2016
Future Pathway of Paper:	Cabinet Member decision
Electoral Division:	Faversham

Summary: A twelve week formal consultation period started on 7 June 2016. The consultation documents set out the future provision of Kent County Council (KCC) accommodation based short breaks for children, young people and adults with a disability. The consultation documents explained the work that has been completed in the assessment and design phases of the short breaks transformation project. They set out the importance for KCC to publicly consult on the proposal to end service provision from Osborne Court, Faversham, including seeking views of what the current 58 services users and family carers would want from the alternative short breaks accommodation based service.

This report sets out how the formal consultation process was managed and provides detail on the outcomes and conclusions of the consultation process.

Recommendations: The Cabinet Member for Adult Social Care and Public Health is asked to
a)**PROCEED** with the Accommodation Based Short Break Model
b)**END** service provision from Osborne Court and identify alternative services for the 58 service users and family carers and close Osborne Court.
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

The consultation documents set out the proposed future provision of KCC accommodation based short breaks for children, young people and adults with a disability. They explain the work that has been completed in the assessment and design phases of the short breaks transformation project. They set out the need for KCC to publicly consult on the proposal to end service provision from

Osborne Court, including seeking views of what the current 58 services users and family carers would want from alternative short breaks accommodation based services.

1.2 Consultation documents were circulated to all stakeholders either by post or email and were also available on the consultation website. In order to understand the proposals in full, and the response to the consultation, all parties need to have read either one or all of the consultation documents included as background documents to this report.

2. Vision and service model

2.1 During July a number of service model design workshops were held and the following vision for a short breaks service model was formed:

The in-house model offers a specialist overnight and daytime accommodation based short breaks service, which meets the needs and aspirations of the service users and their families of those aged 16 years and above, who have disabilities, and additional complex needs.

The criterion for 'complex' needs is:

- *Service user meets dependency level 3 to 6*
- *Carer is in crisis (irrespective of the complexity of the person they care for)*

2.2 A key focus for the redesign will be to ensure services providing accommodation based short breaks are aligned (alongside other services) with the Lifespan Pathway (a seamless continuity of support from 0-25, for disabled children/young people and their families, into adulthood).

2.3 Therefore the proposed model for accommodation based short breaks is:

a) A countywide accommodation based short break service which meets the needs and aspirations of the service users aged 16 years and above who have disabilities, and additional complex needs and their families. The services will also have a clear focus on supporting carers in crisis irrespective of the complexity of the person they care for.

b) The countywide service will consist of six adult accommodation based short break units across Kent, (four Kent County Council in-house and two external private providers) that are invested in to provide modern, accessible facilities that are fit for purpose, particularly for those with the most complex needs and therefore fit for the future, with five disabled children short breaks units (Kent County Council in house) which already meet the needs of complex individuals and are fit for purpose.

c) There will be greater integration between the children's and adults short break services to ensure a more streamlined transition for the service user. With a shift from access to the short break service being based on the 18th birthday of an individual to the appropriate time within the transition from children to adult services (between the ages of 16 and 25) based on individual needs.

2.4 In order to realise the above vision and model and ensure the sustainability of the services the proposal is to proceed with the accommodation based short break model and to end service provision from Osborne Court and identify alternative services for the 58 service users and family carers.

3. Outcome of Formal Consultation

3.1 Consultation Process

3.1.1 A twelve week formal consultation was carried out between 7 June and 29 August 2016. Consultation has been extensive, with consultation packs, easy read consultation packs and questionnaires cascaded to all stakeholders and available on the KCC consultation webpage. This included parent/carers, staff, Trade Unions, Advocacy Groups, Carers Organisations, Community Partners, Integrated Teams, Borough/Town Councillors and KCC Members.

3.1.2 A total of 247 consultation packs were circulated via a range of formats:

- 152 copies were posted to service users, family carers and staff
- 64 copies were emailed internally to KCC Members, Locality Teams, Disabled Children's Services and other relevant officers
- 31 copies were emailed to relevant Local Borough and Town Councillors, Community Organisations and the wider community

3.1.3 A number of stakeholder focused meeting dates took place as follows:

Meeting Date	Meeting Time	Focus of Meeting
Monday 7th June	2.30 – 3.30pm	County Councillors, Cabinet Members
Wednesday 8th June	2 – 3.30pm	Staff
Wednesday 8th June	5 – 7pm	Service Users/Parents/Carers
Wednesday 15th June	1 – 2.30pm	Staff
Wednesday 15th June	3 – 5pm	Service Users/Parents/Carers
Wednesday 29th June	2 – 3pm	Staff
Wednesday 29th June	3 – 4pm	Other Stakeholders & Local Councillors
Wednesday 29th June	5 – 7pm	Service Users/Parents/Carers
Monday 11th July	*3.30 – 4.30pm*	*Faversham Health Matters***
Monday 25th July	*7pm*	*Faversham Town Council***

*** Additional meetings requested*

3.1.4 Further letters, dated 21 June and 18 August 2016, were posted to service users and family carers to remind them of the importance of booking their 1:1 meeting (if not already booked).

3.1.5 The Council's Press Office put out two press releases, one at the beginning of the consultation period in June and another approximately one week prior to the end of the consultation period, to remind stakeholders to respond. Responses to the consultation were received from a number of stakeholders and there were also two articles published in Kent Online and Faversham Times regarding the proposals.

3.1.6 A total of 54 1:1 meetings/discussions were held over the consultation period with the care manager and Osborne Court manager and the service users and family carers that currently access Osborne Court. The remaining four were already in the process of moving to permanent placements and so would not require a short breaks service in the future. The meetings were to discuss the future model and the impact of the proposal on individual circumstances. Information was available on the range of alternative short break services and visits to the other services were arranged, where requested.

3.1.7 The table below identifies the preferences made by the service users and family carers following discussions at the 1:1 meetings:

Proposed Alternative Service	1st Preference	In Process of Accessing	Total
Southfields	21	1	**22**
Meadowside	8	-	**8**
Hedgerows	2	-	**2**
Canterbury ASU	7	2	**9**
External Provider	6	-	**6**
Shared Lives	3	3	**6**
Direct Payment	-	1	**1**
Permanent Placements	1	3	**4**
		Total	**58**

3.1.8 There are a five service users and family carers who have requested to begin a planned transition to alternative short break services prior to the outcome of the proposal as follows:

Planned Transitions in Progress	
Southfields	2
Hedgerows	2
Canterbury ASU	1

3.1.9 The table below highlights the impact of the above preferences on the occupancy of the four remaining services (if proposal goes ahead):

Short Break Units	**Beds**	**Occupancy** (Sept 2015)	**Occupancy** (July 2016)	**Impact of Consultation Preferences**	**Status % Occupied** (Post Decision)
Meadowside, Deal	22	-24.40%	-24.40%	-18%	**82%**
Southfields, Ashford	15	-22.96%	-26.38%	-4.20%	**96%**
Hedgerows, Staplehurst	5	100%	-9%	-3%	**97%**

3.1.10 Advocacy services were available to service users and family carers as part of the consultation. A contract with Advocacy for All, an independent advocacy service is in place and individuals can approach Advocacy for All for support at any time. The key carers organisations across Kent were informed of the consultation, emailed consultation packs directly and informed of the dates of the carer focused consultation meetings.

3.1.11 Further opportunity to discuss the model and proposals and gain feedback came at a social event and barbeque held at Osborne Court. The event was attended by over 80 people and views were gathered from over 20 service users and family carers who currently access Osborne Court. These views and feedback are included in 3.3 below.

3.2 Number and Type of Responses – Completed questionnaires, number of downloaded consultation documents and communication received.

3.2.1 The table below shows the number of online questionnaires completed on the consultation webpage and number of email and written responses received to the consultation mailbox during the consultation period.

Consultation responses from:	No. Completed Questionnaires	No. Email Responses	No. written Responses	No. Telephone Responses
Service Users	2	0	0	0
Family Carers	10	2	0	6
Staff	5	0	0	0
Wider Public	6	0	0	0
Organisations	0	2	2	0
Total Responses	**23**	**4**	**2**	6

3.2.2 The number of consultation packs and other documents downloaded from the consultation website was as follows:

Consultation Document (Word version)	131 downloads
Consultation Document (PDF version)	70 downloads
Consultation Document - Easy Read	68 downloads
Equality Impact Assessment (Word Version)	76 downloads

Equality Impact Assessment (PDF Version)	55 downloads
Member Briefing Paper (Word Version)	103 downloads
Member Briefing Paper (PDF Version)	51 downloads
Frequently Asked Questions	60 downloads
Total	**614 Downloads**

3.3 Key Themes - feedback and comments from service users and family carers

3.3.1 As the short break service provides respite to the carers, they were the main focus of conversations during the consultation period. Service users have been involved in both group and 1:1 meetings as well as any visits to alternative services. Service users and their family carers will also have extensive involvement in planning their transition to an alternative service, if the decision is made to close Osborne Court.

3.3.2 A selection of comments and Frequently Asked Questions (FAQ) is provided below, and a full copy of the FAQs is included with the background documents to this report.

a) The effect of change on the individuals accessing the service was a key concern for family carers. This along with the change in staff and routine that a new service would bring worried family carers, particularly those who care for individuals with autism and complex needs.

Family carers were encouraged to book a 1:1 meeting where the future model for accommodation based short breaks could be explained in detail and for them to have the opportunity to discuss the impact this new model may have on their individual circumstances. Information was available on the range of alternative short break services and if they wished to visit the other services they were supported to do so. The focus of the meetings was to discuss the needs of the individual and the particular support required to ensure a positive transition with the minimum disruption possible if the proposal were to go ahead.

b) The location of alternative services and travelling to alternative services was an issue raised by the family carers.

A statement regarding the possible impact of the proposal, if agreed (in that it may result in a change in distance for some individuals to access alternative short break services) was included in the Member briefing paper that was available on the consultation webpage. The subject was also discussed extensively in the stakeholder group meetings as well as at the 1:1 meeting.

c) Service users and family carers wanted to know why Osborne Court had been chosen as the service proposed to close and not one of the other services.

We explained that advice had been taken from our Landlords (KCC Property and Infrastructure) as to which building we proposed to close. See Appendix 1.

d) There were some concerns regarding whether Southfields would be able to accommodate the additional service users that may choose it. Also how we would manage the refurbishment at Southfields if it had to close whilst the work was completed.

The above points were discussed at the consultation meetings and included in the presentations. We explained that as this is a proposal we will not be in a position to give a clear answer until we have listened to the 58 service users and their family carers as to which alternative services they may feel are appropriate. This will in turn inform where the capital funding is invested and any timeframe and impact this will have on the remaining four buildings.

3.3.3 General Feedback

- The family of service user A were concerned about the transition process and support arrangements for the move to Southfields. Tea visits have now been arranged for service user A at Southfields during a planned stay. The family now feel re-assured with the transition process and the support for service user A and themselves with the changes.

- Service user B had originally said they would not go anywhere else. After further discussion with the family and discussion about a planned transition for service user B. it was agreed on their next stay at Osborne Court, we would arrange visits for them to go to Southfields as they felt that would be the most appropriate service.

- "As parents/carers, we need that respite care to unwind and rest, I just want a good standard for my son and staff are key to this. I don't care how far I have to travel as long as the facilities are good. I have no qualms about Osborne Court closing as long as you have the budget to improve facilities at the other buildings".

3.4 Key Themes - feedback and comments from members of staff

3.4.1 A number of concerns were raised and questions asked by members of staff including:

a. The staff team were also concerned as to the reason why Osborne Court was the building proposed to close.

Staff were informed that advice had been taken from our Landlords (KCC Property and Infrastructure Division) as to which building we proposed to close. See Appendix 1.

b. There were questions regarding how we would manage the refurbishment of Southfields and possible closure of Osborne Court and still make sure we had enough short break beds available.

This matter was covered in the group meetings and presentations where we explained that any decisions going forward with regards to planned refurbishment of any of the four remaining buildings and the business continuity of the service will be managed following the outcome of the consultation.

c. **The staff team were concerned about their jobs and whether there may be extra staff needed at the other four remaining sites if the proposal goes ahead.**
A specific presentation was put together for the staff group meetings that explained that the Council want to retain, wherever possible, the staff employed at Osborne Court. Copies of all consultation paperwork and FAQ were placed on the staff notice board.

3.4.2 It was explained by the Human Resources Advisor at the meetings that if the proposal goes ahead there will be a formal 30 day staff consultation period during October/November 2016 during which the focus will be on exploring options for similar or alternative roles for staff across the In-House Provider Unit and wider KCC vacancies.

3.4.3 In order to support staff during this consultation period and prepare them for what may be ahead the staff group have been provided with additional information about working through change, interviewing experience, CV writing and career planning.

3.5 Key Themes: feedback and comments from the wider public and from organisations

a) **There were concerns raised by Faversham Health Matters (a local Community Interest Company) regarding recent proposals to close a number of services in the Faversham area by both KCC and Health, therefore in their view leaving Faversham with a lack of services for local people.**
The consultation report included information that highlighted that the KCC accommodation based short break units are countywide services. Therefore they are regularly accessed by people who do not live locally to the short break service they utilise. Family carers access the service that best meets the needs of the person they care for rather than the closest to where they live. This is evidenced in the maps, attached as Appendix 3, which identify the spread of those currently accessing the 5 Short Break Services.

3.5.1 Further detailed data was collated as part of the assessment phase, however this was not included in the final report. This additional information was requested by Faversham Health Matters and was provided below:

3.5.2 The table below identifies the location of the short breaks and day services accessed by those adults living within the ME13 and ME9 postcode:

Swale Data	
Total Number of LD Clients in Swale (Caseload)	**186**
Residential Care (person moves away from their parents)	60
Supported Living (person moves away from their parents)	19
Shared Lives (person moves away from their parents)	**3**
Total – The above would not access Short Breaks	**82**

Number of Clients Living with Parent/Carers in the postcodes ME13 & ME9 (person will access Short Breaks)	31
Osborne Court	5
Other KCC Short Breaks (Meadowside, Southfields, Cant ASU, Hedgerows)	4
External Short Breaks (private residential care homes)	9
KCC Day Services (local services)	20
External Day Services (local services)	22
Direct Payments (choose to purchase)	3
Supporting Independence Service (local service)	4
Domiciliary Care (in the home)	3
All 31 clients access 1 or more of the services above & are eligible for short breaks	

3.5.3 The table above demonstrates that from the 31 adults with a learning disability living locally to Osborne Court (postcodes ME13 & ME9) only five choose to access Osborne Court for their short break.

b) The option of accessing Southfields, Ashford and the issues with transport were raised as a concern. A statement regarding the possible impact of the proposal, if agreed, in that it may result in a change in distance for some individuals to access alternative short break services was included in the Member briefing paper that was available on the consultation webpage. The subject was also discussed extensively in the stakeholder group meetings and in the presentation and it was explained that support may be available if this is an issue for individuals.

c) Questions were raised relating to the lack of investment in the Osborne Court building. There was information relating to the fabric of the Osborne Court building and the facilities available internally. The specific amount spent on the building had not been included in the final reports and so was shared with Faversham Health Matters.

d) In addition we received feedback and comments from the Faversham & Swale East Labour Party. The key themes as follows:

- **Concern that the public consultation report did not include sufficient information regarding the reasons for young people in transition not accessing adult short breaks.**
  The detailed information was included in the Member briefing paper, however there were three key reasons included in the public consultation report that were: 1. Change in aspirations, 2. Quality of the buildings & resources, 3. Disparity between children's & adults buildings.

- **Concern that the access to and from Ashford for the users of Osborne Court and their families is both beyond the distance and time that people are willing to travel.**
  A statement regarding the possible impact of the proposal, if agreed, in that it may result in a change in distance for some individuals to access alternative

short break services was included in the Member briefing paper that was available on the consultation webpage.

- **Concern regarding the new model offering a more robust model in the marketplace and fear that the proposal will leave KCC more exposed to the exigencies of the marketplace while also losing another source of in-house expertise.**
  It was explained at the group consultation meetings and presentations that one of the main reasons for proposing the new model is to ensure the sustainability of the in-house accommodation based short break services. There are no plans to outsource the services and so by consolidating what we have, investing in the stock and the expertise of the workforce we are protecting our in-house services as well as making sure we have a place in the wider market.

  A full list of the Frequently Asked Questions is included with the background documents to this report.

4. You Said – We Did

A number of issues arose during the consultation period and this has resulted in a change to the original proposals**.**

a) The capital investment in Southfields, Ashford
It had been explained in the initial consultation documents that the proposal was to invest in Southfields to accommodate the move from Osborne Court. The reason for this was that capital funding had to be secured against a named building/site and following advice from the Council's Property and Infrastructure division, Southfields was identified as the named site. Although the capital funding was predicated against Southfields in reality the funding will need to follow the service users and their preferences across the remaining four services. Depending on the outcome of the proposal a decision will be made as to where the capital funding is spent and to what extent in each of the relevant sites up to the total funding secured.

b) Concern regarding the number of additional service users accessing Southfields
It was not made clear in the consultation documents that there were other options as to where the capital funding could be spent, as a result stakeholders were more concerned about the level of occupancy planned for Southfields than needed to be. In hindsight this could have avoided this if this detail had been included in the documentation.

c) Concern regarding additional capacity for individuals to access short breaks in externally provided accommodation based short break services locally to where they live
Discussions are underway with colleagues in the Council's strategic commissioning division to scope out the possibility of setting up a block contract (which would guarantee a set number of short break beds/nights per year) with a local provider. This process would need to follow procurement guidelines.

d) Opportunities for co-production across the four remaining services

There were a number of family carers and organisations who were interested in the opportunity to become more involved in the services we provide. Co-production is something that had been talked about during the assessment and design phase of the project. Sufficient detail regarding these positive opportunities was not included in the consultation documents. This approach will certainly be taken as an integral part of our short breaks model.

e) The land value at Osborne Court and related proposal

The reasons for Osborne Court being identified as the proposed site to close are explained extensively in all the consultation paperwork. However the land values were not included, which in hindsight would have been useful in informing stakeholders that Osborne Court is not identified by the Council's Property and Infrastructure as the site with the highest value

5. Equality Impact Assessment

5.1 An Equality Impact Assessment has been completed and is included with the background documents to this report.

6. Financial Implications

6.1 The current budget for the service will be reallocated to the relevant services, the cost of which will be known once services are secured. There may be associated costs relating to redundancy and retirement which will be known following the formal staff consultation period, plus efficiencies from the reduction of one short break building.

7. Legal Implications

7.1 The County Council has a statutory responsibility to support carers and the person they care for, with one area of provision being accommodation based short breaks.

8. Conclusion

8.1 The majority of consultees did not disagree with the proposed future model. There is an understanding that the facts are clear concerning low occupancy, building stock and value for money. In the current financial climate and in order to create sustainability for the services there needs to be focused investment in a smaller number of buildings to ensure the Council continues to provide the much needed respite to family carers that supports both the person they care for and themselves.

8.2 The concern during the consultation was focused around the proposed closure of one of the buildings and the impact on the service users, family carers, staff and local community. As a result of feedback and comments received, appropriate changes have been made to the original proposals.

8.3 The proposals will impact on the key stakeholders involved and a number of key areas of the business; these will be mitigated as follows.

8.3.1 Service users and family carers – All 58 services users and their family carers who currently access Osborne Court have been contacted and 93% have met to discuss their individual circumstances with us. The outcome of which is detailed in 3.1.7 above. Their chosen alternative services have been identified and will not see a reduction in the amount of respite each person receives. The Transition Pilot between children's and adults short breaks is underway and is showing signs of success. This will be rolled out across all services and will open up further opportunities for young people with disabilities. There are a number of family carers who have looked in to alternative options that they hadn't previously been aware of and feel will be more suitable for the person they care for and have made arrangements to move to these alternative services prior to the outcome of the proposal.

8.3.2 Staff Team – The messages to staff throughout the consultation process have been incredibly positive and focused on the retention of the staff employed at Osborne Court stating that the plans involved no reduction in roles. The focus has been on exploring options for similar or alternative roles for staff across other short break facilities and these conversations have been managed at a local level. This is so that staff are aware of the opportunities that are available across the wider service area in order to reassure staff during the period of uncertainty and encourage the retention of staff. If the proposal goes ahead a further 30 day formal consultation will take place with the staff during October/November 2016.

8.3.3 Building/Site – If the decision is made to go ahead with the closure of Osborne Court the building and site will remain open for as long as required to support the transition of service users and staff to alternative services. The site including the building will then be handed back to the Landlord (KCC Property and Infrastructure Division). There has been an 'Asset of Nomination Request' made on the Osborne Court and Faversham Day Service site to Swale Borough Council, the outcome of which will be determined when the Council decide the future of the vacant site.

8.3.4 Financial Capital - The capital investment of £504k initially predicated against Southfields in Ashford will be reviewed and invested appropriately to enhance the facilities at the respective sites that individuals and family carers have chosen as their alternative short break service, therefore supporting the sustainability of the sites. Service users and family carers will be involved in coproducing these changes going forward.

8.3.5 Revenue – A percentage of the Osborne Court revenue budget will be allocated across the remaining four KCC accommodation based short break units at the appropriate proportion for the number of additional service users accessing those services and the level of dependency of the individuals.

8.4 Throughout the consultation the Council has listened to the views and feedback of all the stakeholders. We understand that change is very difficult for everyone and particularly for those who access the service, their family carers and the staff team. In order to ensure we support these key people affected by the proposal we have made the related changes to the original proposal.

8.5 We strongly believe, and the feedback from the majority of those we have spoken to agree, that the positive changes the proposed future model of service will ensure the accommodation based short break services are fit for purpose and fit for the future and will therefore be sustainable and continue to be a vital service to family carers.

9. Recommendations

9.1 **Recommendations:** The Cabinet Member for Adult Social Care and Public Health is asked to
a)**PROCEED** with the Accommodation Based Short Break Model
b)**END** service provision from Osborne Court and identify alternative services for the 58 service users and family carers and close Osborne Court.
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.

10 Background Documents

Short Break Services – Proposed Changes to Accommodation Based Short Break Services for People with Disabilities – Public Consultation 7 June – 29 August.2016.
http://consultations.kent.gov.uk/consult.ti/shortbreaksservices/consultationHome

Equality Impact Assessment
http://kcc-app610:9070/ecCatDisplay.aspx?sch=doc&cat=13335

Press Releases
http://kcc-app610:9070/ecCatDisplay.aspx?sch=doc&cat=13335

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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	16/00067

For publication

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

Subject: Accommodation Based Short Break Service for People with Disabilities.

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

a) Proceed with the Accommodation Based Short Break Model;
b) End service provision from Osborne Court and identify alternative services for the 58 service users and close Osborne Court; and
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.

Reason(s) for decision:
Historically accommodation based short break services for children and young people across Kent were managed separately and transition at the age of 18 was at times unprepared and difficult for families to understand and on occasions left individuals without a service.

The proposed future model of service will ensure the accommodation based short break services are fit for purpose and fit for the future.

Financial Implications:
The current budget for the service will be reallocated to the relevant services, the cost of which will be known once services are secured. There may be associated costs relating to redundancy and retirement which will be known following the formal staff consultation period, plus efficiencies from the reduction of one short break building.

Legal Implications:
The County Council has a statutory responsibility to support carers and the person they care for, with one area of provision being accommodation based short breaks.

Equality Implications:
An Equalities Impact Assessment has been completed for the project. This will be reviewed at the end of the consultation period and will accompany the recommendation report and proposed decision.

Cabinet Committee recommendations and other consultation:
The proposed decision will be discussed at the Adult Social Care and Health Cabinet Committee meeting on 11 October 2016 and the outcome included in the decision paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered:

None – It has been concluded that Osborne Court is out of date and is not deemed to be fit for purpose and would require total refurbishment for it to continue. After due consideration of this option, it is felt that resources would be better spent in updating a site with more potential for improvement to both the building and facilities.
Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

....

signed date

Proposed changes to Accommodation Based Short Break Services for people with Disabilities

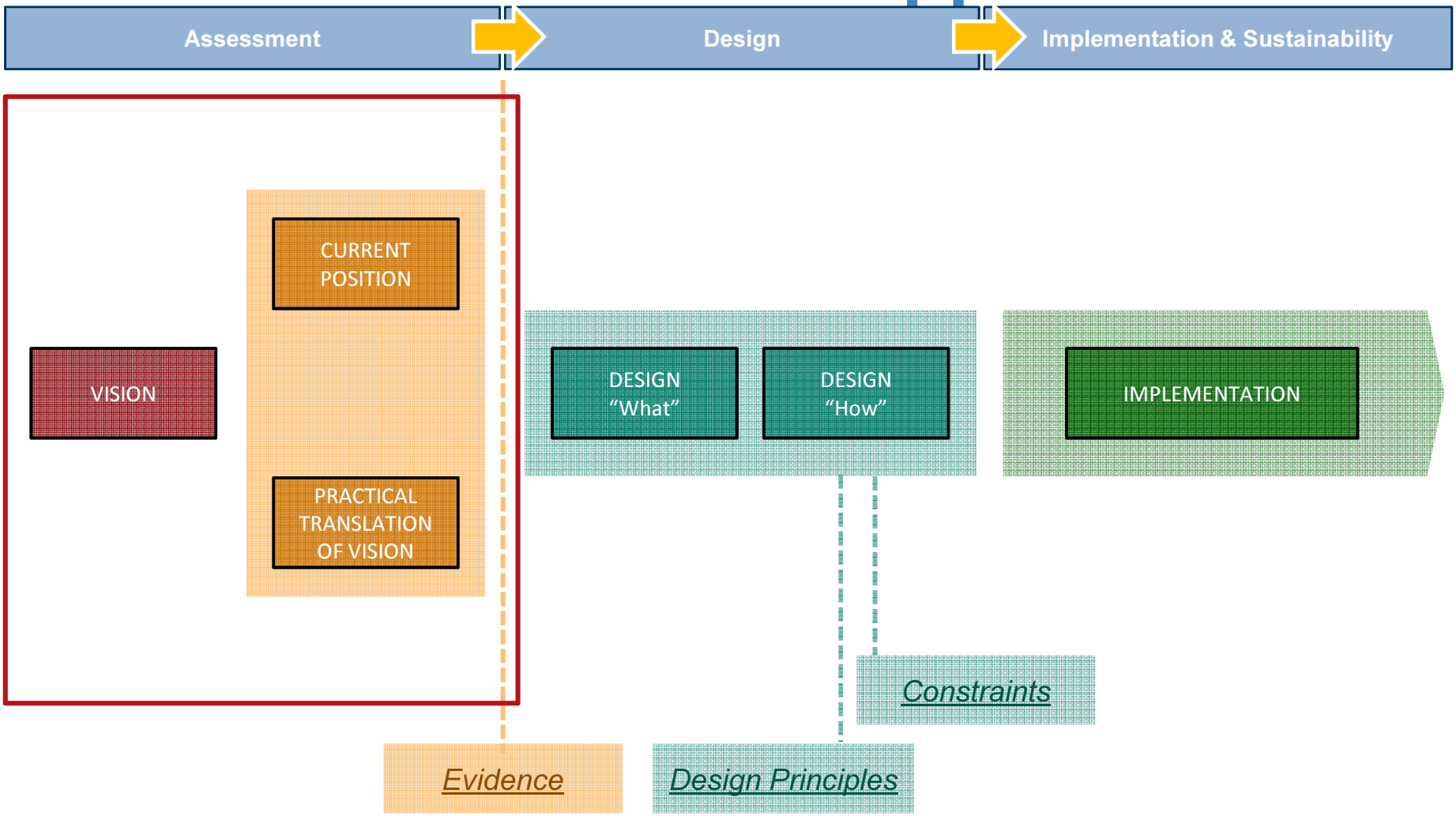
Penny Southern
Director of Disabled Children, Adults Learning Disability and Mental Health

June 2016

Introduction

- KCC has undertaken a review of its Short Breaks provision for people with disabilities.
- This is part of the wider KCC transformation programme.
- The review is aligned with the Transformation Approach - Assessment, Design and Implementation.
- KCC currently provides 12 overnight accommodation based Short Break units across Kent - 7 x adults & 5 x children.

Transformation Approach



Assessment Phase

- **Data** – occupancy for both adults and children's, finances, dependency, number of short breaks days taken across the year
- **Discussed current resources available** – staffing, building, vehicles, training needed, community groups
- **Unplanned / Emergency placements** – What is needed and how should this work?
- **Criteria** - how services are currently accessed?
- **Specialist care** – severe and complex needs, health and medical care needs, dependency levels. Similarities and differences between children's & adults
- **Current and new legislation** – Care Act and Children & Families Act, CQC and Ofsted inspections
- **Challenges in current provisions** - seeking to identify the problems to then discuss in the design phase and create solutions

Design Phase - Outputs

- Develop a Short Breaks Lifespan Pathway & Transition Plan
- Identify & agree a Short Breaks Model for 16 – 25's
- Identify opportunities to improve existing provision and ensure the service is sustainable.
- Recognise a significant change in the aspirations of people with disabilities & their families in their choice of the type of adult short breaks.
- Identify an increase in the use of shared Lives, Personal Budgets, Direct Payments, other privately provided services; therefore a decrease in use of the 7 more traditional adult accommodation based services.
- Recognise that service users and their carers strongly support the ongoing provision of an effective accommodation based Short Breaks service
- Decrease the number of 16-25 year olds entering long term residential care.

Vision

- A specialist overnight and daytime accommodation based Short Break service, which meets the needs and aspirations of the service users and their families of those aged 16 years and above, who have disabilities, and additional complex needs.

  The criterion for 'complex' needs is:

  - Service user meets dependency level 3 to 6
  - Carer is in crisis
  - Exceptions agreed with Shared Lives

- At the point of transition (16+) ensure a Short Breaks Transition Plan is in place & there is a multi-disciplinary approach in short break units
  - Age 5 to 15: Continue with current Children's Short Breaks
  - Age 16 to 25: Includes 5 x DC Units, 4 x Adult Units, P & V sector, Shared Lives
  - Age 26 + Continue with Adult Short Breaks

KCC in-house services (Adults)

Meadowside – Walmer
22 Bedded Unit

Canterbury ASU – Canterbury
5 Bedded Unit

Southfields – Ashford
15 Bedded Unit

Hedgerows Staplehurst
5 Bedded Unit

Osborne Court – Faversham
13 Bedded Unit

Commissioned Services
Adults

Rusthall Respite, Tunbridge Wells
5 Bedded Unit

The Birches, Tonbridge
3 Bedded Unit

KCC in-house Services (Children)

Bluebells – Maidstone
4 Bedded Unit

Treetops – Dartford
6 Bedded Unit

Windchimes – Herne Bay
6 Bedded Unit
Jointly funded by KCC and Health Authority

Fairlawns – Ashford
7 Bedded Unit

Sunrise Centre – Southborough
6 Bedded Unit

Other Short Break Services

- Shared Lives - opportunity to stay with a host family in the family's home. There has been an increase in the use of short breaks from a total of 730 nights on 2012/13 to 811 nights in 2015/16.
- Personal Budget - Direct Payments (DP) - DP allow individuals to purchase their preferred provision from the provider. Use of the DP system has more than doubled since 2010.
- Carers Short Break Service – The service is delivered in the cared for person's own home. This has been commissioned as a result of the Care Act.
- Transition between Children & Adult's Short Break services - Pilot currently underway - has identified that it suits some individual's needs to remain in children's Short Break services after their 18th birthday & for others to move to adult services at 16.
- Other KCC Short Breaks - KCC has 6 other adult accommodation based Short Break services across the County.
- Local Care Homes - There are residential/care homes across Kent that also offer Short Breaks.

Proposal

- Due to the increased range of alternative Short Break services individuals are currently choosing & the reducing occupancy in our adult KCC Short Breaks we need:
  - less adult accommodation based short break buildings
  - to invest in our remaining buildings to ensure they are fit for purpose.

- Therefore, KCC is now proposing to make the following changes:
  - To close the building at Osborne Court in Faversham and deliver services through other settings
  - To invest in improvements to the Southfields site in Ashford

- These changes will not see any reduction in what individuals are currently receiving at Osborne Court, it will mean a change in where it will happen.

Current Profile of Services

Short Break Units (January to September 2015)	Number of Beds	Occupancy (%)	Status
In-House (Adults)			
Osborne Court, Faversham	13	-43.75%	under-occupied
Meadowside, Deal	22	-24.40%	under-occupied
Southfields, Ashford	15	-22.96%	under-occupied
Hedgerows, Staplehurst	5	100%	-
88 Whitstable Road, Canterbury	6	-18.40%	under-occupied
In-House (Children)			
Fairlawns, Ashford	7	100%	-
Sunrise Centre, T. Wells	6	-0.25%	under-occupied
Windchimes, Herne Bay	6	100%	-
Treetops, Dartford	6	-16.85%	under-occupied
Bluebells, Maidstone	4	-2.70%	under-occupied
Commissioned Externally (Adults)	Number of Beds	Occupancy (%)	Status
Rusthall, Southborough ***	5	-44%	under-occupied
The Birches, Tonbridge	3	100%	-

*** *This occupancy level does not include the dependency of S.U's*

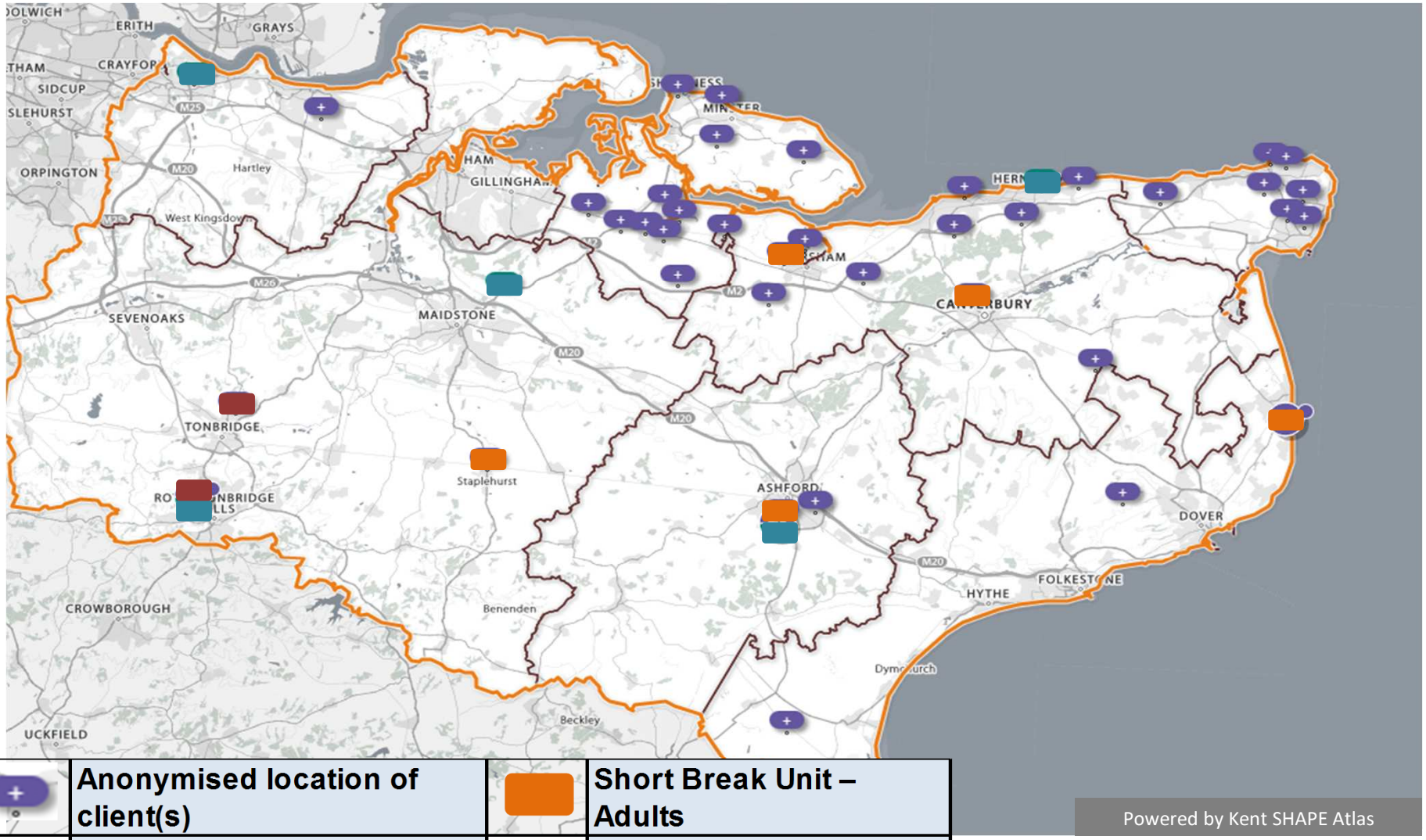
Osborne Court

Property & Infrastructure reviewed the adults Short Break estate in 2014. The desk top review considered an alternative property strategy. For the following reasons the information concluded that Osborne Court is out of date and is not deemed to be fit for purpose and would require total refurbishment for it to continue.

- A Life Cycle survey identified high costs to cover maintenance works to the fabric of the building.
- The building is not fully accessible:
  - Unable to use the first floor
  - Lack of space in rooms
  - Lack of en-suite facilities

- The site is shared, including utilities. The day service is in the process of moving off site.
- The site & buildings are prone to vandalism. Osborne Court recently suffered a number of broken windows and cars have also been damaged. An empty part of the site may increase this risk.

Mapping (Osborne Court Service Users)



	Anonymised location of client(s)		Short Break Unit – Adults
	Short Break Unit - Children		External Short Breaks (Block Contracts)

Future Investment

- The 2014 Property & Infrastructure survey recommended we retain Southfields, Ashford. Out of all the sites considered it was the best size for development.
- There is an agreed capital investment in to the site at Southfields. The reason why Southfields is suggested as the optimum choice of site is as follows:
  - Ashford's position in central Kent offers good access to public transport & major routes – therefore accessible to a wider number of people requiring a Short Break.
  - The two semi-independent flats offer a more flexible range of accommodation based Short Break services.
  - The site is large and level & offers the opportunity to either add on to the existing footprint or reconfigure the internal areas.
  - The service is within a mile of Fairlawns children's Short Break unit & offers the opportunity for a greater joined-up Transitional approach.

Future Investment continued……

- Feasibility (April 2016) - the proposed refurbishment will offer the opportunity to develop the building, facilities and activities in to a centre of excellence. The building already has a lift and disabled access is good, however needs further adaptation to ensure there is full access to all areas of the building. The initial plans offer the following:
  - an upgrade to the accommodation side of the building, with an increase in the number of fully accessible en-suite bedrooms
  - the reconfiguration of the communal/social part of the building to include a sensory space, changing place and generally more flexible space for the use during the day, evenings and weekends.

  - The addition of this new flexible space will support other types of Short Breaks such as day activities, evening and weekend clubs and activities and transitional support.

What Happens Next

12 Week Consultation Period	7th June 2016 to 29th August 2016
Recommendation reports presented to Adult Social Care and Public Health Cabinet Committee for discussion	11th October 2016
Key decision taken by Cabinet Member for Adult Social Care and Public Health	Week commencing 24th October 2016
Expected start date for changes, if the proposal is agreed	From January 2017

- We have invited you to various group meetings to hear your feedback, views and ideas on the proposal.
- Service users & their parent/carers have been invited to 1:1 meetings to discuss possible alternative services.
- Views expressed throughout the consultation period will help inform the decision on whether or not to proceed with the proposed changes. Service users and other stakeholders will be notified when the decision has been made.

You can feedback using the following methods:

Logging on to the website:
kent.gov.uk/shortbreaksconsultation

Emailing: shortbreaksconsultation@kent.gov.uk
Phone:

Jeni Lawford on Tel: 01233 620256

Thank You

Any Questions

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Social Care and Health Cabinet Committee
11th October 2016

Proposed changes to Accommodation Based Short Break Services for people with disabilities

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

Sue McGibbon
Change Implementation Officer

Introduction

- KCC has undertaken a review of its Short Breaks provision for people with disabilities.
- This is part of the wider KCC transformation programme.
- The review is aligned with the Transformation Approach - Assessment, Design and Implementation.
- KCC currently provides 12 overnight accommodation based Short Break units across Kent - 7 x adults & 5 x children.

Vision

- A specialist overnight and daytime accommodation based Short Break service, which meets the needs and aspirations of the service users and their families of those aged 16 years and above, who have disabilities, and additional complex needs.

The criterion for 'complex' needs is:

- Service user meets dependency level 3 to 6
- Carer is in crisis

- At the point of transition (16+) ensure a Short Breaks Transition Plan is in place and there is a multi-disciplinary approach in short break units

- Age 5 to 15: Continue with current Children's Short Breaks
- Age 16 to 25: Includes 5 x DC Units, 4 x Adult Units, P & V sector, Shared Lives
- Age 26 + Continue with Adult Short Breaks

The Proposal

- Due to the increased range of alternative Short Break services individuals are currently choosing and the reducing occupancy in our adult KCC Short Breaks we need:
  - less adult accommodation based short break buildings
  - to invest in our remaining buildings to ensure they are fit for purpose.

- Therefore, KCC is now proposing to make the following changes:
  - To close the building at Osborne Court in Faversham and deliver services through other settings
  - To invest in improvements at our other buildings.

- These changes will not see any reduction in what individuals are currently receiving at Osborne Court, it will mean a change in where it will happen.

KCC in-house services (Adults)

Meadowside –
Walmer
22 Bedded Unit

Hedgerows Staplehurst
5 Bedded Unit

Canterbury ASU –
Canterbury
5 Bedded Unit

Southfields – Ashford
15 Bedded Unit

Osborne Court –
Faversham
13 Bedded Unit

Commissioned Services Adults

Rusthall Respite, Tunbridge Wells
5 Bedded Unit

The Birches, Tonbridge
3 Bedded Unit

KCC in-house services (Children's)

Bluebells – Maidstone
4 Bedded Unit

Windchimes – Herne Bay
6 Bedded Unit
Jointly funded by KCC
and Health Authority

Treetops – Dartford
6 Bedded Unit

Fairlawns – Ashford
7 Bedded Unit

Sunrise Centre –
Southborough
6 Bedded Unit

Consultation period

- A 12 week formal consultation was carried out between 7th June and 29th August 2016.
- A total of 247 consultation packs were circulated via a range of formats
- A number of stakeholder focussed meetings took place as below.

Meeting Date	Meeting Time	Focus of Meeting
Monday 7th June	2.30 – 3.30pm	County Councillors, Cabinet Members
Wednesday 8th June	2 – 3.30pm	Staff
Wednesday 8th June	5 – 7pm	Service Users/Parents/Carers
Wednesday 15th June	1 – 2.30pm	Staff
Wednesday 15th June	3 – 5pm	Service Users/Parents/Carers
Wednesday 29th June	2 – 3pm	Staff
Wednesday 29th June	3 – 4pm	Other Stakeholders & Local Councillors
Wednesday 29th June	5 – 7pm	Service Users/Parents/Carers
Monday 11th July	3.30 – 4.30pm	Faversham Health Matters**
Monday 25th July	7pm	Faversham Town Council**

This table shows the preferences made by services users and family carers following discussions at 1-1 meetings.

Proposed Alternative Service	1st Preference	In Process of Accessing	Total
Southfields	21	1	22
Meadowside	8	-	8
Hedgerows	2	-	2
Canterbury ASU	7	2	9
External Provider	6	-	6
Shared Lives	3	3	6
Direct Payment	-	1	1
Permanent Placements	1	3	4
		Total	58

This table shows the impact of these preferences on the occupancy of the remaining services (if proposal goes ahead).

Short Break Units	Beds	Occupancy (Sept 2015)	Occupancy (July 2016)	Impact of Consultation Preferences	Status % Occupied (Post Decision)
Meadowside, Deal	22	-24.40%	-24.40%	-18%	82%
Southfields, Ashford	15	-22.96%	-26.38%	-4.20%	96%
Hedgerows, Staplehurst	5	100%	-9%	-3%	97%
Canterbury ASU	6	-18.40%	-18.40%	-9%	91%

Service user and family carer feedback

- There were concerns about how closing Osborne Court would impact on service users
- There were concerns over travelling to other services
- People wanted to know why Osborne Court had been selected for closure
- People were worried that Southfields would not be able to accommodate the extra clients
- In general people were not worried about the distance to travel, just that the service was good.

Wider public feedback

- There were concerns raised by Faversham Health Matters (a local Community Interest Company) regarding recent proposals to close a number of services in the Faversham area by both KCC and Health, therefore in their view leaving Faversham with a lack of services for local people.
- Issues of transport were raised as a concern
- Questions relating to a lack of investment in Osborne Court building

- Faversham and Swale East Labour Party raised concerns as follows:
  - Concern that the Public Consultation did not include enough information regards the reasons for young people in transition not accessing short breaks
  - Travelling distances
  - Concern regarding the new model offering a more robust model in the market place and fear the proposal will leave KCC more exposed to exigencies of the marketplace while also losing another source of in-house expertise.

You said, we did

- **Capital investment in Southfields, Ashford**
  We had explained in the initial Consultation that the proposal was to invest in Southfields to accommodate the move from Osborne Court. The reason for this was that we had to secure capital funding against a named building/site and following advice from KCC Property & infrastructure Southfields was the named site. In reality the funding needs to follow the service users and their preferences across the remaining four services. Depending on the outcome of the proposal a decision will be made as to where the capital funding is spent and to what extent in each of the relevant sites up to the total funding secured.

- **Concern regarding the number of additional Service Users accessing Southfields**
  As a result of not making it clear in the Consultation Documents that there were other options as to where the capital funding could be spent, it lead stakeholders to be more concerned about the level of occupancy planned for Southfields than needed to be. In hindsight we could have avoided this if we had included this detail in the documentation.

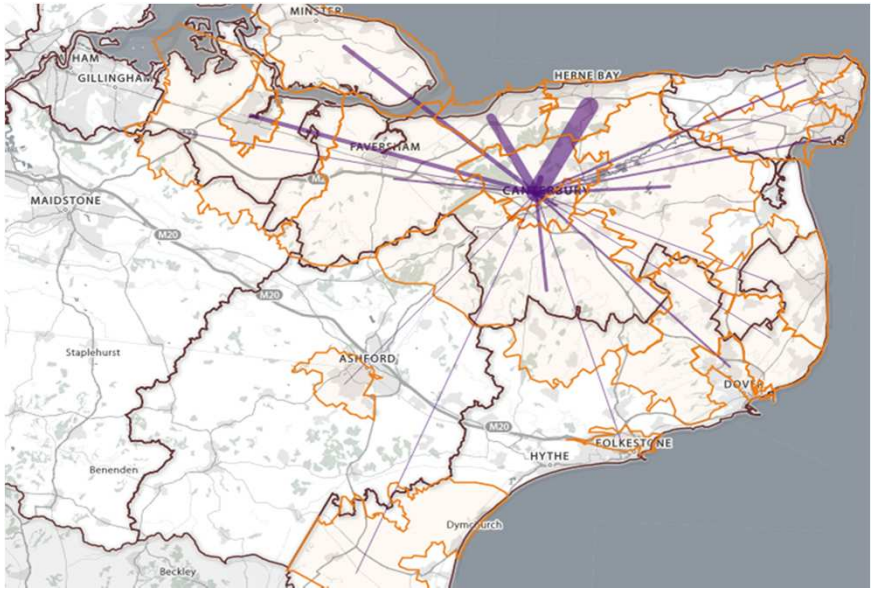
- **Concern regarding additional capacity for individuals to access short breaks in externally provided accommodation based Short Break services locally to where they live**
  We have initiated conversations with our colleagues in Strategic Commissioning to scope out the possibility of setting up a block contract (which would guarantee a set number of short break beds/nights per year) with a local provider. This process would of course need to follow procurement guidelines.

You said, we did

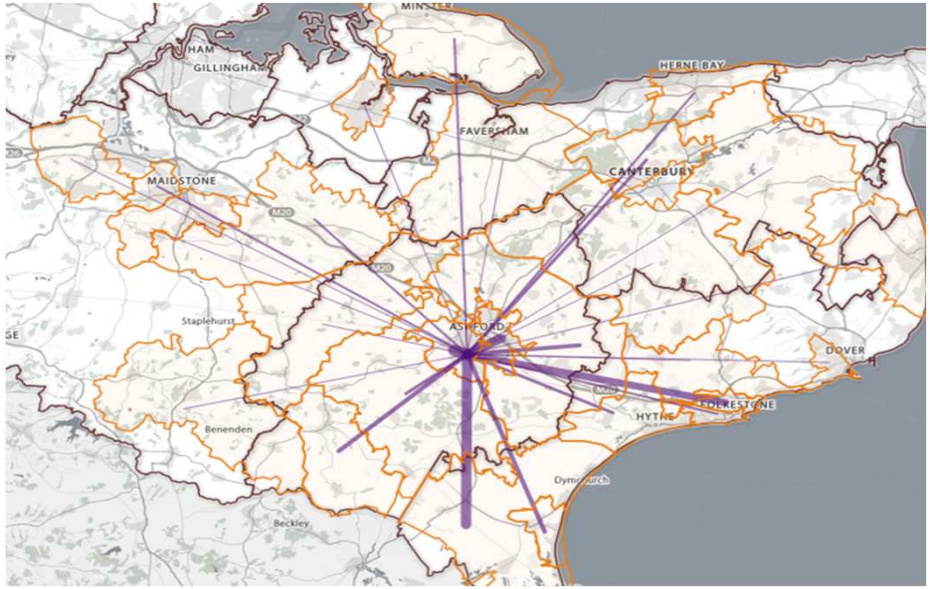
- **Opportunities for co-production across the four remaining Services**
  There were a number of family carers and organisations who were interested in the opportunity to become more involved in the services we provide. Co-production is something we had talked about during the assessment and design phase of the project and indeed had spoken to other Local Authorities and Organisations about. We did not include sufficient detail regarding these positive opportunities in the Consultation Documents. This approach will certainly be taken as an integral part of our Short Breaks Model going forward.

- **The land value at Osborne Court and related proposal**
  The reasons for Osborne Court being identified as the proposed site to close are explained extensively in all the Consultation Paperwork. However the land values were not included, which in hindsight would have been useful in informing stakeholders that Osborne Court is not identified by KCC Property and Infrastructure as the site with the highest value.

Locations and travelling distances for clients



Canterbury ASU



Southfields, Ashford

Key:

Thickness of line denotes number of clients. Thicker line – more clients travelling that route.

Recommendations

Adult Social Care & Health Cabinet Committee is asked to:

1. NOTE the outcome of the 12 week Consultation.

2. ENDORSE the new Accommodation Based Short Break Model.

3. COMMENT on the report and endorse or make recommendations to the Cabinet Member on the proposed decision to proceed with the Accommodation Based Short Break Model and the proposal to end service provision from Osborne Court and identify alternative services for the 58 service users and close Osborne Court.

Thank you and any questions?

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

Sue McGibbon
Change Implementation Officer

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 11 October 2016
Decision No:	16/00089
Subject:	**COMMUNITY DAY SERVICES FOR PEOPLE WITH A LEARNING DISABILITY AND/OR PHYSICAL DISABILITY (EXTERNAL)**
Classification:	Unrestricted
Past Pathway of Paper:	Adult Social Care Portfolio Board – 22 June 2016 Strategic Commissioning Board – 21 July and 8 September 2016 Commissioning Advisory Board – 23 September 2016
Future Pathway of Paper:	Cabinet Member decision
Electoral Division:	All

Summary: This paper concerns the commissioning of day services for people with a learning and / or a physical disability through the external marketplace. Whilst the current market provides choice for individuals, there are a range of issues that have arisen because of the way that it has developed over time. These include a lack of clarity around how costs relate to quality and the attainment of individual outcomes, variation in quality, gaps in the type of services available to individuals. The proposal is to commission these services through a framework contract that will open at set intervals throughout its life in order to welcome new providers onto the market, increasing choice for individuals and filling gaps. This contract will importantly establish quality standards within the marketplace and ensure value for money by aligning cost to quality and the achievement of outcomes for individuals.

Recommendation(s): The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or **MAKE RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (attached as Appendix 1) to:

a) Recommission Community Day Services for people with a Learning Disability and/or Physical Disability (External)

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

1. Introduction

1.1 This paper concerns the commissioning of day services for people with a learning disability and / or a physical disability through the external marketplace.

1.2 There are approximately 925 people attending learning disability external day services and 306 attending external physical disability day services via individual contracts and at least 87 people use direct payments to attend learning disability day services.

1.3 There are a range of people accessing support through day services, ranging from those who benefit from support to move towards independence to those who live with challenging behaviour, requiring support to live safely in the community. There are also people who have profound learning disabilities in addition to being physically disabled (e.g. wheelchair users), who need significant levels of support. For this group, day services also provide valuable respite for carers.

1.4 Following an analyse and design phase, the report sets out the proposal to implement a new method of contracting with the external market in order to establish quality control, ensure value for money and improve outcomes.

2. Financial Implications

2.1 Current spend on day services for people with learning disability is £5.5m per year, and £868k for people with physical disability.

2.2 In addition, £0.5m is spent with external day services providers on additional one to one support that enables people to attend day services and participate in activities.

2.3 It is estimated that approximately £254,650 is spent through direct payments on day services for people with learning disability.

2.4 The cost of transport to day services for people with learning disability is approximately £1m per year, delivered through Transport Integration.

2.5 Under this proposal, it is expected that provider unit costs will increase, as a result of increasing delivery costs over the last four years in conjunction with no price increases over the same period, and the introduction of National Living Wage. However, new costs will only be applied to clients joining the provider after the contract start date. This will allow KCC to begin a process of standardising rates, but without the increased financial burden associated with applying new rates to all existing service users.

2.6 Entering onto the framework will mean that providers are considered for an index related price increase along with all other contracted services. This increase would be applied to all clients.

3. Policy Framework

3.1 Increasing Opportunities, Improving Outcomes: Kent County Council's Strategic Statement 2015-2020, Strategic Outcome of "Older and vulnerable residents being safe and supported with choices to live independently."

3.2 Care Act (2014) in relation to the duty to meet unmet eligible social care needs for both carers and the cared for person, and duties regarding market shaping and oversight.

4. The Report

4.1 In response to Valuing People Now (2009), the external day market has evolved to enable people to receive support within their local communities, rather than in large buildings which segrated them.

4.2 There are approximately 95 external providers of day services to people with a learning disability in Kent, 16 of which also support people with a physical disability and an additional 33 providers of day services for people with a physical disability. Providers vary in size and capacity as well as in the type and quality of support that they provide.

4.3 Unit costs for day services vary with higher costs generally reflecting support for people with higher levels of complex need.

4.4 It is likely that demand for day services will increase due to a range of factors, but specifically related to more people with higher levels of need living independently in their communities.

4.5 Because the market has evolved over time there are a range of issues that are now apparent, including lack of visibility around value for money in terms of how costs relate to the delivery of outcomes, variation in quality, geographical variation on type of activities available and gaps in service.

4.6 Day services are not regulated at a national level, and there are no established quality standards.

4.7 People who use learning disability day services have said that they want to have choice, control and feel empowered, to be supported to be independent and manage their long term conditions, to learn new skills and build on existing skills, to develop and maintain friendships and to feel confident that they will be treated with dignity and respect at all times.

4.8 The proposal is to commission day services that support these outcomes, provide valuable respite for carers and which are also value for money and have consistent quality standards.

4.9 A range of options has been considered, including the use of a Key Strategic Partner, block contracts, Dynamic Purchasing System, Open Framework and Do Nothing and a table detailing the risks and opportunities of the options considered is attached to this report as Appendix 2.

4.9 Following engagement with care managers and providers, the preferred option is an Open Framework. This option proposes that all providers participate in a tendering process and those that are successful enter onto the framework and into a contract with the council. The framework will open at set intervals during its lifetime in order to encourage development of innovation and the entry of new providers onto the market.

4.10 The option will have three lots which reflect different outcomes for individuals, namely services that promote wellbeing through ongoing activities, services that promote independence through skills development and services that provide training and development as a route to employment. Providers of employment services will be expected to be knowledgeable about how employment can affect the benefits that people with a disability can receive while working. There will be a fourth lot for providers who provide additional support that enables people to access their day services.

4.11 This option allows the council to establish quality standards within the provider market, establish value for money by linking cost to quality and the attainment of outcomes for individuals and provides greater visibility for people using services about what their options are, thereby increasing choice.

4.12 A range of Key Performance Indicators, alongside regular contract monitoring visits, will in turn increase the council's ability to contract manage the service, address poor performance promptly and monitor quality and value for money on an ongoing basis.

4.13 The proposal is that the Corporate Director of Social Care, Health and Wellbeing will inherit the main delegations via the Officer Scheme of Delegation.

5 Equality Implications

5.1 An Equality Impact Assessment has been completed in relation to the proposal to re-commission day services for people with a learning and / or physical disability. The assessment has determined that minimal risk of a negative impact from this process on people with protected characterstics and that this process could promote equal opportunities through introducing quality standards and promoting a more diverse marketplace.

6. Legal Implications

6.1 The open framework is a hybrid procurement model, combining elements of a framework contract and a Dynamic Purchasing System, and is not an established route to market. This could leave the council at risk if the contract is challenged. However, this is deemed to be the best option because it retains individual choice and promotes the stability of the existing market, whilst giving it opportunity to develop. The risk of challenge is considered to be minimal.

7. Conclusions

7.1 Approximately 1,231 people with a learning and / or physical disability are attending day services provided through the external market.

7.2 Day services provides valuable support that enables people to live independently in their own homes and communities, and which support carers to keep caring.

7.3 There are 95external providers of day services in Kent, providing a good range of choice of both environment and activities for individuals.

7.4 As the market has grown organically over time in relation to demand, there are issues that have now become apparent in relation to value for money (cost in relation to the attainment of outcomes), quality standards, and gaps in

provision. In addition, it can be hard for new providers to enter into the market place.

7.5 People who use day services are clear about the outcomes that they want to achieve.

7.6 The council has a duty under the Care Act (2014) to provide services and support that meets unmet eligible social care needs, and in regard to market oversight and shaping.

7.7 This paper proposes that day services for people with learning and / or physical disability will be commissioned through an open framework. This type of contract will enable the council to shape the market, establish quality standards, ensure value for money and increase choice for individuals.

8. Recommendation(s)

8.1 Recommendation(s): The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or **MAKE RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (attached as Appendix 1) to:
The Adult Social Care and Health Cabinet Committee is asked to CONSIDER and ENDORSE or MAKE RECOMMENDATIONS to the Cabinet Member for Adult Social Care and Public Health on the proposed decision attached as Appendix 1 to:
a) Recommission Community Day Services for people with a Learning Disability and/or Physical Disability (External)
b) Delegate authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to take the necessary actions to implement the decision.

9. Background Documents

None

10. Contact details

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Penny Southern
Director for Disabled Children, Adults Learning Disability and Mental Health
03000 415505
Penny.Southern@kent.gov.uk

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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	16/00089

For publication

Key decision
Affects more than two Electoral Divisions

Subject: Community Day Services for People with a Learning Disability and/or a Physical Disability (External)

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

a) Recommission Community Day Services for people with a Learning Disability and/or Physical Disability (External)
b) Delegate authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to take the necessary actions to implement the decision.

Reason(s) for decision: To establish quality standards within the market place and ensure for value for money by aligning cost to quality and the achievement of outcomes for individuals.

Financial Implications: Current spend on day services is £5.5m for people with a Learning Disability and £868k for people with a Physical Disability

Equality Implications: An equality impact assessment has been completed in relation to this proposal with minimal risk of negative impact.

Legal Implications: The open framework is a hybrid procurement model, combining elements of a framework contract and a Dynamic Purchasing System, and is not an established route to market. This could leave the council at risk if the contract is challenged. However, this is deemed to be the best option because it retains individual choice and promotes the stability of the existing market, whilst giving it opportunity to develop. The risk of challenge is considered to be minimal.

Cabinet Committee recommendations and other consultation:
The proposed decision will be discussed at the Adult Social Care and Health Cabinet Committee on 11 October and the outcome included in the decision paperwork the Cabinet Member will be asked to sign.

Any alternatives considered: None

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

....
signed date

Appendix 2: Options Appraisal of contracting methodologies

Option	Opportunities	Risks
Option 1 – Single provider contract, either via a prime contractor or Strategic Partner	• Improves ability to monitor services • Providers are managed and clients booked by a KSP, saving time for care management • Flexibility around identifying and filling gaps	• Additional funding required for KSP to manage and coordinate • Clients booked by a KSP – losing care management oversight of whole care package • Restricts choice, especially across geographic boundaries • Current market has few organisations large enough to take on this role, opening the door for big companies to win contracts • Takes time to build partnerships and mobilise • Significant change to the services provided and potential need to move people from one provider to another which would be disruptive for individuals and their families
Option 2 – Block Contracts	• Financial security for providers • Ability to commission services specifically to fill gaps • Block buying can reduce costs through economies of scale	• Time consuming to monitor, therefore only viable if the market is rationalised • Adverse press/publicity due to the change in local delivery and change of service • Placements are focused on filling the block rather than ensuring it is the right service • Reduces choice • Clients would have to move from existing providers • Lack of innovation and development – providers can grow complacent

Option 3 – 'Open' Framework	• Stimulates market and enables gaps to be filled • New providers can enter into the market throughout the life of the contract • Increased visibility of available services • Retention of client choice • Price and quality pre-assured • Ease and simplicity for provider market	• Suppliers can only enter into the market at set intervals • This is not a traditional, established route to market, but is a hybrid of two models, so could leave the council open to challenge to challenge. These risks are deemed low.
Option 4 – Dynamic Purchasing System	• Stimulates market and identifies gaps • New providers can enter into market continuously throughout the life of the contract • Increased visibility of available services • Price and quality pre assured	• Care manager concern that this option rules out' taster days' and limits client choice • Care manager concerns around time taken to make placements • This option would reduce the ability of care managers to recommend placement options and input their expertise within placement decisions • A number of providers would apply for all cases and monopolise • Small providers would be disadvantaged if they lack sufficient resources to monitor the system and bid

By:	Graham Gibbens, Cabinet Member for Adult Social Care and Public Health Andrew Ireland, Corporate Director of Social Care, Health, Care and Wellbeing
To:	Adult Social Care and Health Cabinet Committee – 11 October 2016
Decision Number:	16/00090
Subject:	**LOCAL ACCOUNT FOR KENT ADULT SOCIAL CARE (APRIL 2015 – MARCH 2016)**
Previous Pathway	N/A
Future Pathway	Cabinet Member decision
Classification:	Unrestricted
Electoral Division:	All

Summary:	This report provides the Adult Social Care and Health Cabinet Committee with an update on the development of the Local Account for Adult Social Care (April 2015 – March 2016). The report summarises involvement/engagement activities undertaken to date across Adult Social Care and outlines how user engagement feedback from these activities has informed the development/content of the Local Account for 2015-2016.
Recommendation:	The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** the draft Local Account document– 'Here for you, how did we do?' (April 2015 – March 2016) and **ENDORSE** this as the final version.

1. Introduction

1.1 Adult Social Care Services at both a local and national level are currently being delivered against a backdrop of increasing financial constraint, a population that is living longer with associated increasing complex care needs and people wanting better quality and choice in the services they use.

1.2 There is also greater emphasis on Local Authorities to work collaboratively to improve performance and outcomes for people and to deliver joint services with the NHS and other partners.

1.3 In the past, the Care Quality Commission (CQC) used to assess how well Local Authorities were performing in Adult Social Care. They no longer do this, and

as part of national changes, all Local Authorities are now asked to produce a document in partnership with their residents to enable them to hold the authority to account. As a result the annual report for Adult Social Care in Kent - **'Here for you, how did we do?'** has been produced.

1.4 The Local Account, '**Here for you, how did we do?' April 2015 - March 2016,** attached as Appendix 1 to this report**,** describes the achievements, improvements and challenges faced by Kent Adult Social Care during the past year as it continued to transform its services. The Local Account also sets out the vision for the future and provides updates on the key issues that people have told us are important to them.

1.5 It is an important way in which people can challenge and hold us to account and this is the fifth year that it has been developed in partnership with people who use our services, their carers, voluntary organisations and service providers as well as members, district councils and staff.

2. Development of the Local Account

2.1 A key ongoing challenge for the Council is to ensure that people continue to be at the centre of the care they receive and that we actively engage with our service users, their carers, voluntary organisations, our partners, commissioned and other providers and our staff as part of the ongoing development of our service provision.

2.2 We need to ensure that we continue to deliver cost effective Adult Social Care Services not only in line with our Strategic Statement - Increasing Opportunities, Improving Outcomes, through effective Strategic Commissioning and other strategic interdependencies, but also in conjunction with the Care Act and sector led service improvement which places important emphasis on engaging with and listening to our customers.

2.3 Whilst user engagement activity is already carried out across the Directorate, the ongoing development of the Local Account provides further opportunity for us to listen to, work with and take action on what our customers are telling us about our service provision enabling us to work collaboratively with people in Kent to deliver sustainable Adult Social Care Services now and for the future.

2.4 There is also a strong link between effective service user engagement/involvement and the 'Think Local, Act Personal (TLAP) and 'Making it Real' agenda which is focused on enabling people to have more choice and control to live full and independent lives.

3. User Engagement Activity to inform the Local Account

3.1 There are a number of effective forums, boards and partnerships already in place across the Directorate and work has been undertaken to link into or utilise these in the most effective way to inform the Local Account. This had enabled us to avoid duplication and to work in the most cost effective way, i.e. the previous version of the Local Account has been distributed to over 100 contacts

associated with the Kent Learning Disability Partnership structure including the Kent Learning Disability Partnership Board and District Partnership Groups to obtain user engagement feedback.

3.2 The easy read version of the Local Account from last year has been posted on the Kent Learning Disability Partnership website together with an easy read cover letter and tailored commentary to encourage feedback.

3.3 There are a number of Seniors Forums across Kent and links to the Forums have been developed with presentations/engagement sessions on user involvement and the Local Account delivered to over 250 older people. We have also linked into user engagement work undertaken by Healthwatch Kent.

3.4 An Adult Social Care User Engagement database containing over 1,800 active contacts has been developed, organised by service provision and then alphabetically by contact name. Work has also been undertaken to ensure that each contact incorporated within the database is current.

3.5 All contacts within the User Engagement database have received a copy of the previous version of the Local Account in the most appropriate format – e-version, easy read, standard edition, plain text requesting their feedback and this will be utilised again for the current version. Where possible (and if appropriate), the Local Account has also been distributed electronically to minimise printing costs.

3.6 To promote user feedback, five succinct animations have been produced which have enabled people to review the Local Account and its content without having to actually read it. The animations can also be viewed with subtitles for those people with hearing difficulties.

3.7 Each video incorporates an introduction to the Local Account and the ways in which people can contact us to provide feedback. The animations have also been designed to encourage people to tell us what they think of the Adult Social Care services we provide and our ongoing transformation plans for the future.

3.8 Two supporting Infographics have been produced to raise awareness of the Local Account and encourage user involvement/engagement. The first infographic contains factual illustrated information taken from the Local Account and the second infographic focuses on the importance of service user feedback.

3.9 Ongoing communication to Adult Social Care staff promoting the Local Account and the importance of feedback have been developed, including features in the Transformation Newsletters and regular web based updates.

4. Financial Implications

4.1 The proposed development of the Local Account does not include savings targets, however a key objective when developing the brochure and our user

engagement approach has been the consideration of how to enhance value for money from a Council perspective utilising wherever possible existing forums or approaches already in place across the Directorate or working in conjunction with existing partners to minimise costs.

4.2 There will be a cost implication to the production and distribution of the Local Account; however these will be managed within the budget planning forecasts for the Unit, i.e. ongoing production of the Local Account.

5. Legal Implications

5.1 There are no legal implications associated with this report.

6. Equality Implications

6.1 There are no equality implications associated with this report.

7. Future Publication, Distribution and Feedback

7.1 The final document will be ready for publication in late October 2016 and will be distributed as widely as possible to give everyone the chance to read it, challenge our approach, ask questions and feedback their views.

7.2 All 1,800 contacts within the User Engagement database will receive a copy in the most appropriate format – e-version, easy read, standard edition, plain text requesting their feedback. Where possible (and if appropriate), the Local Account will also been distributed electronically to minimise printing costs. Hard copies will also be distributed to public accessible social care locations, i.e. Libraries, Gateways, Day Centres.

7.3 An easy read version of the Local Account will be developed/posted on the Kent Learning Disability Partnership website together with an easy read cover letter and tailored commentary to encourage feedback.

7.4 There are already existing feedback mechanisms in place, including through the Kent County Council website, twitter, email, post and phone. Feedback from these as well as user engagement at forums and other events will continue to be used in the development of the next document.

7.5 Service users, carers, the voluntary sector, providers, Members, Healthwatch Kent and staff will be encouraged to continue to play a part in the evaluation and ongoing development of the Local Account.

8. Recommendations

8.1 Recommendations: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** the draft Local Account document– 'Here for you, how did we do?' (April 2015 – March 2016) and **ENDORSE** this as the final version**.**

9. Background Documents

Care Act 2014
https://www.gov.uk/government/publications/care-act-2014- statutory-guidance-for-implementation
Think Local, Act Personal 2011
http://www.thinklocalactpersonal.org.uk//Browse/ThinkLocalActPersonal/
Local Account 'Here for you, how did we do?' April 2014 - March 2015
http://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/local-account-for-adult-social-care

10. Contact details

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Director of Commissioning
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Mark.lobban@kent.gov.uk

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Here for you, how did we do?

Local account for Kent Adult Social Care

April 2015 - March 2016

Report highlighting the achievements, improvements and challenges of Kent County Council Adult Social Care during the past year and our vision for the future.

Kent County Council
kent.gov.uk

Contents

This document is available in alternative formats and languages. Please call: 03000 421553 Text relay: 18001 03000 421553 for details or email alternativeformats@kent.gov.uk

Foreword

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

Graham Gibbens

Andrew Ireland

We are pleased to publish, "Here for you, how did we do?" the Local Account for Kent County Council Adult Social Care for April 2015 - March 2016.

This Local Account describes the achievements, improvements and challenges of KCC Adult Social Care in the past year and sets out our vision for the future.

There continue to be big challenges ahead in adult social care, we are changing the way in which we deliver our services so we can continue to offer quality care and value for money for the future. We are also committed to improving social care outcomes within the constraints of a challenging financial climate.

We have already made essential savings and we are working to become even more efficient. We are doing this through reducing paperwork, simplifying processes and cutting red tape, as well as looking at the way we commission services to get better value for users and the council.

At the same time, we are making significant investment in vital support services, which will help people, stay independent for longer, offer greater support for carers and reduce avoidable hospital admissions. We are also working more closely with our partners in the NHS to integrate health and social care.

The people of Kent have told us they want real choice in their care, they want personalised care which suits them and they want to stay independent for as long as possible.

We know that quality care matters to people and we will continue to work to find innovative and efficient ways to deliver these services.

In 2015-16, we have strived to:

- keep vulnerable adults safe
- support you to live independently in your own home
- increase investment in enablement services (see glossary) and Telecare (see glossary) provision to enable people to regain their independence and remain at home
- reduce the number of permanent admissions to residential care
- support more people through a person-centred process and to receive a personal budget
- support more people with a learning disability into employment
- use surveys and other feedback to look at what we are doing well and what needs improving
- work with health to plan and provide joint services.

Many people, including those who use our services, their carers and voluntary organisations, were crucial in putting this Local Account together and we would like to thank all those who contributed. We will continue to listen to and work with people in Kent to build a sustainable service for the future.

Introduction

Welcome to this year's annual report for Adult Social Care in Kent - **'Here for you, how did we do?' April 2015 - March 2016** which describes the achievements, improvements and challenges faced by Kent Adult Social Care during the past year as we have continued to transform our services. It also sets out our vision for the future.

In the past, the Care Quality Commission (see glossary) used to assess how well Local Authorities were performing in Adult Social Care. They no longer do this, and as part of national changes, all Local Authorities are now asked to produce a document in partnership with their residents to enable them to hold the authority to account. As a result '**Here for you, how did we do?'** has been produced.

The Local Account is an important way in which people can challenge and hold us to account and this is the fifth year that it has been developed in partnership with people who use our services, their carers, voluntary organisations and service providers as well as members, district councils and staff.

Throughout this document, we will provide updates on the key issues you have told us are important to you and we will also tell you about the new things we have been developing and are working on.

Feedback from you is enormously important and many people played a crucial role in putting this Local Account together either through providing us with feedback or taking part in meetings to let us know the areas that were important to you.

We will continue to listen to and work with people in Kent to build a sustainable Adult Social Care Service for the future and we will continue to distribute the Local Account as widely as possible to give everyone the chance to read it, challenge our approach, ask questions and feedback their views.

If you have not had the opportunity to contribute to the Local Account or have been involved in the past and would like to continue to help us shape how the Local Account looks and what it includes going forward, please email us at: **kentlocalaccount@kent.gov.uk** letting us know how you would like to be involved.

If you have any questions regarding the content of this report and would like to submit your comments, please complete our feedback form online. The feedback form only takes five minutes to complete and we would love to hear from you.

We also have a paper feedback form which you will find in the centre of the booklet. Please contact us if it isn't included and we can arrange for a copy to be sent to you.

Further copies of the Local Account can be downloaded directly from our website at: **www.kent.gov.uk/localaccount** where you can also find plain text and easy read versions as well. Alternatively, please contact us and we can arrange for further copies to be sent to you.

Symbols used in this report

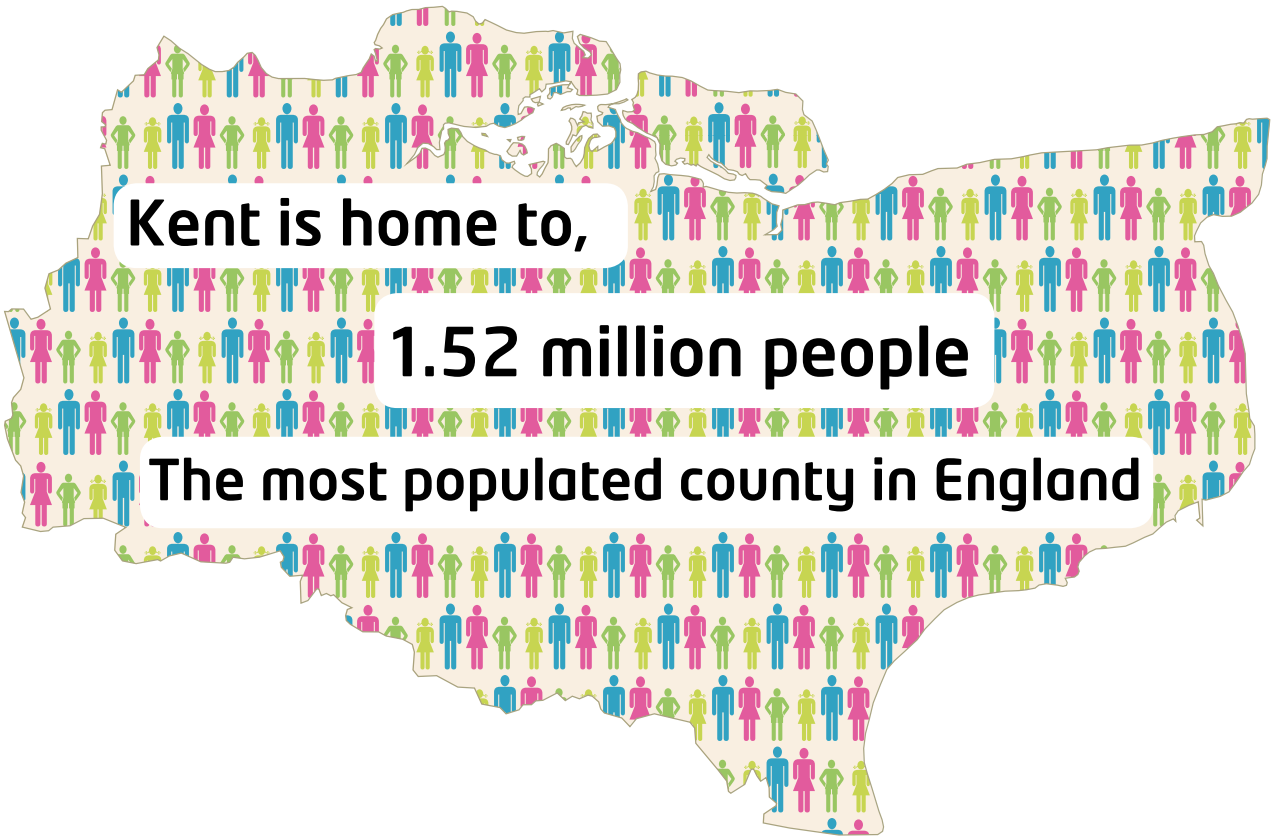
Refers to what is new this year.

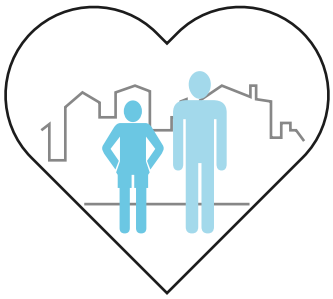
Refers to an update on last year.

Kent and its people

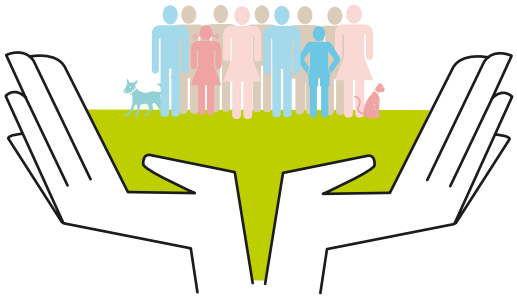
KCC believes and recognises that the diversity of Kent's community and workforce is one of its greatest strengths and assets. The different ideas and perspectives that come from diversity will help the council to deliver better services as well as making Kent a great county in which to live and work.

Further information on the council's objectives for equality and diversity can be found at **www.kent.gov.uk/diversity**

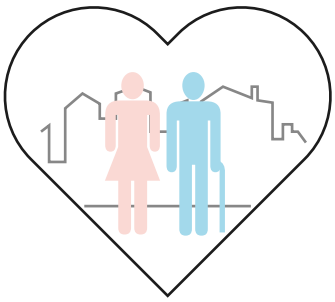




13,563 people aged between 18-64 are supported by Adult Social Care

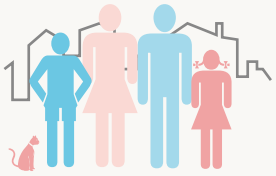


35,440 people in Kent are supported by Adult Social Care.

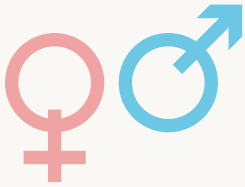


21,877 people supported by Adult Social Care are over the age of 65.

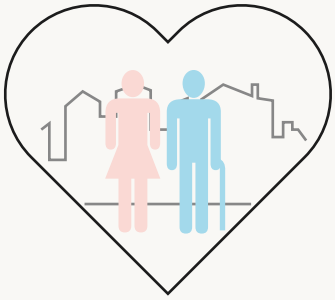
Facts and figures about Kent



73% of the Kent population live in urban areas.

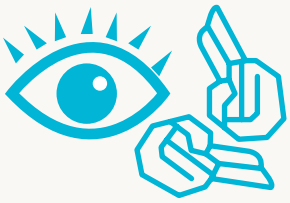


51% of the population is female and 49% male.



56.8% forecast increase in over 65 year olds between 2014 and 2034.

17.6% of the Kent population have an activity limiting illness or condition.



1,868 referrals made by the Sensory Team to KCC adult social care.

317 referrals made to the Autism Team in KCC adult social care.

5303 people (18-64) supported by KCC adult social care have a physical disability

4662 people (18-64) supported by KCC adult social care have a learning disability

3890 people (18-64) supported by KCC adult social care have mental health issues

What does Kent Adult Social Care do?

'Together, we want to make sure people are at the heart of joined up service planning and feel empowered to make choices about how they are supported'.

What Statutory Responsibilities do we have?

KCC Adult Social Care has a statutory responsibility for:

- Assessing your needs
- Planning your support
- Arranging your services, where appropriate
- Providing community care services for adults living in Kent who qualify for social care support.

Who do we support?

Kent Adult Social Care support:

- older people
- adults with physical disabilities
- adults with sensory disabilities including dual sensory impairment and autism
- adults with learning disabilities and disabled children
- adults with mental health issues
- adults moving from children's services to adult services
- adults who give voluntary care to family members or friends.

What is our aim?

Our aim is to make sure Kent's population of older people, people with physical disabilities, people with learning disabilities and people with mental health issues live healthy, fulfilled, independent lives and that people feel socially and economically included in the community.

We're also aiming to drive, promote and support transformational change through commissioning high quality, cost effective, outcome based social care services to ensure that the right level of support is provided at the right time, right place and at the right cost for vulnerable adults, children and young people, their families and carers in Kent.

What is our Vision for Adult Social Care?

The vision for Adult Social Care is centred around the individual being at the heart of everything we do.

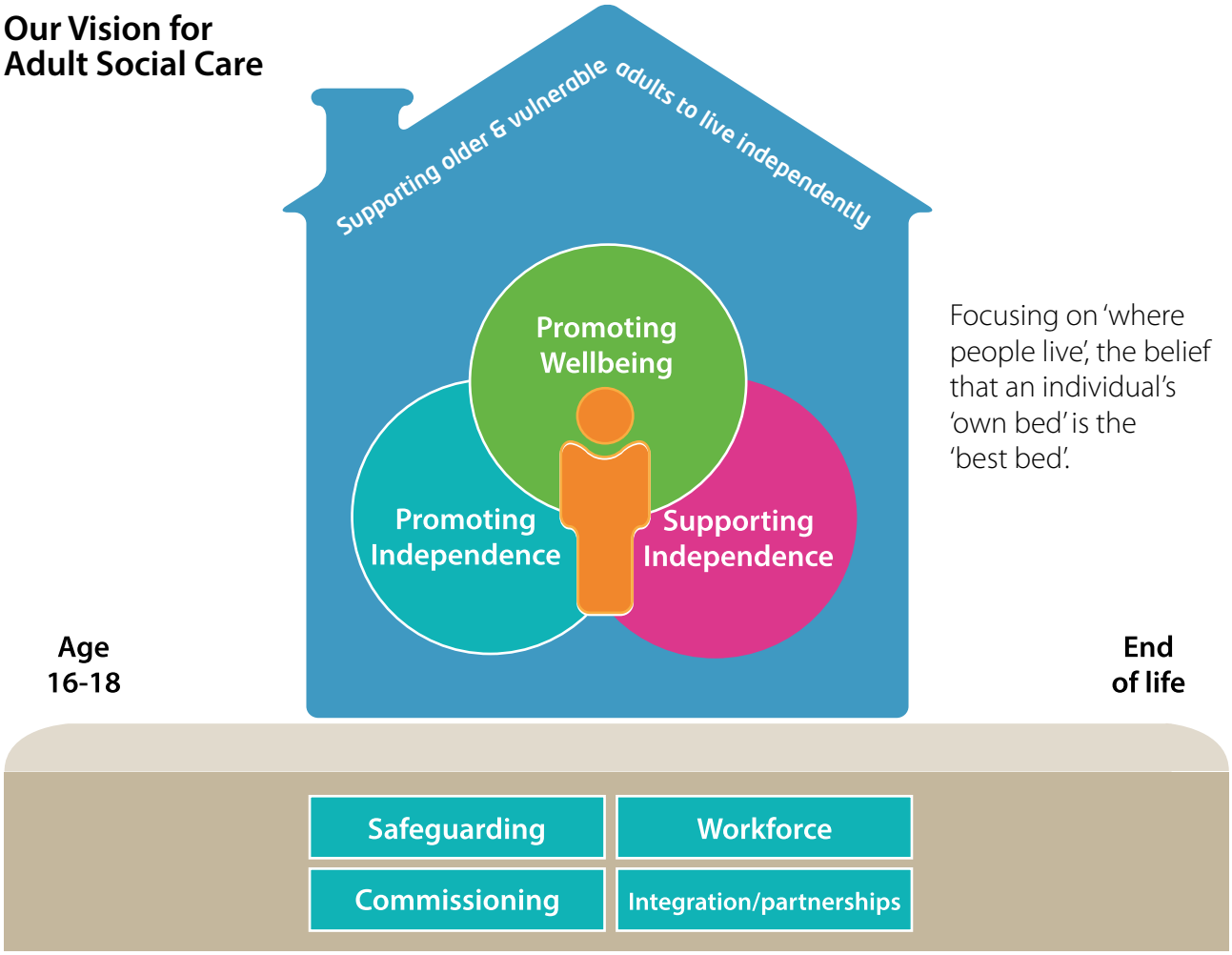
'A life, not a service'

It builds on **supporting older and vulnerable adults to live independently** and it supports KCC's vision to "focus on improving lives by ensuring every pound spent in Kent is delivering better outcomes for Kent's residents, communities and businesses".

It focuses on '**where people live**' and the belief that where possible, an individual's '**own bed' is the 'best bed**'.

For more information on our services see our pamphlet 'Accessing Adult Social Care in Kent' or go to www.kent.gov.uk/careandsupport.

Our Vision for Adult Social Care



Focusing on 'where people live', the belief that an individual's 'own bed' is the 'best bed'.

How will we deliver our Vision for Adult Social Care? We will:

Promote Well-being

People receive the right response and can self-manage within their own communities

- Promote self-management, health and well-being.
- Make best use of available resources.

Promote Independence

Empowering people to have greater choice and control to lead healthy lives

- Promote and maximise independence through short term interventions.
- Provide the best long term outcomes for individuals.

Support Independence

Focus on providing effective ongoing support

- Ensure people receive quality care at home and stay connected in their community.
- Avoid unnecessary admissions to hospitals and care homes.
- Radically reshape the way our services are currently being delivered.

Supported by four building blocks

- Safeguarding
- Workforce
- Commissioning
- Integration/partnerships

Through transition on an all age pathway.

How Adult Social Care in Kent is structured

The Social Care, Health and Wellbeing Directorate is made up of five divisions which work together to meet the statutory responsibilities for social care and public health that Kent County Council is obliged to fulfil.

Adult Social Care is comprised of three of these divisions:

- Older People and Physical Disability Division
- Disabled Children, Adult Learning Disability and Mental Health Division
- Strategic Commissioning

With close links to the remaining two divisions:

- Specialist Children's Services Division
- Public Health Division

Older People and Physical Disability Division

- Provides a range of services to improve outcomes for older people and physically disabled adults and their carers to support older and vulnerable adults wherever they live in our community to live independently by promoting their well-being, and promoting and supporting their independence.

- **Key business areas** – Area Referral Management Service, Adult Community Teams, Kent Enablement at Home, Sensory and Autistic Spectrum Conditions Service, Integrated/Registered Care Centres, Day Centres, and Health and Social Care Integration Team.

Disabled Children, Adult Learning Disability and Mental Health Division

- Provides a range of services for children and young people with disabilities, adults with a learning disability, people with mental health conditions and their carers. The purpose of the division is to support vulnerable adults and disabled children wherever they live in our community to live independently by promoting their well-being, and supporting their independence.

- **Key business areas** – Community Learning Disability Teams, Learning Disability Provision Services, Disabled Children's Services and Short Breaks, Mental Health Services and Operational Support Unit.

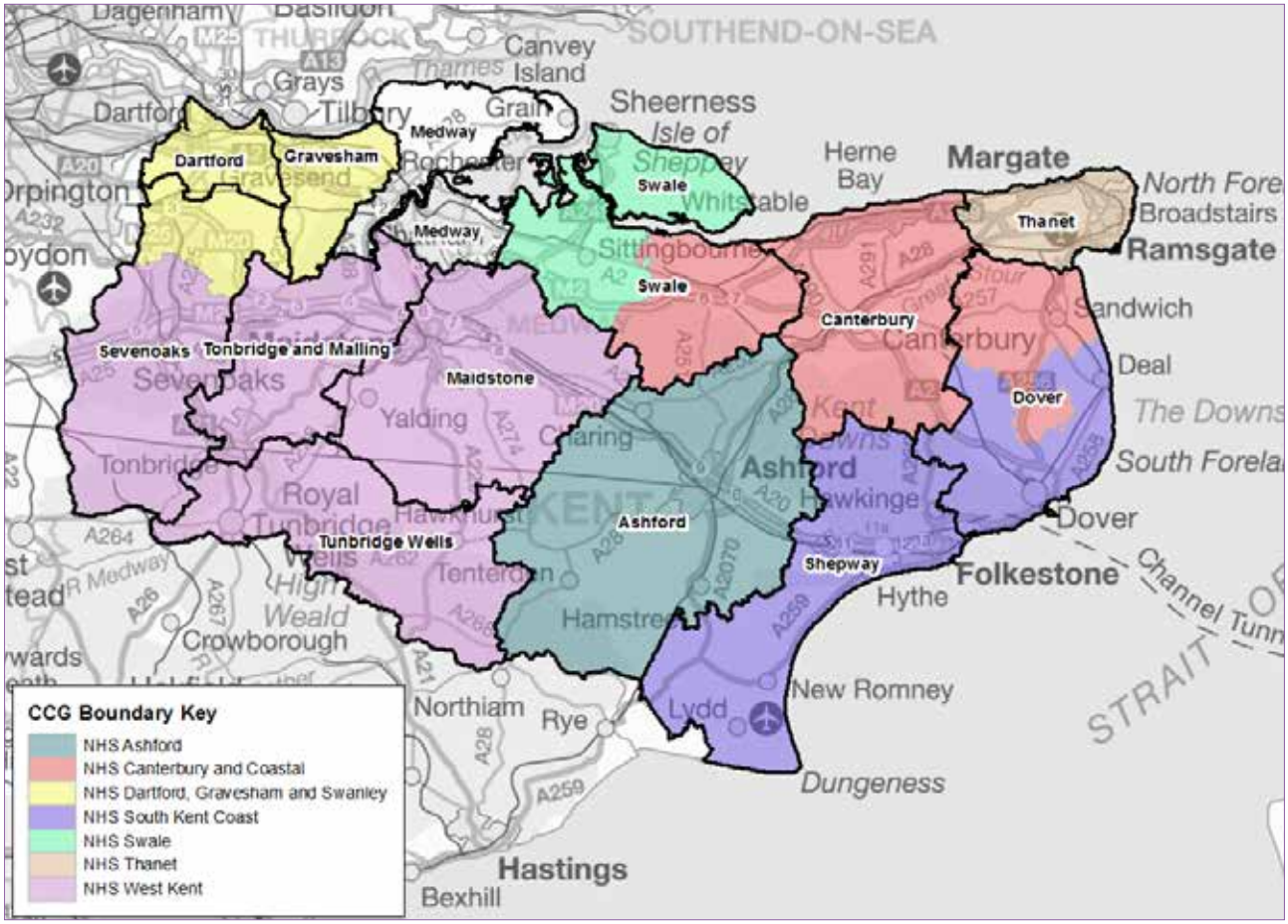
Strategic Commissioning Division

- Responsible for commissioning and procuring a range of social care services for vulnerable adults, children and young people and carers. The 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 by ensuring the '**right level of quality care is provided at the right time, in the right place and at the right cost**.'

- **Key business areas** – Commissioning, Adult Safeguarding Unit, Performance and Information Management and Programme Management Office which works across all the divisions in Adult Social Care.

Additional information about the business areas of Adult Social Care and the Social Care, Health and Well-being directorate can be found in the Annual Business Plan at **www.kent.gov.uk and search Business Plans.**

Clinical Commissioning Groups - CCGs



This map shows the district boundaries for adult social care in Kent, which are now aligned with the Clinical Commissioning Groups (CCGs see glossary) to make it easier to provide joint health and social care services to residents. There are seven CCGs across Kent as well as Medway CCG.

*Please note the coloured areas detail the CCG boundaries, the outlined areas are the district boundaries, resulting in some overlap.

CCGs organise the delivery of NHS services in their area and work closely with patients, healthcare professionals and in partnership with local communities and Kent County Council.

West Kent CCG is the largest CCG. It has the biggest overall population and the highest number of people aged 16-64, over 65+ and aged over 85+. Thanet CCG is the most densely populated CCG with 13.4 people per hectare followed by Dartford, Gravesham and Swanley CCG at 9.5.

The total Kent population is expected to be 1.58 million by 2020. Ashford CCG and Dartford, Gravesham and Swanley CCG have the highest predicted population change from 2013 to 2020 by 7% to 8%. Swale CCG, Thanet CCG and West Kent CCG have the lowest population increase from 4% to 5%.

For more information go to: **www.kent.gov.uk and search Kent Integration Pioneer** (see glossary).

Challenges facing Adult Social Care Services

Adult Social Care services across Kent continue to face four huge challenges:

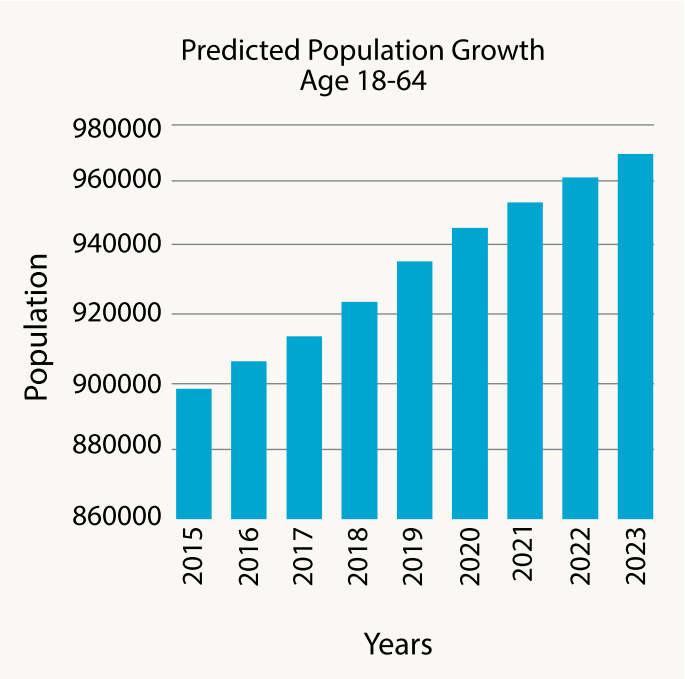
- People want better quality and choice in the services they use
- The population is living longer with complex needs putting further demand on social care
- The financial climate is imposing massive constraints on local authorities
- We need to deliver joint services with the NHS and other partners.

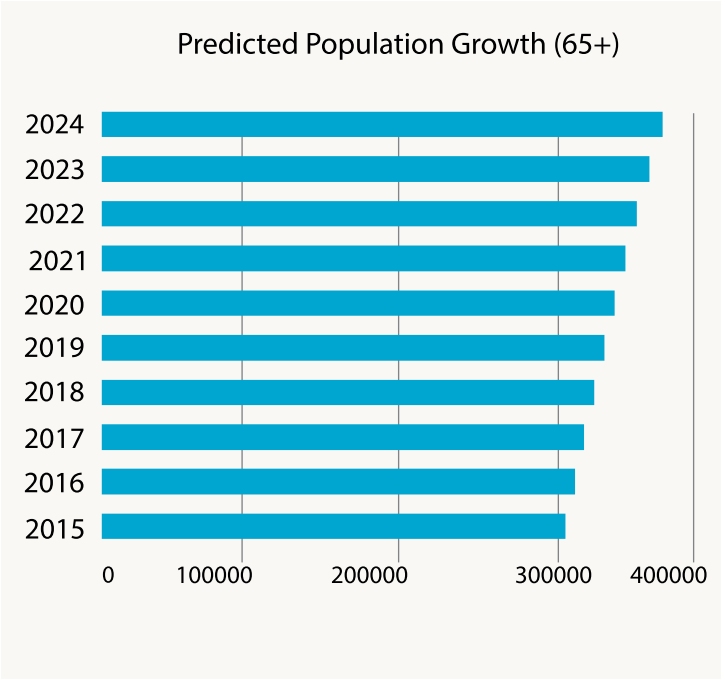
As the population of Kent and demand on services increases, we need to ensure that we continue to deliver cost effective Adult Social Care Services where people remain at the centre of the care they receive.

Predicted Kent population growth (excluding Medway) 2015 – 2023

Age Band	2015	2016	2017	2018	2019	2020	2021	2022	2023
18-64	892,800	899,700	906,000	914,700	924,800	933,200	939,700	945,900	951,900
65+	300,500	307,000	312,800	319,400	326,100	332,600	339,600	347,100	355,100
Total	1,193,300	1,206,600	1,218,800	1,234,100	1,250,900	1,265,900	1,279,200	1,293,000	1,307,000

Source: KCC Housing Led forecast (Oct 2015), Strategic Business Development & Intelligence, KCC.





Additional facts and figures about Kent and the predicted population growth can be found at:
www.kent.gov.uk/about-the-council/information-and-data

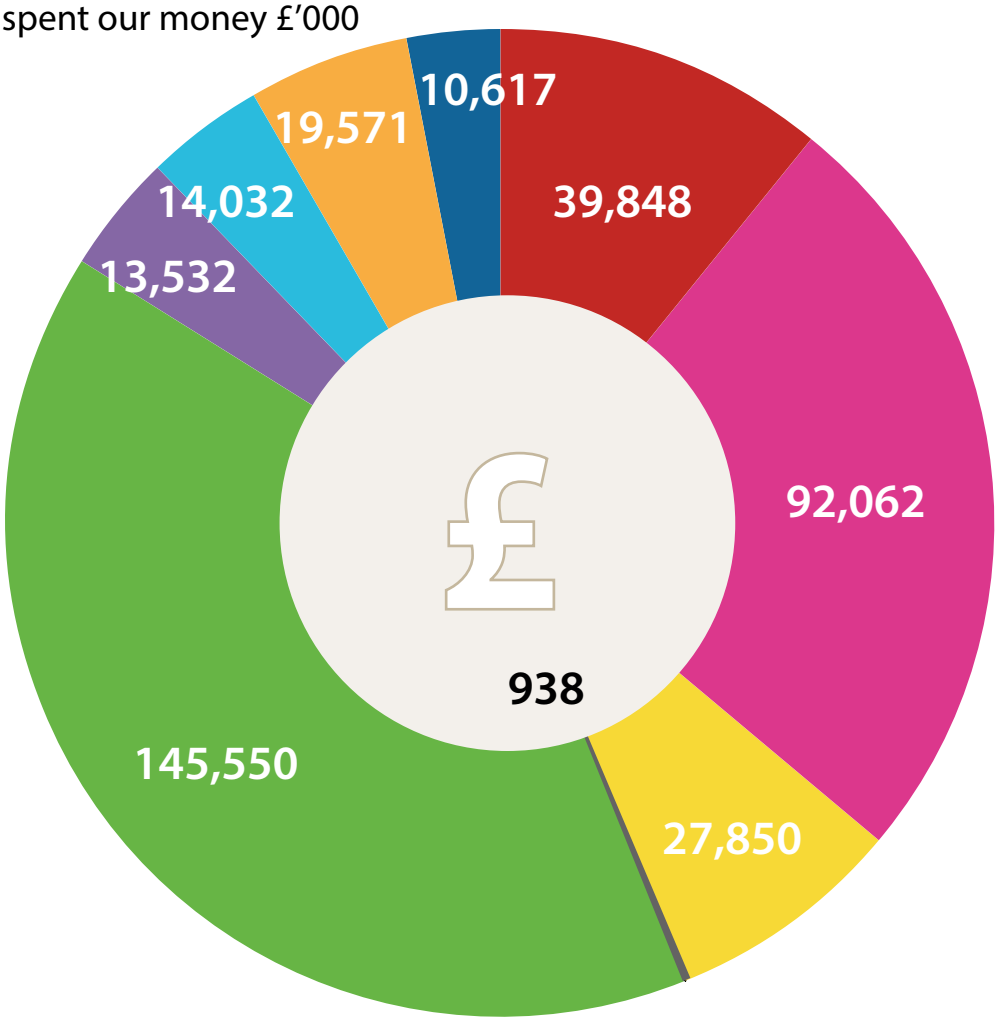
How we spend our money

KCC's net expenditure is £1.812 billion per annum and the budget is split into three areas:

- direct services to the public - £1.589 billion
- financing items - £130 million (authority wide costs that are not service specific)
- management, support services and overheads - £92 million.

The Adult Social Care net budget is £364 million per annum, below is an illustration of how this is spent across all our client groups. For more information go to: **www.kent.gov.uk/budget**

How we spent our money £'000

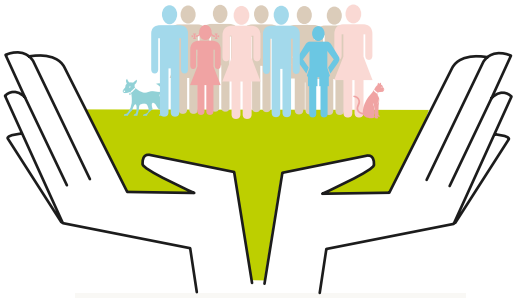


- Assessment and related services
- Older people (65+)
- People with a physical disability (18-64)
- Sensory impairment (18-64)
- Learning disabilities (18+)
- Mental health issues (18+)
- Other adult services (equipment etc)
- Supporting People and Social Fund
- Management, commissioning and operational costs

How we spend our money

Service	Net (£'000s) 2015-16	Percentage of Budget
Assessment - Staff costs for carrying out community care assessments, support plans and reviews	44,631	12.3%
Residential care and nursing care including non-permanent care such as respite	172,554	47.4%
Domiciliary Care services provided to individuals in their own homes & those within extra care housing	18,460	5.1%
Direct payments - Money which is passed directly to individuals so they can purchase and manage services to meet their eligible needs	46,006	12.6%
Supported Living and Supported Accommodation arrangements	47,307	13.0%
Day Care, Community Support Services & Meals	19,734	5.4%
Non-residential client charging – client contributions towards community based services	-14,039	-3.9%
Enablement - Intensive short term support which encourages people to be as independent as possible	8,085	2.2%
Advanced Assistive Technology	4,948	1.4%
Voluntary organisations contributions for social support related services	17,234	4.7%
Support for Vulnerable People - Supporting People & Social Fund	19,571	5.4%
Better Care Fund income	-31,819	-8.7%
Management, commissioning and operational costs	11,328	3.1%
Total adult spend	**364,000**	

Headline figures

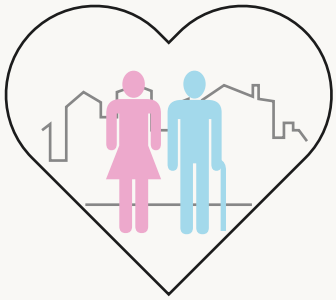


35,440 people in Kent are supported by Adult Social Care.

(34,424 in 2014/15)

13,563 people aged between 18-64 are supported by Adult Social Care

(12,522 in 2014/15)



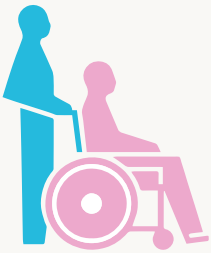
21,877 people supported by Adult Social Care are over the age of 65.

(21,902 in 2014/15)

Assessments

34,651 people received an assessmet of their needs

(23,971 in 2014/15)



20,319 carers had their needs assessed to identify the support they need to continue caring

(19,216 in 2014/15)

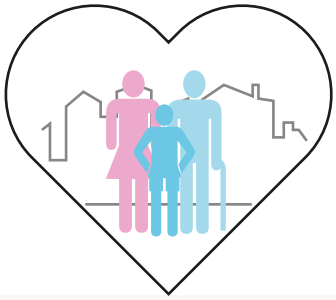
Personal Budgets

16,045 people had a Personal Budget

5,626 people decided to take their Personal Budget as a Direct Payment.

3,054 people received their Direct Payment through a Kent Card.

Services in the community



7,828 people received a home care support service so they could stay in their home.

9,701 people received an enablement service.

83% of people could return home due to an enablement service.

2,554 people received a day care service.

1,295 supported living placements were made.

Residential an nursing care

3,844 people in permanent residential placements.

1,214 older people were resident in nursing care homes .

1,210 residential placements were made for people with learning disabilities.

514 suppliers provided services in relation to permanent residential placements.

117 suppliers provide services in relation to nursing care homes.

Carers

878 carers received a 'something for me' payment.

Reviews

21,278 people received a review of their needs.

Your journey with Adult Social Care

Getting the right care and support is important and you need to take time to consider all the options and information available. Many people will manage their support needs themselves, often with help from family and friends. Some people are not able to do this and need help from Kent Adult Social Care.

Care and support is the term used to describe the help some adults need to live as well as possible with any illness or disability they may have. It can include help with things like; getting out of bed, washing, dressing, getting to work, cooking meals, eating, seeing friends, caring for families, being part of the community.

If you think you have care and support needs, you are entitled to a needs assessment or if you are a carer and you need some support, you are entitled to have a carer's assessment.

The assessment is about you and we will make sure that you are able to be involved. A family member, neighbour, friend or carer can help and represent you and if you don't have someone who you can ask, and you have a lot of difficulty being involved in the assessment yourself, we will find an independent advocate to help you.

Contact

If you feel you have care and support needs, you need to contact us and we will start an assessment of your needs based on what you tell us. A relative, GP, neighbour, friend or carer can also contact us on your behalf.

See page 52 for our contact details.

Your Needs Assessment

- is an opportunity for you to tell us about your situation and discuss your care needs to helps us to understand things from your point of view
- will happen over the telephone or face to face and will help us to see if you are eligible for care and support services
- will look at how your needs impact on your well-being and what you would like to achieve in your daily life.

We will assess your care and support needs with you, and decide if they are at the level where you need help. If you have eligible needs, we will discuss with you how you would like these met based on the information you gave us during your assessment and we will work with you to develop a care and support plan. If you do not have needs that are eligible, we will give you information and advice about what care and support is available to help you locally. This could include help from a local charity or voluntary organisation.

Planning your Support (your Care and Support Plan)

- This will set out how your eligible needs will be met and we will support you to organise the right balance of care and support services to achieve the goals in your plan.
- You can put the plan together on your own, with the help of your family and friends or with our help.

Supporting you to be Independent

- Where we can, we will aim to support you to stay in your own home and live independently, maybe by providing you with simple equipment to make life easier such as a grab rail for the bath or adapted cutlery and non-spill cups.
- By helping you to do more for yourself we aim to improve your quality of life and well-being.
- If you pay for some or all of your care, doing more for yourself may help reduce the cost of your care and support.
- If you receive a service that is time limited, we will reassess you when it ends to see whether you still need our support or service.

Paying for your care and support

- We will assess how much you need to pay towards your care and support by carrying out a financial assessment.
- This looks at your capital (savings and investments) and your weekly income (which includes most pensions and benefits) to see how much you will need to pay towards the cost of your support.
- We may contribute to the cost of your care but this depends on the financial assessment.

Arranging your Support

- Once we have agreed with you how your needs will be met you can choose to use the care services we provide and arrange or you can make your own care arrangements with a direct payment.
- This gives you greater choice and control over the care you receive.
- A direct payment is the money we will pay toward the cost of your care. We pay this onto a Kent Card.

Reviewing your care and support

- We will contact you to check that your care and support is going well, and that you are happy with what is being provided.
- This will happen within eight weeks of starting your care and support and then at least every year.
- We will also review your care and support if you or your carer contact us to let us know if your care is not working for you or if your circumstances have changed.

Sometimes things will improve so much that you may no longer need our services or you may need different help from someone else. We will help you with any advice you need about other organisations which might be able to support you.

All our employees wear name badges at all times so you can clearly identify them as KCC employees.

Transformation programme

To meet the challenges facing Adult Social Care services across Kent, we have been transforming our existing services to deliver better outcomes for people building on people's strengths and capabilities, promoting their independence and improving their health and wellbeing.

Initial planning for this began in 2012 and we have been driving forward three stages of transformation working closely with people who use our services, their carers, the public, our staff, the NHS, the voluntary and community sector and other organisations to help us achieve our desired outcomes and deliver savings.

The transformation programme is focused on:

- putting services in place which prevent people from needing adult social services, making sure people can live independently and preventing people from going into hospital as much as we can
- helping people stay safely in their own homes but also making sure that they do not become lonely or isolated
- reducing duplication and unnecessary processes to ensure our staff are working as efficiently as possible
- reviewing the way in which we buy the same level of services
- providing more choice in the services available for the people we already support and for those who support themselves
- integrating and joining up services with health to further reduce duplication.
- making sure carers receive the support they need
- offering greater variety of accommodation for people who are not able to continue living independently and making sure that people who live in residential homes can still be active members of their community
- supporting people to look after themselves
- contributing towards the savings the council needs to make as a whole.

What a difference a year makes!

The first stages of our transformation programme are complete and already we've achieved significant savings and discovered far more efficient ways to deliver our services.

- Improved ways of working mean that 1000 more people every year are benefiting from our Enablement service
- Enablement teams have support from a Senior Occupational Therapist, providing clinical support and advice to supervisors helping to identify how to reach the most independent outcome
- Simplified and structured paperwork to ensure the right support is provided at the right time
- Compared to last year, an extra 520 people will leave the service fully independent
- The average amount of weekly support for those leaving Enablement has reduced by 40 minutes due to improved service user outcomes and resulted in a £3.2m yearly saving for KCC

- 370 extra people are going back home each year
- Care Navigators in GP practices in North Kent has resulted in a 90% reduction in the need for GP appointments for people who are frequent attenders to surgery

Ongoing Challenges in our transformation – 'A life, not a service'

One of our biggest challenges is to ensure people are at the centre of their care and live as independent a life as is possible given their needs and circumstances.

Although we have achieved significant savings and implemented more efficient ways to deliver our Adult Social Care services, we are not complacent and continue to face significant challenges as we move forward.

Through our transformation programme, we will continue to:

- Work with our homecare providers to ensure that there is sufficient capacity to deal with demand and to ensure that it doesn't compromise the effectiveness of enablement.
- Ensure we are paying a fair and affordable price for our services and that we are confident about how we agree prices to keep people supported effectively across both residential and community services.
- Ensure our workforce is supported with the culture change needed to deliver transformation, maintaining high morale and minimising staff turnover.
- Work closely with the NHS to co-ordinate joint priorities, planning and sharing of data.

The third stage in our transformation programme is focused on delivering a sustainable social care service for the future that supports and enables integration and aligns to our Adult Social Care vision.

This will ensure we continue to deliver quality care that offers value for money for the future, that we improve social care outcomes within the constraints of a challenging financial climate and that our social care practitioners are supported by efficient and effective functions.

Case Study

Mrs H's Story

- Admitted following a severe stroke
- Previously lived with her husband and had been entirely independent
- Referred into long term bed by health as she was on a peg feed
- Speech and Language Therapist reviewed Mrs H and upgraded her to a soft diet
- Mrs H wanted to go home but her family were scared about her ability to cope
- The social worker offered additional support to help Mrs H go home:
- Dietician created a list of suitable meals
- Apetito provided meals on wheels for 3 weeks to help give Mr H ideas for what he could cook
- Enablement and Telecare (falls sensor and carer's assist)
- 24-hr care from Crossroads to help the first 3 days of discharge
-

The Care Act

What is the Care Act?

The Care Act which came into force from April 2015 places new duties on local authorities in relation to social care and helps to make care and support more consistent across the country.

It outlines the way in which Kent County Council should carry out carer's assessments and needs assessments; how we should determine who is eligible for support; how we charge for both residential care and community care and it places new obligations on us as your Local Authority.

What have we been doing to comply with and embed the Care Act?

The Care Act introduced major changes to Adult Social Care which affects what we do and how we best support people who need social care and their carers.

We updated you in the last edition of the Local Account on the work we were undertaking to implement these changes and now the Care Act is 'live' and business as usual. However, we are not complacent and there is ongoing work to ensure the ethos of the Care Act is fully integrated into our everyday work.

New National Minimum Eligibility Criteria: This sets out who and how people qualify for care and what type of support is available. It is based on needs caused by a physical, mental impairment or illness that have significant impact on specific outcomes and the well-being of an adult. In 2015/16, 34,651 people had an assessment of their social care needs.

New Rights for Carers: New duties to provide support to carers in their own right, if they meet the carer's eligibility criteria in addition to the existing legal duty to carry out an assessment. In 2015/16, we carried out 20,319 carers assessments.

Independent Advocacy: New laws in The Care Act mean councils must have an independent advocacy service for people who find it difficult to have a say in their care and services and do not have someone to help them with this. It must also be independent and not controlled by Kent County Council.

We told you of our plans to prepare for the implementation of independent advocacy and from 1st April 2016, advocacy services for adults in Kent became accessible from a single point of contact called Kent Advocacy.

Further information on Kent Advocacy and how to make a referral can be found at **www.kent.gov.uk and search Advocacy**.

Prisoners: The Care Act extended the responsibility for Adult Social Care to meet the care and support needs of prisoners and people in approved premises and this is being managed through our Area Referral Management Service in Dartford, Gravesham, Swanley and Swale.

Health and Social Care Integration

The number of people living with multiple, long-term health conditions is increasing. This is a challenge to health and social care both locally and nationally, but also an opportunity for us to deliver services in a way that:

- improves outcomes
- improves experience of care
- makes best use of resources.

What is the Integrated Care Pioneer programme?

Kent's Integrated Care Pioneer programme is a partnership including Kent's seven Clinical Commissioning Groups (CCGs), Adult Social Care, Kent Community Health Foundation Trust, Kent and Medway Partnership Trust for Mental Health, Hospital Trusts in Kent and district councils. The partnership also includes the independent and voluntary sector and Healthwatch.

The aim of the Integrated Care Pioneer programme is is to make health and social care services work together to provide better support at home and earlier treatment in the community to prevent people needing emergency care in hospital or care homes.

The programme has been running for two years and there are twenty five pioneer sites, all working on developing and testing new and innovative ways of joining up health and social care to provide support and earlier treatment for people in their own home and communities.

What have we achieved?

We have:

- changed our care pathways to have a much greater focus on promoting independence and contracts have been retendered to become integrated, outcome based contracts.
- improved social service referral waiting times from 28 days to seven and more referrals are being made to the voluntary sector to promote self-care.
- expanded the use of the Visa-enabled Kent Card so people with an Integrated Personal Budget are more involved in their care by purchasing services to suit their individual needs and requirements
- set up integrated discharge teams in hospitals
- established teams in the community to pro-actively work with patients most at risk of becoming ill
- integrated computer systems to make it possible for hospitals and other clinicians treating a patient to see the patient's GP record or care plan
- worked with communities to understand their health and social care needs.

Our work in Kent on integration and innovation is recognised both nationally and internationally and examples of other successes to date include:

Room for Life

The 'Room for Life' (based on the Zeeland Living Room initiative) is an innovative new project, based in Folkestone which aims to identify what is needed to support independent living and healthy ageing in Kent.

Volunteers are asked to come and live in one of the self-contained flats at Broadmeadow for a week or two. Developed with partners in the Netherlands, the project aims to improve quality of life and support independent living for the county's senior residents.

Through conversations during their stay, project workers learn about all aspects of the volunteers' daily life, from health and wellbeing, to their social networks, to how volunteers feel about their finances, both now and in the future.

This information helps to build up a picture of what it is like to live independently in Kent as an older person, providing an insight into the day to day challenges, and what it takes for people to remain independent and active.

As well as providing rich information about themselves, the stay in the 'Room for Life' gives the volunteers the chance to start thinking about their older age, what might be available to help them to remain independent and active for as long as possible. It's an opportunity to talk about any worries and concerns they have and how these might be overcome by support from organisations, community activities or technologies.

Available in the flats for volunteers to look through is a directory of services that has been put together for the project, providing information on a range of services and activities in the Shepway area for older people.

Room for Life is ideal for:

- older people living alone
- older couples
- older people and their unpaid carers

Case Study

In April, Dorothy came to stay in the 'Room for Life' and was the first volunteer to stay in one of the flats. Dorothy had many conversations with the project workers, met with the Occupational Therapist who is involved with the project and these conversations provided an insight into all aspects of her life.

Although, Dorothy currently has few concerns in terms of her health and well-being, a couple of services were identified that could help Dorothy to maintain her level of independence. Dorothy was also interested in accessing the care navigator service for advice on money matters as well.

Technology played a part in Dorothy's stay. She tried the robotic hoover in the flat, and although she didn't feel it was for her, she did think it would be very useful for someone that was less mobile. Dorothy was also made aware of an app that helps deaf or hard of hearing people make phone calls, by translating speech into text.

Dorothy was particularly keen to find out more about this as she is hard of hearing and her daughter is deaf.

The project has learnt a lot from Dorothy, about independence and healthy ageing and her experiences in the 'Room for Life' will help to shape the outcomes of the project. As she left the 'Room for Life' Dorothy said:

'I feel excited about the project and it has been a privilege to be part of it. It has been a positive experience and one I would recommend to others.'

The Esther model - Learning from Health and Social Care in Sweden

What is the Esther model and who is Esther?
The Esther model, which originated in Sweden, is inspired from one patient's experience (Esther) and was developed by health and social care staff to deliver better outcomes, higher quality care and efficiency, for someone who needs care and attention from more than one health and care provider.

Esther was a real person who became unwell with serious heart failure and was admitted to hospital. There were delays in diagnosis, treatment and care planning. Overall the experience that Esther had was not good and somehow typical of a lot of patients and service users. The health and social care staff involved in Esther's care recognised that there was a different way of doing things that would lead to better outcomes, higher quality care and efficiency.

In developing this alternative model the patient 'Esther' whose experience inspired this new thinking was remembered and the name 'Esther' was applied to any patient or service user who might find themselves in a similar situation. Esther could be a female or male, old or young; Esther is simply a person who needs care and attention from more than one health and care provider.

Under the Esther model, clinicians and care professionals ask "what is best for Esther?" to ensure person - centred care. User involvement is integral to the model, building a network around Esther including family, friends and key staff from health and social care. Under this model Esther has the right to:

- Be involved in his or her own health and social care
- Access to good care in or near their own home
- An individual care plan which is updated regularly
- Equal treatment regardless of where his or her home is situated
- Experience all relevant health and social care providers as one service.

Working with the Esther model

Under the Esther model it is recognised that to deliver good care, there is a need for all health and social care providers to work together to ensure that 'Esther' always experiences safety and independence, living as independently as possible and supported by their network.
A key part to developing the quality approach that underpins the Esther model are Esther Improvement Coaches, who are specially trained dedicated members of staff, in a range of job roles who support the development of other staff to create a culture of continuous improvement and sustainable development – always asking "what is best for Esther?"

What are Esther cafes?

The cafes which are open to everyone in health and social care services who want to improve life and care for Esther feature a story or case study told by Esther, relaying their experience of recent health and social care services, with a view to identifying what could be done even better and sharing best practice.
Some early work inspired by the Esther model has already taken place in West Kent and we are reviewing this to see if the Esther model could work across Kent

Care Plan Management System

The Care Plan Management System (CPMS) is an innovative joint project between the west Kent Clinical Commissioning Group and KCC aiming to bring our systems and information together to improve service user outcomes and to make our care plan management more effective.

CPMS connects to a range of care providers' computer systems to bring together information from wherever a person has been involved with health or social care. The information is used to inform the creation and maintenance of an Electronic Shared Care Plan (ESCP). The ESCP is visible to all care practitioners involved in a person's health and social care.

By consolidating and sharing information in one place, a person's outcomes can be improved and care plan management can become more effective.

What are the benefits?

- A single care plan for a person covering different conditions and circumstances can be produced
- It will provide us with access to more information, which will help us to better support our service users
- It can be used by emergency services to better inform decisions in emergency situations

Integrated Personal Budgets

We have been working with South Kent Coast Clinical Commissioning Group (CCG) to offer individuals Integrated Personal Budgets (IPB). Individuals who are in receipt of a social care package, have a health need and live in the South Kent Coast CCG area can be considered for an Integrated Personal Budget.

Case Study

Cherry's Story – the Positive Impact of Integrated Personal Budgets

Cherry is a recent recipient of an Integrated Personal Budget which has had a considerable impact on her life.

Cherry found out about IPBs at her social care review as her Case Manager felt Cherry had health needs that could effectively be met in this way. Cherry was very interested so agreed to be referred and met with a Broker to help her develop her IPB support plan. As Cherry was happy with the way her social care support was provided and didn't want to make any changes, they focused on how best Cherry might achieve her health outcomes.

Cherry has a number of complex and rare conditions and is constantly in pain. She knew exercise and certain therapies such as hydrotherapy and reflexology could help maintain and manage these conditions so decided the best way to meet her health outcomes was peak membership at one of the leisure centres near to her home. This meant she could access the facilities at any time which would be especially beneficial on a day when she wasn't feeling very well. Not being hindered by time constraints and being able to take her time and go at her own pace was important for Cherry.

Cherry uses the leisure facilities two or three times a week. She swims/walks up to five lengths of the pool and then spends some time in the Jacuzzi. Swimming helps her to maintain her muscle tone and her fitness and using the Jacuzzi helps to reduce her pain levels. Both activities lift her mood and motivate Cherry to do more with her day and enable her to provide emotional support and encouragement to others. Being able to use the pool and Jacuzzi at the gym will be particularly valuable in the winter as Cherry's body seizes due to the cold and often she can't even walk.

Design and Learning Centre for Clinical and Social Innovation

The Design and Learning Centre has been set up by the Integrated Care Pioneer Team to support how we transform and integrate health and social care services across Kent and Medway. The main focus for the Design and Learning Centre is redesigning services to make hospital care safer for both the public and the professionals who manage and deliver their care.

The Design and Learning Centre has a small office at Discovery Park in Sandwich. Discovery Park is becoming a centre of excellence for science, innovation and technology providing great facilities for working, learning, sharing and innovating. Other Kent based organisations such as Canterbury Christ Church University have also opened an office on the site, providing excellent opportunities to collaborate and co-produce.

The Integrated Care Pioneer programme has been working to address the challenges of health and social care for the past three years and the development of the Design and Learning Centre helps us to take this to the next level to:

- Integrate health, social care and the voluntary sector to meet the changing needs of our communities in Kent and Medway
- Reduce frailty using digital solutions to support independent living
- Increase the ability to diagnose illness in community settings, through a network of community labs
- Develop community based solutions including integrated neighbourhood teams
- Promote digital technology, communication and self-monitoring products
- Develop and share new models of care
- Learn from national and international partners to adopt new technologies and working practices.

For further information on integration of health and social care in Kent and the work of the Integrated Care Pioneer Team, please visit **www.kent.gov.uk and search Kent Integration Pioneer.**

Access to Independence

Kent Enablement at Home (KEaH) and Access to Independence Project

What is Kent Enablement at Home?

Kent Enablement at Home or KEaH is a short term service which supports people to do more for themselves at home, by learning or re-learning skills to make an individual feel safe and happy in their own home. The service offers support that aims to encourage and enable people to lead as independent and fulfilling a life as they can, in the way that they want.

How does it work?

KEaH is not about doing things for people, it is about giving people the skills and confidence to complete daily living tasks for themselves. Support may include help getting in or out of bed, washing, dressing, getting to work or being part of the community, providing Fast Track Equipment (basic pieces of equipment to make daily tasks around the home easier or the provision of Telecare – personal and environmental sensors in the home that provide 24-hour monitoring.

What is the Access to Independence Project?

The Access to Independence project aims to give more time back to the Kent Enablement at Home (KEAH) teams, so they can provide more support to more service users - **promoting independence on the journey to recovery.**

Enablement is a key factor in maximising independence for the ever increasing number of service users who are able to benefit from its provision.

The project has focused on gaining a better understanding of how to improve outcomes for service users and increase their level of independence, through improving efficiencies in the way the service is delivered.

This has been achieved by ensuring that everyone makes effective use of all the tools available to them to make efficiencies and ensure that people have the right support at the right time.

As part of the project, tools have been developed to assist in the allocation of Enablement Support Workers and this has enabled resources to be more aligned to levels of demand which has reduced the numbers of people who were not provided with enablement. This directly benefits a much higher number of service users across Kent.

Acute hospital optimisation

Approximately 31% of the people coming into a KCC supported care package are referred after an acute hospital stay. The Acute Hospital Optimisation project is working to promote independence of individuals leaving an acute setting who may require services on discharge. This is done by ensuring they end up on the best pathway for their needs that promotes well-being and independence in a consistent and structured way across Kent.

The acute hospital optimisation project is creating processes and tools that are as straightforward as possible for workers' use, allowing them to align service users to the correct pathway for their needs on discharge from Hospital. This work is focused on developing systems and processes that support KCC involvement in hospital discharges.

We want to ensure that the optimum outcomes are achieved for people by having the right systems and processes in place to access the right services for those who need support on discharge. The objective is '**own bed is the best bed**' reducing the reliance on long term placement as an outcome on discharge from hospital.

What are the benefits of doing this?

- **Service Users**: enjoy a good quality of life, with the right care package to support them. Having consistent processes means we can provide consistent pathways that promote independent living.
- **KCC**: encouraging independence and quality of life results in happier service users and better use of our skills and resources in line with each service user's needs.
- **Acute hospitals**: People going home with a package of care tend to have a smoother and quicker discharge than those waiting for a placement making beds in acute hospitals available for others.

How have we moved this forward?

- Existing pathways reviewed to promote new and innovative ways of working
- Daily review process developed, trialled and evaluated at William Harvey Hospital to support consistent decision making with.
- Review process used by staff as part of their day to day work to identify issues and workable solutions
- More patients being put on a pathway to maximise independence after a hospital stay, returning home with the right services for their needs
- Lessons learned in development shared across the rest of Kent
- Acute hospital optimisation has now been successfully implemented in all seven of the acute hospitals across Kent.

Case Study

- Mrs J was admitted to hospital with a UTI and increased confusion.
- Her daughter was finding it increasingly difficult to cope with Mrs J at home and for this reason was reluctant for her mother to return home.
- The KEaH team was convinced that the best outcome for Mrs J would be to return home.
- The case manager met with Mrs J's daughter on a number of occasions and allowed her time to recover from the distress of her mother's condition and her admission to hospital.
- At the request of the daughter a psychiatric assessment was arranged, this resulted in Mrs J being referred to the community mental health team.
- The case manager also put the daughter in contact with out of hours support, ensuring that she always had someone to turn to in the event of issues and complications.

Promoting well-being | Promoting independence | Supporting independence

Sensory and Autism Spectrum Conditions Service

Kent Adult Social Care has its own specialist unit for sensory impaired people (d/Deaf, sight impaired, deafblind) and individuals with an autistic spectrum condition. The unit comprises both in-house teams and voluntary organisations: Hi Kent (see Glossary) the Royal Association for Deaf people (RAD - see Glossary), Kent Association for the Blind (KAB - see Glossary) and Advocacy for All (see Glossary).

Specialist teams for d/Deaf and deafblind people merged in April 2015 to provide one county-wide Sensory Services team, based alongside a county-wide Autism team in Ashford. These specialist teams provide a number of services including: information and advice, assessments, short term enabling help, personal budgets and equipment.

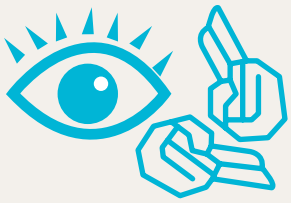
Hi Kent provides equipment assessment and provision for older people and a hearing aid maintenance service and has resource centres in Maidstone and Canterbury.

Kent Association for the Blind (KAB) provides: assessments, rehabilitation training (mobility, daily living and communication skills training), registration as sight impaired and has resource centres in Maidstone and Canterbury. KAB also provides a Guide Communicator service – a specialist one to one support service for deafblind people.

The Royal Association for Deaf People (RAD) provides interpreting services for d/Deaf and deafblind people. The Unit manages this contract on behalf of a number of public agencies in Kent.

Advocacy for All provides 11 peer support groups for people with an autistic spectrum condition across Kent. People with autism come together regularly to help and support each other and the groups organise activities and speakers.

Headline figures

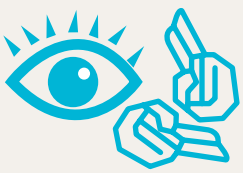


3,142 contacts were made to Sensory Services in 2015-16

1,868 new referrals were made

924 in KAB

413 in Hi Kent



214 by Sensory Services

317 Autism referrals

Case Study

Getting out and about as a Blind Mother

Susan was first referred to KAB at the age of 12. She had no vision in her right eye and a very small amount of useful vision in her left eye. She also had mild hearing loss. During her school years she learnt basic cane techniques to enable her to get about safely.

After college she returned to Kent and contacted KAB seeking to improve her cane techniques and to teach her local routes. She needed to be able to shop and manage her life independently. She had mobility lessons from a Rehabilitation Worker and her cane skills improved resulting in an application for a guide dog.

Susan managed independently until the birth of her first daughter, when her remaining sight was lost. She also became a single mum at this point. She found it impossible to manage the combination of a guide dog and a push chair, so reluctantly gave up the dog. Working closely with a Rehabilitation Worker from KAB, they were able to develop strategies and techniques which kept mother and daughter safe and enabled them to go out together.

A new partner and the birth of her second child demanded a radical rethink of mobility techniques and strategies. Again working with the Rehabilitation Worker several options were tried over a number of mobility sessions. Eventually a workable strategy was developed using a backpack style child carrier (for the younger child) and rein wrist straps (for the older child) to ensure that she had contact with both children but was still safely able to use her cane and make important decisions regarding road crossings and safety without any distraction.

As both children have grown and developed the strategies have changed and developed with the family. Some of the solutions have been bespoke and have required time and trust to develop in to safe working practises.

As a consequence of this training from KAB, Susan has been able to go out and about safely with her children, to the shops, and to the park and participate in her local community.

Improving Access to services for Deaf people.

We are working to improve access to services for profoundly Deaf people whose first language is British Sign Language (BSL). We provide "drop ins" at Gateways across the county where Deaf people can get timely help and support in BSL. They can also be helped to access other agencies and services.

Deaf people really appreciate this service:

"I feel less panicky now – makes life happy and more simple."

"It stopped me worry. Now I know I can come and get support BSL."

We are also trialling the use of new technology such as Skype as an innovative way to reach people and have worked with Health in East Kent to develop a card which Deaf people can use to indicate that they need an interpreter.

All age Neurodevelopmental Pathway

We have worked with the CCGs (see glossary) and partner agencies to develop an all age Neurodevelopmental pathway aimed at improving diagnosis, assessment and support services for people with autism and ADHD. We have been looking at KCC's current services and identifying the issues and gaps in the current pathway.

Equipment Services

We have been working with new providers, Nottingham Rehabilitation Services and Centra to improve the access to specialist equipment and digital technology for sensory impaired people and people with autistic spectrum conditions. Even the provision of simple equipment such as a loop system can make a big difference to the daily lives of deaf people and some of the more bespoke digital technology solutions can be life changing.

"The TV listener is so good, I do not have to struggle to hear the TV any more. I feel very safe with the new smoke alarms. The doorbell I can hear loud and clear. It has made so much difference to us and has given us peace of mind and we are able to feel safe." (Hi Kent client)

Equally some people with autism benefit enormously from innovative equipment solutions such as the provision of a squeeze jacket which can significantly reduce stress.

Developing Strategies

We want to have clear plans to guide what we do based on legislation and policy but equally important based on the views and experiences of people with the conditions. We have consulted on the Sensory Strategy and changed the document in the light of the feedback received.

We have asked a partner agency to hold focus groups with people with autism to help develop an Adults Autistic Spectrum Conditions strategy. This draft strategy has been completed and will be out for consultation late summer 2o16. We hope to advertise it widely in order to gain as many views as possible.

Sensory and Autistic Spectrum Conditions (ASC) teams Redesign

We are continuing to develop the ASC team to meet the high demand for assessment and develop innovative and cost effective solutions to meet needs.

We have relocated the d/Deaf and deafblind teams to enable them to work alongside the ASC team. We have trained all the practitioners working in the Sensory team to be able to work with deafblind people to ensure we meet the requirements of the Care Act.

We have set up a new centralised duty service providing specialist information and signposting, which will take all d/Deaf, deafblind and ASC referrals.

We are piloting a new Information service for people with an autistic spectrum condition. This service provides information and advice following diagnosis and can signpost people to other sources of help.

In April 2016, the Children's Sensory team joined the unit and we are now developing an all age Sensory pathway, aligned with the changes taking place within the Lifespan Pathway project. We are working to improve young people's experience of transitioning from Children's to Adults services and to ensure better partnership working with agencies such as Education and Health.

We're after life changing results

New

At its inception, the ASC service did not include provision of an Occupational Therapy (OT) service. However, we explored this area and found that no local authority in the UK were supporting adults with higher functioning autism in an OT-led specialist enablement approach.

The team are currently trialling specialist ASC enablement - an intensive, short term, targeted intervention which assists service users to regain, maintain or develop daily living skills and provide them with the confidence to carry these out to the best of their ability. Specialist enablement takes place over a twelve week period and involves working one-to-one with service users on agreed meaningful goals, as identified by them.

Following an initial specialist assessment and estimated personal budget, areas of intervention are identified using the **Spectrum Star**, an outcome measurement tool. The Occupational Therapist and individual use the tool together to identify goals.

We also use specialist standardised and non-standardised assessments such as Assessment of Motor and Processing Skills (AMPS), Assessment of Communication and Interaction Skills (ACIS), sensory profiles and interest and role checklists as a benchmark for interventions.

We also use Rosenberg's Self-Esteem questionnaire and a carer's questionnaire (if service users agree to carers being involved) to measure outcomes.

These extra measures are particularly helpful now that the pilot has been granted approval by the National Social Care Research Ethics Committee to run the project as formal research from July 2015 - July 2016.

What feedback have we received?

Early indications suggest that many service users are benefitting from the intervention and that the interventions have caused life-changing results for some, especially around their self-management/reduced packages of support, increase in role quality and self-esteem. The findings will be published and we are really hopeful that this project will offer a new approach nationally.

Case Study

Tariq's Journey

Tariq (name changed as Tariq's request) was 23 years old, and he was referred to the ASC Team by his parents through the Kent Sensory Team.

Tariq was a young man (23 years old) when the ASC Team first met him and whom his parents felt (both clinical health professionals themselves), had fallen through the 'gap' because his level of need in many different areas was not severe enough for one team except Sensory (until the ASC Team started).

Tariq had ASC, some physical problems, severe anxiety and PTSD from a disturbing incident in his own country. Tariq also had speech issues compounded by his sensory issues plus having to speak in two different languages.

When initially assessed, Tariq rarely took part in activities outside of his home unless encouraged to by his parents and being at home for so many years after school meant his isolating behaviours were ingrained and entrenched. His parents desperately wanted him to expand his world; they were conscious that they would not be around forever and were nearing retirement.

Tariq had a special interest in Art and this was a key part of his Care and Support Plan used to expand his world. Even this interest though was not straightforward and was impacted by ASC issues, because initially in Tariq's mind he only did Art at home.

The ASC Team provided a specialist agency to explore with Tariq how we could use his interest in Art to help his wider socialisation, self-management and wellbeing and we initially managed to support him to some art groups locally. Tariq's social competence increased significantly and he eventually managed monthly trips out.

Over the preceding months, Tariq became more and more confident and his range of art increased; other people started to notice how good he was at art and the Saatchi Art Gallery in London agreed to display his pictures; then another Gallery, and at time of writing, his art is being considered for a Tate Gallery exhibition, and also being viewed by private buyers.

This was only possible, because:

- A specialist agency was employed who understood autism and sensory communication deficits.
- Tariq felt confident and trusted his support worker and was able to transport a 'special interest' across context.
- Tariq was assisted with the use of visual aids, to overcome anxiety and social triad issues.
- Tariq was supported by parents who would not give up on fighting for his rights. It was Tariq's father, who first suggested to the ASC Team the concept of a 'buffer' in ASC personal development i.e. an impacted person might have the ability and potential to do complex tasks but may need the support (or perceived support) of another person at times, to lessen or the impact of change. Tariq's father was a buffer to his son accepting services, the support worker was a buffer to Tariq widening his world and the visual aids were buffers to Tariq's make an informed decision about travelling away from his secure bases.

Promoting well-being Promoting independence Supporting independence

Double handed care packages

Since November 2015, Social Care Occupational Therapists (OT's) have been engaged in a very successful project, assessing double handed care packages, to determine alternative moving and handing techniques and using different equipment.

By placing Social Care OT's in the midst of the capacity issues, carrying out full functional moving and handling assessments - linking with agency carers, OT's and therapists from health we have been able to assess good practice with a real sense of joined up work to provide the best possible results for our service users, formal and informal carers and Health and Social Care staff.

Results have shown fewer visits requiring two or more care workers for a significant proportion of clients and an improved experience of care for our service users and reduced costs.

Main benefits

- A more coordinated approach to individuals requiring assistance with moving and handling, involving KCC and NHS OTs and Domiciliary agencies; resulting in fewer visits requiring two or more care workers for a significant proportion of clients
- Reduced costs for some clients as well as an improved experience of care
- Service users, carers and care workers feel more confident that they are moving and handling safely, protecting themselves and the service users from injury
- Overall capacity of domiciliary providers is being increased so more people can access our services, making best use of all available care hours
- Timely discharges from hospitals and swift passage through Kent Enablement at Home, promoting maximisation of independence
- A change in the type of equipment used.

Significant savings have already been made across Kent, with reductions of care packages. Approximately 568 service users have been assessed so far and this has created a potential £38,983 savings per week in care packages. This figure includes the cost avoidance assessments, where anticipated cost of Double Handed Care have been assessed early and avoided.

Promoting well-being Promoting independence Supporting independence

Integrated Community Equipment Service and Technology Enabled Care Services

Integrated Community Equipment Service (ICES) play a crucial role in helping us to support the most vulnerable people in Kent to remain in their own home. Through the provision of equipment, people are enabled to carry out everyday activities independently or are provided with equipment which supports them to be cared for at home.

Feedback from service users, care managers, case managers, social workers, Occupational Therapists, NHS clinicians and many others told us that we can deliver a service which better meets people's needs and is more cost-effective and simpler for staff to use.

We updated you in the last edition of the Local Account that we would be commissioning a new service that would be more responsive to service users' needs and make the best use of our financial resources and a new contract started in November 2015.

This has been awarded to Nottingham Rehab Limited (trading as NRS Healthcare). The contract has been let in partnership with KCC, The seven NHS Clinical Commissioning groups (CCGs) in Kent.

In addition to the new ICES, we have commissioned a new contract for a Digital Care and Telecare service that has brought together telecare installation and monitoring, service user support and staff training under the responsibility of a single provider.

This has been awarded to Invicta Telecare Limited (trading as Centra Pulse and Connect) and is a KCC contract. Centra Pulse have been contracted to supply, install maintain and monitor telecare alarms.

Your life your home - supporting people to choose their home

There are currently over 1200 adults with a learning disability in residential care across Kent and approximately 330 and 550 of these adults could lead more fulfilling lives by moving from Residential Care to Supported Living that will allow them to lead more independent lives. Supported Living that may be more suitable is a flat with shared communal areas with other service users, shared housing or shared living with a family.

The aim of '**Your Life Your Home'** is to support both existing and future adults with learning disabilities to live in the way they want through:

- Increasing the options for increased independent living available to Adults with Learning Disabilities through Supported Living and Shared Lives placements, and reducing the number of residential placements.
- Enabling people to have more control and lead a more independent life if they choose to, in line with government legislation as set out in Valuing People Now.
- Designing a sustainable set of processes and tools to facilitate moving Adults with Learning Disabilities who would benefit from moving from Residential Care to Supported Living

What have we done so far?

- We set up a 'Your Life Your Home project team' from a wide variety of teams with the skills, knowledge and expertise to design the processes required to rollout 'Your Life Your Home' across Kent.
- The design phase of the project concluded that between 330 and 550 people could lead more fulfilling lives by moving from Residential Care to Supported Living. This will support these people in living an ordinary and more independent life in the community. It will also provide an opportunity for KCC to save money as in many cases a Supported Living package is less costly per week than an equivalent Residential Care package.
- We developed a set of processes and a range of other supported living (housing) options that allows us to provide these alternative options to people currently in Residential Care and facilitate the moves of people that would like to.
- We carried out a Your Life, Your Home pilot phase between November and January in Ashford and Shepway and South West Kent to refine the processes. We have now rolled out the project across the county.
- We are engaging with people, and their care managers, currently in Residential Homes to understand whether they would benefit from a move to Supported Living, or Shared Lives. If they would, and they want to progress, then we will endeavour to identify suitable accommodation and initiate their move.
- We developed an Accommodation Register to enable Care Managers to see what accommodation is available across Kent.
- We are working with residential providers, housing providers and community support providers to understand future plans for new supported living accommodation, and inform providers of likely demand to stimulate new development.

Shared Lives

We are always looking at different ways we can provide care and the Shared Lives scheme is just one example of how we're transforming the lives of Kent residents.

Shared Lives offers people over the age of 18, support placements within a family home for long term, transition, short breaks and day support and it is suitable for people with learning and physical disabilities, mental health issues, people on the autistic spectrum, older people and people living with dementia.

Shared Lives is not just about care but about opening the door to choice, satisfying experiences and a sense of belonging.

Our experienced team works with the person to match them with a suitable household. We'll match the person with a family who have the right skills and characteristics to give the care and support needed. Our hosts will also be that all important link to wider social experiences and community networks.

Over 200 people have accessed our Shared Lives service and in the last year we have placed 66 people with hosts and their families. We have also continued to recruit new hosts in all areas of Kent and the service now has 149 hosts and their families for people that wish to consider Shared Lives as an alternative to living in a residential service.

Case Study

Suzy's Shared Lives story

Suzy is a lady in her early 50's with a learning disability who was living in a residential setting since 1994 before she moved in with her Shared Lives Host Maria, Kevin, their 2 dogs and a cat.

In the very short space of time since moving in Suzy and Maria have accomplished a great deal. Suzy has been on holiday to Devon, enjoying train rides, going on walks, taking in the scenery, going to the beach and visiting the valley of the rocks.

Suzy was previously prone to trips and falls but now walks with Maria and her two dogs daily and is able to walk much further and no longer trips. Suzy goes on the local swings when on her walk with the dogs, something she thoroughly enjoys, going really high and scaring Maria!

Suzy enjoys cooking with Maria and regularly makes cakes and is able to help prepare meals by cutting up vegetables, giving Suzy a sense of achievement.

Suzy and Maria went on the Shared Lives day event at Brogdale Farm and Suzy particularly enjoyed the tractor trailer ride.

Suzy meets up regularly with some of the people she shared her residential home with and they have done numerous activities including crazy golf, bowling, feeding the ducks and various lunches out! As well as going to a local boot fair and also a local fayre where she played 'hook a duck'.

Suzy is very proud of her new bedroom which has been decorated in pink and features a large picture of 'Frozen' adorned with fairly lights and Suzy says she is very happy in her new home.

Case Study

Maria and Kevin's Shared Lives story

I have enjoyed care work for many years starting at 17 and it was whilst working in a home supporting adults with learning disabilities and additional social and health care needs that I had the pleasure of meeting Suzy. Suzy 52 has a learning disability and is a real pleasure to know.

When the home was to be closed I applied to become a Shared Lives Host for Suzy because I felt I and my family could offer Suzy the right kind of support to help her have quality of life and achieve a more active social life. Suzy has done so much since living in our care and has enjoyed a holiday and a variety of activities and experiences.

Our children, Kevin and I treat Suzy as family and she joins in with everything we do. Suzy loved a sports and Bushtucker trial event we hosted for family and friends and was enjoyed by all. Suzy is gaining confidence and enjoys new challenges and meeting new people.

Time spent together is happy for us all. I love being a Shared Lives Host, I find it so rewarding and it is lovely to offer Suzy so many more opportunities. Walking our dogs, meals out and meeting friends, some being other adults Suzy shared her previous home with, always brings smiles and happiness.

I feel I am very fortunate to have had the opportunity to become a host for although it can be a life changing decision words cannot express the happiness we feel to make Suzy's life special, safe and secure giving opportunities that she may not have had the chance to experience in a residential home.

Further information on Shared Lives can be found on our website at www.kent.gov.uk/sharedlives phone: 03000 412 400 or email: sharedlives@kent.gov.uk.

Promoting well-being Promoting independence Supporting independence

Kent Pathway Service

Enabling people with a learning disability to live more independently.

The Kent Pathways Service (KPS) supports adults (service users) with a learning disability to become more independent through helping people to develop life skills so they need less help.

Short term (six to twelve weeks), intensive and task specific support is provided to enable people to learn or re-learn skills such as learning to travel independently, preparing for work, keeping safe or making new friends.

The Service was originally designed and developed as a six moth pilot in the locality office of Dover and Thanet where Service users were given up to twelve weeks of intensive, targeted support to develop a particular life skill.

During the pilot, thirty service users benefited from the Kent Pathways Service. At the end of the twelve weeks, 97% of these service users were living more independently and on the basis of these results, the decision was made to scale Kent Pathways to the rest of the county.

This new service has now rolled out and has been available across the county since April 2016. From end of June 2016 279 referrals have been completed increasing independence.

How Kent Pathways Supports Individuals

- To ensure continuity and build a successful working relationship, a service user will work exclusively with a single Support Worker during their programme
- Kent Pathways programmes are bespoke and the frequency and timing of support visits over the twelve weeks will be flexible so that they best meet the service user's needs
- The rate of progression over the twelve weeks is individual to each service user. Some will spend the first couple of weeks simply building a relationship with their Support Worker
- Service users and their Support Workers work in partnership to come up with SMART objectives so that they have realistic goals to work towards
- Every three weeks, an informal review with the service user is held to assess progress towards this goal and to make any alterations to the support that may be required
- Anonymous feedback from service users is always requested after support finishes, in order to continuously improve the service
- Care Managers are encouraged to consider the suitability of Kent Pathways at every service user review
- Care Managers are closely involved in the entire process and are given regular feedback on progress of their service users

People really appreciate this service:

"I'm more active now and can walk quicker"
James

"I like to go to the café by myself now and I buy milk for my mum from the Co-op"
Andrew

Live Well Kent

Live Well Kent is a new service that started in April 2016 to provide support to individuals with a common mental health need and those who have a complex, enduring mental health need.

It is a free new service for anyone over 17 and it is delivered on behalf of Kent County Council and the NHS by two charities, Porchlight and Shaw Trust.

The service provides support on:
- Mental health and well-being
- Training and work
- Keeping active
- Everyday living
- Meeting people

Benefits of the new service:
- our new approach will put a greater focus on outcomes and engage people in innovative ways to help them on their path to recovery
- better outcomes, tailoring services to suit people's needs
- services in the community will be more accessible - reducing social isolation
- more choice, including life-long learning, employment and volunteering, social and leisure and healthy living support
- a more streamlined approach to delivering mental health services

Hear from people using the service

"When you're in a dark forest, having someone to give you the time to share your thoughts and lift your spirit is one of the ways forward. I've learnt to say 'no' and step back at the right time before I'm overwhelmed.' - Leng

"I was given new confidence and a fresh outlook on life with guidance and encouragement from the staff at Live Well Kent" - Paul

Case Study

Christian's story

"My life was a challenge right from the beginning. By the time I was 16 I had moved 21 times, been to four Primary Schools and six Secondary Schools.

I was married at 19, had my first child at 21 and another at 26. I developed depression, was off work and then got diagnosed with Bipolar Disorder. This explained my 'all or nothing' life and my 'work hard play hard' lifestyle.

I was encouraged by a friend to get involved with Live Well Kent. I learnt to believe in myself again, gain skills and take a different direction.

I studied and developed my skills. I was led to Open Door and went on to study Motor Mechanics and Car Bodywork Refinishing, which I passed!

Live Well Kent taught me along with other health providers that if I accept who I am and recognise my skills and abilities there is no end to what I can achieve. I am now involved with Live Well Kent and have come through on to their volunteer project for gardening and am working with one of their first Live Well Kent clients that has been through a rough time with depression. I'm helping and supporting him to gain skills to be able to access employment."

Further information can be found on the Live Well website at **www.livewellkent.org.uk**

To make a referral please call 0800 567 7699 or email: **info@livewellkent.org.uk**

The Good Day Programme

The Good Day Programme has been running since 2008 and was established in response to the many people in Kent, who wanted to see a change in the way people with a learning disability accessed day services across the county.

The programme develops community-based day opportunities, for people with learning disabilities, commissioned in a way that maximises the use of the same facilities as others in the community. It supports a community approach and supports community partners to improve access, including having more 'Changing Places' so anyone who needs assistance with their personal care can still access their community.

Every person centred review plan is organised around what the person wants to do during their days and will include leisure, social, educational, employment and vocational activities.

Our aim is to help people:

- choose what they want to do during the day, evenings and weekends
- have support when and where they need it
- feel equal citizens of their local community
- have opportunities to lead a full and meaningful life.

The Good Day Programme is in place accross all Kent Districts. Some of our highlights for 2015-2016 include:

Dartford

Refurbishment works due to be completed by the end of 2016 have started on Dartford Library. Works include a hub for Dartford and Swanley Community Day Services to utilise, an accessible kitchen and Changing Place.

Dartford and Swanley Community day Service are also working in partnership with the newly refurbished Fairfield Leisure Centre which reopened in February 2016 and now has a Changing Place. We are now running Rebound and Archery sessions from this venue as well as being able to access swimming within the local community.

Gravesham

We are working with Gravesend Adult Education Centre Victoria Centre to develop a community hub to include enhanced access and a Changing Place.

Swanley

Swanley Links had its official opening in July 2016. It was visited by HRH Prince Richard, Duke of Gloucester who saw individuals taking part in Cookery and Reflexology sessions. This hub is in the centre of town which allows individuals to make good use of public transport and it has an accessible kitchen and Changing Place.

Thanet

We have been working in partnership with Hartsdown Leisure Centre and people accessing the service to co-design and develop a purpose built community hub within the leisure centre. The hub offers a range of opportunities in the heart of Margate and improved access to enhanced leisure facilities including:

- A full Changing Place suite with ceiling track hoist and changing bench
- Dedicated space with kitchenette and ceiling track hoist
- Sensory room
- Office facility
- Wi-Fi throughout the community hub

The Learning Disability in-house Community Day Service will occupy the facility during the day and will enable disabled people to have increased access to the Leisure Centre. The community hub will be shared with the community during evenings and weekends; the sensory room can be shared with the community at designated times; in addition, the Changing Place will be accessible to the whole community.

Tonbridge

Riverside Community Day Services – Tonbridge Hub

We moved into our newly refurbished building just off Tonbridge High Street at the end of March after six months 'camping out' in the Tonbridge Youth Hub building. The building has been completely refurbished and offers a light and airy space for the community day service. It is also fully accessible and hosts a Changing Places with an overhead ceiling tracking hoist, an open plan accessible kitchen and we good activity space. It is also located just off Tonbridge High Street and close to all the local amenities such as the Library, Adult Education Centre, Leisure Centre, Swimming Pool, Bowls Club, Bus and train links and local community groups and Churches.

Swale

Swalecliffe Day Service have been linking with St Alphege Church in Whitstable for a number years. Recently through the allocation of Developer Contribution funds, we have been able to support the church to redecorate the kitchen that is used by a variety of local groups. Swalecliffe Day Service have been involved with supporting this by providing a café three times a week from this kitchen. This has enabled people being supported by Swalecliffe Day Service to be part of the local community while also learning a variety of skills.

We are in the interim stages of developing:

- A community hub within Faversham Pools to include a multi-use dedicated space with sensory facilities and enhanced accessible facilities
- Enhanced facilities at Faversham Library to include a Changing Place and office facilities

Canterbury

There is a Community Day Service at Northgate Ward Community Centre and a Hub at Thanington Resource Centre, both of which have Adult Changing facilities. Local facilities are used as much as possible and we have continued to build links, be involved in activities at the centre and support the community.

The Canterbury service is in the process of working closely with The Prince of Wales Youth Centre to install a kitchen which will be accessible for all people in the community to use. The Day Service will also be able to use the kitchen to deliver sessions to help people develop skills with cooking independently.

For more information, see better Days for people with learning disabilities or call us on 03000 415520 or email gooddayprogramme@kent.gov.uk.

Strategic Commissioning

Reviewing for better outcomes

Commissioning is incredibly important to the success of KCC and the transformation of services within Social Care, so we need to be absolutely certain we're doing it right. We have undertaken a four week assessment on the work we do and the way we do it – specifically around the way we manage change (projects) and delivery (contracts). We are currently reviewing the final assessment and those findings will shape how we design our service in the future

Home Care Services

Home care services are provided by care workers to people in their own home, so they can be supported to live independently and can manage activities of daily living.
Home care services are delivered by home care agencies on our behalf and are arranged through the Kent County Council Home Care contract. This is managed by Strategic Commissioning who work closely with home care agencies and Adult Social Care teams.
The Home Care contract has been in place since June 2014. We have reviewed the contract to find out what areas have gone well and any key areas for improvement. We have also reviewed some of the processes and systems that support the contract to see if there are better ways of working. Towards the end of 2016, we will speaking to people who receive home care services to find out their experiences of the service. This work will help to inform future commissioning activity we undertake regarding our Home Care contract.

Learning Disability Integrated Commissioning

KCC and Kent Clinical Commissioning Groups (CCG) have entered into a new integrated commissioning arrangement for learning disability with effect from 1st April 2016. Across Kent, there has been a successful track record of integrated health and social care community teams for people with a learning disability for a number of years, so it was a natural progression to move to an integrated commissioning arrangement between us.

KCC commissions the majority of support received by people with a learning disability and moving forward an integrated arrangement will ensure integrated care and support is provided to people with a learning disability.

Kent Support and Assistance Service

Kent Support and Assistance Service (KSAS) joined the Strategic Commissioning division in Adult Social Care in October 2015. KSAS offers short term support and home essentials to those who are in a crisis, to try and help people stay in their local community.

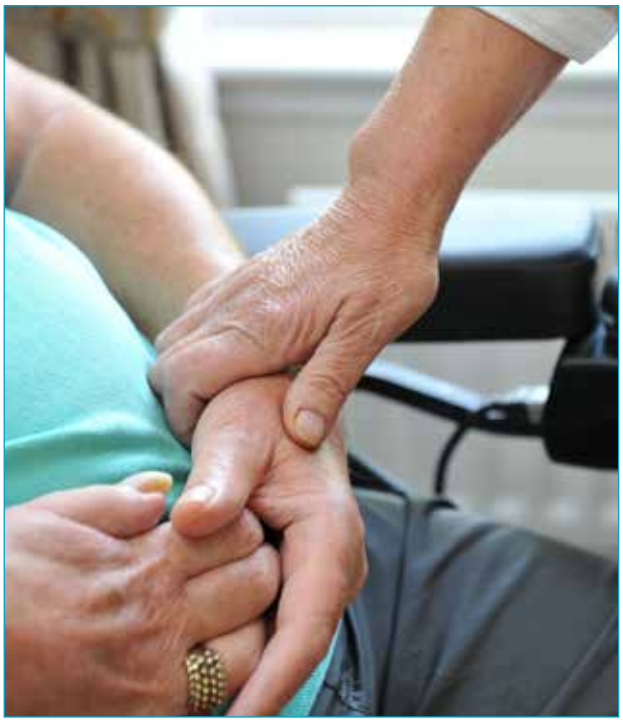
Older Person's Residential and Nursing Care Home contracts

We reviewed the contract we had in place for Older Persons Residential and Nursing Care homes and let a new contract which commenced in April 2016. We also reviewed the way we were making placements for people into care homes and extended the placements team so that there is better information for people and their families in making decisions on long term care.

A good care home in Kent has a number of equally important features:

- Maintains dignity in all aspects of care
- Has a caring, compassionate and competent workforce
- Holds the resident central to decisions
- Is warm, clean and odour free
- Meets the nutritional and hydration needs of the individuals
- Keeps people safe from harm
- Offers a wide variety of activities that are tailored to the individual resident
- Has a Dementia sensitive design
- Is well run with a dedicated visible manager
- Has excellent record keeping detailing peoples' health and wellbeing
- Knows and understands the people in their care and delivers personalised care.

Comments, compliments and complaints



We welcome feedback on the services that we provide and on the services we arrange for people but might be provided by another care provider. Hearing people's views on the services helps us to identify where improvements are required as well as where things are going well.

Each year we analyse the complaints and enquires that we have received to identify any lessons we need to learn and need to communicate to staff.

In 2015-16 we received:

- 662 Complaints
- 403 Enquiries
- 523 Compliments.

Of the Complaints:

- 198 were not upheld
- 151 were partially upheld
- 222 were upheld
- 29 were withdrawn
- 50 were passed to team
- 12 other.

Some of the main reasons for complaints included:

- Communication issues
- Disputed decisions
- Delays
- Charging disputes.

The key themes and issues arising from complaints are anonymised and discussed at management meetings and at the Quality and Practice meetings for practitioners. Some of the topics covered in 2015/16 included:

- The provision of workshops and information for staff on the use of a new Unified Communications Telephone system. The new system was introduced in 2015 but there were some teething problems with people encountering difficulties getting through to the person they wanted to speak to. The workshops and information helped to address the problems and the number of complaint about this issue significantly decreased.
- It was apparent that a number of complaints occurred where staff had left and there has been a gap before they were replaced. In the interim some service users were without a key worker and were unclear who to contact if they had any queries. Each Learning Disability Team was asked to put arrangements in place to respond to queries if a member of staff left or had to take leave unexpectedly.
- One complaint highlighted the need for closer working between different services when completing an assessment. In the one case there were different perspectives taken by the Community Adult Social Care Team, the Sensory Team and the Mental Health Team this resulted in different views regarding what should be included in the person's Care and Support Plan. Following the complaint, one service took the lead with support from the others to ensure a joined up assessment and care plan.

- In the Quality and Practice meetings there was a reminder to staff of the need to ensure people requiring residential care are provided with a booklet and letter that explains the charging arrangements. Some service users and carers were unclear of the charging arrangements to pay for care.
- Some of the complaints received were from or on behalf of individuals complaining about the quality of care provided by care providers. These complaints were shared with the social care commissioning service so that they could be taken into account as part of contract monitoring visits to address any concerns.

Feedback from service users and carers does help us to improve our services and people are entitled to complain if they are not happy with the service they have received. A person can complain on their own behalf or with the help of someone else such as a relative, carer, friend or advocate. We may need to seek consent from an individual if someone is making a complaint on their behalf. A member of our complaints team can assist if help is needed in making a complaint or if an advocate is needed.

The Kent Adult Social Care "Have Your Say" leaflet provides more information about the Adult Social Care complaints procedure and further information can be found on the Kent County Council website.

We also welcome compliments when people make contact to commend the service or the work of an individual. Set out below are a few examples of the compliments we have received over the past year.

"The Enablement Workers have been brilliant and we can't fault them."

"I would just like to say a massive thank you for the help you have provided for my mother."

"I would like to say how lucky my sister is to have Paula in our lives. She has had a very bad time of things over the past few years."

"I would like to draw your attention to the faultless and exceptional caring services being provided to my severely disabled cousin."

"The Case Manager responds to requests for help. She clarifies the way forward and empowers others. Her work is flawless; she has a clear vision of what was required for success. She made us feel as though we were her only client."

"I wrote to thank you for the prompt and efficient service."

"Thanks you for looking after my mother. Despite the Dementia she has always said how caring you all were."

Adult Safeguarding Unit

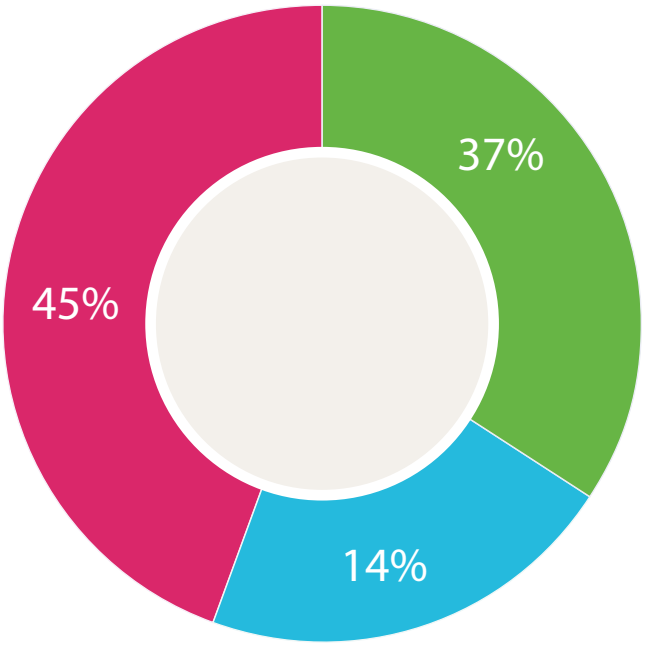
Safeguarding (see glossary) is about protecting children, young people and adults at risk from abuse or neglect. Abuse is a breach of a person's rights and may be a single act or happen repeatedly over a period of time. Abuse may be deliberate but may also happen as a result of poor care practices or ignorance. It can happen anywhere.

To make sure that everyone is treated with the dignity, care and respect they deserve, safeguarding is a top priority.

Facts and figures

We have seen a significant increase in the number of Safeguarding Concerns received.

3,906 Safeguarding Enquiries were received during 2015/16 compared to 2014/15 when there were 3,273.



37% of those Enquiries were not evaluated as abuse or discounted.

3% of enquiries received ceased at the individuals request.
45% of those Enquiries had abuse confirmed or partially confirmed.

14% of the Enquiries investigated had insufficient evidence to confirm or discount them*. This is an increase from 2014/2015 where the percentage was 13%.

*This does not mean that no action was taken, but people were supported in other ways.

What should you do if you suspect or have witnessed an adult at risk being abused?

You should contact Adult Social Care and ask to speak to the duty officer on 03000 41 61 61 for Kent and 01634 33 44 66 for Medway. We advise against approaching the person directly.

If you wish to discuss your concerns outside normal office hours you can contact the Out of Hours Team on 03000 41 91 91 for Kent and Medway.

If you think that someone may be at immediate risk of harm you should contact the Police by calling 999.

'**Making Safeguarding Personal**' has been integrated into adult safeguarding, ensuring that the adults at risk are at the centre of our practice. We are currently reviewing feedback mechanisms to ensure they are fit for purpose.

A multi-agency package of workshops for safeguarding leads across Kent and Medway was delivered in 2016, to promote the Self Neglect (see glossary) Policy and Procedures.

Extensive work has been undertaken by KCC and multi-agency partners, many of them being led by the Kent and Medway Safeguarding Adults Board (see glossary), for example:

- An Independent Chair was appointed for the Board
- The Policy, Protocols and Guidance document has been updated in line with Care Act guidance
- The Self Neglect Policy and Procedures were developed
- Protocols for Kent and Medway to safeguarding adults who are at risk of sexual exploitation, modern slavery and human trafficking were developed
- Making information accessible to all
- A Citizens Group is being established
- There is a quality assurance programme in place to ensure adult safeguarding practice is of a high level
- Safeguarding Adult Reviews have been undertaken. The final reports and action plans can be found at **www.kent.gov.uk and search Safeguarding Adult Reviews**

The implementation of the Care Act placed safeguarding adults on a statutory footing and emphasised through Making Safeguarding Personal the importance of ensuring that the victim is at the centre of the Enquiry. New policies and procedures were introduced and there has been an increase in reporting. In the light of these significant changes, next year we will take stock and review our safeguarding processes to ensure that they are effective and focused on the victim.

A Safeguarding Adults and Mental Capacity Act Development Framework has been implemented to support practitioners at all levels. This will help increase knowledge, skills and understanding of their roles and responsibilities within Adult Safeguarding, Mental Capacity Act and the Deprivation of Liberty Safeguards (see glossary) ensuring Practitioners have up to date skills.

As part of the national Transforming Care Programme (see glossary), we have continued to integrate Health and Social Care to prevent inappropriate hospital admissions for people with learning disabilities experiencing mental health issues or episodes of challenging behaviour that could be managed within the community.

Adult Social Care and Community Wardens are ensuring that victims are supported and we have a range of preventive strategies to try and stop people becoming victims in the first place.

Our safeguarding commitments to you:

1. We will ask you at the beginning what you want to happen.
2. We will listen to you.
3. We will be polite and respectful
4. Your privacy will be respected.
5. We will tell you what we are doing and why.
6. We will make enquiries carefully and sensitively
7. We will tell you what our findings are and provide you with the support you require.
8. We will ask for your views again at the end to see if we have met these standards.

An 'easy read' safeguarding guide for adults with learning disabilities who may be at risk is also available and more information can be found at: **www.kent.gov.uk/adultprotection**

Glossary

Assistive Technology: These technologies help you to maintain independence. Telehealth provides equipment and devices used to remotely monitor aspects of a person's health in their own home. Telecare can be a combination of remotely monitored passive alarms and sensors to maintain independence at home

ASC (Kent Autistic Spectrum Conditions Team): This integrated specialist team aims to address the unmet needs of adults with autism, including those with Asperger's Syndrome, who do not meet the eligibility of Learning Disability services. The service is jointly commissioned by Kent County Council (KCC) and Kent and Medway NHS and Social Care Partnership Trust

Audits: Regular audits will be undertaken by the police, adult social care and health, to determine where improvements can be made and ensure that policies and procedures are being followed.

Autism Collaborative: The collaborative is a collection of stakeholders including clients and carer representation, the local authority, health and all the main voluntary and charitable organisations. The aim of the group is to examine services and ensure that they are meeting the needs of adults with autism. If not how the group might plan to meet any gaps in services. The Collaborative will draw together various pieces of work from all sectors in order to fully complete the Kent Autism Strategy.

Better Care Fund: The Better Care Fund (BCF), worth £3.8 billion was announced by the Government in the June 2013 spending review. It is designed to support the transformation and integration of health and social care services, to ensure local people receive better care.

BME: Black minority ethnic residents in Kent.

Care Quality Commission (CQC): The CQC is responsible for the inspection and registration of services including, care homes, independent health care establishments and the Shared Lives Scheme.

Clinical Commissioning Groups (CCG): A Clinical Commissioning Group is the name for the new health commissioning organisation which replaced Primary Care Trusts in April 2013. CCGs make it easier for us to work directly with our partner organisations and make the best use of resources.

Countywide Safeguarding Group: This is a meeting for senior managers within Kent County Council chaired by the Director of Commissioning for Social Care, Health and Well-being. The group reviews safeguarding activity across the county, to ensure that robust systems are in place to provide appropriate support to individuals who raise allegations or concerns about adult abuse.

Dementia Care Mapping (DCM): is a set of observational tools designed to evaluate quality of care from the perspective of the person living with dementia.

Department of Health (DH): They lead, shape and fund health and care in England, making sure people have the support, careand treatment they need, delivered with the compassion, respect and dignity they deserve.

Deprivation of Liberty Safeguards: Deprivation of Liberty Safeguards aim to prevent the unlawful detention of adults in hospitals and care settings who lack capacity to choose where they live and/or to consent to care and treatment.

Direct Payment: Direct Payments are cash payments to individuals who have been assessed as having eligible social care needs. The amount paid is less any contribution that is

required by the individual following a financial assessment.

Domiciliary Care: Domiciliary care can help people with personal care and some practical household tasks to help them to stay at home and live independently.
Enablement: Enablement is a short term, intensive service that can help you remain in your own home or regain independence if you have been ill or in hospital.

Good Day Programme: This programme enables people with learning disabilities in Kent to choose what they want to do during the day, evenings and weekends, have support when and where they need it, and be an equal citizen of their local community.

Hi Kent: Is a registered charity for deaf and hard of hearing people, who work in partnership with Kent County Council. They carry out assessments of need for people aged over 65 years old, provide advice and a range of equipment.

KAB: Kent Association for the Blind is a rehabilitation service for people who are blind or partially sighted in Kent. They aim to provide a quality service sensitive to the individual's needs to help them attain the highest levels of independence.

Kent Card: The Kent card is a secure way of receiving Direct Payments without the need to open a separate bank account. The card is a chip and pin visa card and works in the same way as a visa debit card. It can be used to pay a Personal Assistant (PA), makes record keeping easier and reduces paperwork.

Kent Health and Well-being Board (HWB): The Kent Health and Well-being Board leads and advises on work to improve the health and well-being of the people of Kent. It does this through joined up engagement across the NHS, social care, public health and other services that the board agrees are directly related. The board aims to reduce health inequalities and ensure better quality of care for all patients and care users.

Kent Integration Pioneers: are looking at innovative ways of creating change in the health service which, the Government and national partners want to see spread across the country. Kent is an integration pioneer.

Kent Wide Carers' Publication: is an information booklet for carers about the range of support services available in your local area.

MDTs: Mutli-Disciplinary Teams are joint teams between Social Care and Health that aim to minimise duplicate referrals.

National Transforming Care Programme: A programme of work led jointly by NHS England, the Association of Adult Social Services (ADASS), the Care Quality Commission (CQC), Local Government Association (LGA), Health Education England (HEE) and the Department of Health (DH) to improve services for people with learning disabilities and/or autism, who display behaviour that challenges, including those with a mental health condition.

Occupational Therapy: The Occupational Therapy Service provides assessment, advice, equipment and adaptations for disabled people living in their own homes.

Personal Budget: A Personal Budget is money paid by us (Kent Adult Social Care) to you so that you can arrange your own care and support services.

Promoting Independence Reviews: assess your abilities and difficulties with managing every day activities. We will work with you to identify what you are able to do and what you hope to be able to achieve, in order to continue to live independently. The Promoting Independence Service helps you to maximise how much you can do for yourself, and regain or learn new skills before any decisions are made about your ongoing support needs.

The Royal Association for Deaf (RAD): a British charitable organisation who promote the welfare and interests of Deaf people. They provide employment and legal advice, host activities and support groups for families with parents and/or children who are deaf or hard of hearing and also offer an interpreting service.

Safeguarding: Safeguarding is about protecting children, young people and vulnerable adults from abuse or neglect. The policy aims to tackle how adult abuse can be prevented through community cohesion, communication, good practice and to ensure that everyone is treated with dignity and respect.

Safeguarding Adults Board: The board consists of representation by senior management from the council, CCGs, Police, carers, voluntary and private sector representatives. A range of these partners may be involved in an investigation/ Social Care enquiry regarding suspected abuse or neglect.

The board also arrange serious case reviews (which will become Safeguarding Adults Reviews under the Care Act) where there is concern that safeguarding arrangements could have been more effective.

Self-Neglect: This is described as "the inability (intentionally or non-intentionally) to maintain a socially and culturally acceptable standard of self-care with the potential for serious consequences to the health and well-being of those who Self-Neglect and perhaps to their community".

Shared Lives: This scheme helps vulnerable adults who want to live as part of a family or household find somewhere suitable. It is similar to fostering but for adults rather than children. Placements can either be on a short or long term basis or act as a stepping stone towards independent living.
www.kent.gov.uk/sharedlives

Telecare: describes any service that brings health and social care directly to a user (generally in their homes). It enables people, especially older and more vulnerable individuals, to live independently and securely in their own home by providing them with personal and environmental sensors in the home. These remotely monitor over a 24 hour period and should something happen like you have a fall, a warning is sent to a response centre and the required help is sent to assist you.

Telehealth: is part of this, but relates specifically to remote monitoring of a person's vital signs, including blood pressure, weight and blood glucose.

Transformation: Over the next four years KCC will be looking at how their existing services currently operate, the difference they make, and if there's a better way to do things. They will also bring services together to avoid duplication and improve efficiency, shaping them around people and place. This is known as Transformation.

Data Sources

- ONS mid-year estimates 2012
- PCIS population June 2014
- Health and Social Care Information Centre (HSCIC) website
- Office of National Statistics (ONS) website
- Direct Payment services report
- Residential Monitoring and Non Residential Monitoring services report
- KCC Annual return reports

Getting in Touch

There are several ways for you to contact us.

For non-urgent telephone calls please contact us Monday to Friday between 8.30am and 5.00pm call our contact centre.
The contact centre is based in Maidstone and is open for business 24 hours a day, 7 days a week.
Telephone: 03000 41 61 61

Text relay
A text relay service is available for Deaf, hard of hearing and speech impaired customers and is available 24 hours a day, 7 days a week.
Text Relay: 18001 03000 41 61 61

Out of hours service
Not every crisis occurs during office hours. Kent and Medway Social Services provide for these times with our out of hours service that can offer advice, support and help to ensure that vulnerable people are not left at risk.
Telephone 03000 41 91 91

Calls from landlines are typically charged between 2p and 10p per minute; calls from mobile typically cost between 10p and 40p per minute.

Email and website
You can email us with queries or questions about any of our services or information.
Email: social.services@kent.gov.uk or see our website at:
www.kent.gov.uk/careandsupport

For more information on the Local Account
email: kentlocalaccount@kent.gov.uk
www.kent.gov.uk and search 'local account'

This document is available in alternative formats and languages. Please call: 03000 421553 Text relay: 18001 03000 421553 for details or email alternativeformats@kent.gov.uk

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	16/00090

For publication

Non-Key

Subject: Local Account for Kent Adult Social Care (April 2015 to March 2016)

Decision: As Cabinet Member for Adult Social Care and Public Health I approve the Local Account for Kent Adult Social Care (April 2015 – March 2016)

Reason(s) for decision:
With the withdrawal of external inspection of the Council's performance in Adult Social Care, there is now more emphasis on councils to manage their own performance, work collaboratively with the sector to improve performance and outcomes and explain how they have performed to local residents. The Local Account has emerged as a standard feature of the new local accountability framework.

Financial Implications
The proposed development of the Local Account does not include savings targets, however a key objective when developing the brochure and our user engagement approach has been the consideration of how to enhance value for money from a Council perspective utilising wherever possible existing forums or approaches already in place across the Directorate or working in conjunction with existing partners to minimise costs.

There will be a cost implication to the production and distribution of the Local Account; however these will be managed within the budget planning forecasts for the Unit, i.e. ongoing production of the Local Account.

Legal Implications
None

Equality Implications
None

Cabinet Committee recommendations and other consultation:
The issue will be discussed at the Adult Social Care and Health Cabinet Committee on 10 October and the outcome included in the decision the Cabinet Member is asked to sign.

Any alternatives considered:

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

....

signed date

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 - 11 October 2016

Subject: **Sexual Health Services - contract extensions**

Decision no: 16/00095

Classification: Unrestricted

Previous Pathway: Adult Social Care and Health Cabinet Committee, 10 March 2016

Future Pathway: Cabinet Member Decision

Electoral Division: All

Summary: At its meeting in March, the committee noted and welcomed the range of sexual health services that had been commissioned in the past two years. This report seeks the committee's endorsement for a proposed decision to extend the contracts for up to two years, in line with the provision of the original contract.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to either COMMENT and ENDORSE or make a recommendation to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to extend the existing contracts for sexual health services to 31st March 2019.

1. Introduction

1.1. At its March 2016 meeting, the Committee considered a paper which provided an update on the implementation of the community sexual health services that Kent County Council (KCC) has commissioned in the past two years. The committee welcomed the work that had been undertaken to commission the wide range services that are now available in the county.

1.2. The initial two-year term of the contracts is due to end in March 2017. This paper seeks the committee's endorsement of a proposed decision to extend the contracts for up to two more years in line with the provision of the original contract.

2. Background

2.1. Since 2013, KCC has had a statutory responsibility to ensure provision of range of open access sexual health services across the county. KCC Public Health therefore commissions a range of services including:

- integrated sexual health services covering genito-urinary medicine (GUM), contraception and HIV outpatient services
- a chlamydia screening programme
- psychosexual counselling
- sexual health outreach
- sexual health provision through community pharmacies

3. Contract Performance

3.1. These services were re-commissioned through a competitive tendering process in 2015 which enabled KCC to open up the market for sexual health services and secure savings through more efficient activity-based contracts.

3.2. The paper presented to the committee in March set out the substantial progress that had been made in implementing the new services. Since this time, the services have continued to generally perform well whilst continuing to innovate and improve value for money for KCC. A detailed breakdown of the performance and cost of each of the contracts is included at Appendix A.

4. Proposed Extension

4.1. The original contracts, awarded in 2015, allowed for an initial two-year term and the possibility of an extension of up two more years. The generally good performance and the significant opportunity for innovation over the next one to two-years provides a strong case for extending the contracts with a number of adjustments to deliver further improvements in value for money and improved service delivery. These changes are subject to further dialogue with providers but are likely to include:

- better online access to sexual health screening and testing
- further innovation and use of technology to improve access to services
- improved outreach for vulnerable groups and better detection of chlamydia

4.2. Public Health will work with providers in the coming months to finalise the detail of any proposed changes and will implement any necessary changes to the contract as part of the contract extension.

4.3. The proposed key decision will provide the authority to implement the changes and the extensions up to 31st March 2019 but will still allow commissioners to implement changes where needed, take remedial action or terminate contracts earlier than planned if the performance deteriorates to an unacceptable level.

5. Financial Implications

5.1. The maximum combined value of the additional two-year contract extensions is £18,633,200. A breakdown of the values of each of the six contracts is included at Appendix B.

5.2. The maximum contract value of each of the six contracts includes an activity-based payment which ensures better value for money for KCC. These

payments are adjusted to reflect the providers' variable costs, or changes in service capacity. During the current financial year, this contracting model is projected to deliver a net saving of more than £0.5m for KCC.

6. Conclusion

6.1. KCC Public Health is seeking the committee's endorsement of a proposed key decision to extend the current contracts for community sexual health services for up to two-years. The extensions are in line with the terms of the contracts, which were competitively tendered in 2015. There has been good progress in implementing the new services. The services are performing well and are delivering improved value for money for KCC.

6.2. The contract extensions will provide an opportunity to build on the progress that has been made so far, to innovate and make better use of technology in providing services efficiently and to deliver further improvements in value for money in the next two years. If the current services continue to perform well and deliver the required value for money, the current contracts could continue up to March 2019. KCC will still have the flexibility to adjust or replace the services within that time if perform deteriorates significantly or if the services are judged to no longer meet the needs of the population.

7. Recommendations

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

COMMENT and ENDORSE or make a RECOMMENDATION to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to extend contracts for community sexual health services by up to two years.

Background Documents:

Report to Adults Social Care and Health Cabinet Committee, 10 March 2016

Report Authors:

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APPENDIX A – Contract Performance

Integrated Sexual Health Services:

This service was commissioned to provide a comprehensive contraceptive and genito-urinary medicine (GUM) and HIV outpatient service across east Kent. The service provides appointment and walk in clinics consisting of 30 minute appointments across five districts in a hub, super-spoke and spoke model.

Open access to sexual health services has increased across east Kent, and there has been much improvement in the quality and level of information presented to monitor performance.

Psychosexual Counselling Service:

As previously reported at the March committee meeting, this service has been extended across Kent and is growing. The change to the performance monitoring of this therapy service has enabled greater insight into what it delivers to the population. The service offer has expanded and increased access countywide. There has been improvement in the quality and productivity of the service.

Pharmacy Sexual Health Service:

This service continues to expand to ensure access to free emergency contraception to women aged 30 and under. The phased implementation of this programme has provided an opportunity to direct activity to areas/wards with highest teenage pregnancy rates. The focus will continue to be on areas with higher or increased termination of pregnancy rates.

Condom Programme:

The C Card programme has evolved into the current ‘Get It’ programme. The service delivery of this programme has enabled a greater number of young people to register for and access condoms from a range of providers. The range and variety of distribution sites and on line access has expanded this service exponentially. Given the current burden of sexually transmitted infections amongst 20 -24 year olds, the programme has expanded its age range to up to 24 years. It has targeted specific geographical areas such as Swale district and vulnerable population groups such as unaccompanied male asylum seekers. The progress of this programme has been exceptional and the outcomes set out within the service specification have been met with added value.

Chlamydia Screening Programme:

As previously reported at the March committee meeting, changes to the Source Bioscience service has enabled efficiencies on the chlamydia screening programme. As a result of the increase in reliance on IT and digital service provision arrangements, and the evolution of subsequent patient management systems, we have identified opportunities to create further efficiencies and enhancements to this contract.

APPENDIX B – CONTRACT VALUES

Service	2016/17	2017/18	Total
Integrated services – North and West Kent	4,440,500	4,440,500	8,881,000
Integrated services – East Kent	3,806,000	3,806,000	7,612,000
Psychosexual	272,900	272,900	545,800
Chlamydia	264,600	264,600	529,200
Condoms	156,000	156,000	312,000
Pharmacy	376,600	376,600	753,200
Total	**9,316,600**	**9,316,600**	**18,633,200**

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Cabinet Member for Adult Social Care & Public Health	**16/00095**

For publication

Subject: Contract Extension for Sexual Health Services – up to 31 March 2019

Decision:

As Cabinet Member for Adult Social Care and Public Health, I propose to agree that the County Council extend the current contracts for Sexual Health Services for up to two years in line with the provision of the contracts.

Reason(s) for decision:

Decision exceeds key decision financial criteria

Cabinet Committee recommendations and other consultation:

The Adult Social Care & Health Cabinet Committee considered the progress on implementing new community sexual health services in Kent. The Committee RESOLVED that work undertaken to implement sexual health services across Kent be noted and welcomed.

The proposal to extend the contracts for up to two years in line with the provisions of the contract is due to be discussed by the Committee on 11th October 2016.

Any alternatives considered:

The alternative option of re-tendering the services in the current year was considered but is not recommended as the services were competitively tendered less than two years ago and are performing sufficiently well. The contracts still be terminated earlier than 2019 if performance deteriorates to an unacceptable level.

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

None

..... signed

..... Date

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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 - 11 October 2016

Subject: **Public Health Adult Substance Misuse Service Procurements**

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 two proposed procurements. These procurements both relate to substance misuse.

The first procurement is the community substance misuse service for East Kent, which Kent County Council (KCC) funds and is responsible for. The second procurement is the Her Majesty's Prison (HMP) substance misuse service for Kent and Medway which NHS England funds and KCC procure on their behalf.

Both contracts are due to end in the financial year 2017-18, with no further option within the contracts to extend. Services will be contracted separately in line with the current arrangements and the separate finance streams.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **COMMENT** on and **ENDORSE** the planned procurement processes for East Kent and Kent and Medway Prisons Substance Misuse services.

1. Introduction

1.1. This report provides an overview of two planned procurements which relate to services for adult substance misusers. One is for community services in East Kent (covering Thanet, Dover, Shepway, Ashford, Canterbury and Swale) and the second is for HMP Based Substance Misuse Services, for all prisons across Kent and Medway.

1.2. Both services are contracted by KCC and are due to end. The East Kent contract will end in March 2017 and the Kent and Medway Prison contract will end in October 2017.

1.3. It is intended for both of these services to be re-procured via competitive procurement processes.

2. Substance misuse in HM Prisons across Kent and Medway.

2.1. In April 2013 the commissioning of Prison Substance Misuse services became the responsibility of NHS England (NHSE) Health and Justice Commissioning, having previously been the responsibility of KCC. However, KCC retained the delegated responsibility to commission this contract via a Service Level Agreement with NHSE. This has enabled KCC to ensure that continuity of care and robust care pathways exist between community based services and prison based services for substance misusers.

2.2. Kent County Council commissioned the Kent and Medway Prison Substance Misuse Services in 2012 via a competitive tendering process. The Service is currently provided by Rehabilitation of Addicted Prisoners Trust (RAPt).

2.3. RAPt were awarded the contract following a competitive procurement, in which they were awarded a 3 year plus 2 year contract, the 2 year extension clause was utilised in 2015. This is due to expire in October 2017.

2.4. The current contract was procured to deliver services into HMP's Elmley, Standford Hill, Swaleside, Rochester, East Sutton Park, Canterbury, Blantyre House, and Rochester as well as Immigration Removal Centre Dover. HMP Canterbury closed in 2013, Blantyre in 2015, and Dover in 2015. Blantyre House and Dover may reopen in the future.

2.5. KCC hosting the commissioning on behalf of the NHS has led to Kent having higher than the national average levels of continuity of care between prison based services and community based services, this is true for all establishments. Approximately 60% of prisoners leaving HMP Elmley, who were in prison based treatment, will be eligible for Kent based community services. However there are a high number of prisoners who enter prisons as substance misusers and have not previously accessed support in the community. This issue will be focussed on in the upcoming procurement process for community services.

2.6. Contract performance of the current service has been good, with all Care Quality Commission (CQC) and Her Majesty's Inspector of Prisons (HMIP) inspections rating the services in each establishment as either "Good" or "Very Good"

3. East Kent community substance misuse services.

3.1. KCC Public Health is responsible for commissioning community drug and alcohol services across Kent.

3.2. The current service in East Kent was commissioned in 2012-13, via a competitive tendering process and was awarded to Turning Point with the service starting in April 2013.The contract was awarded for 3 years with a possible extension of 1 year, which was invoked in April 2016.

3.3. During the lifetime of the contract the commissioning arrangements transferred to public health. An audit of the previous arrangements identified a number of areas of concern including financial and quality arrangements. These issues have subsequently been addressed and re-audited with substantial progress identified.

3.4. Kent has remained a high performing area for community drug services. The key indicator is people who complete treatment free from drug dependence. The latest published data places Kent within the top quartile nationally on this measure of success.

4. Opportunities

4.1. Services in East Kent have consistently performed well and this performance is regularly report to the Adult Social Care and Health Cabinet committee. Historically, the services have always been commissioned as standalone from other Public Health procured services. This is therefore an opportunity to procure services which will have the flexibility to integrate much more fully during the lifetime of the contract with other public health services across Kent, offering service users a more holistic focus on their wellbeing.

4.2. Services will be procured using a Strategic partner model. In addition to continuing to deliver a high performing service, the strategic partner will be expected to co design the new service with other services and service users, to ensure that a client's health and wellbeing needs are managed holistically.

4.3. During the lifetime of the contract this could lead to be a realignment of funds and clients making much better connection with services including Live Well Kent and the new integrated healthy lifestyle service. .

4.4. Interdependencies between the Kent and Medway prisons and the Kent community substance misuse contracts, combined with the approach of the Local Authority hosting the commissioning of prison based substance misuse

services has led to Kent achieving 60% referral rates from prison establishments into Kent community services.

4.5. Whilst the Kent and Medway Prison service is also performing well, there have been a significant number of changes to the prison establishments in the past 5 years since the contract was commissioned.

4.6. Three establishments have closed, and a number of the remaining prisons have seen significant changes in the population. For example, HMP Maidstone was previously a Sex Offender prison; whilst it now serves as a Foreign National prison whose population has very different needs to that of an aged Sex Offender client group. Re-procuring the services at this point will ensure that the services are appropriate to these changes.

4.7. Planned prison reforms mean that Governors will be required to be greatly involved within the services located within them.

5. Funding

5.1. Funding for community based substance misuse services is funded through the KCC public health grant. This funding has reduced during the current financial year and in previous years. The anticipated contract envelope for East Kent will be approximately £5.85million per annum for 5 years with an option to extend for a further 3 years.

5.2. Funding for the Kent and Medway prison substance misuse services comes from NHSE Health and Justice Commissioning, South (South East), via a Service Level Agreement, which delegates the commissioning of substance misuse within prisons to KCC. The funding is agreed for 5 years with a possibility to extend a further 2 years. The contract envelope is £4.35 million per annum.

6. Provider Market

6.1. The shape and profile of the provider market is a crucial factor in enabling effective commissioning. Over the past few years the provider market for substance misuse both nationally and in Kent has shifted from locally based NHS service providers towards national voluntary /community/ social enterprise sector (VCSE) providers. There are organisations that tend to be more successful in prison services and others which are more focussed on community work.

6.2. There is expected to be considerable interest from both NHS and VCSE providers in these contracts. Some of these providers only work within specific settings, e.g. secure environments such as prisons or community.

7. Conclusions

7.1. Substance Misuse Services within East Kent and Kent and Medway Prisons are contractually unable to be extended further, therefore services need to be re-procured in this financial year. Funding has been identified for both procurements.

7.2. Whilst there are obvious synergies between the two services, these services will be procured in two separate procurements. This will ensure a focus on the upcoming prison reform legislation, differing funding streams, differing geography and the slightly different provider market. However it will be clear within both procurements that there will need to be better pathway work between the two successful providers.

8. Recommendations

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **COMMENT** on and **ENDORSE** the planned procurement processes for East Kent community substance misuse service and the Kent and Medway Prisons Substance Misuse service.

9. Background Documents

9.1. None

10. Appendices

10.1. None

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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 – 11 October 2016
Subject:	**SHAPING THE FUTURE – CQC STRATEGY FOR 2016 TO 2021**
Classification:	Unrestricted
Past Pathway of Paper:	Social Care, Health and Wellbeing DMT - 31 August 2016
Future Pathway of Paper:	None
Electoral Division:	All

Summary: This paper set out the essential summary of 'Shaping the future' – Care Quality Commission's strategy for 2016 to 2021. The contents of the strategy should be of interest to commissioners and providers for reasons which are set in this report. The paper also highlights some of the potential implications that may arise from the Care Quality Commission's delivery of the ambitions and priorities described in the strategy and the accompanying document for the attention of health and adult social care services.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT ON** the content to this report.

1. Introduction

1.1 The Care Quality Commission (CQC) published its latest strategy called 'Shaping the future' on 24 May 2014. This is a five-year strategy covering the period 2016 to 2021 as driver to fulfil its ambition of mounting a more targeted, responsive and collaborative approach to regulation, with a view to ensuring that more people receive high quality care.

1.2 The strategy affirms the CQC's core statutory objectives - (1) to protect and promote the health, safety and welfare of people who use health and social care services by encouraging improvement of those services; (2) encouraging the provision of those services in a way that focuses on the needs and experiences of people who use those services; and (3) encouraging the efficient and effective use of resources in the provision of those services.

1.3 As the independent regulator of health and social care in England, the CQC's stated values are (1) Excellence in terms of being a high-performing organisation; (2) caring in respect of treating everyone with dignity and

respect; (3) integrity by doing the right thing and (4) teamwork through learning from each other to be the best we can.

1.4 The CQC's primary functions have remained the same, that is to say, its responsibilities are (1) to register health and social care providers which gives organisations license to operate, (2) to monitor the quality of care, inspect and rate services, and exercise market oversight function in respect of the financial health of difficult-to-replace adult social care providers; (3) to carry out its enforcement responsibilities necessary and (4) to act as the independent voice and highlight good practice through its report to Parliament.

1.5 The purpose of the report is to provide the Adult Social Care and Health Cabinet Committee with the opportunity to consider the potential issues arising from the implementation of the CQC's strategy.

2. Financial Implications

2.1 In the context of the Council being both a commissioner and provider of services it is important that any potential impact on the Authority, arising from the market response which may or may not convert into financial consequences is understood. As Members of this Committee will observe from the report on the Vision and Strategy for Adult Social Care, the issue of quality of care and sustainability of the market is a key focus for the service and the matters that the CQC strategy deals with do have a bearing on this priority.

3. KCC Strategic Statement Policy Framework

3.1 Both the overarching strategic outcomes of 'Older and vulnerable residents are safe and supported with choices to live independently and Kent communities feel the benefits of economic growth by being in-work, healthy and enjoying a good quality of life' are pertinent to the issues set out in this report. In general, the provision of care and support will influence and be influenced by the CQC strategy.

4. Essential highlights of the CQC strategy

4.1 The strategy sets out the CQC's ambitious vision for a more targeted, responsive and collaborative approach to regulations, so that more people can receive high quality care. It is accompanied by a document addressed to health and adult social care providers that are regulated by the independent body. The second document gives further explanation as to what the strategy means for health and social care providers.

4.2 According to the CQC, it will focus on four priorities to deliver its ambition. The first priority is to **"encourage improvement, innovation and sustainability in care"**. It intends to do so by working with others to support improvement, adapt its approach as new care models develop and publish new ratings of NHS trusts' and foundations trusts' use of resources. How CQC carries out its registration function will be informed by this priority and significantly, it will make sure that the 'responsible' person for care can be held accountable for

quality even if it means registering a provider at a corporate level where care is delivered through subsidiary providers. As part of its monitoring of quality, it will use information on a geographical basis to identify quality priorities and risks for local areas. It will inspect and rate services and build its capacity to inspect new models of care, such as care that is organised around conditions or population groups or where hospitals, GP practices and care homes work together to deliver care. Finally, when closing services, it will work closely with local organisations to ensure people can continue to receive their care.

4.3 The second priority that the strategy outlines focuses on "**delivering an intelligence-driven approach to regulations"**. By this, the CQC intends to use information from the public and providers more effectively to target its resources where the risk to quality of care provided is greatest. Under this priority, the CQC will check where quality is improving, and where it can introduce a more proportionate approach to registration. The CQC plans to bring together information from people who use services and their carers, knowledge from inspections and data from its partners to help it better monitor changes in quality and make more use of unannounced inspections, focusing on building a shared understanding of the local context and the quality of services between inspections, providers and partners. This will enable it to change the frequency of re-inspections for services rated good and outstanding to be less often than those rated as require improvement or inadequate.

4.4 The third priority area that the CQC strategy describes is to **"promote a single shared view of quality"**. The case that the strategy puts forward is that there are multiple views as to what constitute quality. As a result it can be resource intensive for providers as they are required to meet different information requests. Under this priority the CQC will seek to work with other stakeholders to agree a consistent approach to defining and measuring quality, collecting information from providers to deliver a single vision of high quality care. The CQC has already introduced a way of assessing quality based on five key questions that it asks of every service: (1) Is it safe? (2) Is it effective? (3) Is it caring? (4) Is it responsive? (5) Is it well-led? In addition, it will pull together information from people who use services, national and local oversight bodies and providers and staff. To this end, the CQC will encourage providers to develop their own quality assurance based on the five key questions and share this with the CQC as part of the ongoing dialogue about quality.

4.5 The fourth priority area for the CQC deals with its objective to **"improve its efficiency and effectiveness"**. In order to meet this objective the CQC is determined to work more efficiently to achieve savings year on year, at the same time as improving how it works with the public and providers. It is clear that the CQC's purpose, role and operating model in terms of inspections which focus on the assessment of quality will stay the same.

5. What the strategy means for adult social care providers

5.1 The CQC is on public record that it will work with providers when new models of care are being implemented. Therefore in recognising that the delivery of care and support is changing, providers should consider how best they can

engage the CQC at the most opportune moment. This should include the need to better understand how the collection of information about local services will be used to inform future inspections as well as the need for providers to describe what quality is, against the five key questions (is it safe, effective, caring, responsive and well-led?. The last issue will be handled through the provider information return (PIR).

5.2 The PIR process will require providers, to say in their own words, what had changed in the course of the past year, their plans for improvement and what they consider to be examples of good practice.

5.3 As mentioned earlier there is an opportunity for providers to work with the CQC to develop a shared view of quality as this does not exist at the moment. This is an issue that should of interest to commissioners and providers. It should be noted that people who use services will continue to play an important role in the determination of what constitutes quality of service.

5.4 The length of time between inspections will be based on the rating of services. Services rated as inadequate will be inspected every six months whilst those rated as requires improvement will be subject to annual inspections. Over the course of the strategy, the CQC will move to longer intervals for services rated as good and outstanding.

6. Financial Implications

6.1 There are no financial implications associated with this report.

7. Legal Implications

7.1 There are no legal implications associated with this report.

8. Equality Implications

8.1 There are no equality implications associated with this report.

9. Conclusions

9.1 The CQC's role as independent regulator of health and social care in England is set out in statute and relevant regulations and this has not changed. However, for reasons such as the need to better reflect changing models of care and the drive for improved efficiency, the CQC had consulted on changes to how it approaches the way the organisation goes about its work.

9.2 This report has reminded the Adult Social Care and Health Cabinet Committee that the CQC remains resolute in testing how well services are delivered against the five key questions (is it safe, effective, caring, responsive and well-led?). As the Council moves to becoming a strategic commissioning authority, there are factors contained in this report that should be useful for Members in discharging their scrutiny role.

10. Recommendation

10.1 Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT ON** the content of this report.

11. Background Documents

'Shaping the future – CQC strategy for 2016 to 2021'
'Shaping the future – CQC strategy for 2016 to 2021, What our strategy means for the health and adult social care services we regulate'
http://www.cqc.org.uk/content/our-strategy-2016-2021

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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 – 11 October 2016
Subject:	**CARE ACT – UPDATE ON THE IMPLEMENTATION**
Classification:	Unrestricted
Past Pathway of Paper:	None
Future Pathway of Paper:	None
Electoral Division:	All

Summary: This report provides an update on the implementation of the Care Act from April 2015. It shows that adult social care is doing what it is expected in meeting the statutory requirements. The information in this report should be seen in the broader context of the routine performance reports which are presented to this Committee.

This report should be considered as the final standalone update on the Care Act as it is now a 'business as usual' responsibility.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT ON** the extent to which the Council has and continues to embed the statutory requirements into practice.

1. Introduction

1.1 Since April 2015 adult social care functions have been exercised under the Care Act 2014 (together with the associated regulations and statutory guidance) as the principal legislation that sets the framework, defines and requires local authorities to commission or make arrangements to meet the needs of individuals who qualify for care and support.

1.2 The Care Act brought in a new national eligibility criteria for people with care and support needs. The legislation also brought in a national eligibility criteria for carers with support needs. As a result carers' entitlement under the national eligibility criteria framework is on the same statutory footing as the people they support.

1.3 The Care Act also brought to prominence general responsibilities of Local Authorities such as the requirements to promote individual well-being, duty to preventing needs for care and support, promoting integration of care and support with health services and promoting diversity and quality in provision

of services. Furthermore, the Care Act placed the Safeguarding Adults Board on a statutory footing.

1.4 The purpose of presenting this report is to provide the Adult Social Care and Health Cabinet Committee with information about the Council's general response to the implementation and to consider the extent to which it has embedded the statutory requirements into the day-to-day practice in the Social Care, Health and Wellbeing Directorate and with partners where necessary. This report should be considered alongside the Local Account report presented to the Committee today.

2. Financial Implications

2.1 The Council meets its statutory responsibilities and other requirements for people with care and support needs and their carers out of the budget allocated to adult social care.

2.2 In July 2015, the Government announced the postponement of the social care funding reform until April 2020, this is commonly known as the 'Dilnot Reforms' or 'phase two'. New information about 'phase two' implementation nor the funding reform to be able to determine the financial implications for the Council, is not available at the present time.

3. KCC Strategic Statement Policy Framework

3.1 The Council's Strategic Outcome, that is, 'older and vulnerable residents are safe and supported with choices to live independently', and the supporting outcomes which drive the work of adult social care, is consistent with the general principles and the specific duties and powers of the Care Act 2014.

4. Update on the implementation of the Care Act 2014

4.1 As a result of the preparation work that was done before the Care Act came into effect, the Council complies with the relevant statutory requirements within the expected times including, the conduct of needs assessment, care planning, information and advice, advocacy, homecare and care home provision. With the exception of carers' assessment, there has not been a big increase in activities, partially due to the impact of local services such as enablement and the performance of the Area Referral Management service.

4.2 The financial impact on the Council is heavily driven by 'cost of care and support' for a reducing number of people and the 'average length of care'. However, the number of carers who were given information and advice and/or signposted to other universal services increased greatly. Also, the number of carers who were assessed for support has increased. The number of carers who were assessed for support who met the eligibility threshold increased slightly. Full details of the activity figures for April 2015 to March 2016 are in the Local Account and in order to avoid duplication of information the relevant figures have not been repeated in this report.

4.3 Promoting individual well-being is a major requirement of the Care Act and it is a foundational principle that is now reflected in activities such as information

and advice, assessment and care and support decisions. The Council demonstrates how it fulfils this requirement through the actions and decisions taken by practitioners and team managers. Wellbeing is an important cornerstone which is also reflected in commissioning and service development. Notable examples include the advocacy service and the Community Mental Health and Wellbeing service.

4.4 The central role and the emphasis placed on preventing needs for care and support is better captured in the 'Vision and Strategy' for adult social care. As it can be seen from the draft Strategy, promoting well-being is one of the pillars to the approach to care and support. Focusing on prevention means that adult social care will continue to work with individuals and community partners with resources that can contribute to building individual resilience and promoting their wellbeing.

4.5 Local Authorities have a duty to promote an efficient and effective market within a sustainable and diverse range of provision. Actions taken should meet people's care and support needs in a manner that improves outcomes and promotes wellbeing. This is usually referred to as the Local Authority 'market shaping' responsibilities. Two market position statements have been developed which express the Council's view of the current and future demand for care and support. The two documents known as the 'Community Market Position Statement' and the 'Kent Social Care Accommodation Strategy – Better Care Greater Choice' give providers a good understanding of the local needs and challenges associated with making changes to how care and support will be provided in the future.

4.6 The Safeguarding Adults Board (the Board) has directed the review of its arrangements to ensure that the management of safeguarding enquiries into suspected cases of abuse or neglect is wholly in line with the Care Act requirements. The review led to appropriate changes being made to the policy and procedures which all named partners have agreed. This is against a 13% increase in safeguarding enquires activity in 2015/16 compared to 2014/15, with the reported number of enquiries at 3,900 and 3,273 respectively. The Board will carry on and monitor the consistency of practice of safeguarding arrangements. The Board is also required to publish its strategic plan each financial year and produce an annual report for which it has to provide a copy to the Local Authority, the Police, the local Healthwatch and the Health and Wellbeing Board.

4.7 Integration of care and support services with health for the purpose of improving well-being of individuals through mechanisms such as joint working on prevention, pooled budgets (including Better Care Fund) and cooperation with regards to IT systems are key factors in the delivery of the outcomes set out in the Care Act. The joint working with health is strong at all levels exemplified by the joint investment in carers' support services, Live Well Kent, Integration Pioneer programme and the Kent and Medway Sustainability and Transformation Plan (STP) delivery plan being developed to achieve the objectives in the 'NHS 5 Year Forward View'. At the individual level some people are helped to access personal budget and personal health budget as the best way of meeting their assessed health and social care needs.

4.8 As reported previously, the Care Act extended Local Authority responsibilities to self-funders, in particular in respect of the assessment of care and support need of self-funders and the provision of universal information and signposting to other support services in the local community. The Council has had to revamp the information it provides to people who may have care and support needs in response to the statutory requirements. This has included directing some people to other sources for independent advice about matters concerning paying for care. The Council provides information online as well as paper versions for those that prefer to have the information in a leaflet form.

4.9 We are not completely satisfied that all the necessary 'cultural shift' that the Care Act requires of us have been fully embedded by Council staff or indeed, by staff working in partner organisations. There is therefore more to be done in this area and required work will be included in the Phase 3 assessment and design tasks that have started.

5. Legal Implications

5.1 There are no legal implications associated with this report.

6. Equality Implications

6.1 There are no equality implications associated with this report.

7. Conclusions

7.1 The Council prepared well before the Care Act come into force and the early work enabled the Authority to satisfy the relevant statutory requirements that it had to meet at the same time as ushering in transformation programme changes. Partially as a result of these changes there has not been the dramatic increase in activity that was predicted and in this respect the Council's picture mirrors the national position. However, there has been increased activity in two areas: carers' assessment and support and safeguarding enquiries into suspected abuse or neglect.

5.2 It is accepted that there is more to be done on the workforce front in terms of the cultural shift that the Care Act demands. We have responded by coming up with a new vision and strategy for adult social care which will be delivered through the next phase of the transformation programme. By necessity, we will go about doing this work with our provider partners, NHS colleagues and above all with people who use our care and support services and their carers.

6. Recommendations

6.1 Recommendations: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT ON** the extent to which the Council has and continues to embed the statutory requirements into practice.

7. Background document

Care Act 2014. https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation
Care and support statutory guidance, June 2014.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/31599 3/Care-Act-Guidance.pdf
The Care Act 2014: how do you know your council is successfully embedding the Care Act?
http://www.local.gov.uk/documents/10180/5854661/L14-532+Must+Knows+The+care+act_02.pdf/7949466d-36d0-4c8a-b64a-a3cce022568d

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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 – 11 October 2016
Subject:	**YOUR LIFE, YOUR WELL - BEING – A VISION AND STRATEGY FOR ADULT SOCIAL CARE 2016 - 2021**
Classification:	Unrestricted
Past Pathway of Paper:	Adults Transformation Portfolio Board -24 August 2016 Social Care Health and Wellbeing DMT - 7 September 2016
Future Pathway of Paper:	Kent Health and Wellbeing Board - 23 November 2016 Adults Transformation Portfolio Board - 23 November 2016 Social Care Health and Wellbeing DMT - 30 November 2016 Adult Social Care and Health Cabinet Committee - 6 December 2016 County Council - 8 December 2016
Electoral Division:	All

Summary: This report sets out the development of a new vision and strategy for adult social care (Appendix 1). It has been developed at a time of renewed focus on health and social care integration, rising demand, increasing cost of care and support services, transformation and the delivery of KCC's Strategic Statement.

The draft Strategy has been subject to an assessment by the Plain English Campaign for clarity.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT ON** the draft Strategy.

1. Introduction

1.1 In 2012 the County Council endorsed the 'Blueprint and Preparation Plan' which laid the foundation for the transformation programme in adult social care and a great deal of work has been accomplished since that endorsement. This is in the light of significant reduction of funding to Local Authorities since 2010. The new 'Your life, your well-being – a vision and strategy for adult social care 2016 to 2021' attached as Appendix 1, strongly links with and supports Kent County Council's 'Strategic Statement' and the 'Commissioning Framework' outcomes and objectives. This new strategy

replaces the previous ‘Active lives’ strategy. An Easy Read version of the Strategy has also been produced and is attached as Appendix 2.

1.2 The new strategy is based on the Care Act 2014, as opposed to the post-war National Assistance Act legislation that it replaced. For the first time, there is a consolidated legislation governing adult social care. As Members of the Adult Social Care and Health Cabinet Committee will be aware, the Care Act has broadened Councils with adult social care responsibilities to promote the wellbeing of all adults with care and support needs living in their area. The new overarching strategy for adult social care sits between relevant council-wide strategies (as cited in paragraph 1.1 above) and other specific social care group strategies such as Learning Disability Joint Commissioning strategy, Strategy for Adults with Autism in Kent and Live Well Kent Principles for Mental Health.

1.3 Adult social care can be proud of what it has achieved to-date. However, we must continue to do more to promote people’s resilience, ability to improve and maintain their health and wellbeing. This will help people to live independently, and cope well with deteriorating long-term conditions. The vision and strategy continues to put the person at the centre of what we do and is based on the fundamental idea that we focus on ‘a life not a service’. This view is affirmed by the consistent feedback from service users and carers that some of the current models of support fit people into a narrow band of available services; whereas future support needs to be more seamless, better integrated and tailored to the person to enable them to achieve the outcomes that matter to them.

1.4 The adult social care response to the changing organisational, market and other external factors is to set out a new vision for adult social care which the ‘Promoting wellbeing and independence’ strategy is based on. This is a strategy that builds on our past successes but firmly points to the future in how we intend to work with our partners - people who use our services, carers, providers, voluntary sector, health services, schools and colleges, district councils and other public services - to meet the challenges that we face. This strategy sets out the overall direction that we intend to follow in the coming years, amidst the financial challenges and the ever increasing demand for services that we know is influenced by the changing demographic needs of the area.

1.5 The purpose of presenting this report during the consultation period (30 September 2016 to 4 November 2016) is to provide the Adult Social Care and Health Cabinet Committee with the opportunity to shape the final draft document. This strategy describes the vision and high-level strategy for adult social care over the next five years. It will be delivered through the next phase of the transformation programme that adult social care is already delivering, as well as through the ‘business as usual’ activities. Members of the Committee are asked to note that the detail of how the strategy will be delivered will be set out in an implementation plan which is being developed. The implementation plan will be reported to this Cabinet Committee in line with the agreed timescales.

2. Financial Implications

2.1 The financial implications associated with the implementation of the strategy are broadly contained in the Medium Term and Financial Plan 2016-19 and the specific allocation for the adult social care portion out of the Social Care, Health and Wellbeing Directorate budget.

3. KCC Strategic Statement Policy Framework

3.1 Two out of the three KCC Strategic Outcomes are key driving outcomes for the strategy. These are the strategic outcome

1. 'Older and vulnerable residents are safe and supported with choices to live independently', together with 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
   - 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

2. 'Kent communities feel the benefits of economic growth by being in-work, healthy and enjoying a good quality of life, together with the following supporting outcome:
   - Physical and mental health is improved by supporting people to take responsibility for their own health and wellbeing.

4. Your life, your well-being – a vision and strategy for adult social care 2016 to 2021

4.1 The Vision of the service "is to help people to improve or maintain their wellbeing and to live as independently as possible". The core purpose of adult social care is to support people who need help with daily living in order to live as independently as possible in the place of their choice. The care and support that adult social care commissions (arranges or provides) is based on needs assessments of adults (including carers and young people during transition) who are supported from the public purse or pay for their own services. Keeping people safe is an important part of the legal and moral obligations we strive to fulfil and it is priority that we take very seriously.

4.2 The strategy for adult social care over the next five years breaks down our approach into three themes, supported by four building blocks. The three themes cover the whole range of services provided for people with all kinds of social care and support needs and their carers throughout their adult lives.

4.2.1 The three themes are:

(1) ‘Promoting wellbeing’ which is delivered through services which aim to prevent, delay or avoid people entering into formal social care or health systems, by enabling people to manage their own health and wellbeing;
(2) ‘Promoting Independence’ which is about provision of short-term support that aims to prevent or delay people’s entry to the formal care system, and provide the best long-term outcome for individuals. People will be empowered to have greater choice and control to lead healthier lives;
(3) ‘Supporting independence’ which is delivered through services for people who need ongoing support and aim to maintain individual wellbeing and self-sufficiency, keep people safe and enable them to live in their own homes, stay connected to their communities and avoid unnecessary admissions to hospitals or care homes lives.

4.2.2 The four ‘building blocks’ of the vision and strategy as the key underpinning components are:

1 safeguarding
2 workforce
3 commissioning
4 integration/partnership

4.3 The strategy recognises the huge contribution that carers make to the lives of their relatives and friends. Ensuring those carers are supported in their role is a critically important part of this strategy, as supporting carers is the most effective way of achieving our overall vision – to enable people to improve or maintain their wellbeing and to live as independently as possible. The skills, knowledge and commitment of carers of people who need ongoing care will be respected and valued by the team of professionals involved in providing care.

4.4 In addition, the importance of successfully managing the transition to adulthood for those disabled young people receiving care and support is recognised within this strategy. To make the changes described in the strategy happen, adult social care will link with the 0-25 Portfolio Board’s transformation initiatives which are focused on supporting every child and young person in Kent to achieve their potential. Getting things right should mean being able to help young people to be with their families, until such time that according to their development needs they are able to live independently.

4.5 As already indicated, the next phase of the transformation work will be the means for implementing the aspirations set out in the strategy. As a result the detail of how the strategy will be delivered will be set out in due course, in an implementation plan which is to be developed. It is important to note that the intention is to measure the progress being made using a number of the existing performance reporting mechanisms such as transformation update reports, business performance dashboard reports, and user surveys.

4.6 The goal is to ensure that our endeavours place adult social care in a position where it is able to demonstrate progress in closing the three strategic gaps described in the strategy –

1 Efficiency and finance
2 Quality of care
3 Outcomes and well-being

4.6.1 The three gaps should also be seen through the perspective of the organisational context, the provider context and the personal context.

5. Legal Implications

5.1 There are no legal implications associated with this reportother than the general responsibilities for Adult Social Care which are defined in the Care Act.

6. Equality Implications

6.1 An equality impact assessment has been completed and is attached as Appendix 3.

7. Next Steps

7.1 The consultation process involves informing KCC Members and staff, partner organisations and other stakeholders. There will also be an online consultation open to everyone, and tailored messages to staff, service users and partners to encourage them to participate. The purpose the engagement is to seek views from all interested parties (See Appendix 4 for the consultation questions).

7.2 The views expressed by consultees will be carefully considered and will inform any necessary changes that are agreed to be made to the strategy. A report together with the final draft strategy will be prepared for the Adult Social Care and Health Cabinet Committee at its meeting on 6 December 2016. The intention is that the strategy would be presented to County Council for endorsement on 8 December 2016 following which the Cabinet Member for Adult Social Care and Public Health will take the Decision to approve the vision.

8. Conclusions

8.1 KCC's adult social care has a long history of periodically setting out its high-level service objectives in strategic documents which then drive and influence how care and support are arranged or commissioned. This report has shown that the foundations for the transformation programme in Kent were laid in 2012 and, since then the legal and national policy framework have changed with greater focus on 'wellbeing' than previously.

8.2 The response of adult social care to the changing landscape is to outline a new vision and strategy for the service. It is based on the acceptance that in spite of the past accomplishments there is a need to reframe how adult social care will approach the future, working with key partners collectively in order to manage the challenges and deliver outcomes that will make a positive difference to people who use adult social care and their carers, staff and organisations.

8.3 The Adult Social Care and Health Cabinet Committee has the opportunity to shape the final draft document which will give confidence to the Cabinet that the Council's adult social care vision and five-year strategy had received the appropriate consideration.

9. Recommendation

9.1 Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT ON** the draft Strategy.

10. Background Documents

None

11. Contact details

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Your life, your well-being

A vision and strategy for adult social care 2016 - 2021

Draft for consultation

Kent County Council Social Care, Health and Well-being September 2016

Kent County Council
kent.gov.uk

Contents

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1. Foreword

By: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health and Andrew Ireland, Corporate Director for Social Care, Health and Well-being.

Graham Gibbens Andrew Ireland

It is well known that as a society we are living longer and, as a result, an increasing number of people have several related needs which need the attention of the health and social-care system. This is in the face of a dramatic reduction of resources since 2010 and all the available information shows that this is likely to continue for more years to come.

Our response to the changing environment is to set out a new vision for adult social care which this strategy is based on. It is a strategy that builds on our past successes but firmly points to the future in how we plan to work with the NHS to meet the challenges that we face. Our partners are people who use our services, carers, providers, the voluntary sector, health services, schools and colleges, district councils and other public services. This strategy sets out the overall direction that we aim to follow in the coming years, amidst the financial challenges and the ever-increasing demand for services that we know is the result of a growing population and the changing needs of people living in the area.

This new strategy is also based on the Care Act 2014, as opposed to the post-war legislation that it replaced. Under the 2014 legislation adult social care now has a broader responsibility to promote the well-being of adults when carrying out our legal obligations in relation to people living in the area.

This five-year strategy clearly explains our plans for the future. It provides the basis for health and social care integration which is in progress and aims to deliver more person-centred care and support, keep people safe, help people to have choice and control, make sure that there are enough care and support services available, work in partnership and, above all, make better use of our resources.

Our vision for adult social care is built on existing work with social-care professionals, doctors, carers, the public, and other partners in developing new models of care for the future. As a result, our vision is part of the broader process of joining up health and social care under the NHS Five Year Forward View work programme for transforming service provision at scale and pace in the coming years.

By improving integrated commissioning and provision people will receive their health and social care from one community place linked to their GP surgery.

People with more intense and complicated ongoing needs will have one professional who will lead on coordinating their care and build a team of support for the person. This support will include single assessment and enablement (helping people to become more independent by gaining the ability to move around and do everyday tasks).

We will make the best use of digital technology to share information between partners and as a tool for those receiving health and social care support.

We will also break down barriers between sectors and organisations where they get in the way of better care and support. Our vision, to put it simply, is to 'help people to improve or maintain their well-being and to live as independently as possible'. This document will interest members of the county council, our staff, the public and partner organisations who may want to know how the services we arrange or pay for would change during the lifetime of this strategy.

2. Strategy at a glance

Purpose	Adult social care is there to support people (adults, young people and carers) who need help with daily living so they can live as independently as possible in the place of their choice.
Context	• Efficiency and finance • Quality of care • Outcomes and well-being.
Strategic outcomes (Strategic Statement)	Strategic outcome 3: Older and vulnerable residents are safe and supported with choices to live independently.
Our vision for adult social care	To help people to improve or maintain their well-being and live as independently as possible.
Achieving our vision through three themes	• Promoting well-being • Promoting independence • Supporting independence.
What will make it happen?	• Protection (Safeguarding) • Workforce • Commissioning • Integration and partnerships.
Our values and principles	• Person-centred care and support • Supporting people to be safe • Promoting independence • Prevention • Quality of care • Integration • Answering for what we do • Best use of resources.

3. Introduction

Over the last 10 years we have been transforming adult social care in Kent, as can be seen from the timeline (on the following page).

This strategy replaces the previous 'Active Lives' strategy. The vision and aims set out in this document strongly link with and support 'Increasing Opportunities, Improving Outcomes: Kent County Council's Strategic Statement 2015-2020' and the principles described in the 'Commissioning Framework for Kent County Council'. It is important to understand that this strategy sits between the council-wide strategies and other specific social-care group strategies such as the Learning Disability Joint Commissioning Strategy, the Strategy for Adults with Autism in Kent and Live Well Kent Principles for Mental Health.

What is the purpose of adult social care?

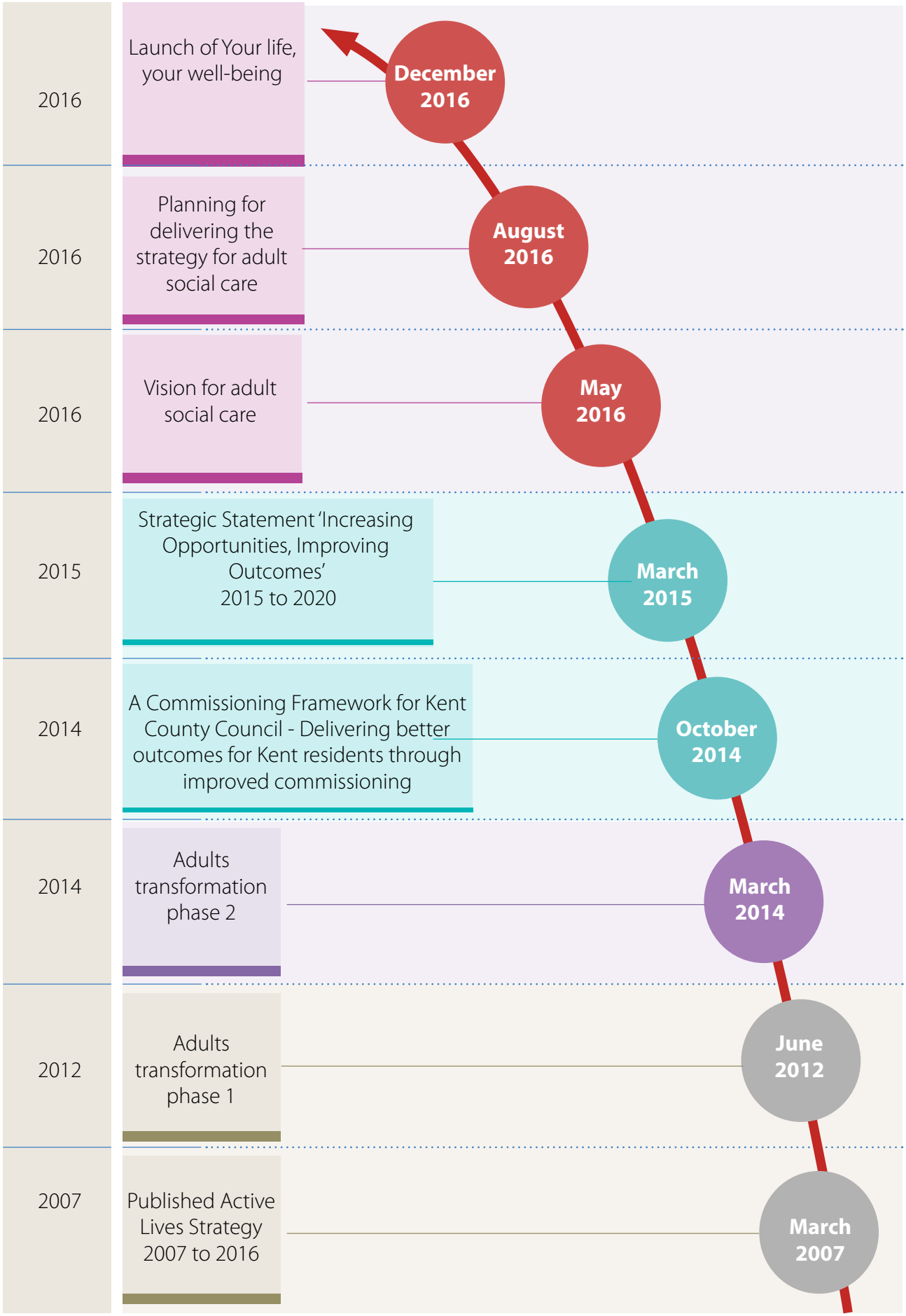
Adult social care is there to support people who need help with daily living so they can live as independently as possible in the place of their choice. The care and support that adult social care commissions (arranges or provides) is based on needs assessments of adults (including carers and young people during transition) who are supported using public money or pay for their own services. (By transition we mean the process where young people with health- or social-care needs move from children's services to adult services).

Keeping people safe is an important part of the legal obligations we must meet, and we take this very seriously.

The main responsibilities of adult social care are set out in three main pieces of legislation - the Care Act 2014, the Mental Health Act 1983 and the Mental Capacity Act 2005. As the overarching piece of legislation, the Care Act 2014 lays down new responsibilities and extends existing responsibilities, including:

- promoting well-being;
- protecting (safeguarding) adults at risk of abuse or neglect;
- preventing the need for care and support;
- promoting integration of care and support with health services;
- providing information and advice; and
- promoting diversity and quality in providing services.

Timeline


2016
Launch of Your life, your well-being
December 2016
2016
Planning for delivering the strategy for adult social care
August 2016
2016
Vision for adult social care
May 2016
2015
Strategic Statement 'Increasing Opportunities, Improving Outcomes' 2015 to 2020
March 2015
2014
A Commissioning Framework for Kent County Council - Delivering better outcomes for Kent residents through improved commissioning
October 2014
2014
Adults transformation phase 2
March 2014
2012
Adults transformation phase 1
June 2012
2007
Published Active Lives Strategy 2007 to 2016
March 2007

4. Our vision and strategic approach to adult social care

While we are proud of our past successes, we believe that we must continue to do more to promote people's ability to improve and maintain their health and well-being, live independently, and cope well with deteriorating conditions. We will carry on putting the person at the centre of everything we do, offering a timely and integrated approach to care and support. In short, this is based on the central idea of focusing on 'a life not a service'. We have decided to use this approach 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 so people can achieve the outcomes that matter to them.

Our vision is 'to help people to improve or maintain their well-being and to live as independently as possible'.

This vision supports the delivery of some of our overall outcomes, set out in our Strategic Statement. In particular, it supports the following:

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

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
- 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

Strategic outcome – Kent communities feel the benefits of economic growth by being in work, healthy and enjoying a good quality of life.

Supporting outcome:

- Physical and mental health is improved by supporting people to take responsibility for their own health and well-being.

Our strategy for adult social care over the next five years breaks our approach down into three themes, supported by four building blocks, as shown in the image overleaf. The three themes cover the whole range of services provided for people with all kinds of social-care and support needs, and their carers, throughout their adult lives. Chapters 6, 7 and 8 explain our plans over the next five years for each of the themes, and Chapter 10 explains our plans for the building blocks, but we give a brief overview overleaf.

Age 16-18

End of life

Protection (safeguarding)	**Workforce**
Commissioning	**Integration and partnerships**

The vision explained

Promoting well-being

This is delivered through services which aim to prevent, delay or avoid people from entering formal social-care or health systems, by helping people to manage their own health and well-being.

- We will promote and build on people's strengths to help them look after themselves, stay independent and live a full life within their community.
- People will be able to make the best use of available resources such as information and advice and local support.

Promoting independence

This involves providing short-term support that aims to prevent or delay people's entry to the formal care system, and provide the best long-term outcome for people. They will have greater choice and control to lead healthier lives.

- We will promote independence by providing short-term support such as community equipment, enablement and other assisted living technology (products designed to help people live independently in their own homes).
- Our aim will always be to achieve the best long-term outcomes for the person.

Supporting independence

This is delivered through services for people who need ongoing support and aims to maintain well-being and self-sufficiency. The aim is to keep people safe and help them to live in their own homes, stay connected to their communities and avoid unnecessary stays in hospitals or care homes.

- More people will receive care at home and stay connected in their community, avoiding unnecessary stays in hospital and care homes.
- We will change the way our services are commissioned and delivered to be more focused on achieving better outcomes for people.

Four building blocks

Our approach to adult social care is supported by four building blocks that support the way we work and the changes we need to deliver.

- Making sure we provide effective management (with partners) to protect adults at risk of neglect or abuse and make sure staff are well trained and confident to carry out their duties.
- Developing a flexible workforce with the right skills to work across organisational boundaries, including having in place appropriate and smooth care pathways (see below) for people.
- Commissioning and providing a range of flexible care and support services based on a strong understanding about what people need and what matters to them, setting the outcomes that need to be delivered, and deciding which organisation is best placed to deliver them.
- Improving the way we work with the NHS through integrated commissioning and provision to promote the well-being of adults with care and support needs, including carers to deliver the ambition of effective and efficient co-commissioning.

Care pathways
By this we mean an agreed plan for caring for and supporting people with a particular health condition so they can move smoothly between services. It is based on evidence about what works to treat and manage particular conditions.

Through these models of care and support, our aim is to:

- improve people's experience and promote their health and well-being;
- end the current crisis-driven model of care; (a way of providing care based on a set of beliefs and principles about what is right and works best);
- create a value-driven and outcome-focused culture that nurtures creativity and find new ways to meet people's needs;
- support people to access good-quality advice and information that allows them to look after themselves;
- create the right conditions which allow people to find solutions that support their well-being outside of traditional 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 by providing advice and individually tailored support;
- provide flexible and responsive models of care and support, including long-term care, that can increase and reduce in size as needed;
- free professionals up from rules and bureaucracy so they can 'do the right thing' and provide person-centred support that promotes well-being; and
- bring services together to make sure there is better communication and effective use of resources which will create a comfortable experience for people.

Prevention, support and managing the move for young people into adulthood

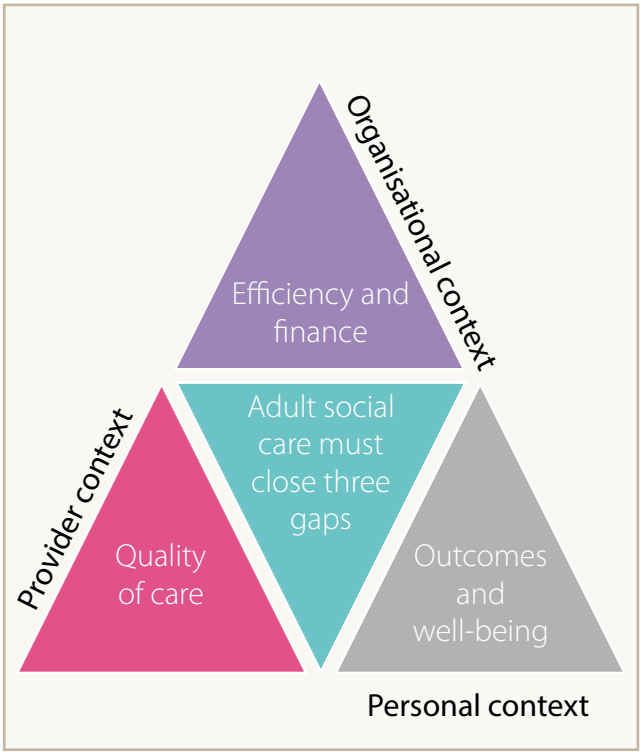
By prevention we mean any act that prevents or delays the need for people to receive care and support by keeping them well.

We recognise the importance of managing the move to adulthood for disabled young people receiving care and support. This can apply up to the age of 25. Our strategic outcome for children and young people is to make sure

that they get the best start in life. So, it is vital that we work with services for young people to make sure that they can have access to the appropriate preventative services as well as having the right links with health, education and housing. Getting this right should mean that we will be able to help young people to be with their families, until they can live independently (which will depend on their development needs). In making the changes described in this strategy, we will link with the 0-25 Portfolio Board's vision and priorities for transformation which is about supporting every child and young person in Kent to achieve their potential.

Background

Like all councils, we are working within severe financial restrictions as well as seeing increased demand for services brought about in part by changes to the population. We know that this will continue for at least the next five years. We will measure our success by how well we manage to close three important gaps that are central to everything that we do. These are shown in the image below.



Organisational background (efficiency and finance gap)

It is great news that people are now living longer than ever. Nationally the number of people aged over 60 is expected to pass the 20 million mark by 2030 and within Kent, by 2026, the number of people who are 65 or over is expected to increase by 43.4%. In addition improved medical care and higher survival rates following illnesses and accidents mean that we are seeing significant increases in the numbers of people with complex needs and the number of younger people with long-term support needs. All of these changes are putting huge pressure on the adult social-care system.

National funding has not kept up with these increases in demand, with significant reductions in spending across services. In the last five years (since 2010) we have delivered over £433million of savings, around £80 to £90million each year, and the percentage of our total budget which is going on adult social care is rising. Where possible, we have made savings by redesigning services and passing funding to front-line services (staff or services who have direct contact with people who need care and support).

So that we can keep providing the services that people need, with reduced funding and increasing demand, we are becoming a commissioning authority. This means examining and reviewing the way we deliver services in partnership with the NHS, private and voluntary sector, and looking at new ways of working to make sure that we develop the best services we can. This new approach involves working in a more joined-up way with our partners, including the NHS and providers of services. We will work with the people who use our services and their carers to produce changes in provision where possible. The health and social-care workforce will increasingly work in a flexible way across organisational boundaries to deliver smoother care and support.

Provider background (quality of care gap)

Over 80% of our budget for adult social care is spent through the Kent care market, which is made up of around 500 providers of services in the public, private and voluntary sectors, employing over 40,000 people. We have significant buying power and this can help the economy in Kent to grow. The pressures on finances and demand are causing significant challenges for providers with many reporting that they are struggling to maintain their business, recruit staff with the right skills and maintain high-quality services.

As we move into delivering this strategy, we will need to look at our relationship with our main partners to see how together we can deliver what is needed in the most cost-effective way including using new models of care that are clearly based on outcomes. Like all local authorities, we have a duty under the Care Act to shape the local care market. As more people have control over their own care and support by being self-funders or through personal budgets, our role is increasingly focused on supporting providers to understand supply and meet demand.

Our relationship with the voluntary and community sector is changing, as reflected in our new Voluntary and Community Sector Policy. We will work with providers to help them become more sustainable, including by moving long-standing grants to contracts.

Personal background (outcomes and well-being gap)

The Care Act makes very clear adult social care's responsibilities for promoting the well-being of people with care and support needs in the local area. This includes those who pay for their own care. Our commitment to promoting the well-being of people in Kent is reflected in our Strategic Statement and Commissioning Framework. At the moment we know that we do not always make the best use of information

about the benefits our services are bringing to all the people who use them so that we can shape how services could be improved.

Well-being is defined very broadly in the Act and includes personal dignity, physical, mental and emotional well-being, protection from abuse and neglect, control over day-to-day life, taking part in work, education, training or recreation, social and economic well-being, domestic, family and personal relationships, suitability of living accommodation and the person's contribution to society.

We will continue to put the well-being of the person at the centre of everything we do. This means that we will listen and respond to the views and issues that are important to the person when working with them and use information more intelligently, such as identifying people at most risk.

Outcomes for people are influenced by a number of factors including housing, education and lifestyle choices, some of which fall within our responsibilities in terms of public health.

This is an area where we believe more needs to be done working with our health partners, district councils and local communities, to reduce health inequalities (the differences in health between different population groups. For example, people from less well-off backgrounds tend to suffer from health problems more).

The carers of people with care and support needs (who might be family, friends or neighbours), play an essential role in the well-being of the people they care for and we recognise the important contribution that they make to society. We know that carers can experience significant negative effects on their finances, health (physical, mental and emotional) and employment prospects as a result of their caring role. As part of this strategy we will work with our partners to improve the lives of carers, as set out in Chapter 9.

How the strategy will be put into practice

This strategy explains our vision for adult social care over the next five years. We will deliver it through the next phase of the transformation journey that adult social care is already on. The details of how we will deliver it will be set out in an implementation plan which we are developing for this strategy. In summary, this will include activity over the next 18 months around the following:

Scoping - in other words, defining the issues we are trying to tackle by identifying the span of the project, the resources and costs needed and producing a timeline

Assessment - this involves investigating the current delivery model and assessing against the proposed alternatives, supported by best practice. It means confirming the expected financial benefits and the changes needed to achieve the benefits . It also involves developing options to inform the next stage

Design - means testing changes in specific areas and refining the expected financial benefits and, after benefit change getting ready for putting into practice

Implementation - this means putting changes into practice across Kent and monitoring the benefits and making sure that performance is consistent

Sustain - this involves closing the project and making sure that the changes continue as part of day-to-day work in adult social care.

5. Our values and principles

These values and principles guide everything we do to provide care and support to adults and their carers.

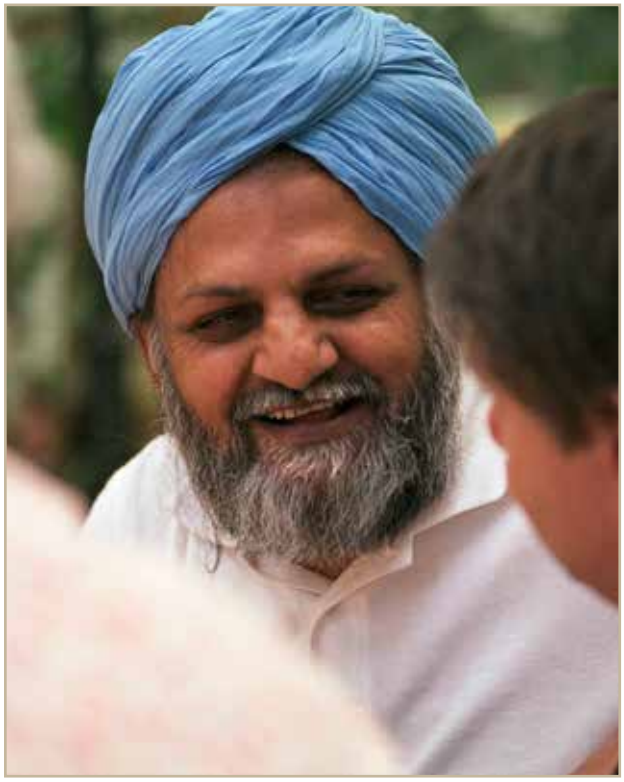
- **Person-centred care and support**
  We provide care and support that is tailored to the person so that they can achieve the things that matter most to them. This means putting the person at the centre of everything we do, supporting them to decide what care and support they want to receive so they can lead their lives in the way they choose.

- **Supporting people to be safe**
  Working with people to help them to manage risks of abuse or neglect is central in everything we do.

- **Promoting independence**
  Throughout the person's care journey we work with them and their carers to jointly design their care and support in a way that supports and encourages them to do as much for themselves as possible, including taking responsibility for their own health and well-being.

- **Prevention**
  We provide advice and support at the right time to prevent problems getting worse. We aim to prevent, delay or reduce people's need for social care by helping them to maintain or improve their well-being and independence, or to cope better with conditions which are gradually getting worse.

- **Quality of care**
  We maintain and improve the quality of the care and support that people receive, no matter which organisation provides it. We constantly look for opportunities to make improvements to the ways that people access our services and the ways we design and provide care and support, using information and feedback about people's experiences.



- **Integration**
  We aim to provide care that is 'joined-up' across organisations so that people do not experience duplication of services or delays in accessing support or fall between the gaps. We are open to new ways of doing things and we make the most of the strengths of all our partner organisations – from the public, private, voluntary and community sectors.

- **Answering for what we do**
  We answer to the people we provide care and support to, their carers and the whole community. We are clear about our roles and responsibilities and honest and open about our performance.

- **Best use of resources**
  We make the most of the resources (money and our staff) we have available to promote people's well-being by focusing on the outcomes they want to achieve, including by influencing other organisations and the community. We use information intelligently to plan services that achieve outcomes in the most cost-effective way.

6. Promoting well-being

Providing the right response so people can manage their own need for care and support within their communities.

Many older and vulnerable adults are able to manage their care and support needs themselves and continue to live in their own homes and communities. However, to do this, they may need information and advice about the help that is available. This could include information on benefits, facilities available in the community, aids they can buy to use at home and outside, and advice on how to maintain or achieve a healthy lifestyle (what we can call 'well-being' services).

This type of early intervention aims to prevent or delay people from entering the formal social-care and health system, by helping them to manage their own health and well-being. Well-being services are based in local communities and use local resources. They deal with the issues that lead to people entering formal care systems, such as social isolation, falls and where the person's carer is not able to cope. Access to good-quality information and advice will be the cornerstone of our well-being services, helping people to identify and access the support that they want so they can keep on living fulfilled lives in their own homes.

At the same time as helping people to take more responsibility for their own health and well-being, we need to strengthen communities to support the vulnerable adults living in them. We need to support communities so they can better use their own assets and help each other.

How things are today

- Although there are various sources of support for people outside of the formal care system, it is not always easy to find out what is available locally and how to access it. Even GPs and other health and social-care professionals find it difficult keeping on top of all that is available in the community to support people's well-being.
- As a local authority we provide a range of useful information and advice in a number of places. But currently the system is broken up and it is not easy to access all of the information that a person may want or need. This is based on feedback from people stating that they have not always been told about support that exists in their communities.

How we want things to be in the future

By 2021 we want to have developed, with our partners, a wide-ranging information and advice system so that people can access all the information they need from wherever they ask for support. We also want to have significantly developed the community and voluntary sector to make best use of community resources and improve the range of support offered.

We will continue to make information and advice an important part of the 'community hubs' we hope to have in all local areas. They could be developed around an existing GP practice, for example, or in other prominent locations where people can pop in for advice and support.

Community hubs – these are at the heart of our future vision. They will be based in GP surgeries and provide quick, co-ordinated access to a wide range of services and therapies close to or at home. They will contain the same main services:

- Integrated nursing and social-care services including home care, community nursing, occupational therapy, mental-health services, crisis care and palliative (end-of-life) care
- Services to prevent health problems and promote good health
- Access to voluntary and community services

We will develop these locally to reflect the needs in different areas of the county.

We will make sure information and advice can be accessed through a variety of channels and formats including, for example, advice lines, drop-in services, websites and care navigators or brokers (Care navigators or brokers are people whose job it is to give advice and information about what services are available in a person's area so that they can choose to arrange the care and support that best meet their needs).

We will make sure that when people ask for information or support services, all agencies either hold the information needed or know how to get hold of it.

We will greatly improve the information available to people who pay for their own care (self-funders) so that they are fully aware of all the options available to them and know which support is provided free of charge. This support includes assessment, enablement (helping people become more independent by gaining the ability to move around and do everyday tasks), some equipment and so on. It also includes information on what level of support people are likely to receive if it was arranged by us.

We will expand the use of 'care navigators', or other forms of community worker that we arrange using voluntary organisations. Their role is to help people manage their own health and well-being by accessing local community-based services, aids and equipment, benefits and other sources of support.

We will continue to expand the role of 'trusted assessor'. These are people who have been trained to assess whether a person could benefit from simple aids and equipment or adaptations and take full advantage of new technology, to support qualified occupational therapists. We recognise that getting the right aids, equipment and technology can make a huge difference to a person's ability to stay independent and safe.

We will be looking at how medical and social-care professionals can use social-prescribing models more widely. By social prescribing we mean, for example, GPs could prescribe a course of exercise classes rather than, or as well as, anti-depressants for someone with mild depression or anxiety.

Social isolation and loneliness can lead to ill health and we will be developing schemes which help people get together for mutual support, activity and fun. Keeping people connected helps to keep them well. We will work with the community and voluntary sector to make best use of our combined resources, encourage volunteering, befriending and good-neighbour schemes. Our focus will be on strengthening communities, making use of other social support networks where necessary to improve the range of support offered

Case Study

George's story:
Promoting well-being in the future

George is 75 and, since his wife died two years ago, has been living on his own in the house he had shared with her for the previous 40 years.

Over the last year he has started to put on weight as a result of not walking as much as he used to when his wife was alive. This has also been due to the arthritis in his hips which has been slowly getting worse (but is not yet bad enough to need a hip replacement).

George generally manages to look after himself, but getting in and out of the bath can sometimes be painful and he often feels lonely and isolated. He has a daughter and son but they both live over 100 miles away and so only visit occasionally. His daughter worries that her father is becoming depressed. He doesn't want to move from his home or the area as he knows it very well, it is within walking distance of several shops and he does have some friends in the area that he sees occasionally.

George belongs to his local Neighbourhood Watch as do most people in his area. Recently they have decided to add to what they do by looking out for their more vulnerable members, including older people, like George, who live alone.

The local council provided some training for them and other local groups in recognising signs of social isolation, dementia and other problems among older people and also where to go for information and advice to help with these things. As a result, one of George's neighbours invited him for tea and suggested that he goes to or phones the new community hub at his local GP surgery (recently expanded to try to provide a one-stop shop for information, advice and support for people who may need this due to loneliness, health problems, disabilities and so on).

A week later George saw someone at the community hub and, as a result, was given the information he needs to:

- join a befriending group organised by Age UK (this includes finding someone to go with him on regular walks);
- join his local University of the Third Age (a self-help organisation for retired and semi-retired people providing leisure, educational and creative activities) which holds all sorts of regular group activities (he is interested in the art appreciation one);
- arrange for a walk-in shower to be installed in his bathroom instead of his bath and to have grab rails put alongside the toilet; and
- signs up to a scheme whereby a volunteer driver will take him to see a friend who lives about five miles away (once a week).

He is also encouraged to see his GP who advises him to go on a diet to lose weight. He also talks to the GP about his feelings of isolation and it is agreed he will return to see him after two months of taking part in the above activities to see if he has improved. The GP is concerned that George may be becoming depressed but decides to wait to see how the various activities help before considering prescribing anti-depressants.

7. Promoting independence

Providing the right short-term action when it is needed and the right environment so people can care for themselves.

Not everyone who needs support needs it all the time. Some people only need help for a short period, either once or sometimes more often. This could be to help them get back on their feet after an illness or operation, to help them recover from a period of illness (physical or mental) or, if they have a carer, to give that person a break from caring.

Some people may need adaptations to help them manage without the need for formal support. This could include grab rails in the bathroom or the more sophisticated telecare services, for example to sense if someone has left the gas on or someone with dementia has gone missing from home.

People with long-term conditions (mental or physical) or disabilities may need training to help them be as independent as possible so they do not have to rely on formal care systems.

Our aim in promoting independence is to increase the availability of this type of support and to target it more effectively, at the right time, before a person's condition gets to the point that they need ongoing, long-term support.

How things are today

- There are already services in place to provide some of the short-term support needed and to promote independence in the home. This includes enablement services (both for those who have physical needs and those with a mental-health problem), which we currently provide to some people. However, we need to significantly expand this type of support.

Enablement

Enablement services are provided to respond intensively for a short period of time to help a person get back their independence or to make significant steps towards being as independent as possible. They can help with physical problems, such as after an accident or illness when a person might need help getting out of bed, washing, dressing and so on. They can also help people suffering from mental-health problems who need an intensive period of support to help them regain their confidence or ability to interact with people and continue with what matters most to them such as work, study or family life. Help could also include aids, equipment and telecare. These services are available for a specific period of time, which can vary from a few days to a number of weeks.

- For several years we have provided telecare services to people we believe could benefit from them. For most people this involves using personal alarms that are triggered when help is needed (for example, after a fall, the bath being overfilled or the gas being left on). Telecare is an area of continual innovation and we need to do more to make sure we are making best use of the new technology becoming available.
- We have also tried to improve our referral, assessment and review practice to increase opportunities to make the most of a person's independence at every stage that we have contact with them. Rather than expecting a person to go on needing the same level of support for the rest of their lives, we are encouraging our staff to consider ways to reduce people's reliance on formal care and support. However, there is much more that we want to do.

How we want things to be in the future

By 2021 we want to have the systems and culture in place so that everyone we come into contact with is helped to be as independent as possible and this will be an ongoing process.

The starting point for all assessments will be to consider, with the person and any carers, what their specific goals are, what is important to them and what they would like to be doing that they cannot do at the moment. The above approach is supported by the Care Act which puts a person's well-being at the heart of the assessment. We will encourage people to make the best use of support from their own community, including voluntary organisations, as explained in the chapter on Promoting well-being.

Having considered what is important to someone, we will work with them to help them be as independent as possible and reduce, where possible, the need to rely on the formal care sector. Clearly there will be some people who do need ongoing support and we will provide this when needed (see the section on Supporting independence), but we will provide much more short-term support for people at the crucial points when this is needed.

Care and support, whether it is only short term or ongoing, will be co-ordinated from the 'community hub' (see box on page 15). The hubs will provide access to equipment and assistive technology. We will look to combine occupational therapy services we and the NHS provide to improve access and remove the risk of duplication and variation in assessments and services. We will continue to develop the use of more sophisticated telecare and other technology and will work with professional organisations to increase the range of equipment on offer.

We will work on the basis that 'your own bed is best', and that in most cases people are more comfortable in their own homes and so recover and get their independence back more quickly if they can receive good-quality therapeutic support at home. If we get this right, it will reduce unnecessary stays in hospital and allow people to leave hospital as soon as they are medically fit to do so.

We will not just try to increase independence when we are first in contact with a person. At every opportunity we will see if there is more that we can do. For example, we might provide a person with a learning disability a support worker to help them learn the route to work so they can get to work on their own. We will not assume that this support will be needed forever and will regularly review whether it is still needed.

While continuing to review the support we provide in this way, we will also be sensitive to the fact that people need some certainty about the help they will be given. Because of this, we will make it clear that, while the aim of any support is to encourage independence and that some support might be short-term, it can also be increased when needed.

Case Study

Ben's story: Promoting independence in the future

Ben is 23 and lives with his parents who are in their 60s. He has always lived with them and not had any experience of living alone.

Ben has fragile x syndrome (a genetic disorder linked to the x chromosome – one of the most common forms of inherited learning disability). He also has epilepsy, which is fairly well controlled with medication. Fragile x syndrome affects Ben in several ways.

- Attention deficit disorder and hyperactivity have affected his ability to learn and retain information
- He can make himself understood but he gets very irritable quickly and this sometimes leads to aggressive and inappropriate behaviour
- He can travel on his own on some simple routes but easily gets lost if he doesn't know the route well.

Ben went to a special school until he was 19 and later a local college until age 21 where he was well-supported by the Additional Needs Unit in the college. He managed to get a certificate in basic computing and also gardening which is something he really enjoys.

He went to college for three days a week, and on the other two days he used some of his personal budget to pay for a support worker to go with him to a local garden centre where he carried out work experience. For the last six months of his college course he walked to the garden centre himself and stayed there on his own without his support worker. He was helped to do this by having a GPS locater on his wrist which would alert certain people if he got lost on the journey to and from the garden centre.

Towards the end of his time at college several meetings were held with Ben, his family and the main professionals involved. Ben got a part-time paid job at the garden centre. He used his personal budget for short-term support from a support worker, who also helped him when he had to learn new tasks and went with him to a local club for all abilities on Saturdays. He has made friends at work and now calls on his support worker less and less.

Ben has recently said he would like to live with friends in his own flat. He and his parents are also keen that he moves into his own place. Jane is finding it increasingly tiring supporting Ben and she doesn't like to leave him alone in the house for more than about an hour.

Ben and his family have started to look at options for independent living, including living in a shared house with other people with learning disabilities and on-site support if needed. He is spending short periods in one of these units to see how he gets on, which gives his parents a break. He has also gained new skills through support from the Kent Pathways Service.

As a result of the support being offered to Ben, his mum's situation as a carer has been helped. Jane has been given a personal budget and can use this for a monthly trip to a local spa which helps ease the stress of caring. She has also joined a local carers' support group.

8. Supporting independence

Providing effective ongoing support

Supporting independence is the final part of our strategic approach to adult social care and is aimed at those who need ongoing care, whether at home or in a residential setting. It allows people to live in their own homes where possible, stay connected to their communities and avoid unnecessary stays in hospitals or care homes. Supporting independence is delivered though services that aim to maintain individual well-being and self-sufficiency, keep people safe and allow people to live and be treated with dignity.

How things are today

We have a health and care system that is not responsive enough. This can unintentionally lead to people becoming dependent on services, which does not always lead to the best outcomes for them.

- The system is not always flexible enough to respond to changing needs, which can result in providing too much or not enough care.
- In spite of the progress on joining up health and social-care services across Kent, there are still areas where duplication of services could be avoided, more information could be shared and services could be better designed to provide more effective care.
- We need greater choice and availability of other accommodation options rather than long-term residential and nursing care. We need to work with partners to develop other options such as Extra Care housing and specialist accommodation for people who have dementia.

- Young people with disabilities and ongoing care needs can experience a jump between children's and adults' services as they grow up. We have started to manage this by bringing together our services for disabled children and adults, but there is more to do.

We are developing new models to provide more independent living options in the community, including **Your Life Your Home** which aims to move adults with learning disabilities out of residential care, and **Shared Lives** which provides support placements for adults with care and support needs within a family home. At the moment these new models are helping a small number of people with ongoing care needs.

- Currently we spend about £7million a year jointly with the NHS to provide support for carers whose health and well-being is affected by their caring responsibilities. The assessments and services provided are good quality but there are long waiting lists for some support such as sitting services to provide respite (a break from caring).

How we want things to be in the future

By joining together health and social-care services in Kent, people who need ongoing care will receive personalised care and support that is focused on helping them achieve the outcomes that are important to them. More people will receive care in their communities or, wherever possible, in their own homes.

Only people who need the most intense and specialist care will be admitted to hospital or residential care, and the emphasis will be on moving people back to the community if they are able to. For those people who do need to live in residential accommodation (which includes group homes, care homes, Extra Care housing and other types of residential accommodation), ongoing care will be designed, paid for and delivered to keep them as independent as possible.

People will receive all of their health and social care from one 'community hub' linked to their GP surgery (see page 15). This means people will have quick, co-ordinated access to a wide range of services close to or at home. Working with the person and their carer, all the professionals who are involved in providing care to the person will assess their needs and share their records meaning there will be no duplication or gaps and the person's mental capacity will be taken into account (following the Mental Capacity Act). (Mental capacity deals with a person's ability to make decisions for themselves. The law says that a person may lose their right to make decisions if this is in their best interests.)

People with more intense and complicated ongoing needs will have one professional who will lead on coordinating their care and build a team of support for the person. They will be the first point of contact for them and their carers. Information, advice and guidance will be available at the right time for everyone to support people in making decisions about their care.

The services provided in the 'community hub' will be flexible enough to adapt to a person's changing needs immediately and step up or step down the intensity of care they are receiving. Services will also be able to work together to identify people who might be at risk of becoming more unwell and offer support before a problem happens. All the organisations involved in providing care and support will be spending their money with the aim of achieving the same outcomes, improving the care we are able to provide to people with ongoing needs.

Bringing health and social care together will mean that people will be able to access a joint health and social-care personal budget where appropriate, giving them choice and control over all of their care. People will be supported to get the best use from their personal budgets to meet their needs. There will be a wide range of quality care and support services for people to choose from.

For young people with ongoing care and support needs, services will be as smooth as possible as the person moves from being a child to an adult, so there will be no need for specific support over that period. For example, throughout their life, people with autism and attention deficit hyperactivity disorder (ADHD) will be cared for and supported along the right pathway that is understood and followed by all the services involved. This will bring together psychological, social and medical assessment and support so the person receives care that meets all of their needs and is consistent as they move from childhood to adulthood.

If people need care at home to help them with daily living, this will be focused around supporting the person to achieve the outcomes that are important to them, rather than being based on specific tasks. Over the next five years we will develop more home care that is nurse-led. This will bring together nurses from the NHS with the home-care providers we pay to provide services. This means that people will receive homecare that responds to their needs for social care and health care and can provide specialist care at home.

We will routinely use technology to help keep people safe and maintain their health and well-being at home. This includes telehealth, which allows medical professionals to remotely monitor a person's vital health signs including blood pressure and blood sugar, and telecare. We will continue to work with our providers to identify and, where helpful, put into place cutting-edge assistive technology. We will also make better use of technology to help people keep in touch with loved ones and stay connected with their community and the things that matter to them.

The aim is for fewer people to live in residential or nursing homes because there will be an improved choice of accommodation options that allows people with ongoing care needs to have their own homes. We will work with our partners, including district councils, to arrange accommodation in the right areas. There will be specially designed housing to meet the needs of people with ongoing care including people with mental-health problems, learning disabilities, physical disabilities and autism. Housing options will be available for young people to support them through the move into adult life and independence. We also hope to increase the amount of Extra Care housing available. Accommodation will have assistive technology built in, which uses telehealth and telecare. Options like Shared Lives will continue to be developed and will be available across the county where this best meets the needs of the person.

More people with ongoing care and support needs will stay in or enter education, training and employment. We will support people with disabilities and mental-health problems to find and maintain suitable and fulfilling education, training and employment. This is important to people's well-being and can help people keep or regain their independence and improve their health. The support we provide will be tailored according to the person's goals, strengths and situation. For people with ongoing mental-health problems, supported employment or education will be linked to their clinical treatment to support their recovery.

People with ongoing care needs will be able to access a range of activities in their local community to keep them active and doing things they enjoy. We will have a new model for day-care services that provides activities and opportunities that people with ongoing care needs want and that is of consistent quality across the county. We will work with providers, including in the voluntary and community sector, to build and maintain the market so people can access the day activities they want, when and where they want them.

For people who need to be in residential care, services from the community will go into care and nursing homes to provide specialist support to residents and to help staff develop skills and confidence. This will include enablement and rehabilitative care services and nurse-led home-care services coming into care homes and using assistive technology. The 'community hubs' will also aim to promote activity that involves care-home residents in their local communities.

Extra care housing

Extra Care housing is designed for people who need care and support to help them live their daily lives. People who live in Extra Care housing have their own homes with their own front doors. Homes are usually provided as a block of flats or houses built together. Support such as personal care and help around the home is available from on-site staff. Extra Care housing usually includes facilities for people who live there, for example, a restaurant and health and fitness facilities.

Case Study

Anita's story:
Supporting independence in the future

Anita is 54 with a degree in French. She was born with cerebral palsy and uses a walking frame to get around. Later in life she has developed diabetes, and over the last year has had to stay in hospital frequently. Anita needs support with daily living, including her personal care, cooking and help around the house. Up until recently she has been able to manage living on her own in her own home with daily visits from a home-care worker. However, she has started to struggle being on her own in the house between homecare visits and is in need of some further adaptations to her house. She also now needs support a couple of times a day to help manage her medication and monitor her blood-sugar levels.

As Anita has complex ongoing conditions, she has been allocated a care co-ordinator (one person leading the planning, working with others) from the community hub that is responsible for Anita's care and support. Anita's care co-ordinator, James, meets with Anita to understand what is important to her, how she would like to live her life and the goals she would like to achieve. James has access to all of the assessments and records that the different health, mental-health and social-care professionals who have been involved in Anita's care and support have made. Based on this and what Anita has told him about what she wants, James brings together a team of health and social-care professionals with the right skills to support Anita including her GP, her community nurse with diabetes specialism, home-care worker and occupational therapist. Together they create a plan for Anita's care and support.

It is important to Anita that she has her own home with her own front door that she can stay in for the foreseeable future, but she also now needs a higher level of support. She is offered a home in a new Extra Care housing development that has just been built in her town. The on-site staff have caring and basic nursing skills and so can help Anita with her medication. Her new flat is completely accessible for her walking frame and a wheelchair. Telecare sensors are already installed that help to keep Anita safe while she is on her own in the flat, and she wears an alarm that she can press to call the on-site staff for help in an emergency. The flat also comes with telehealth technology, which Anita uses to monitor her blood sugar and send this information to her nurse and GP so they can help her manage her blood sugar levels and act quickly if there are any problems.

James and the team of professionals continue to monitor Anita and adapt her care and support plan as needed. If Anita needs some medical treatment, this is planned and all of the team know so they can arrange any extra support she might need afterwards. Anita now feels that she has regained her independence and feels confident that she has the support she needs to keep safe and well. Since moving to her new home and the start of her new care and support plan, Anita has only had to stay in hospital in an emergency once, which is a huge improvement.

9. Supporting carers

We recognise that the vast majority of care is provided by relatives and friends. Making sure those carers are supported in their role is a critically important part of this strategy as supporting carers is the most effective way of achieving our overall vision – so people can improve or maintain their well-being and live as independently as possible.

We will continue to work with carers' organisations in Kent to help identify and assess carers who could benefit from support.

Over the next five years we will work with carers to develop a new set of services and support for them. The new services will provide support for carers in all areas of their life that are affected by their caring responsibilities, helping them to achieve the things that are important to them. This should allow them to continue their caring role and also protect their own health and well-being, something which the Care Act puts at the very centre of care and support. This will also apply to carers who care for someone who is not receiving formal care and support.

We will continue to expand the use of personal budgets for carers of people with ongoing support needs. This will allow carers to choose and control the support they receive to best meet their needs and preferences.

We will also help carers by providing the right sort of support for the person or people they care for. Support for carers will be part of the community-hub model described earlier, meaning that they are fully joined up with all of the care and support that the person they care for is receiving. This will allow information to be shared and support managed together for the person with ongoing care needs and their carer, leading to better care for both.

The team of professionals involved in providing care will respect and value the skills, knowledge and commitment of carers of people who need ongoing care.

10. Building blocks

To deliver the vision and strategy there are important building blocks that must be in place. These are shown below.

- Protection (safeguarding)
- Workforce
- Commissioning
- Integration and partnership

Protection (Safeguarding)
We have no greater duty than to help people exercise their right to live safely and we take our legal responsibilities in this area seriously. In carrying out our safeguarding duties, we aim to stop abuse or neglect wherever possible; prevent harm and reduce risk of it happening and allow adults at risk to have choice and control in how they live their lives. It is part of our main business to work with other partners to take necessary action to protect adults who may be at risk of abuse or neglect, whether they live in their own homes or in care homes. We consider our protection and mental capacity responsibilities as one of the building blocks or foundations which form the backbone of our vision and the strategy.

It is important that our protection work puts the outcomes a person wants at the centre of our action and, where possible, we take action before a vulnerable person is harmed. This approach is in line with the principles of the national guidance on 'making safeguarding personal'. We know that taking effective action works best where we work with communities in helping to prevent or report incidents of abuse or neglect.

As a member organisation of the Safeguarding Adults Board, we will continue to promote the principles that rightly govern how protection should be treated and carried out.

- It is every adult's right to live free from abuse in line with the principles of respect, dignity, autonomy (being able to control their own actions), privacy and equity (fairness).
- All agencies and services should make sure that their own policies and procedures make it clear that they have a zero tolerance of abuse. In other words, they will not put up with it at all.
- We will give priority to preventing abuse by raising the awareness of adult-protection issues and by fostering a culture of good practice by providing support and care, commissioning and contracting.
- Adults who are vulnerable or subjected to abuse or mistreatment will receive the highest priority for assessment and support services.

To continue to do this work well, we need to have competent and confident social-work staff who have the necessary skills and tools to do their jobs. Importantly, it will be expected that staff use an 'asset-based' approach, which is focused on what people can do, to identify the person's strengths and use meaningful community networks that can help them and their family in making difficult decisions and managing complicated situations.

We also recognise that we share these protection responsibilities with other partners – providers, the NHS, the police and the community in general. To this end we will work to make sure that the collective roles and

responsibilities are clear and continue to build on the already strong multi-agency framework in place for protecting vulnerable people. This means not only promoting strong multi-agency partnership working but also making sure we provide a supportive learning environment. By doing so we aim to break down cultures that are afraid of risk and clarify how we will tackle responses to protection concerns from poor-quality care or inadequacy of services and issues of safety of the person.

Workforce

Without the right health and social-care workforce, we cannot deliver anything in this strategy. The Kent social-care market employs over 40,000 staff, most of whom are employed by private, voluntary and independent sector providers. The workforce needs to be appropriately skilled and competent to meet local needs, be sustainable and flexible. Staff will need to put outcomes for people first, and their performance will be assessed against this rather than a task-based approach.

Delivering tailored care that focuses on supporting people to achieve their outcomes will involve some changes to the skills, working practices and culture of the social-care workforce. We will make sure our staff and staff in partner organisations have the skills and knowledge needed so that people can have as much choice and control as possible. The emphasis will be on what works best to meet a person's outcomes, rather than what services are available that we can fit a person into. So we will encourage staff to be imaginative in the solutions they develop. People who provide care will take a new and creative approach in supporting people to maintain their independence. This will include the ability to design services alongside those receiving them and others involved in providing services. It also involves a sophisticated understanding of people's right to choose to take risks so they can lead the lives they want.

Currently, the social-care sector is experiencing many challenges – one in five social-care workers is aged 55 or over, each year there is a high turnover of staff in some roles and recruitment and retention can be difficult particularly in some areas of Kent. Given this pressure, levels of training, skills and status are falling compared with other professions. We need to give more attention to the kind of job roles available and how career pathways are designed to meet the changing needs of the service, and the people it will help and serve.

Social care and health will increasingly work together so staff will need to work across organisational boundaries, which will help reduce current duplication in assessments and other activities. We will need to support changes in culture so we can achieve this and support staff to make the best use of digital technology to share information between partners and as a tool for those receiving social care. If the team is to work as one, the planning and management of the workforce needs to take a whole-system approach. We are working with the NHS on developing our workforce to be ready for the future, and some of our agreed priorities include the following:

- Existing and emerging gaps – identifying where we currently have a shortfall in the workforce we need and where we are likely to have a shortfall in the future, including succession planning (finding and developing people with potential to move

into important roles in organisations)
- New models of care – making sure that, as new ways of delivering services are developed, the right workforce will be available to deliver them
- Recruitment and retention – making sure that Kent can recruit the people it needs and, once it has done so, keep hold of them.
- All this will need a shift towards focusing on the skills needed by a given workforce rather than how many of a particular staff group are needed. Care and health professionals will work as a team with colleagues from a range of other organisations and sectors as equals. Where appropriate they will take a co-ordinating role, managing the contributions of a range of professionals to meet a person's needs. We will develop specialist roles where needed and they will play an important part in the care and support team for people with complex ongoing needs.

To achieve this, we must treat the health and care workforce as one. We have already begun this process and examples include integrated discharge teams in all Kent and Medway hospitals to support roles that bring together health-and-social-care skills, joined-up working and a better career path. We have also introduced nurse-led outcome-based domiciliary care in a group of GP practices in Whitstable (Vanguard). These practices use new models of care which offer a more attractive career path for domiciliary care workers and blended roles with health-care assistants. This will also provide opportunities to train professionals who have traditionally worked in either social care or health so that they can meet all of the ongoing social-care and health needs of the people they care for in their own homes. This could include training home-care workers and carers to carry out medical procedures such as giving insulin injections to people who would otherwise also need a daily visit from a nurse.

We are using analysis of long-term hard-to-recruit professions to help us plan future care so that we move away from relying on locums or overstretching the current workforce. We are currently developing a strategic workforce action plan for health and social care together.

Commissioning

Driving our strategy forward is a new approach to commissioning – in other words, deciding what kinds of services should be provided to local populations, who should provide them and how they should be paid for. Traditional commissioning often involved paying for certain activities to be carried out by a provider and this left little room for the specific needs of an individual to be taken into account. An outcome-based approach identifies what outcomes matter most, and payment to providers depends on achieving the outcomes and is not simply based on activities. Under this model, there is an incentive for different providers across health and social care to work together to achieve outcomes. Prevention activities are also given a clearer priority than is currently the case.

As we move towards becoming a commissioning authority, we will be in a good position to adopt this model, and will do so by working with the NHS. Clinical commissioning groups and NHS England are also shifting their approach to commissioning to an outcome-based approach. When this is done jointly, the entire assets of a community or neighbourhood can be considered and made best use of. Where a good community network or organisation exists and can contribute to achieving the outcomes of this vision, it will be able to play its part and benefit from this approach. This could be from the voluntary or community sector, or from a wider range of providers and public-sector organisations than currently delivers services for health and care. We recognise that making the shift from the current way of working to the future outcome-based commissioning approach will be a challenge for commissioners and all providers. It will also involve having appropriate IT systems in place, capturing and analysing information and tracking and monitoring quality.

In many cases, as direct payments and personal health budgets continue to develop, the person will be able to choose which services are provided.

Focusing on outcomes means that we, as commissioners, will have better information as to what does and doesn't work. This will mean that services improve steadily over time as further investment is directed to those services that work and away from those that do not contribute to the outcomes. Our role as commissioners will be to see how the market is delivering and decide how best to tackle any gaps in quality. This will support us in fulfilling our market-shaping responsibilities (market-sharing responsibilities are where we look at what care and support needs people have in the local area and consider what services are available – working out where there are any gaps and how they can be filled) under the Care Act.

The changes planned mean that we will need to develop new and effective ways of monitoring and managing contracts to achieve the best value for money from the resources we have available. The changes may include looking at new commissioning arrangements across both health and social care.

Increasingly our commissioning will be led by 'care pathways' for defined groups of users with similar characteristics and needs, for example young adults with long-term care needs or older people with dementia. We will be clear on our overall commissioning responsibilities and approaches, which consider the needs of the whole population, and which are different from place-based commissioning to meet local needs.

Integration and partnerships

Kent has a good track record of health and care working together in partnership. It was one of the original 14 Integration Pioneers named in 2013 and this has continued through the Better Care Fund and the current Sustainability and Transformation Plans (STPs) which are to be the plans for delivering the NHS Five Year Forward View. The Five Year Forward View and the STPs give a name and framework to what Kent had already been moving towards. This involves approaching the health and care of the population as a whole system and breaking down barriers between sectors and organisations where they get in the way of better care and support.

This shift is necessary both to deliver the quality of care we want to see the people of Kent receive, but also making sure that the finances of health and social care are secure. In spite of this strong track record of partnership working, there are some barriers that we must work hard to overcome, such as a lack of common language and shared priorities, multiple IT systems, different performance frameworks and budget cycles. These all combine to make what we want to achieve more difficult at the current time.

Our vision for adult social care is built on existing work with social-care professionals, clinicians, carers, the public, and other partners in developing possible new models of care for the future. As a result, our visions is part of the broader process of joining up health and social care.

The new approach to commissioning is helping to develop a number of new models of care in Kent as set out in the Five Year Forward View. Particularly relevant to this vision for social care is the development of multi-specialty community providers (MCPs). These MCPs bring together GPs, nurses, other community-health staff, social-care, mental-health and acute hospital staff and services together to create fully integrated out-of-hospital care. At the heart of this are the 'community hubs' already discussed.

To deliver our ambition to work more with NHS services to provide smooth care and support will mean we need to overcome some substantial challenges including:

- finding the money to invest in the changes, including creating the 'community hubs';
- sharing information, which is vital for

high-quality, integrated care, but must be carefully managed in ways that keep to the Data Protection Act 1998 and various other laws;
- finding incentives and targets that work across health and social care, given the different audit systems and payment models which can result in conflicting interests, and problems in agreeing how evaluation will be measured; and
- differing workforce practices. These range from different employment terms and conditions through to different organisational cultures and attitudes.

We will work through these challenges with our NHS colleagues and we will work together on effectively planning for and managing our buildings (including through One Public Estate). For example, delivering services out of hospital that would have previously been delivered in hospital will need access to digital technology to support remote consultation, diagnostics and virtual multi-disciplinary teams (remote consultation is when professionals give advice about a person's care and treatment without the need for a face-to-face visit. A virtual multi-disciplinary team is a group of staff who are members of different professions work from different locations and who each provide specific services to the person.)

Private and voluntary-sector organisations that provide social care and support will need to work more flexibly in future, putting the needs and outcomes of the people they support at the centre of their services. To support this approach, our contracts with providers of care will be focused on outcomes. We will ask providers of services, including homecare, to show how they are helping to achieve outcomes for the people they care for (for example, to help a person regain their independence following an operation, or to reduce social isolation), and we will reward them as a result. This is in contrast to many current contracts that reward providers according to the time spent with a person and the tasks carried out. As a result, partners will

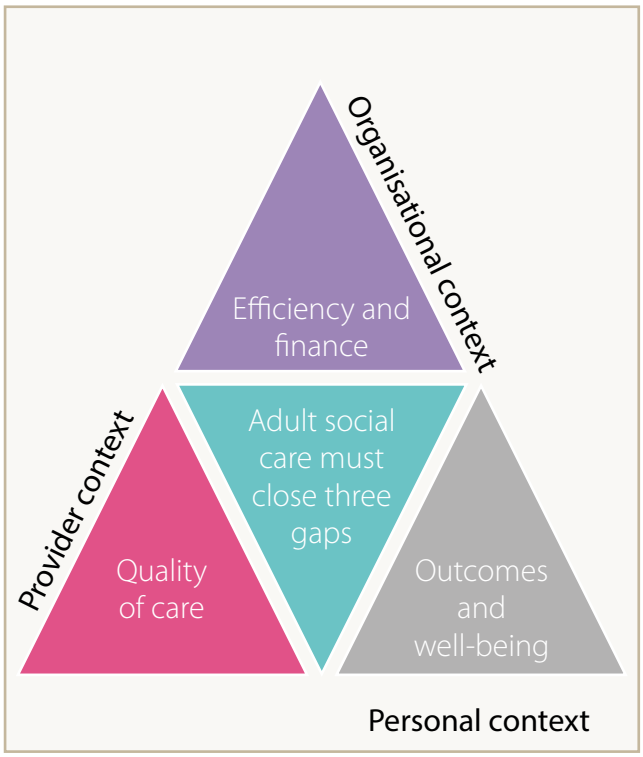
need to be flexible and responsive enough to meet the challenge of working with commissioners, and being commissioned on an outcomes-focused basis.

We will work with providers to increase and maintain the market in areas where we need greater choice and availability of services for people with ongoing care needs. This will include community activities and opportunities to help people keep active and involved in things they care about and enjoy. Working with providers, there will be an improved range of accommodation options to allow people to continue to live in the community including Extra Care and supported housing to meet specialist needs.

We will continue to work with the voluntary and community sector who will play an even more significant role in supporting people's independence. We will continue to support the sector so it can cope with the changing and increasing demands for care and support in the communities that it works with. We will encourage new enterprises (for example, befriending schemes) and work with existing organisations to help them work in new areas (for example, Neighbourhood Watch schemes, allotment societies and so on).

11. Monitoring our performance

As explained in the Introduction, this strategy explains our vision for adult social care over the next five years and we will set out the full details of how it will be delivered in an implementation plan which we are developing for this strategy. It is important that we understand the difference that we are making through delivering the vision and strategy. Our success will be measured by how well we manage to close the three important gaps that are central to everything that we do.



We will monitor performance by looking at outcomes. This will include existing methods for monitoring performance plus the experience of people who use our services, including using the following:

- Measures of success – a one-page activity, finance and performance information report used by adult social-care managers on a monthly basis to keep track of progress
- Progress on transformation programme – a report produced for the Adults Portfolio Board and our members to account for progress against the priorities in the transformation implementation plan already mentioned
- Local Account – an annual public report of how well adult social care is doing, produced with people who use our services and their carers, main partners and staff
- Corporate & Directorate performance management – a wide-ranging report for our members and senior management produced on a regular basis which the public have access to
- User surveys – surveys of people who use our services, and their carers, in their views on outcomes and experience of services
- Deep dives – an in-depth examination of the main service areas with the aim of improving service delivery
- CQC – service quality and other information put together by the Care Quality Commission, the independent regulator of health and social-care services
- KCC Strategic Statement Annual Report – an annual report on adult social care's contribution to achieving our strategic objectives which is produced with input from our partners
- Health and Well-being Board – a report on adult social care's contribution to the progress on outcomes in the Joint Kent Health and Well-being Strategy and this strategy.

Kent County Council
Social Care, Health and Well-being
Invicta House
County Hall
Maidstone
Kent
ME14 1XX

This document is available in alternative formats and languages. Please call: 03000 421553
Text relay: 18001 03000 421553 for details or email alternativeformats@kent.gov.uk

29/9/16 PJ

Your life your well-being

Our vision and strategy for adult social care 2016 -2021

Easy Read

Draft for consultation

Kent County Council Social Care, Health and Wellbeing
September 2016

Kent County Council
kent.gov.uk

Hello,

We (Kent County Council) would like to tell you about our strategy for adult social care, 'Your life, your well-being'.

A strategy is like a plan and tells you what we need to do and how we will do it.

This is a shorter version of our main document. You can read the full version on our website.

BIG words

Difficult words are put in **bold**. There is a list of these at the end on page 15.

You might need some help with this document.

Please contact us if you would like this document in an alternative format or language.

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Graham Gibbens

Andrew Ireland

Foreword

By Councillor Graham Gibbens
Cabinet Member for Adult Social Care and Public Health and Andrew Ireland, Corporate Director for Social Care, Health and Well-being.

People are living longer now than ever before.

This is good news. But it means people need more care and support.

There is more need for services.

But less money to go around.

To make sure we can continue to give people the right services we need to have a plan.

This document tells you about our 5 year plan and vision.

It follows the Care Act. This puts a person's well-being at the heart of what we do.

We want people to 'improve or keep their well-being and live as independently as possible'.

Introduction

We help people who have care and support needs.

This includes:

- People with physical disabilities
- People with sensory disabilities
- People with learning disabilities
- Older people
- People with mental health problems
- People with autism
- Carers
- People moving from children's to adults' social care.

How do we do support people?

- We talk with the person to understand their needs.
- we talk to people about how it will be paid for
- We support and arrange it for them.

We will continue to check that everything is going well.

Our vision

We would like people to have good well-being and to live as independently as possible.

We would like people to be fully involved in arranging their care and support.

So they have the best service for them.

We will do this by:

Promoting well-being
To support people to look after themselves, be independent and part of their community.

Promoting independence
Give support for a short time to keep people independent.

Supporting independence
Give ongoing support when people need it.
Where possible keeping them in their own home.

These are some of the areas which will support our vision.

Safeguarding
Staff will look out for people vulnerable to abuse.

Workforce
We will make sure staff have the right skills.

Commissioning
We will make sure bought services are right for people.

Integration and partnerships
We will work closely with other organisations so our services are joined up.

By following this we aim to keep people healthy and happy for as long as possible in their own home.

Promoting Well-being

Many people can manage their own care and support needs themselves.

To do this they need good information and advice. This might be on:

- benefits
- community activities
- **home adaptations**.

We have lots of good information, but it is not always easy to find.

In the future we want it to be much easier to get the right information.

We will do this by using '**community hubs**'.

These are places where people go for health and social care - like their GP surgery.

They will have useful information all in one place.

Promoting Independence

Not everyone needs support all the time.

It could be they need support just once. Like learning new skills such as travel training.

At the moment we have good short term support in place.

We check to make sure people are supported to be as independent as possible.

But there is much more we want to do.

In the future we want to always look at keeping people as independent as possible.

We believe 'your own bed is best' and people recover more quickly when they are at home.

We will use '**community hubs**' to make sure people can access the right services for them.

Supporting Independence

When people need ongoing support we need to make sure their support works to keep them as independent as possible.

People should be able to live in their own homes where possible and be part of the community.

We should try to avoid people going into hospital or care homes unless it is vital.

Some of the things we are doing:

We are bringing services together for young people with care and support needs.

This will give them a better care experience.

People with ongoing care needs such as learning disabilities will be supported with training or employment.

There will be more choice for people to live in supported accommodation that better meets their needs.

Supporting carers

We recognise that most care is provided by carers and friends.

Making sure carers are supported is very important to us.

We will continue to work with carer's organisations in Kent to see who could benefit from support.

In the next 5 years we will work with carers to develop the right services to support them.

These services will help protect their health and well-being. This is part of the Care Act.

Support for carer's will be part of our joined up services and '**community hubs**'.

Workforce

Without the right health and social care workforce, this strategy cannot be delivered.

Social care and health will work closely together. This means having more **integrated** teams.

We will:

- look at any gaps in the workforce and how we can fill them
- make sure staff have the right skills.

We already have integrated teams in Kent and Medway hospitals.

Safeguarding

We promote the **principles** that:

- it is every adult's right to live free from abuse
- agencies and services we work with do not tolerate abuse
- we will raise awareness of adult protection
- adults who are vulnerable or subject to abuse will have the highest priority for assessment and support.

Safeguarding is everybody's responsibility.

Commissioning

Commissioning is buying a service from someone to run on your behalf.

We will look carefully at how we do this, so:

- services are planned around the individual
- we can check the service is delivering the right outcome.

We will work closely with the NHS so that we commission services together.

And also make the most of community and voluntary services.

More and more our commissioning is led by 'care pathways'.

This is where you arrange services for people who have similar needs for example older people with dementia.

Integration

Kent has a good record of working in partnership with health.

We will continue this.

We will support closer working which brings together services such as GPs, nurses, community health staff and hospital staff.

These will be part of the '**community hubs**'.

To have joined up working we need to;

- invest in the changes and 'community hubs'
- share data in line with the law
- join up workforce practices

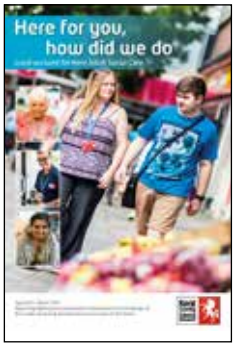
We will work with the voluntary and community sector to support people's independence.

How we will check it is being done

This strategy tells you about our vision for adult social care over the next 5 years.

There will be a plan on how we will do what we have said.

There will be reports on how we are doing including:



- The Local Account which comes out every year to tell the public how we are doing
- User surveys - asking people using our services about their experience
- KCC Strategic Statement Annual Report - an annual report with a section on adult social care.

Want to know more?

Read the full report on our website at: www.kent.gov.uk/careandsupport

BIG words

Difficult words

Care Act

A law passed by the Government which makes health and social care more straightforward in England and Wales.

Community Hubs

Places which bring health and social care services together like a GP surgery.

Home adaptations

Things like grab rails or raised toilet seats.

Integrated

Joined up, working together.

Principles

A list of things that you follow, like rules.

Please contact us if you would like this document in an alternative format or language.
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KENT COUNTY COUNCIL
EQUALITY ANALYSIS / IMPACT ASSESSMENT (EqIA)

This document is available in other formats, Please contact
serine.annan-veitch@kent.gov.uk or telephone on 03000 415782

Directorate: *Social Care, Health and Wellbeing*

Name of policy, procedure, project or service: **'**Your life, your well-being: a vision and strategy for adult social care 2016 to 2021'

What is being assessed? 'Your life, your well-being: a vision and strategy for adult social care 2016 to 2021'

Responsible Owner/ Senior Officer: *Michael Thomas – Sam, Head of Strategy and Business Support*

Date of Initial Screening: 12th July 2016

Date of Full EqIA:

Version	Author	Date	Comment
V1	Serine Annan-Veitch	12th July 2016	
V2	Serine Annan-Veitch	19th July 2016	Draft updated
V3	Serine Annan-Veitch	6th August	Draft updated
V.4	M. Thomas-Sam	18th Aug 2016	Comment on the draft document
V.5	A. Agyepong	19th Aug 2016	Comments
V 6	Serine Annan-Veitch	26th Aug 2016	Changes made in response to comments

Screening Grid

Characteristic	Could this policy, procedure, project or service, or any proposed changes to it, affect this group less favourably than others in Kent? YES/NO If yes how?	Assessment of potential impact HIGH/MEDIUM LOW/NONE UNKNOWN		Provide details: a) Is internal action required? If yes what? b) Is further assessment required? If yes, why?	Could this policy, procedure, project or service promote equal opportunities for this group? YES/NO - Explain how good practice can promote equal opportunities
		Positive	Negative	Internal action must be included in Action Plan	If yes you must provide detail
Age **Disability**	Large proportions of the people who use Adult Social Services are older or have a disability. When we explore the data around age and disability we see a changing demographic picture, but also changing expectations and experiences of later life care and support. The strategy will seek to reflect these changing needs.	UNKNOWN AT THIS TIME		Internal action is not required in relation to the strategy. However because this strategy provides the narrative around the Adults Social Care transformation it will be key that further equality screenings for the transformation are linked to the Vision and Strategy and therefore also to this screening.	Yes, the strategy explores and develops a vision for adult social care which seeks to provide the strongest possible services within the financial envelope available. It aims to develop services which work around the needs of the individual and supports choice and control. The strategy seeks to be responsive to the views and aspirations of those with a disability and for older people, as well as those who care for them.

Gender	Yes – in relation to OPPD - as the population becomes older there are more women within older age brackets. The Vision and Strategy will seek to ensure that it is responsive to, and supports the needs of this population group.	UNKNOWN AT THIS TIME			Through a focus on support which meets individual needs the strategy will seek to pay due regard to the range of characteristics that beneficiaries of the strategy may have.
Gender identity	As shown in the information below Kent County Council has limited information around sexual orientation and gender identity. However as more people share this information we will have a stronger understanding of these protected characteristics within our population. The strategy will take into account and be responsive to the needs and issues which may exist in the population.				
Sexual orientation					
Religion or belief	This strategy will be sensitive to the changing demographic needs within the population and the importance of culturally				

Race	appropriate and culturally sensitive service provision.				
Pregnancy and maternity	The strategy will be sensitive to issues with regards to pregnancy and maternity including in the context of learning, physical, sensory and mental health needs.				
Marriage and Civil Partnerships					
Carer's responsibilities	Carers are a specific focus of this work. With legislative changes within the Care Act focusing specifically on needs of this group.				Yes, there is an increased focus on carers within this strategy in comparison to those published previously linked to the recognition of the key role of carers and the effects which caring can have on an individual. Legal changes under write strategic narrative linked to the Care Act.

Part 1: INITIAL SCREENING

Context

Kent County Council published Active Lives, the ten year vision for Kent's Adult Social Services in 2006. This strategy has drawn to an end and is being replaced by a 5 year strategic view which will be set out in 'Your Life, your well-being: a vision and strategy for adult social care 2016 to 2021'. The Strategy will serve as the context for the ongoing transformation programme.

The Strategy is informed by;

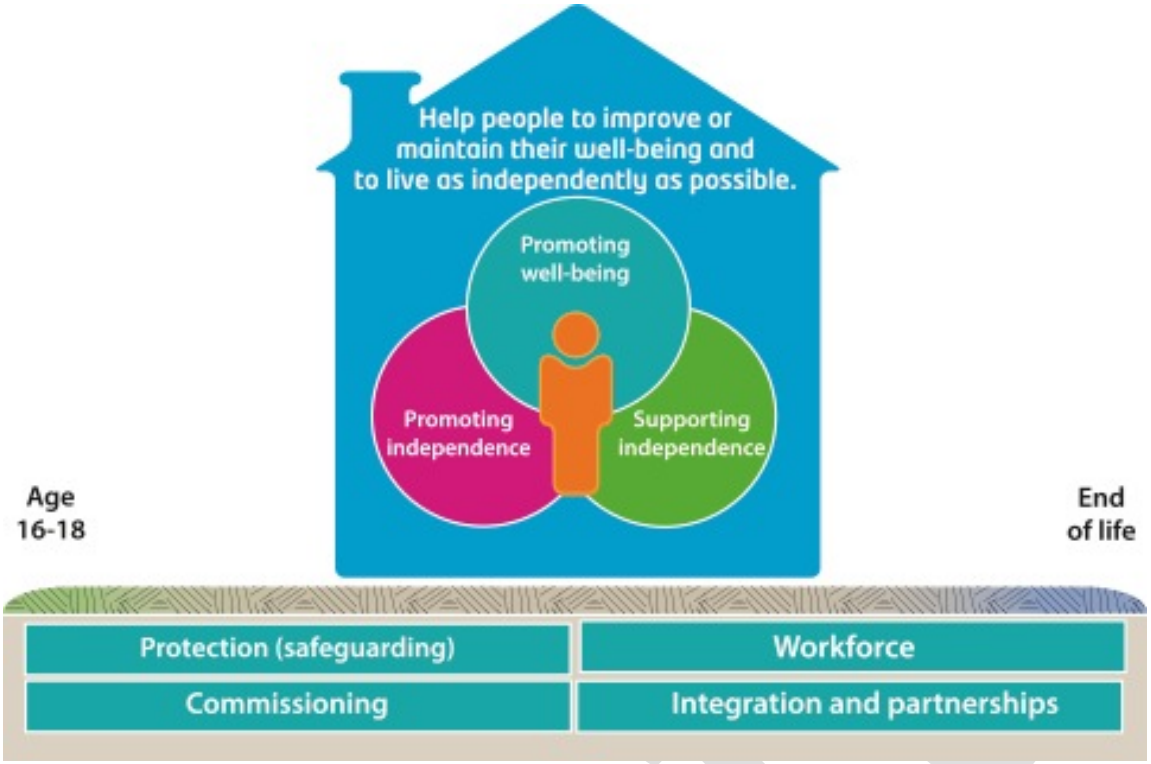
- the new legislative basis for social care, the Care Act 2014
- the financial position of the council and demographic change
- the policy shift towards integration and the development of the Sustainability and Transformation Plan as the delivery plan for the NHS Five Year Forward View and potential devolution opportunities
- KCC moving to becoming a strategic commissioning authority
- The ongoing adult social care's transformation programme

Aims and Objectives

The purpose of this strategy is to provide a high-level aspirational vision and strategy for adult social care over the next five years. It will be delivered through the next phase of the transformation journey that adult social care is already on. The detail of how it will be delivered will be set out in an implementation plan which is being developed for this strategy.

The strategy explores how we see service provision being developed against the backdrop of the current and future, financial and market environment and an outcome-based approach to planning, commissioning and delivery.

The strategy explains the new Adult Social Care vision which is built around 'promoting wellbeing', 'promoting independence' and 'supporting independence', as illustrated below. Four building blocks underpin the Vision and these are safeguarding, workforce, commissioning and integration/partnership.



Beneficiaries

As a result of working to the Vision and Strategy we expect that the following aims will be achieved:

- Improve people's experience and promote their health and wellbeing
- Driven by outcome-focused approach and culture in meeting people's needs
- People supported to access good quality advice and information that enable then to self-care/manage
- Create the right conditions which enable people to find answers that support their wellbeing outside of traditional medical- or service-driven models of care and support
- Encourage community development and increase volunteering, befriending and good neighborhood schemes
- Support carers in their vital role through the provision of advice and individually tailored support
- 'Do the right things' and provide person-centred support that promotes wellbeing
- Bring services together to ensure better communication and better use of resources and create a better experience for people.

The Vision links to the KCC Strategic Statement policy and particularly the following strategic outcomes: -

- Older and vulnerable residents are safe and supported with choices to live independently and
- Kent communities feel the benefits of economic growth by being in-work, healthy and enjoying a good quality of life

The strategy aims to provide a clear narrative for the work that we do. It will be useful to all that who wish to understand the core purpose and strategic aims of adult social care in Kent.

PART 2

Information and Data

Kent is home to 1.51 million people (2011 Census), of these Adult Social Services supports 38,408 people (2015-16), the below data gives more information on this group.

Age

Kent has an older age profile than the national average with greater proportions of people aged 45+ years than England. From the 2015 mid population survey estimates we see a total population of over 65s of 300,400.

Aged 65-69	95,000
Aged 70 – 74	70,200
Aged 75-79	54,300
Aged 80-84	40,300
Aged 85-89	25,600
Aged 90 plus	15,000
	300,400

During 2015/16 KCC supported 38,408 people through Adult Social Services. Those using support linked to Learning Disability and Mental Health sit across age groups, those accessing support linked to Older People and Physical Disability services are likely to be over 65 (76.1%).

Age	OPPD	LDMH	Total
<18	8	24	32
18-24	684	1436	2120
25-34	710	1858	2568
35-44	1005	1626	2631
45-54	1949	1927	3876
55-64	2541	1175	3716
65-74	4254	639	4893
75-84	7649	138	7787
85+	10564	15	10579
Age Not Provided	176	30	206
Total	**29540**	**8868**	**38408**

Gender

Just over half of the total population of Kent is female, 51% and 49% are male. As age increases there are more women within the population. Again from 2015 data (mid-year population estimates) we can see the change in gender demographic with age.

	Men	Women
Aged 65-69	48.4%	51.6%
Aged 70-74	47.8%	52.2%
Aged 74-79	46.3%	53.7%
Aged 80-84	43.2%	56.8%
Aged 85-89	38.2%	61.8%
Aged 90 plus	29.1%	70.9%

In relation to those who use Adult Social Care services we know what more women use OPPD and slightly more men use LDMH services.

Gender	OPPD	LDMH
Female	63.8%	47.2%
Male	36.2%	52.8%

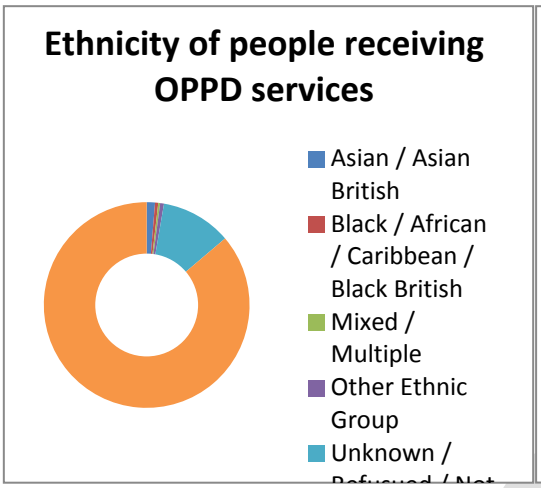
Race/ Ethnicity

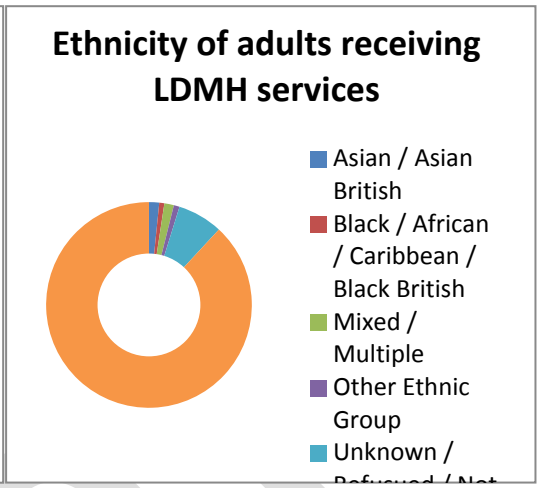
Just under 1.4 million of Kent's residents are from the White ethnic group which accounts for 93.7% of the total population. This is a higher proportion than the national figure of 85.4% and the South East figure of 90.7%. The remaining 92,638 Kent residents belong to the other four broad ethnic groups which we have identified as the Black Minority Ethnic (BME) groups. This equates to 6.3% of the total population. This is a lower proportion than the national figure of 14.6% and the regional figure of 9.3%.

Out of the twelve local authority districts within Kent, Gravesham has the highest number and proportion of residents from a BME group. 17.2% of Gravesham's population, 17,494 people are from a BME group. This is much higher than the national and regional proportions. Dartford has the second highest BME population with 12,295 residents (12.6%) from a BME group. Canterbury is third with 10,525 residents (7.0%). All of these areas have a have a higher proportion of BME residents compared to the Kent average of 6.3%.Of the twelve local authority districts within Kent, Dover has the lowest number and proportion of residents from a BME group. 3.32% of Dover's population, 3,708 people are from a BME group.

In relation to data held on those who use Adult Social Care services, 86.2% of those using OPPD are White and 88.1% of those using LDMH services. However in relation to data there is a high propotion of service users where ethnicity information has not been obtained.

Ethnicity	OPPD	LDMH
Asian / Asian British	1.3%	1.6%
Black / African / Caribbean / Black British	0.5%	0.8%
Mixed / Multiple	0.3%	1.5%
Other Ethnic Group	0.6%	0.9%
Unknown / Refused / Not Yet Obtained	11.1%	7.1%
White	86.2%	88.1%





Religion and Belief

The religious profile of Kent is very similar to that seen nationally and in the South East. The religion question was the only voluntary question on the 2011 Census questionnaire and 7.3% of Kent residents did not answer the question. This is slightly higher than the England figure of 7.2% but slightly lower than the South East figure of 7.4%.

In 2011 Christianity remains the largest religion in Kent. A total of 915,200 Kent residents said that they were Christians. This is equivalent to 62.5% of the total population which is a higher proportion than the national figure (59.4%) and the regional figure (59.7%).

However, the 2nd highest proportion of the population claimed to have no religion. This is equal 26.75% or 391,591 Kent residents. 43.4 % of Kent's population aged 16-64 are non-Christian.

Following this the next most common religion in Kent is Islam with 13,932 people which equates to 0.95% of the total population.

As the data below shows a large proportion of service users in Kent did not give their relgious profile.

Religion	OPPD	LDMH
Buddhist	0.1%	0.3%
Christian	17.0%	24.0%

Hindu	0.1%	0.2%
Jewish	0.1%	0.1%
Muslim	0.1%	0.5%
No religion	11.4%	16.1%
Other	0.5%	2.5%
Sikh	0.4%	0.3%
Unknown / Refused / Not Yet Obtained	70.3%	56.1%

Sexual Orientation:

In the government's 'Integrated Household Survey' (2014) the Office for National Statistics asked 178,197 people about their sexual identity – and 95% responded.

93.5% of people said they were heterosexual, just 1.1% said they were 'gay' or 'lesbian' and 0.4% said they were bisexual. Those between 16 and 24 were by far the most likely to say they were gay, lesbian or bisexual.

Kent County Council hold very limited data on sexual orinetation. Census data from 2011 shows that within Kent there were 2,388 people registered as living within a same sex civil partnership.

As the data below shows information on sexual orientation has not been obtained for the majority of service users in Kent.

Sexual Orientation	OPPD	LDMH
Bisexual	0.0%	0.0%
Gay Man/Woman	0.1%	0.1%
Heterosexual	17.6%	2.1%
Other	0.3%	0.5%
Unknown / Refused / Not Yet Obtained	82.0%	97.2%

Disability:

The proportion of total resident population who have limitations to day-to-day activities in Kent is very similar to that seen nationally and within the South East. In Kent 257,038 (17.6%) (2011 Census) people stated that that they have a health problem or disability which limits their day-to-day activities.

7.6% of the population in Kent are claiming a disability benefit - equivalent to 115,306 claimants. A higher proportion of women (8.1%) claim disability benefits in Kent than men (7.2%) with a physical disability or health condition being the most common reason for a claim for a disability benefit. This accounted for 73.0 % of all claims in Kent. A higher proportion of people aged 65 and over (19.1%) claim disability benefits than those aged 16-64 (5.1%) or those aged 15 and under (4.0%)

Percentage information given in the 2015/2016 equalities report shows that for OPPD 76.6% of people's primary support reason was physical, and for LDMH 51.1% of peoples primary support need was learning disability related, with the second most common primary need being mental health support.

Primary Support Reason	OPPD	OPPD	LDMH	LDMH
Learning Disability Support	103	0.3%	4528	51.1%
Mental Health Support	3040	10.3%	3837	43.3%
Physical Support	22634	76.6%	138	1.6%
Sensory Support	1141	3.9%	14	0.2%
Social Support	1264	4.3%	203	2.3%
Vulnerable Adult	621	2.1%	92	1.0%
Awaiting Assessment	737	2.5%	56	0.6%
	29540		**8868**	

Carers:

From the 2011 Census we know the following information with regards to unpaid care by age. This data is collected by CCG area.

CCG ID Code 1	CCG ID Code 2	Clinical Commissiong Group	Total persons	Age 0 to 15	Age 16 to 24	Age 25 to 34	Age 35 to 49	Age 50 to 64	Age 65 and over
E38000002	09C	NHS Ashford	117,956	24,545	12,288	13,018	26,238	21,899	19,968
E38000029	09E	NHS Canterbury and Coastal	198,275	33,909	32,168	20,341	37,107	36,797	37,953
E38000043	09J	NHS Dartford, Gravesham and Swanley	245,999	49,080	27,634	32,039	53,428	44,374	39,444
E38000104	09W	NHS Medway	263,925	53,414	34,614	34,827	56,774	47,291	37,005
E38000156	10A	NHS South Kent Coast	201,924	36,405	21,249	21,488	40,683	41,165	40,934
E38000180	10D	NHS Swale	106,424	21,657	11,891	12,854	22,723	20,186	17,113
E38000184	10E	NHS Thanet	134,186	25,630	14,263	14,133	25,625	26,122	28,413
E38000199	99J	NHS West Kent	458,976	92,328	45,237	52,058	104,006	86,866	78,481
		Total for Kent & Medway	**1,727,665**	**336,968**	**199,344**	**200,758**	**366,584**	**324,700**	**299,311**

The age profile of this data reveals that carers are most likely to fall between the 35-49 age bracket, however there are signifcant numbers of carers who are significantly older as well as a high number of young carers.

Through the Care Act we are seeing an increased focus on the needs of carers, and will see carers assessments increase. In 2015-16 20,319 carers had their needs assessed to identify the support they need to continue caring (19,216 in 2014-15 and 15,830 in 2013-14).

As a result of the development of 16-25 pathways it will be important to better understand young carers issues we will therefore work with children's services to make sure that young carers needs are also addressed in transition planning.

*Because of the limits of internal data we have not included information on **gender identity and pregnancy and maternity** within this section of the EqIA screening. The strategy will take into account and be responsive to the needs and issues which may exist in these population groups.*

This information above highlights how demographics are changing within Kent. It is important that the Strategy for Adult Social Care which spans a 5 year period recognises how these changes may impact the needs and expectations of care moving forward. The strategy will work to support equality and diversity objectives as we move forward.

PART 3

Involvement and engagement:

We have held some pre-consultation meetings. This has included focus groups discussion with users, non-users, carers and 'Speak Up' groups, run by MenCap.

With these groups we explored:

- How best to describe the vision
- Core values and principles
- Case studies
- How best to engage with large numbers of people through formal consultation
- The title of the document

We are also put the draft strategy through a plain English assessment

With formal consultation we will seek to engage with all relevant partners - people who use our services, carers, providers, voluntary sector, health services, schools and colleges, district councils and other public services.

The focus of the formal consultation is to seek feedback on:

1. Clarity of the vision and strategy document
2. Views on the core principles and values
3. Extend to which the key themes in the Strategy is clearly explained
4. Seek views on what is missing

We are working to maximize the numbers of service users and residents who are aware of and respond to the consultation and working through our Equalities and Diversity representative to reach out and engage with protected groups within the consultation process.

PART 4

Potential Impact:

The Strategy is an aspirational document which describes the outcomes which Adult Social Care is seeking to achieve.

The Strategy does not set out specific change proposals, except in general terms. The next phase of the transformation programme is the means for how this Strategy will be delivered and transformation programme will be set out in an implementation plan for specific proposed changes some of which will need to have the appropriate quality impact assessment as part of the decision for specific changes

JUDGEMENT

The principles within the strategy do not have any adverse impact on protected groups, however as we move into phase 3 of the transformation process it is possible that there may be decisions that have a positive or adverse impact on protected groups. We will seek to discover what these impacts may be on a case by case basis through separate yet linked EqIA and mitigate any negative impacts where we are able.

Option 1 – Screening Sufficient (for Strategy) – No, there will be changes made to the strategy based on the findings of the consultation.

Option 2 – Internal Action Required - YES linking this EqIA to future screenings of the ASC transformation phase 3 progamme.

Option 3 – Full Impact Assessment **No** (pending consultation)

Monitoring and Review

Proposed key decisions to achieve outcomes related to the transformation programme will be underpinned by an assessment for any potential disproportionate negative impact and as well as determine the opportunities to promote equalities objectives.

Sign Off

I have noted the content of the equality impact assessment and agree the actions to mitigate the adverse impact(s) that have been identified.

Senior Officer: Michael Thomas- Sam

Signed: Name:

Job Title: Head of Strategy and Business Support

Date: August 18, 2016

DMT Member:

Signed: Name: **Andrew Ireland**

Job Title: Corporate Director Social Care, Health and Wellbeing Date: 7 September August 2016

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Consultation on:

‘Your Life, your well-being - a vision and strategy for adult social care 2016 - 2021’

Questions

Introduction:
From 19 September to 31 October 2016, Kent County Council (KCC) is consulting on a new strategy for adult social care. The strategy explains KCC’s vision for how we want adult social care to be over the next five years.

Demand for adult social care is increasing and finances are under pressure. Expectations of adult social care are changing; people want a life, not a service. Adult social care in Kent needs to continue to respond to these challenges, and the new strategy sets out how we will do this. The strategy will be delivered through the next phase in the adult social care transformation programme.

You can provide your response to the consultation by completing the questions below. If you need the questions in an alternative format, please email adultsstrategy@kent.gov.uk or call 03000 41 41 41.

1. Information about you

Please select one option from the list below that most closely represents how you will be responding to this consultation.

Are you a:

a) Service User (of Social Care services)
b) Carer
c) Family member of a service user
d) A Social Care or Health professional
e) Responding on behalf of an organisation (please state the name of the organisation) _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _)
f) other (please state) _

2. Please tell us whether the strategy document was easy or difficult to understand

Please select one option from the following:

The whole document was easy to understand
Some of the document was easy to understand
Only a little of the document was easy to understand
The document was not at all easy to understand
Don't know /not sure

Please tell us what, if anything, you don't understand in the strategy document:

3. Values and principles

We describe the 'values and principles' which guide our way of working and we would like to know the extent to which you agree or disagree with them.

Do you agree with our values and principles, as explained on page 13 of the strategy?

Please tick the relevant boxes below (to show the extent to which you agree for each of the values and principles)

Values and principles	**Agree strongly**	**Agree slightly**	**Neither agree nor disagree**	**Disagree slightly**	**Disagree strongly**	**Don't know**
Person-centered care and support						
Supporting people to be safe						
Promoting independence						
Prevention						
Quality of Care						
Integration						
Answering for what we do						
Best use of resources						

Please tell us what, if anything, you don't agree with in the values and principles:

4. Three themes for care and support

The strategy breaks our approach to adult social care into three themes that cover the whole range of services provided for people with social care and support needs. These are:

- promoting well-being (pages 14 to 16)
- promoting independence (pages 17 to 19)
- supporting independence (pages 20 to 23)

In general, do you agree with the proposed approach to care and support that we have set out in the three themes?

Please tick the relevant boxes below (to show the extent to which you agree for each of the themes)

Values and principles	**Agree strongly**	**Agree slightly**	**Neither agree nor disagree**	**Disagree slightly**	**Disagree strongly**	**Don't know**
Promoting well-being						
Promoting independence						
Supporting independence						

Please tell us what, if anything, you don't agree with in the three themes:

5. General comments

If you have any other comments on the draft strategy, please provide them here:

6. Equality Impact Assessment

We have completed an initial Equality Impact Assessment (EqIA) on the strategy. An EqIA is a tool to assess the impact any service change, policy or strategies would have on age, disability, gender, gender identity, race, religion or belief,

sexual orientation, pregnancy and maternity, marriage and civil partnership and carers' responsibilities. **We welcome your views.**

The EqIA is available online at <insert short URL> or on request.

Please write any comments here:

About You… We want to make sure that everyone is treated fairly and equally**,** and that no one gets left out. That's why we are asking you these questions. We won't share the information you give us with anyone else. We'll use it only to help us make decisions, and improve our services.

If you would rather not answer any of these questions, you don't have to.

Q1. Are you...? ☐ Male ☐ Female ☐ I prefer not to say

Q2. Is your Gender the same as your birth?

☐ Yes ☐ No ☐ I prefer not to say

Q3. How old are you? (Age bands)

Q4. What is your postcode?

Q5. To which of these ethnic groups do you feel you belong? (Source**:** 2011 census)

White	**Mixed**	**Asian or Asian British**	**Black or Black British**
☐ English	☐ White & Black Caribbean	☐ Indian	☐ Caribbean
☐ Scottish	☐ White & Black African	☐ Pakistani	☐ African
☐ Welsh	☐ White & Asian	☐ Bangladeshi	☐ Other*****
☐ Northern Irish	☐ Other*	☐ Other*	
☐ Irish	☐ Arab	☐ Chinese	☐ I prefer not to say
☐ Gypsy/Roma			
☐ Irish Traveller			
☐ Other*****			

***Other Ethnic Group -** if your ethnic group is not specified in the list, please describe it here:

The Equality Act 2010 describes a person as disabled if they have a longstanding physical or mental condition that has lasted, or is likely to last, at least 12 months; and this condition has a substantial adverse effect on their ability to carry out normal day-to-day activities. People with some conditions (cancer, multiple sclerosis and HIV/AIDS, for example)**,** are considered to be disabled from the point that they are diagnosed.

Q6. Do you consider yourself to be disabled as set out in the Equality Act 2010?

☐ Yes ☐ No ☐ I prefer not to say

Q7. If you answered Yes to Q6, please tell us which type of impairment applies to you.

You may have more than one type of impairment, so please select all the impairments that apply to you. If none of these applies to you, please select Other, and write in the type of impairment you have.

- ☐ Physical impairment
- ☐ Mental health condition
- ☐ Sensory impairment (hearing, sight or both
- ☐ Learning disability
- ☐ Long standing illness or health condition, such as cancer, HIV/AIDS, heart disease, diabetes or
- ☐ Other, please specify**:**
- ☐ I prefer not to say

Q7. Do you regard yourself as belonging to any particular religion or belief?

☐ Yes ☐ No ☐ I prefer not to say

Q8. If you answered Yes to Q7, which of the following applies to you?

☐ Christian ☐ Hindu ☐ Muslim ☐ Any other religion, please specify**:**

☐ Buddhist ☐ Jewish ☐ Sikh

Q9. Are you…?

☐ Heterosexual/Straight ☐ Gay woman/Lesbian ☐ Other

☐ Bi/Bisexual ☐ Gay man ☐ I prefer not to say

Following closure of the consultation on **Monday 31st October**, Kent County Council will take the responses into consideration before amending the strategy if necessary. The final strategy will be published in December 2016.

You can respond to this consultation online by visiting <insert short URL> to complete the online form.

Alternatively, you can post your completed questionnaire to:

<insert address>

Thank you for taking the time to complete this questionnaire.

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 11 October 2016
Subject:	**ANNUAL EQUALITY AND DIVERSITY REPORT 2015-2016**
Classification:	Unrestricted
Past Pathway of Paper:	Social Care, Health and Wellbeing DMT
Future Pathway of Paper:	None
Electoral Division:	All

Summary: This report sets out a position statement for services within Social Care, Health and Wellbeing regarding equality and diversity work and progress on KCC Equality objectives for 2015/16.

Recommendation(s): The Adult Social Care and Health Cabinet Committee is asked to:
a) **CONSIDER** and **DISCUSS** current performance and proposed priorities, continue to ensure that equality governance is observed in relation to decision making
b) **NOTE** the proposed changes to Equality Objectives and **AGREE** to receive revised objectives in 2017
c) **AGREE** to continue to receive the report annually in order to comply with the Public Sector Equality Duty (PSED) and ensure progress against the Council's objectives.

1. Introduction

1.1 Publication of equality information is compulsory in England for all public authorities. Proactive publication of equality information ensures not only compliance with the legal requirements, but also greater understanding by the public of the difficult decisions an authority faces, and why it takes those decisions. Gathering equality information and using it to inform decision-making can also enable authorities to achieve greater value for money in the services they deliver through better targeting of services.

2. Policy Context

2.1 As a public authority KCC must comply with the Public Sector Equality Duty (PSED), promote equality of opportunity and eliminate discrimination for service users and staff. Due regard must be shown to:

- Eliminating unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- Advancing equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

2.2 The three aims of the equality duty are:

- Removing or minimising disadvantages suffered by people due to their protected characteristics
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people
- Encouraging people from protected groups to participate in public life and other activities where their participation is disproportionately low

2.3 New Corporate equality and diversity objectives are currently under consultation. However for the reporting period for this report the 2012-2016 equality objectives are relevant and summarised as follows:

- Working with all our partners to define and jointly address areas of inequality
- Promoting fair employment practices and creating an organisation that is aware of and committed to equality and diversity and delivers its PSED.
- Improving the way the Council listens to and engages with its employees, communities and partners to develop, implement and review policy and to inform the commissioning of services through
- Improving the quality, collection, monitoring and use of equality data as part of the evidence base to inform service design, delivery and policy decisions
- Providing inclusive and responsive customer services
- Understanding and responding to the impacts on people when the Council is doing its work

2.4 Directorates have been asked to provide equality information to demonstrate how they have complied with equality legislation between 1 April 2015 – 31 March 2016 and what performance measures and internal controls they have in place to achieve the Council's equality objectives to ensure compliance with the Equality Act 2010. Performance against these objectives is monitored through the Social Care, Health and Wellbeing Directorate Management Team (DMT).

3. Adult Social Care

3.1 The Health and Social Care sector continues to operate in a context of unprecedented change, including legislative and regulatory changes. Every aspect of social care services is being transformed, with many services also subject to integration with health services. Transformation plans are designed to address any identified inequalities and inconsistencies in service delivery and make the best use of available resources. The Directorate Business Plan for 2015/16 provides the detail of the changes brought about by:

- The Care Act 2014
- The Children and Families Act 2014
- Internal transformation programmes
- Integration plans with health services
- The Better Care Fund

3.2 A new division was created in April 2015 by joining services for Disabled Children with Learning Disability and Mental Health. This change increased equality for young people through improving the transition pathway for disabled children moving into adulthood by ensuring they receive the right services at the right time. Work has continued throughout the year to implement the Lifespan integrated pathway and will conclude early 2017.

4. Key Achievements

4.1 The 2015/16 Local Account describes the achievements and improvements in and challenges for Adult Social Care in the past year and sets out our vision for the future, during the year we have strived to:

- keep vulnerable adults safe
- work with fewer homecare providers to deliver services that are high quality, value for money and support people to live independently in their own home
- increase investment in enablement services and Telecare provision to enable people to regain their independence and remain at home
- reduce the number of permanent admissions to residential care
- support more people through a person-centred process and to receive a personal budget
- support more people with a learning disability into employment
- use surveys and other feedback to look at what we are doing well and what needs improving
- work with health to plan and provide joint services.

4.2 A summary of key achievements are as follows:

4.3 In partnership with private sector companies NRS and Centra, the new Integrated Community Equipment Service and Technology Enabled Care Services were launched on 30 November 2015. The services support all client groups and protected characteristics. They have a crucial role in supporting the most vulnerable people in Kent to remain in their own home by providing individually tailored equipment and adaptations, factoring in protected characteristics at the initial assessment stage. Each service aims to reduce care home and hospital admissions, assist with timely discharge from hospital and promote independent living. They also support the changes brought about by the Care Act 2014.

4.4 The Kent Learning Disability Partnership Board presided over equal access to health screening for people with a learning disability during 2015/16. The outcome ensured that up to 4000 people with a learning disability have equal access to screening services for disease prevention, health screening and

health promotion in each of the following health areas: Obesity, Diabetes, Cardio vascular disease and epilepsy. As reported to the Kent Health and Wellbeing Board in January 2016, progress was made on the Joint Health and Social Care Self-Assessment and more recent progress has included working with NHS England on an easy-read poster for people with a learning disability to improve uptake of bowel screening. Regular updates are provided to the Kent Learning Disability Partnership Board and Valuing People Now Cabinet throughout the year, to ensure take up and address any access issues.

4.5 Older People Social Care and NHS hospital teams worked together during 2015/16 as integrated hospital discharge teams to significantly reduce residential placements for older people and support people to return to their own home. Consultations with older people consistently demonstrate that they want to remain in their own home for as long as possible. Under these new arrangements 370 extra people were supported to return home. A partnership approach with meal services, telecare services, falls sensors, carer assist calls, Kent Enablement at Home and Crossroads was utilised to support people at home after hospital discharge. Long term residential placements following a stay in hospital have reduced by 58% since March 2015. Short term bed usage has also reduced by 44% with service users returning home for recuperation instead.

4.6 On-going integration work with health services increases opportunities for partnership working, improving services and addressing health inequalities for the people we support. During 2015/16 work has continued with many other organisations such as Kent Community Health NHS Foundation Trust, Kent and Medway Partnership Trust and Clinical Commissioning Groups (CCG), to work with people, carers and the voluntary sector to provide joint services and funding to help people manage their own health at home and in the community. Through initiatives such as the Integrated Care Pioneer Programme and the Better Care Fund, work has continued to provide a better experience, tackling health inequalities and more positive outcomes for people who require health and social care support.

4.7 The Blue Badge service information and data on access to services and/or participation rates for 2015-16, shows that the target of providing assessments and access to the service where eligible was exceeded. The Team worked to a target of 10,500 assessments to meet identified need but exceeded this by 906 assessments. This means opportunities for people with a physical disability to lead independent lives have increased.

4.8 Work has continued on new tools developed in 2014/15 for the public to manage their own mental wellbeing and reducing the likelihood of stigma and inequality associated with mental health issues. Responding to customer feedback during 2015/16 the Live It Well website http://www.liveitwell.org.uk/ has been refreshed to include new and updated information. The service was developed further to link in with the new Primary Care Mental Health Service which was launched on 1 April 2016. The service supports people to manage their mental health in a primary care setting. This is turn will help people stay out of a secondary care setting and remain active within their community. Implementation of the new Mental Health Code of Practice for MHA 1983

(amended 2007) took place during 2015/16. One of the three key aims of the new code which was launched at the end of 2014 is to "advance equality of opportunity and eliminate discrimination, harassment and victimisation." All professionals must be aware of the code and ensure that their practice is compliant with the new requirements.

4.9 Service and policy developments and legislative changes are designed to be inclusive, address inequalities and be responsive to customer needs. For example the new Kent advocacy hub was developed during 2015/16 with a contract in place from 1 April 2016 to ensure availability of services to people with physical disabilities, including autism. The new contract was co-produced with people who use services and resulted in a new model - one entry point across Kent linked to a number of specialist organisations to support a range of needs, communication issues or disabilities, so it is accessible for everyone who needs an advocate

4.10 The Council continues to invest in Easy Read publications to make important and relevant information more understandable and familiar. Easy Read is one of the ways the Council is helping people who may need information presented in a way which is easier to understand.

4.11 The Equalities profile for Social Care, Health and Wellbeing staff shows that there was a small increase in the diversity of the workforce as follows:

- A small increase of 0.2% in male members of staff, with numbers remaining below the average across the Council
- An increase of 0.9% in black and minority ethnic staff and higher that than the average across the Council
- An increase of 0.5% in younger members of staff aged 25 and under, a 1.0% increase under 30 and a reduction of 1.0% of staff over 50. However the age profile remains lower than the Council average for younger staff and above the average for staff over 50.

4.12 During 2015/16 two divisions – Disabled Children, Learning Disability and Mental Health and Older People and Physical Disability introduced a specific Workforce Strategy, recognising that a tailored approach was needed to ensure each workforce is sufficiently skilled and supported to manage the level of complexity involved and support increased diversity within the workforce. Initiatives include the introduction of talent management and succession planning programmes.

4.13 To address particular recruitment needs during 2015/16 Older People and Physical Disability services developed a recruitment strategy to attract a more diverse range of applicants to advertised vacancies. As a result the number of newly qualified social workers coming into the service increased by 20 during 2015/16, opening up opportunities for younger registered workers. Attendance at national and local recruitment events and use of social media has resulted in appointments from a broader cross section of the population, as well as appointments made from within Kent.

5. Key Priorities for Future Development and Reporting

5.1 Continue to work with the service to ensure that data relating to all protected characteristics is collected for all services areas, fully analysed and used in both service provision and decision making. It would appear from the available data in relation to some protected characteristics is not frequently collected. We need to work with staff to help them understand the importance of data recording, how and why data is used. We plan to hold a number of workshops throughout 2016/17 to increase the understanding of equality and diversity and compliance with relevant processes. Ongoing access to Equality and Diversity training and development is essential to ensure we have a competent and confident workforce in using the framework.

5.2 Going forward the in-depth analysis required for the Council's Annual Report needs to include a more comprehensive break down against protected characteristics relating to how services have been delivered. Where a whole client group could be considered to have a protected characteristic, the total number receiving the service needs to be broken down further e.g. by age groups, ethnicity, sexual orientation etc.

5.3 The use of 'About You' and collection of personal data needs to improve at the point of assessment and/or review, in order for the relevant information to be available for reporting purposes.

5.4 The system and culture of management information and performance reporting needs to develop so that it is a mainstream core activity to report delivery of services against protected characteristics. This needs to be reflected in commissioning activity and contracting processes, whereby partner organisations and commissioned services can also report performance information broken down by protected characteristics, as part of their routine reporting on Key Performance Indicators (KPI). Transformation Phase 3 creates the opportunity to address this and provide assurance that the PSED is embedded within the infrastructure of the organisation.

5.5 BME and women subject to domestic abuse in regards to Mental Health services have been identified as two areas where we need to develop a better understanding and develop a plan to address identified gaps.

5.6 We need to continue work with the Gypsy and Traveller unit to ensure a more robust way of collecting and reporting data on Traveller Communities.

5.7 With the new draft Equality Objectives currently under consultation, now is a good time to review the process where equality objectives at divisional level in conjunction with delivery of Business Plans continue to support the Council's annual reporting requirements for equalities and diversity and evidences the PSED.

5.8 Equality Impact Assessments (EIA) are carried out for all service developments, projects and decisions relating to services and staff, to ensure all activity is inclusive and responsive to customer needs. During 2015/16 14 managers participated in training and development on EIAs, to increase the knowledge and skill levels required in the workforce for undertaking EIAs. This training will continue throughout 2016/17.

5.9 Some aspects of the workforce profile during 2015/16 remained the same, indicating that further work is needed to increase the diversity of the workforce in terms of disability and sexual orientation e.g. through recruitment practices and retention strategies. The number of cases where personal data is not known or not supplied has reduced but is still high, indicating a reluctance or lack of confidence in sharing this information, or not seeing the relevance.

6. Key Challenges

6.1 Demographic changes and resource pressures continue to provide the biggest challenge. We therefore need to ensure that there is a proportionate response to manage the additional workload within resource constraints.

6.2 A key challenge in Adult Social Care has been to develop a better understanding of the diversity of our service users. Whilst the service works on a personal basis with many clients and has an understanding of an individual's care needs, we recognise an ongoing need to better understand change in population and the broader patterns of experience to help us plan our resources for the future.

7. Governance

7.1 In 2012 governance arrangements were agreed to ensure compliance with PSED following an internal audit. Governance is based on decisions having an EIA at both Directorate Management Team and Member level. If decisions are taken without full equality analysis the authority is open to potential Judicial Review

7.2 The Council continues to use EIAs to capture and evidence analysis on the impact of decisions and policies on the People of Kent. The Equality Act abolished the need for EIAs but is clear on the need to undertake equality analysis in order to demonstrate that due regard has been paid to our Equality duties and the Council evidences this by way of an EIA. EIAs assess the impacts and or needs of policies, procedures and services on staff, Members and customers.

8. Conclusion

8.1 The annual report has been able to identify progress on the relevant equality objectives. The Directorate can demonstrate that it provides accessible and usable services but it needs to continue to improve its governance arrangements and how it demonstrates the impact of service outcomes in relation to protected characteristics.

9. Recommendation(s)

9.1 Recommendation(s): The Adult Social Care and Health Cabinet Committee is asked to:
a) **CONSIDER** and **DISCUSS** current performance and proposed priorities, continue to ensure that equality governance is observed in relation to decision making

b) **NOTE** the proposed changes to Equality Objectives and **AGREE** to receive revised objectives in 2017
c) **AGREE** to continue to receive the report annually in order to comply with the Public Sector Equality Duty (PSED) and ensure progress against the Council's objectives.

10. Background Documents

KCC Equality and Diversity Objectives 2012-2106: http://www.kent.gov.uk/about-the-council/strategies-and-policies/corporate-policies/equality-and-diversity/equality-and-diversity-objectives

KCC Equality and Human Rights Policy and Objectives 2016-2020: http://consultations.kent.gov.uk/consult.ti/EDObjectives/consultationHome

KCC 2015/16 Local Account for Adult Social Care : http://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/local-account-for-adult-social-care

11. Contact details

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Director, Older People and Physical Disability
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Live well Kent

Community wellbeing

0800 567 7699

info@livewellkent.org.uk

Kent County Council kent.gov.uk

ShawTrust Ability at work

Porchlight

NHS

Evaluation – Live Well Kent

Co-produced KPI's and data set to track progress and measure impact

Systems Outcomes

- Using NHS numbers to track outcomes
- In order to evidence impact on Acute Mental Health PBR clusters

Personal Outcomes

- SWEMWB (Short, Warwick, Edinburgh Mental Wellbeing Scale)
- Wider Wellbeing scales to show personal journey .. Self selected/reported and person centred
- 6 and 12 month follow ups

Network Feedback – Merlin Standard compliance

Qtr 1 Performance Data

	Lot 1 DGS/S	Lot 2 WK	Lot 3 A/CC	Lot 4 SKC/Thanet
Referrals Number	118	107	105	273
Ref: Delivery Network	68	13	7	50
Ref: GP	27	49	36	63
Ref: Other Statutory	75	32	39	144
Ref: All other DN/orgs	91	79	110	127
Young People referrals (referrals from CAMHS and other specialist children services)	6	<5	0	10
No of referrals	383	282	299	665
Unable to sign up	94	114	102	203
Sign up's	289	168	197	462

Performance Data

Employment Support

- Currently well below target
- Strategic Partners working to improve evidencing in Network

Referrals

- Work to be undertaken with IAPT and CMHT to increase referrals

Making every contact count (MECC)

- Advice and interventions ↑ 100 in DGS and Swale CCG areas
- Achieved through training key staff and delivery partners
- Practice to be shared across the network

Serious Mental Illness(SMI)
Common Mental Illness (CMI)

In the first quarter in Dartford Gravesham Swanley & Swale (Lot 1)

- 96 people with SMI have a service (66% of the annual target)
- 15 people with CMI (32% of the annual target)

In the first quarter in West Kent (Lot 2)

- 84 people with SMI have a service (81% of the annual target)
- 82 people with a CMI (24%)

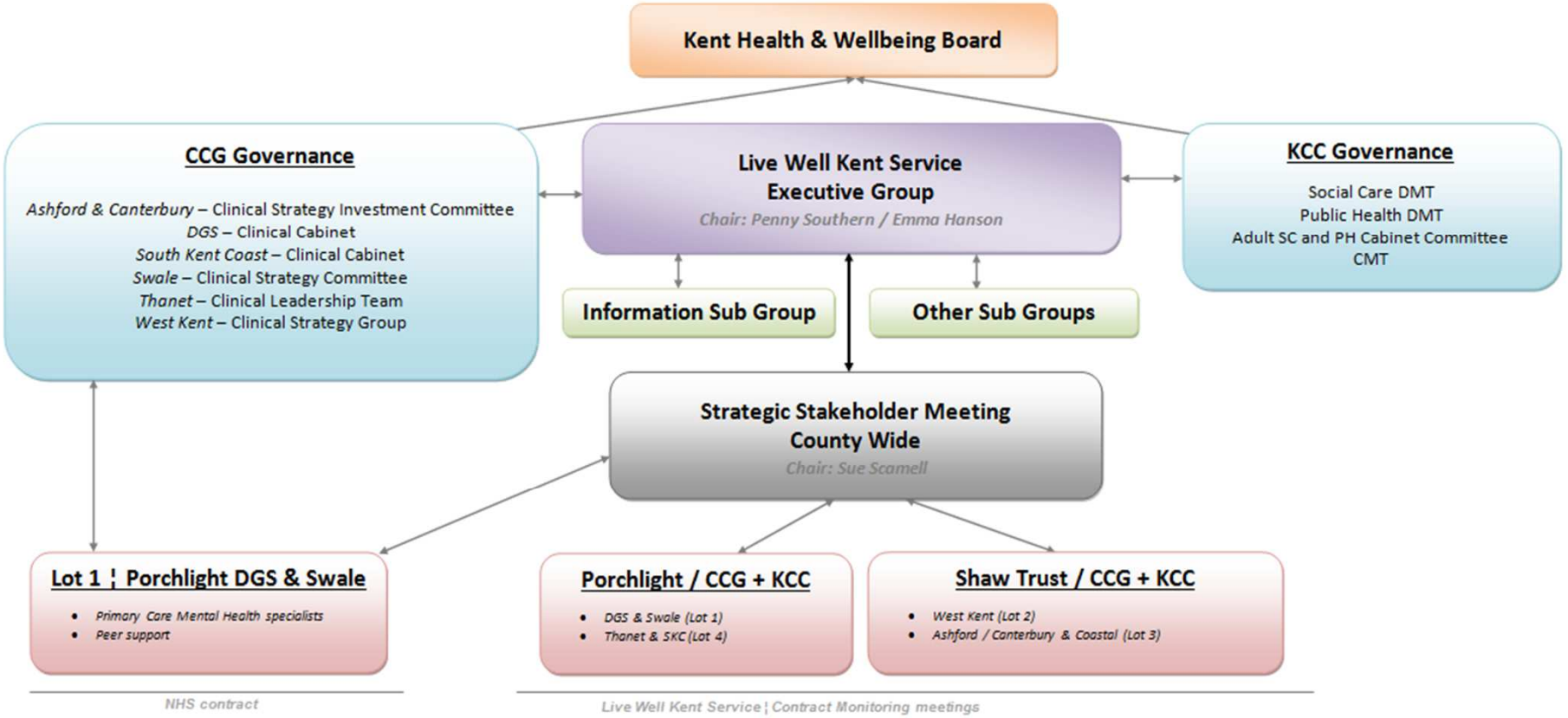
In the first quarter in Ashford and Canterbury Coastal (Lot 3)

- 70 people with a SMI have a service (53% of the annual target)
- 119 people with a SMI have a service (27% of the annual target)

In the first quarter in Thanet and South Kent Coast (Lot 4)

- 124 people with SMI have a service (57% of the annual target)
- 273 people with CMI (38% of the annual target)

Governance
Live Well Kent Service



‘When you’re in a dark forest, having someone to give you the time to share your thoughts and lift your spirit is one of the ways forward. I’ve learnt to say ‘no’ and step back at the right time before I’m are overwhelmed.’ **Leng**

Christian's story

- I developed depression, and then got diagnosed with Bipolar Disorder
- I was encouraged by a friend to get involved with Live Well Kent. I learnt to believe in myself again, gain skills and take a different direction
- Live Well Kent taught me along with other health providers that if I accept who I am and recognise my skills and abilities there is no end to what I can achieve.
- I am now involved with Ashford Live Well Centre volunteering for gardening

https://www.youtube.com/watch?v=kyg_afU1FO8

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Appendix 1 The Joint Strategic Principles for Improving Mental Wellbeing and Creating effective, Safe and Recovery Focused Mental Health Services in Kent are:-

- **Excellent Leadership** – it is the responsibility of each organisation to appoint senior clinical, political and commissioning leads that will take strategic and needs led decisions on mental health and mental wellbeing and to ensure agencies work co-operatively together.

- **A Public Mental Health Plan (that includes Suicide Prevention) will be in place.** This plan will form part of each CCG's mental health strategy. Importantly Kent public health services must show how they are tackling people's mental wellbeing within the delivery of core public health services, including parenting programmes, training in mental health awareness to non-professionals, ensure that public health services are equitably accessed by those with serious mental health needs.

- **There is Commitment to reducing health inequalities** both across Kent and within local areas. Acknowledging that stress and accumulation of risk factors exacerbate mental health needs, targeting the most vulnerable groups is a priority. Also commitment to providing effective preventative health care to those with mental health diagnosis is a priority.

- **We will demonstrate our commitment to improve the life expectancy and the physical health of those with severe mental illness:** ensuring the same access to physical health services as people without mental health needs. In addition, the following actions should also take place across Kent: A health check to be conducted annually as part of CPA, Medication reviews are carried out on regular basis, public health services, e.g. stop smoking and physical activity are prioritised, vascular disease should be monitored regularly as part of structured treatment.

- **The mental health needs of people with physical conditions will also be recognised, alongside access to appropriate treatment**.

- **A joined up and clear approach to Dual Diagnosis (drug/alcohol & mental health) services** across NHS and KCC services. These improvements will be led by the commissioners of substance misuse services in Kent and the mental health commissioners in the CCGs. The Kent Drug and Alcohol Partnership will monitor progress. Providers will agree to work together to agreed policies and share expertise.

- **Effective, ambitious and joined up commissioning:** High quality data and needs assessments, opportunities for efficiency, use of incentives where appropriate e.g. CQINS, forging good relationships with providers and front line staff, use of quality and performance measures will all be part of clear commissioning strategies. Where possible health economies across Kent will co-operate for the benefit of the public's health. The Health and Well Being Board for Kent will monitor progress on outcomes.

- **The mental health system will serve the whole population:** Primary Care, Secondary Care, those in criminal justice system, vulnerable groups (e.g. LGBTQ), migrants, maternity and motherhood, as well as the general population will be served in acknowledgement that everyone has mental as well as physical health.

- **Working together across agencies will get the transitions between services right:** Where a person has to move across services, e.g. from a CAMHS service to adult service, or to a Criminal Justice service, or as people age – these transitions will be organised efficiently and with minimum disruption to the service user. This is also a key principle for effective working between the mental health and physical health services.

- **Use the highest quality guidance to improve quality and safety:** All partners will assess NICE , health and social care research and evidence base and other advisory groups in

service delivery, design and commissioning. Learning will be shared across the health and social care economy.

- **Commission to intervene early**: All commissioners will take opportunities to co-commission with public health, children's services, early help services and adult mental health services across a range of agencies to ensure people can access services at the earliest opportunity e.g. maternity, children's centres, early intervention for psychosis, early intervention for conduct disorder.

- **Strengthen community resilience and use the assets in the community to improve community wellbeing:** Commissioners to work with their district council and other partners locally to ensure wellbeing of the community and the best use of resources are made.

- **Ensure that commissioned acute and crisis care services are based on humanity, dignity and respect**. Where at all possible, avoid out of area placements, ensure that there are places of safety and families and carers are involved.

- **Commission for recovery, quality and choice of services.** Acknowledging the NHS constitution where a patient has the right to choose care and treatment within the boundaries of safety and probity, these choices will be made available. Recovery will be at the heart of the design of the mental health system in Kent.

You Said We Did

Community Mental Health and Wellbeing Service

How you have made a difference

We asked you to help us co-produce and influence what a community mental health and wellbeing service in Kent should look like. Your input has helped us to develop the key outcomes that people in Kent want and need and a model to deliver the service.

Through competitive dialogue your input has helped us shape a commissioning and procurement model.

The tables below demonstrate the high level changes made through the following processes:

- Engagement/Co-Production/Public Consultation
- Competitive Dialogue

Engagement/Co-Production/Public Consultation		
Engagement/ Co-Production and Public Consultation between May 2014 – June 2015	**You Said**	**We Did**
External co-production designed to guide informal conversations with the general public	You said what was important to you regarding your wellbeing and mental health: • Triggers regarding signs • Tipping points • Long Term mental illness • What is valued and needed • Mental Health services fit for the future	Findings presented to key stakeholders, including people who use services, carers, health and social care commissioners, county, district and borough councils and providers of services
Developing a Mental Health and Wellbeing Vision Co-Production Workshop – **essential outcomes**	The themed outcomes essential to improve mental health and wellbeing • One point of contact, dynamic and joined	Themes used as the foundation for further co-production regarding the development of an outcome framework for a

	up • Services that listen • Engagement/peer support • Sign posing and support at the right time • Networking/Key connectors including IAPT, community engagement • Employment/work retention/employers mental health aware • Ethos of service, prevention and early intervention, physical health, six ways to wellbeing embedded, stigma addressed	primary care mental health and wellbeing service
Developing a Mental Health and Wellbeing Vision Co-Production Workshop - **Service Delivery Model**	The strengths and weakness of Strategic Partner model and considerations to take forward with targeted audiences	These considerations formed the foundation of further workshops to explore the role of a strategic partner and the supply chain
Developing a Mental Health and Wellbeing Vision Co-Production Workshop – **positioning of service user forums**	Mental Health (MH) service user forums should retaining their independence	Agreed to continue grant funding MH user forums for 2016/17 in order to explore options External consultation commissioned
Co-Production through external consultation with Mental Health User Forums	You were keen to continue involvement in shaping the future Voice of the service users should be everyone's responsibility not just forums Platforms available such as Mental Health Action Group's (MHAG,s) and	Questions put to the MHAG's to understand how to improve connections for service users, how to help them feel more empowered, role of Patients Council and the best routes for engaging with health and social care commissioners

	HealthWatch engaged and added to stakeholder list should be utilised more in their potential for connecting and amplifying service users voice	
MHAG's response to Co-Produced questions	How to improve connections for service users, how to help them feel more empowered, role of Patients Council and the best routes for engaging with health and social care commissioners	Activ- Mobs commissioned to undertake a 360 degree review of user forums and patients council (formal report published Jan 16)
Developing a Mental Health and Wellbeing Vision Co-Production Workshop – **Delivery Model/Strategic Partnership**	Change of Language required in terms of Supply Chain Flexible contract which can adapt to changes and opportunities over the life of the contract Funding for Innovation/managed through agreed governance/panel decision Co-produced specification Voice of service users within procurement Sustainable contract length Flexible contract which can adapt to opportunities and changes over the life of the contract	Term changed to Delivery Network Taken forward to Competitive Dialogue Taken forward to Competitive Dialogue Outline specifications drafted for co-production Service users contributed to the Invitation to Submit Final Tender (ISFT) questions 5 year contract term plus 2 year extension Strategic Partner Model agreed which supports flexibility which can adapt to opportunities and changes
Developing a Mental Health and Wellbeing Vision Co-Production Workshop – **Delivery Model/Network**	Limit should be placed on the direct provision permitted by Strategic Partner	Up to 60% limit agreed and documented in the specification and evaluated in the final tender

	Proportionate monitoring of network/clear performance framework Clear payment process Clear governance • Robust tools to measure outcomes • Allocation of referrals, including complex needs • No duplication • Gaps addressed • Central data collection • Commissioners have oversight	Co-produced performance framework developed taking account of proportionality Market Stewardship Principles built into the specification Defined in the Specification
Co-production with current mental health community support providers and people who use these services in Kent	Demonstration of exemplar services that have been on a transformation journey Insights into social value and sharing good practice	Take forward learning and In future include other parts of MH services who would have liked to have been involved
Community Mental Health and Wellbeing Service - Public Consultation **335 responses received**	At the moment, the help available is disjointed and I think people could benefit from a better integrated service." "There is a need for services to be better aligned and centrally coordinated." "More joined up and consistent approach to services regardless of where you live in Kent" "If it means a more co-ordinated use of resources and the avoidance of overlapping then it would be good thing." "I would hope that a more joined up process which has clear outcomes and	Defined in Specification

	measures will be more effective in meeting people's needs, reduce bureaucracy and red tape and make best use of available money."	
Community Mental Health and Wellbeing Service - Market Engagement Event – **Co-Production of Outline Specifications and Outcomes and Pathway Workshops**	Outline KCC specifications well received, some areas of duplication Outline CCG specification well received Pathways workshop reinforced previous engagement findings	Specifications refined from feedback

Competitive Dialogue		
Specification	**You Said**	**We Did**
Service Delivery Specification/Strategic Partner Specification	Two specifications – challenging to work with and duplication	Both specifications now merged and duplication removed
Single Point of Access	People may need a diverse range of access points	Changed to First Point of Contact
Service Delivery Specification/Strategic Partner Specification	Co-location opportunities available within the network	Scoped and included in the specification
Specified Services – Primary Care Community Link Worker one to one time limited support (up to 8 weeks)	The 8 week time limit does not offer a flexible and personalised services for people	Kept the time limited approach but took out the 8 week limit to ensure a more personalised service
Missing from the Specification	Motivational Interviewing as a key Intervention	Now included in the specification as a key intervention
Acceptance of referral 48 hours	48 hours did not take account of non - working days	Changed to 2 working days
Innovation Grant	Required more detail	No more clearly defined based on discussions and views of those involved
Missing from the specification	Branding - data collection guidelines	Now includes development of user

		friendly branding and clarity around the role of KCC Communications team
Missing from Specification	A definition of Brief Interventions	Now defined
Missing from Specification	Contract Term	Now included for both KCC and CCG periods
Equalities monitoring	Data capture not clear needs to state Protected Characteristics	Equalities Monitoring/Protected Characteristics now stated
Service User representation	Should be mandatory	Involvement of people who use service is clearly stated within the specification and outcomes payment will link to the service user feedback
Employment IPS model	Clarity regarding employment service based on the IPS model and follow on support	Now states follow-on support proportionate to the individuals need
KCC Strategic Priorities	Depiction would help	Depiction now provided in the specification
Missing from specification	Detail regarding Strategic Partner collaboration	Defined regarding expectations of where strategic partners will need to ensure key areas of effective cross sector working
Role of KCC and CCG Commissioners	Role needs more detail	High level detail now provided regarding point of contact, approval of innovation grant and communication and media leads
Co-location requirements, including Primary Care Social Care Workforce, Short Term Recovery Workers and Primary Care MH Specialists	More detail required	Expectation of co-location needs now included in the specification

Competitive Dialogue		
Performance Framework (Tracker)	**You Said**	**We Did**
Draft Tracker	All Potential Strategic Partners effectively fed back on the contents of this document regarding activity to meet each outcome	This feedback was collated and activity was adjusted to reflect responses
Missing from framework	All Community Mental Health and Wellbeing outcomes collectively presented	Included a collective Core Outcomes Page
Organisational Outcomes/Personal Outcomes	Many of the Quantitative KPI should move to Organisational Outcomes	Selection of personal outcome KPI's moved to organisational outcomes KPI's to reflect responses
Quarterly reporting	Expectation of quarterly activity reporting not suitable for all outcomes and activity	Mixture of quarterly/six monthly and annual reporting now documented depending on the activity delivered
Baseline targets	Setting all baseline targets in year one will not provide accurate understanding of impact and value	Acknowledged and baseline targets for various outcome will be set after 12 months in order to gain a broader understanding of activity
Minimum Volumes	Providers raised issue of pricing and designing service model without current volumes Commissioners explained that due to Grant funding and current reporting arrangements volumes data was poor. Modelled estimates was significantly higher than current activity	Acknowledged that minimum volume data was needed so providers can cost the service and have a clear idea of expectations Commissioners agreed to start with a minimum volumes in year one and then work with SP's to set future volumes
Qualitative Narrative	Proposed word count too low to provide an illustration	Word count taken out

Partnering Agreement	You Said	We Did
Template Documents	The general consensus was that a single large Partnering Agreement document would not be appropriate in certain situations, particularly where smaller partners are concerned.	A suite of non-mandatory template documents has been constructed, with the initial comprehensive document being used between Strategic Partners and larger Delivery Partners, and smaller, more relevant documents to be used between Strategic Partners and Delivery Partners. This provides a menu of documents that can be used on a discretionary basis.

Competitive Dialogue		
Payment Mechanism	**You Said**	**We Did**
Incentivisation Payment	It was seen that having this in Year 1 would add an unnecessary level of risk for providers. Agreed that the pay mechanism should be focused on groups that take more time and investment to achieve outcomes so that it incentivises the right behaviour	The incentivisation payment will now not take effect until Year 2. Money not received by SP will be invested by Commissioners to achieve similar outcomes
Learning Curve Discount		This has been removed as providers are able to demonstrate efficiencies through the Incentivisation Payment.
Minimum Volumes	An indication of what the minimum volumes could be was requested by providers during the	Minimum volumes have been stipulated in Year 1. At the end of Year one the Council and the successful

	dialogue process.	provider will baseline volumes and targets to be used for the remainder of the contract term. The provider will have to manage a 15% fluctuation in the base-lined figure.

Competitive Dialogue		
Contract	**You Said**	**We Did**
CCG Contract for Lot 1	Questions over how the CCG services would be contracted for Lot 1 were raised.	Initially a Tripartite Agreement was proposed. Through the process it was found that NHS guidance prohibits this option. Two alternatives were suggested; a back-to-back contract or a separate contract for the services specific to the CCGs. It has been decided that this second option of a separate contract will be the one used going forward.

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Live well Kent

Community wellbeing

On behalf of

Kent County Council
kent.gov.uk

NHS

by
ShawTrust

Porchlight

How will you help me?

Perhaps things at home are getting you down or you're feeling lonely.

At **Live Well Kent** we help people improve their mental and physical health and wellbeing.

It is a free service for anyone over 17.

You might want to improve your everyday living, become more independent and confident, meet new people, get better skills or find a job.

Whatever it is, we're here to help. We won't judge you and what we discuss will remain confidential.

We can help with lots of things

Mental health and wellbeing

We can help you to find what you need to make a positive change and move forward. We can support you with:

- Understanding and managing your thoughts and emotions
- Achieving your personal goals
- Accessing therapies and support groups.

Keeping active and healthy

Being busy and active helps mental wellbeing and keeps you physically fit. We work with other local organisations so you can improve your lifestyle. This could be:

- Healthy living support eg stopping smoking or cutting down on alcohol
- Dance clubs
- Walking groups and sporting activities.

Meeting people

Sometimes meeting with others can make life a little easier. We can help you get involved with activities like:

- Volunteering
- Social enterprises and community projects
- Arts, music and culture groups.

Training and work

We can help you to gain new skills and qualifications, or support you to try a work placement or look for a job that is right for you.

Everyday living

If you need that bit of extra help with practical things, we can support you with:

- Managing your money, including debt and benefits
- Housing support and guidance
- Improving relationships with family and friends.

> “After losing my dad, I’ve struggled with feelings of isolation, anxiety and depression.
>
> Getting out and being involved in new things is making me more confident.”
>
> **Louise**

If you require this leaflet in a different format call **01179 989 110** or email **studio@shaw-trust.org.uk**

What's next?

We have a 'no wrong door' approach. You can get help from us through any community service, by contacting us yourself, or someone like your doctor or a friend can refer you to us. We will talk you through how we can help you and give the support and advice you need.

Please call on **0800 567 7699** or email **info@livewellkent.org.uk**

If you are in emotional distress and need urgent support, please ring the Mental Health Matters helpline (24/7) on **0300 330 5486** (free for mobiles) or **0800 107 0160** (free for landlines).

Live Well Kent is delivered on behalf of **Kent County Council** and the **NHS** by two charities:

Shaw Trust is a national charity helping people to achieve their ambitions and gain greater independence.
Registered Charity No. England and Wales: 287785, Scotland: SC03985

Porchlight works across Kent to address people's housing, social, economic and health issues. It makes a positive impact on adults, children, families and communities as a whole. Registered Charity No. 267116

Live Well Kent Service ¦ V2 ¦ April 2016

Kent Health & Wellbeing Board

CCG Governance

Ashford & Canterbury – Clinical Strategy Investment Committee
DGS – Clinical Cabinet
South Kent Coast – Clinical Cabinet
Swale – Clinical Strategy Committee
Thanet – Clinical Leadership Team
West Kent – Clinical Strategy Group

Live Well Kent Service Executive Group
Chair: Penny Southern / Emma Hanson

KCC Governance

Social Care DMT
Public Health DMT
Adult SC and PH Cabinet Committee
CMT

Information Sub Group

Other Sub Groups

Strategic Stakeholder Meeting County Wide
Chair: Sue Scamell

Lot 1 ¦ Porchlight DGS & Swale

- *Primary Care Mental Health specialists*
- *Peer support*

Porchlight / CCG + KCC

- *DGS & Swale (Lot 1)*
- *Thanet & SKC (Lot 4)*

Shaw Trust / CCG + KCC

- *West Kent (Lot 2)*
- *Ashford / Canterbury & Coastal (Lot 3)*

NHS contract

Live Well Kent Service ¦ Contract Monitoring meetings

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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 – 11 October 2016
Subject:	**COMMUNITY MENTAL HEALTH AND WELLBEING SERVICE – LIVE WELL KENT**
Past Pathway of Paper	Adult Social Care and Health Cabinet Committee December 2015 Joint SCHWB Directorate Management Team/Accountable Officer Meeting – 7 September 2016
Future Pathway of Paper:	None
Classification:	Unrestricted
Electoral Division:	All

Summary: Kent County Council and all Kent's Clinical Commissioning Groups (CCG's) have commissioned a new **Community Mental Health and Wellbeing Service** called **Live Well Kent**. The service went live on 1 April 2016, and is for anyone over the age of 17 living in Kent.

The new service replaces a number of historically grant funded services and is jointly funded by Adult Social Care, Public Health and CCGs. The funding has been redistributed to ensure greater equity across Kent. The service is delivered through two Strategic Partners, Shaw Trust and Porchlight who manage a delivery network of providers to enable a wide mix of formal and informal support to local people.

The service was procured using a competitive dialogue approach, this is a relatively new approach for KCC and was also part of a national pilot on cultural commissioning.

This report provides an update on the process, outcomes, performance and governance arrangements for the new service.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** the contents of this report and **COMMENT ON** the early progress made in commissioning the new service the performance information and the strategic direction of the new service.

1. Introduction and background

1.1 Kent County Council and the Clinical Commissioning Groups (CCG) are responsible for providing prevention, early intervention and recovery services for mental health and wellbeing. These services help prevent entry into formal social care and health systems, reduce suicide, and prevent negative health outcomes associated with poor mental health by aiding recovery and preventing relapse.

1.2 In the past, services have been separately commissioned by different agencies and this has often resulted in a person's fragmented experience of support and care. In line with national guidance set out in the NHS Five Year Forward View; a joint service has now been developed to give a more integrated offer of support. Some of the expected benefits of this new approach include:

- Improved outcomes for individuals
- A consistent set of outcomes which will lead to a level of support to promote recovery and integrate people back into their communities
- More effective use of resources by removing duplication between services
- Greater clarity of how the funding is allocated e.g. – distribution of funding is now based upon need and activity
- Improved transitions through wellbeing services, primary care and secondary care services, as well as facilitating transfer from secondary mental health services
- Improved transition from adolescent services to adult mental health
- Services that are person centred and co-designed with a no wrong door approach
- The ability to measure the impact of the services and hold providers to account (by moving from grants to contracts)
- Demand Management: As the prevalence of mental illness is increasing, this service forms part of a change in services towards a more preventative approach that is needed to help manage increasing demands for acute and secondary mental health services both now and for the future

2. Joint Strategic Principles

2.1 The new service will help to deliver the Joint Strategic Principles (Attached as Appendix 1) for mental health and wellbeing in Kent. It was agreed by the Adult Social Care and Health Cabinet Committee that a set of shared principles will replace the Live It Well strategy. These principles will reflect the Five Year Forward View and national policy. These principles will sit under the Health and Wellbeing Strategy and are in the process of being signed off by Public Health through the Kent Health and Wellbeing Board.

3. Vision for Live Well Kent

3.1 The vision for the new service is to keep people well and provide a holistic offer of support for individuals living with severe and enduring mental health. Everyone who experiences serious mental health problems has the right to

individually tailored support to engage in mainstream social, leisure, educational and cultural activities. The vision for this service is that this support will take place in non-stigmatising 'ordinary' settings, alongside other members of their community who are not using services.

3.2 The new approach puts a greater focus on outcomes and engages people in innovative ways to achieve these outcomes and is based on recovery and social inclusion principles. It offers a **"L*ife not a service ethos"*** and will build resilience in communities through inclusive approaches to community development.

4. The Commissioning Process

4.1 An extensive programme of engagement, co-production and consultation took place from June 2014, with all key stakeholders, including people who currently use services (or who may do so in the future), carers, voluntary sector and community service providers, clinicians and a wide range of experts by experience and professionals. See Appendix 2 "We Said You Did report"

4.2 The service was procured using a competitive dialogue approach which enables potential bidders and commissioners to co-develop the final tender documentation through a number of themed discussions. Only when their proposals are developed to sufficient detail are tenderers invited to submit competitive bids. The process gave the opportunity for all bidders to gain excellent understanding of the requirements but also influence key tender documentation.

4.3 Service users have been involved throughout the process and regular updates have been given to the Mental Health Action Groups. An example of this is that service users developed the personal outcomes for the contract, they were part of the tender and evaluation process, they sat on mobilisation groups, were part of interview panels for new staff and also co-designed the branding for the new service.

4.4 The commissioning involved a large change management process. Commissioners have worked closely with the new Strategic Partners and existing Delivery Network providers to minimise disruption for service users. From January 2016, a number of providers, MPs, press and service users contacted KCC and the Strategic Partners during the tender process. All the 32 contacts raising concerns have been dealt with and are now resolved. Only five complaints have been received since the contract went live in April and there have been no further complaints since June 2016.

4.5 Throughout the mobilisation and transition phase a significant amount of work has been undertaken by both the Cabinet Member for Adult Social Care and Public Health and Officers to support providers in the delivery networks. This has included individual meetings providing support and exploring possible alternative funding opportunities, this is in addition to the support that has been provided by the Strategic Partners.

5. The contracting model

5.1 This service is delivered by a Strategic Partner model. This means that one larger organisation works with a network of providers called the Delivery Network. Together they deliver a range of outcomes including time limited practical support (such as debt advice or help with claiming benefits, housing related support, employment support and social prescribing.)

5.2 The Delivery Network will change and adapt over the life of the contract to allow new delivery partners to join the network. This is to ensure individuals accessing services have the best offer of support to meet their wellbeing needs and ensure flexibility and innovation over time. The network includes non-traditional providers such as those from the art and culture, sports and leisure and the natural environment sector.

5.3 The Strategic Partners who won the contract are Porchlight and Shaw Trust. These are both charities that were already involved in local service delivery and bring with them a great deal of knowledge and expertise. They will work very closely during the life of the contract to ensure to the best outcomes can be achieved for service users, to sharing best practise and reducing duplication.

6. The new service – Live Well Kent

6.1 The new service started on 1 April 2016 following a comprehensive mobilisation phase which began on 19 January 2016. The contract will be in place for five years with an option to extend for a further two years.

6.2 Some of the key outcomes ensure that people:

- are connected to their communities and feel less lonely and isolated
- have more choice and control and feel empowered
- have access to a wide range of opportunities to support their personal recovery which includes life-long learning, employment and volunteering, social and leisure and healthy living support
- are appropriately supported to manage their recovery

6.3 All services across Kent operate under a shared identity - Live Well Kent. Anyone over 17 can refer to the service via Freephone number, email, text or face to face. The service operates a no wrong door approach so the individual will be supported to access the right support no matter how they first get in contact with Live Well Kent. A leaflet detailing further information on the Live Well Kent service is attached as Appendix 3.

6.4 The service will offer tailored support from sign posting to ongoing support from a Wellbeing Navigator /link worker who will help explore different options to develop a plan to achieve the goals they have set. The ways in which people are supported can be flexible, person centered and can help people to make the best use of their community so they can be fully supported on their personalised journey to recovery. These workers will support people to access

a wide range of activities in the local community as well as services provided by the delivery network. (termed 'social prescribing').

6.5 The service will offer support to those discharged from secondary services and work to ensure Parity of Esteem. (i.e. that physical health and mental health have equal status) They will be supported to gain employment, maintain their housing, improve their health and engage in community activities that will help to support them to recover and stay well.

6.6 Social Care staff including the Kent Enablement and Recovery service are co-located in the new service to support delivery of the outcomes and aspirations.

6.7 The service is underpinned by a number of key principles. These include co-production, focus on inequalities, being preventative and using evidence based solutions.

7. Cultural Commissioning

7.1 It is important to Live Well Kent that people with mental health problems not only remain symptom free but also become active members of their community and gain meaning into their lives. One way of achieving this was to link Live Well to the Cultural Commissioning Programme. This work was part of the national Cultural Commissioning Programme (CCP). This a three year initiative funded by Arts Council England and has brought together the public and arts sectors to deliver better outcomes for people and communities.

7.2 The outcome of the tender has led to a number of arts and cultural organisations being part of the Delivery Network to encourage innovative ways to meet the outcomes, and the work will be a key part of a national report and set of recommendations on how arts and cultural organisations can be supported to deliver public sector contracts. (https://www.ncvo.org.uk/practical-support/public-services/cultural-commissioning-programme)

8. Measuring Impact

8.1 The impact and effectiveness of the service will be measured in a number of ways including:

- **Personal outcomes** will be measured through a range of measuring tools including Short, Warwick, Edinburgh Mental Wellbeing Scale (SWMWBS), gaining employment, maintaining housing or achievement of personal goals at the end of the intervention and at six and 12 months
- **System outcomes** will be measured through the Public Health and Social Care outcomes frameworks by measured changes in secondary care activity, joining up data via the NHS number to the Kent integrated data set
- **Social value** will be measured through a number of measurements including volunteering, apprenticeships, recycling, local jobs created etc.

8.2 Performance Summary Quarter 1:

8.2.1 The first performance meetings for Live Well Kent took place in the week beginning 1 August 2016. The performance meeting format was based on a partnership approach.

8.3 Service User Referrals

8.3.1 The table below shows referrals for Live Well Kent broken down per commissioning Lot. Self-referrals and other statutory routes are by far the largest category of referrals made. Porchlight figures include people who were using services prior to Live Well Kent and therefore have higher referrals through the Delivery Network. Both Strategic Partners have been asked to provide a further breakdown of other statutory services referrals for quarter 2. Although the number of young people referrals are low, the Delivery Networks report that young people aged between 17 – 25 are also being referred through all other routes.

8.3.2 There are a large number of people this quarter unable to be signed up; this is due to the number of people referred through the mobilisation phase where insufficient information was provided by the Delivery Network to enable contact.

	Porchlight Lot 1 Dartford Gravesham & Swanley / Swale	**Shaw Trust Lot 2 West Kent**	**Shaw Trust Lot 3 Ashford Canterbury & Coastal**	**Porchlight Lot 4 South Kent Coast Thanet**
Referrals Number	118	107	105	273
Ref: Delivery Network	68	13	7	50
Ref: GP	27	49	36	63
Ref: Other Statutory	75	32	39	144
Ref: All other DN/orgs	91	79	110	127
Young People referrals (referrals from CAMHS and other specialist children services)	6	<5	0	10
No of referrals	**383**	**282**	**299**	**665**
Unable to sign up	94	114	102	203
Sign up's	**289**	**168**	**197**	**462**

8.3.3 Referrals to the Delivery Network are lower than expected in quarter 1, particularly in the Shaw Trust area. (20 referrals across Lots 2 and 3)

8.3.4 Shaw Trust is grant funding their Delivery Network until the end of December 2016. They will then award contracts through a procurement process to successful Delivery Network partners. Shaw Trust is working with the current Delivery Network to help them become tender ready and is identifying areas for action prior to the procurement process. The new contracts will start in January 2017.

8.3.5 Porchlight has issued five year contracts to the Delivery Network with clear break clauses. Contracts also contain performance indicators and if performance does not meet the required standard then contracts will be ended and new Delivery Network Partners commissioned.

8.4 Serious Mental Illness (SMI) and Common Mental Illness (CMI):

8.4.1 The numbers of people with SMI and CMI referred are higher than expected compared with referrals made under the previous grant funded arrangements.

In the first quarter in Dartford Gravesham Swanley & Swale (Lot 1)

- 96 people with SMI have a service (66% of the annual target)
- 15 people with CMI (32% of the annual target)

In the first quarter in West Kent (Lot 2)

- 84 people with SMI have a service (81% of the annual target)
- 82 people with a CMI (24%)

In the first quarter in Ashford and Canterbury Coastal (Lot 3)

- 70 people with a SMI have a service (53% of the annual target)
- 119 people with a SMI have a service (27% of the annual target)

In the first quarter in Thanet and South Kent Coast (Lot 4)

- 124 people with SMI have a service (57% of the annual target)
- 273 people with CMI (38% of the annual target)

8.5 Employment Support

8.5.1 Both Strategic Partners report that employment outcomes are lower than expected. Both Strategic Partners are working with their Delivery Network to improve reporting and evidencing. It appears now that there was a lot of duplication in reporting outcomes through the previous grant arrangements. This will be reported to the executive group through the performance monitoring reports as it is too early to start making assumptions.

8.5.2 Both Strategic Partners will also be working with the Community Mental Health Teams and Improving Access to Psychological Therapy providers across Kent to improve referral rates.

8.6 Making Every Contact Count (MECC):

8.6.1 This is a Public Health Target to ensure that life style information is provided during any contact. Brief advice and interventions have been delivered across Kent, exploration through the formal performance meeting has found that in Dartford, Gravesham, Swanley and Swale areas, they are achieving high numbers of MECC advice and interventions, 114 for physical activity, alcohol 114, smoking 112, healthy eating 113 and sexual health 112. This was achieved through training Delivery Network partners and key staff. All other Lot figures are very low and this good practice will be shared and monitored going forward.

9. Governance Arrangements

9.1 There are robust governance arrangements in place where CCGs, Public Health and Adult Social Care come together, further detail on these governance arrangements can be found at Appendix 4. The function of the Executive Group will provide oversight of:

- The contract
- Monitoring performance
- Finance and quality of services
- Future strategic direction

9.2 The Executive Group will also have oversight (via dashboard reporting) of the interdependencies in line with statutory responsibilities / services and escalate when needed: These will include

- Specialist Primary Care nurses (East and West Kent) – CCG
- Social workers – KCC Social Care
- Drug & alcohol services – KCC Public Health
- Children and Young People's mental health services – KCC / CCG
- Early Help – KCC Education and Young People
- Healthy Lifestyle – KCC Public Health
- Kent Enablement and Recovery Service – KCC Social Care

10. Service User Quotes:

Shaw Trust

"When you're in a dark forest, having someone to give you the time to share your thoughts and lift your spirit is one of the ways forward. I've learnt to say 'no' and step back at the right time before I'm are overwhelmed." Leng

"For the last 30 years I never knew I had a voice until I came to Live Well Kent." Michael

"I felt like the door had been opened for me to be able to move again" Denise

Porchlight

"You probably won't realise what a big help you've both been already. I don't feel completely on my own anymore."

""I wanted to thank you so much for your efforts. The fact that you were someone on our side that we could talk to honestly and you were positive about him and I, trying to sort out our situation was really appreciated"

"Although I do still suffer from down days, I am far better equipped to cope with them and recognise them for what they are. They no longer overwhelm me"

11. Conclusion

11.1 The integrated approach offers a unique opportunity to commission joined up services across social care, public health and CCGs, reducing duplication and ensuring best value across the whole spectrum of wellbeing.

11.2 The service will form a key part of an integrated pathway across the voluntary sector, primary care, mental health and social care, to ensure there is good quality outcome focused support for people with mental health concerns in the community. It will be delivered in line with national and local guidance, protocols and best practice and hope to achieve better outcomes for people with mental health and wellbeing needs across the whole spectrum of need.

12. Recommendation

12.1 Recommendation**:** The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** the contents of this report and **COMMENT ON** the early progress made in commissioning the new service the performance information and the strategic direction of the new service.

13. Background Documents

None

14. Contact Details

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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 - 11 October 2016

Subject: **Public Health West Kent Substance Misuse Service Update - 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 the new West Kent Substance Misuse Service model and the lessons learnt from the recent co design process.

Services were recommissioned competitively in 2015/16 with the new service beginning on 1st April 2016. The new service model was co designed with stakeholders including service users. The co design period began in March 2016 and was completed in July 2016, with a new operating model beginning in September 2016. The model is described in the paper.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **COMMENT** on and **NOTE** the new service model of West Kent substance misuse services and the update on the procurement process.

1. Introduction

1.1. This report provides an overview of the new service model developed following the re-procurement of West Kent Substance Misuse Services following a competitive tendering process. The contract was awarded to change, grow, live (CGL – formally CRI) who were the incumbent provider in West Kent.

2. New service Operating Model

2.1. The West Kent Adult Substance Misuse Service now operates as the CGL West Kent Drug and Alcohol Wellbeing Service (WK DAWS).

2.2. The WK DAWS operates across the West Kent region with the service delivered by two dedicated teams the North Kent and the West Kent Teams using a Recovery Co-ordination and Programmes Worker model.

2.3. Service delivery is from town centre sites and via outreach settings. CGL have moved away from the key worker model of provision to a ‘Recovery Co-

ordinator' model with a skilled team holding responsibility for the initial assessment, developing recovery and risk management plans and conducting regular reviews.

2.4. Recovery Support Co-ordinators will utilise the skills and assets within the Health and Wellbeing Team and the Psychosocial Teams as well as with partner and community based agencies to develop comprehensive recovery plans for service users.

2.5. There is also a clinical team delivering prescribing, harm reduction (Blood Borne Virus testing and vaccination) and other clinical interventions and a Criminal Justice Team.

3. Performance

3.1. It is too early in the process to see whether performance has been affected by the re-procurement and reduction in funding of the West Kent Substance Misuse Service. However Public Health continue to monitor the service closely and receive quarterly performance reports from the provider, which include activity, outcomes, equalities information and service user surveys, all of which are scrutinised in the quarterly performance monitoring meeting between Public Health and the provider. In addition to this Public Health intend to engage with service users to obtain their views 6 months into the new provision.

3.2. In Quarter one of 2016/17, the West Kent Substance Misuse Service delivered 2,960 brief interventions and or advice and information, and 672 extended brief interventions, with slightly more being delivered for alcohol misuse than drug misuse; in comparison to the first quarter of the previous year this was a reduction in brief interventions and or advice and information being delivered, down from 4,726 which included delivery by the IBA Trainer and hospital liaison. There was however an increase of extended brief interventions in 2016/17 up from 615.

3.3. Of those entering structured treatment the service has reported that on average clients are not waiting more than 2 days to start an intervention following referral and in the 12 months to the end of Quarter one 1,846 client's accessed structured treatment. The client profile for that 12 months show an equal split of 40% of opiate clients and 40% alcohol only clients. This is the same split experienced the previous year in the 12 months to Q1 2015/16 but with a slightly lower number in treatment at 1,753.

4. Quality Issues

4.1. Nationally there has been an increase of drug related deaths. This trend is also impacting in Kent. However the recent drug deaths in Kent (that are reported to the public health quality teams and the police) are to those who are not currently being seen by the service. Therefore the service has an emphasis on

ensuring that service users do not lapse and fall out of contact with them and other services, and on outreach to bring users into the service. There have been no serious incidents over the first quarter of the new service.

5. Lessons Learnt

5.1. The re-procurement required a strategic partner to deliver the services, who were required to continue the strong performance of the contract but also allowed for a 3 month service co design period during which time partners and stakeholders were engaged with to help design the final operating model.

5.2. Co design consisted of the development of a new Service Delivery Model to meet the minimum standards required, alongside a financial reduction in the service, and therefore a review of service costs:

5.3. The process commenced on 8th March 2016 and included stakeholder engagement, workshops with Staff Teams, Volunteers and Service Users. Communication about the new model utilised a range of methods including Bulletins, Newsletters, telephone surveys – Survey Monkey – as well as traditional workshops.

5.4. Members of the co design group included representatives from Kent Police, Her Majesty's Prison Service (HMPS), Kent, Surrey Sussex Community Rehabilitation Company (KSS CRC), and National Probation Service, District and Borough Councils, and Prison based substance misuse services along with provider management and service users.

5.5. Whilst the strategic partner approach was welcomed, and the procurement process was smooth and successful, this is a new contractual approach and there are two key lessons learnt for taking this approach forwards:

- It was challenging in engaging with stakeholders due to stakeholders experiencing increased internal pressure from internal priorities. Consideration will be given in future commissioning cycles to different ways to facilitate the co design process. This will include wider staff engagement in the process.

- In addition the co design process delayed the Implementation Plans including the staff consultation processes; which resulted in a longer transition period for the provider, staff teams and Service Users, thereby increasing uncertainty and costs. The learning is a longer time for implementation is needed.

5.6. The reduction in staffing levels and funding overall could pose a risk to the quality of the new service. However assurance was provided during the procurement that CGL could sustain good performance within the new financial envelope. Public Health commissioners have developed an audit cycle which will ensure that in addition to current quality requirements we are able to assure the quality of the service as well as monitoring the performance impact.

6. Conclusions

6.1. The re-procurement of the West Kent Substance Misuse Service went smoothly and the co design process has been completed. Lessons have been learnt which we are able to incorporate into future commissioning plans for East Kent and the Kent and Medway Prison Based Substance Misuse Service.

7. Recommendations

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **COMMENT** on and **NOTE** the new service model of West Kent substance misuse services and the update on the lessons learnt in the procurement process.

8. Background Documents

8.1. None

9. Appendices

9.1. None

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

Andrew Ireland – Corporate Director - Social Care, Health and Wellbeing

To: Adult Social Care and Health Cabinet Committee – 11 October 2016

Subject: **COMMISSIONING OPTIONS FOR THE RE-PROVISION OF DEMENTIA DAY SERVICES CURRENTLY PROVIDED AT THE DOROTHY LUCY CENTRE**

Classification: Unrestricted

Previous Pathway of Paper: Adult Social Care and Health Cabinet Committee – 14 January 2016, and 10 March 2016 (Decision dated 24 March 2016)

Future Pathway of Paper: None

Electoral Division: Maidstone

Summary: The decision to close the Dorothy Lucy Centre was taken by the Cabinet Member for Adult Social Care and Public Health on 24 March 2016. The decision stipulated that the Council ensure there are suitable alternative services in place prior to the closure of the Dorothy Lucy Centre. This includes re-provision of short term beds, day care for elderly frail and day care for people with dementia.
The required respite beds and the elderly frail day care services have been re-provided within Maidstone, through independent sector care homes for respite, and Age UK for the elderly frail day care.

The purpose of this report is to update the Adult Social Care and Health Cabinet Committee on the progress made in developing the dementia day care market in Maidstone, and to propose an alternative commissioning option to re-provide the dementia day care service through existing external provision.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **NOTE** and **COMMENT ON** the proposal to re-provide the dementia day care through existing external provision, rather than a block contract, from April 2017.

1. Background

1.1 Following the decision taken by the Cabinet Member for Adult Social Care and Public Health on 24 March 2016 to close the Dorothy Lucy Centre, all individuals who accessed the respite service and the elderly frail day care

service have had a review of their needs

1.2 Families or representatives of the individuals using respite and/or elderly frail services were included in the reviews, and, where required, carers' assessments were offered at the same time.

1.3 All individuals who have used the Dorothy Lucy Centre respite and/ or elderly frail day care services have been supported to access alternative services.

1.4 Transport to the new elderly frail day services delivered by Age UK is provided, where required.

1.5 The area of the building used for respite closed at the end of July, and only the day centre section is currently in use.

1.6 The building has been made secure following the closure of the respite unit, with AMEY undertaking early morning and late evening security sweeps since August.

1.7 The Dorothy Lucy Centre staff affected by the residential unit closure (which includes the catering staff) have either secured new jobs through re-deployment or their own efforts, or have been made redundant.

1.8 Meals are being provided by Apetito.

1.9 The remaining staff, i.e. those with a Day Centre contract, have not been given notice of redundancy and are continuing as normal until the re-provision of day services is complete. They have been told that if the provision is moved as a block to an external organisation, they will be TUPE transferred to the new provider; if not, they will be given notice and could potentially be made redundant or redeployed in other services in KCC.

1.10 Since the decision in March 2016, the Social Care, Health and Wellbeing Strategic Commissioning Unit has undertaken significant market scoping and shaping of the external dementia day care providers in Maidstone in order to ensure that the service can be adequately re-provided. Feedback from a provider engagement event in June 2016 identified that providers would be likely to work in collaboration as part of a consortium or alliance rather than taking on a block contract as a single provider. The cost of TUPE and pensions were cited as the primary reason for this.

1.11 Two informal meetings with families and carers of individuals who attend the dementia day care were hosted at the Dorothy Lucy Centre in August 2016. The purpose was to understand what was most important to them about the new service. Ten family members/ carers of individuals who currently attend the Dorothy Lucy Dementia Day Care attended the sessions. The feedback indicated that by far the most important factor for dementia re-provision is the issue of transport, and for the day centre to be reasonably local to where people live.

1.12 Given that the market has grown significantly since the decision was taken, and in light of feedback from family members / carers, additional work has been undertaken to determine if a block contract is still the best option for the re-commissioning of dementia day services at Dorothy Lucy Centre. This includes:

- Scoping of transport implications for the new services
- Needs analysis of current individuals attending the service
- Reassessment of procurement options

2. The Market

2.1 As the number of people with dementia continues to grow, it is important that the dementia day care market grows to accommodate not only the people who currently attend the Dorothy Lucy Centre, but also the predicted future increase in numbers.

2.2 In the report presented to Cabinet Committee in March 2016, the identified opportunities to re-provide the dementia day service through existing external providers was limited in scope and capacity. Following scoping and engagement activities, up to eight providers have expressed a serious interest to provide the service in Maidstone, although some have indicated they would not pursue a block contract approach. The providers we have been in discussions with include:

- Age UK Maidstone
- Alzheimer's & Dementia Support Services
- Alzheimer's Society - Kent & Medway
- Brighter Kind Day Centre at Sutton Valence
- Heart of Kent Hospice
- Medway Community Healthcare
- Riverside Active Lives Network
- The Garden of England Homecare

3. Transport

3.1 With consideration to the fact that distance and length of travel is a critical factor for families and carers of those who currently attend the Dorothy Lucy Centre dementia day care, a map of where people live in correlation to the Dorothy Lucy Centre and the potential providers with current suitable premises in Maidstone is attached as Appendix 1.

3.2 The majority of people attending the service are transported via volunteer drivers or taxis, with a small number being transported by family.

3.3 Transport will continue to be provided to the new dementia day services.

4. Needs Analysis

4.1 The Dorothy Lucy Dementia Day Centre provides specialist day care for individuals at the mid to late stage of dementia.

4.2 A significant number of people attending the service have a high level of need, including a number of people who are wheelchair users and need hoisting, some cannot weight bear and need support with walking or feeding, or present with challenging behaviour, including some who walk with purpose (wander).

4.3 The Dorothy Lucy Dementia Day Centre currently supports 31 individuals with 77 day care places per week.

4.4 A number of the dementia day care users attend on more than one day (based on registers provided by the Day Centre).

4.5 Providers have been asked to identify the type, level of needs and capacity that they can support in the day centre. This will be cross referenced with the needs of people attending the Dorothy Lucy to ensure that providers are able to meet individual's needs.

5. Commissioning Requirements

5.1 Dementia day care must be re-provided for the 31 individuals who currently attend the Dorothy Lucy Centre, at sufficient capacity and quality.

5.2 Travel to continue to be supplied as it is currently, via accessible minibus, volunteer drivers or paid taxis.

5.3 Meals, appropriate to the dietary needs of the individuals, to continue to be provided as part of the day service.

5.4 Every effort must be made to ensure that day care is found close to home, that friendship groups are sustained and that as far as is possible, the same days of the week are offered.

5.5 Day activities must be varied and stimulating, and support people to maximise their independence, as far as possible.

5.6 Adequate transition period must be provided to allow the individuals to visit the premises and staff of the new provider(s), and have a review of their assessed needs with their choice of provider.

5.7 Dorothy Lucy Centre dementia day provision will continue until alternative provision is available for the current service users or until March 2017.

5.8 There will be no change to the financial contribution for individuals as a result of these changes, unless following reassessment, a change of needs is identified.

5.9 Case Managers to help individuals and their families to make contact with or visit the new dementia day care providers, to support selection of their preferred provider.

6. Proposed Re-Provision Models

6.1 A range of options were initially considered to re-provide the dementia day services. These included the use of a block contract, and using the existing provision. At the time, with consideration to the limited options in Maidstone, block contract was the preferred option. However, given the development of the market, the recommendation is that the service is re-provided through the existing provision. This option will provide greater choice to individuals, who will be able to visit a range of day services and make a decision about which one best meets their needs. For some people this will enable them to attend services closer to home.

6.2 Further, given market feedback, it is likely that any block contract would be taken on by a partnership or consortia of providers. Re-providing through the existing market would avoid unnecessary anxiety for individuals and their families, waiting for the results of a procurement process.

6.3 A full options appraisal of these two options in included in Appendix 2.

7. Financial Implications

7.1 The original costings for re-provision of dementia day care were based on the Cost Setting Guidance rate of £35.43. This is significantly lower than the going market rate for dementia day care (Min £43 per day, Max. £100 per day). The actual costs will be unknown until such time as the service is re-provided. It is likely to be less through existing external re-provision approach than for a block contract as staff TUPE will not apply.

7.2 The assumption in the Medium Term Financial Plan is that the re-provision of dementia day care would cost £170.1k per annum; therefore any re-provision which exceeds this value would put further pressure on the KCC budget and will have to be offset by further savings elsewhere.

8. HR Implications

8.1 As part of Dorothy Lucy Centre closure, the staff were consulted in May 2016 on the proposals for the future of the service. Staff who were identified as working in the Day Centre (as opposed to the residential unit) were told that if the provision is moved as a block to an external organisation, they will be TUPE transferred to the new provider; if not, they will be given notice and made redundant.

8.2 As we are proposing to not have a block contract, staff will have a further briefing to update them on the original consultation, and to pass on the decisions in terms of the future provision of the dementia day service, and the next steps.

8.3 Staff will be supported to find suitable alternative employment through the re-deployment process.

8.4 The current permanent staff at the Dorothy Lucy Dementia Day Care Centre include:

- 5 Care Workers (3.34 FTE)
- 1 Team Leader (1 FTE)
- 1 Senior Admin Assistant (0.22 FTE)

8.5 Staff will be entitled to up to 12 weeks' notice redundancy notice.

8.6 A block contract will require staff to be TUPE transferred to the new provider. TUPE transfers can be quite complex, as staff will transfer over to the new employer on the same terms and conditions as their current KCC contract. Comprehensive work will need to be carried out once a provider is identified to ensure due diligence; and staffing data must be provided to the new employer at least 28 days before the date of transfer.

9. Transition Plan

9.1 The table below sets out the recommended timeframe for the transition

30 September 2016	Staff briefing – to update on the original consultation, and the future provision of the service
30 September 2016	Letters to individuals, families and carers to update and inform them of change in approach to re-provide the service, i.e. through existing provision rather than a block contract
Mid October 2016	Begin re-assessment of individuals attending the day centre to ensure that their care and support plans are up to date
November 2016	Invite providers into the centre to meet with individuals and their families
December 2016	Taster days for individuals to visit centres begin
6 January 2017	Staff given formal notice (12 weeks' notice)
January – March 2017	Individuals' transition to the new providers begin
31 March 2017	Dorothy Lucy Centre closes

10. Recommendation

10.1 Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **NOTE** and **COMMENT ON** the proposal to re-provide the dementia day care through existing external provision, rather than a block contract, from April 2017.

11. Background Documents

None

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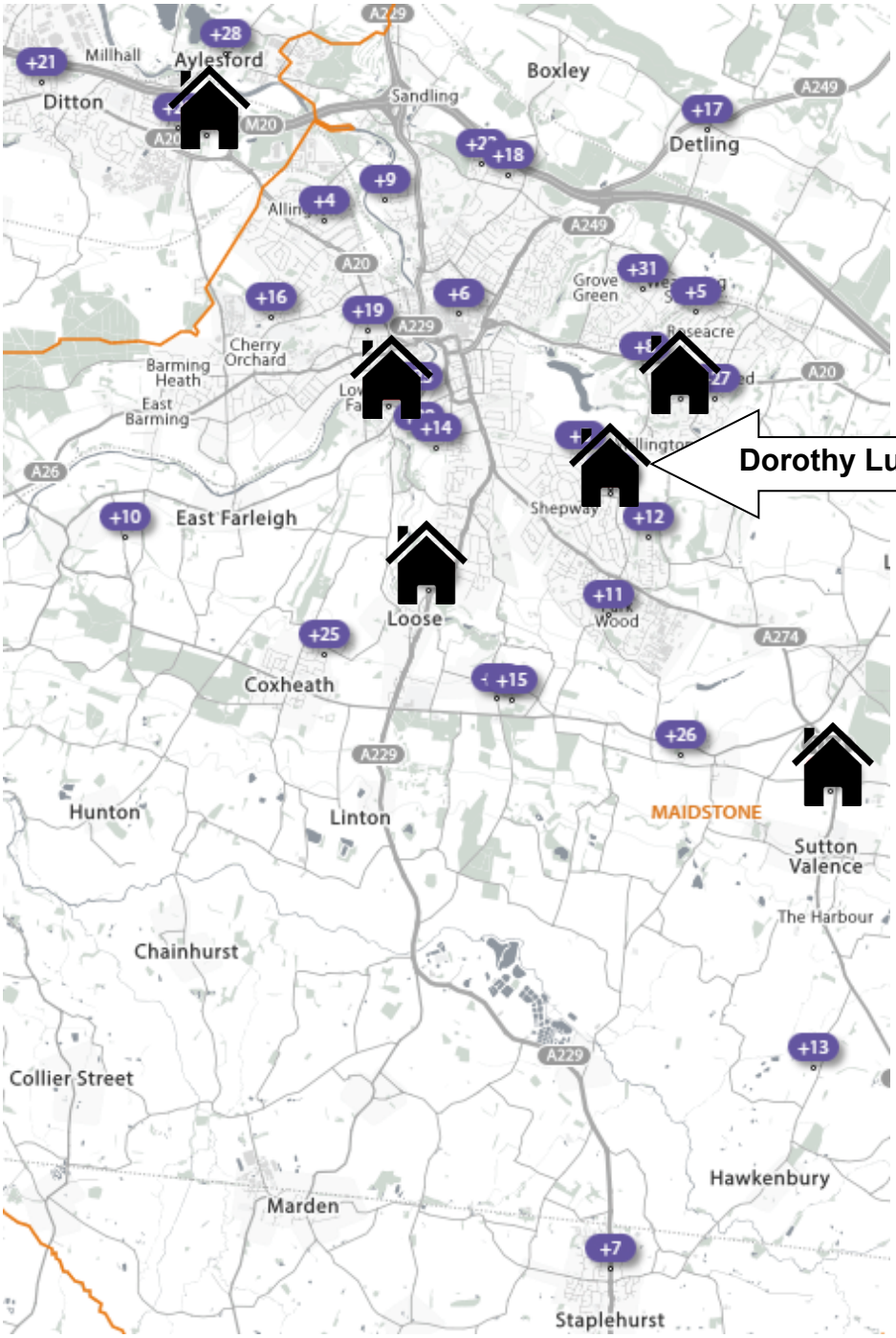
Appendix 1

Map of DLC Dementia Day Care Clients' Postcodes against Dementia Day Care providers



Key:

Dementia Day Centres

Postcode Addresses of People who attend The Dorothy Lucy Centre (Numbers in the markers correspond to a numerical list of postcodes, and not the number of people residing at that postcode)

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Appendix 2

Options Appraisal

Option	Risks	Benefits
Block contract	• Block contracting is not in line with KCC's future vision for day care • Increased risk of potential further changes to day care provision, with consideration to the development of an Older Persons Well Being offer • It may prove difficult to achieve a competitive tender with providers potentially put off by the cost of taking on the KCC staff (TUPE transfer and Pension Scheme). • A tender exercise could yield the same outcome as Option 2, with added costs • If only one provider is successful, there is a risk of monopoly of market, lack of choice and risk of provider failure • Generally block contracts are not good value for money, as the authority will pay for the service regardless of take up. • The assumption in the MTFP is that the re-provision of dementia day care would cost £170.1k per annum; therefore any re-provision which exceeds this value would put further pressure on the KCC budget and will have to be offset by further savings elsewhere.	• Avoids redundancy of remaining staff at the Dorothy Lucy Centre • Some continuity/ familiarity for service users, maintaining friendship groups etc.

Existing external provision	• Staff dissatisfaction/ challenge due to change in status, and feeling that they have lost opportunities to apply for jobs when the respite staff were put at risk • Loss of experienced and qualified staff • Spreading the service may lead to loss of economy of scale.	• Greater choice may develop flexibility with providers responding to varied levels of need, dependent on the stage of dementia • Range of provision may be offered closer to where people live • Opportunities for closer working relationships within the market and for workforce skills development • More in line with KCC's future vision for day care. • Disposal of site in a timely manner leading to a capital receipt for the Council in times of financial pressure. • Cost avoidance of capital if the Council is not required to help find suitable premises. • No TUPE or Pension considerations will make it a more attractive offer for smaller providers, with potential cost savings. • Generally existing day care provision is paid on a sessional basis which is far lower risk with a sessional cost unaffected by volume.

From: Benjamin Watts, General Counsel (Interim)

To: Adult Social Care and Health Cabinet Committee – 11 October 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 26 July 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 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: 3 October 2016

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

Agenda Section	Items
6 DECEMBER 2016	
B – Key or Significant Cabinet/Cabinet Member Decisions	• **Adult Health Improvement Services – key decision on procurement** • **Drug and Alcohol Services in East Kent – contract extension**
C – Items for Comment/Rec to Leader/Cabinet Member	• **Transformation and Efficiency partner update –** *regular six-monthly* • **Update on Dementia Services** – services available, levels of usage, projects and initiatives • **Accommodation Strategy/Housing Support** – gaps in funding and provision in parts of the county – requested by Mrs Brivio 19 April 2016 • **KSAS update, caseload and budget resilience** – requested by Mrs Brivio, 11 July 2016) to become regular item – every 6m?
D – Monitoring	• **Adult Social Care Performance Dashboards** to alternate meetings • **Public Health Performance Dashboard** to alternate meetings • **Contract Management** – new standard item • **Work Programme** • **Carers' Assessments adequacy and availability of** – requested by Mrs Brivio/Mr Maddison on 10 May 2016
E – for Information, and Decisions taken between meetings	
26 JANUARY 2017	
B – Key or Significant Cabinet/Cabinet Member Decisions	• **Mind the Gap** – detailed plans
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	• **Contract Management** – new standard item • **Work Programme**
E – for Information, and Decisions taken between meetings	
14 MARCH 2017	
B – Key or Significant Cabinet/Cabinet Member Decisions	• **Drug and Alcohol Services in Prisons**
C – Items for Comment/Rec to Leader/Cabinet Member	
D – Monitoring	• **Draft Directorate Business Plan** • **Strategic Risk report**

Last updated on: 3 October 2016

	• **Adult Social Care Performance Dashboards** to alternate meetings • **Public Health Performance Dashboard – include update on Alcohol Strategy for Kent** to alternate meetings • **Contract Management** – new standard item • **Work Programme**
E – for Information, and Decisions taken between meetings	

Regular items for rest of year (add dates when set)

month	section B/C/D/E	item
MAY 2017	**C** **D**	• **Annual Report on Quality in Public Health** • **Contract Management** – new standard item • **KSAS update** – regular 6m update (added at 26 7 16 agenda setting)
JULY 2017	**D** **D** **D**	• **Adult Social Care Performance Dashboards** to alternate meetings • **Public Health Performance Dashboard – include update on Alcohol Strategy for Kent** to alternate meetings • **Contract Management** – new standard item
SEPTEMBER / OCTOBER 2017	**B** **D** **D**	• **Local Account Annual report** – Final version for Members' comment prior to publication • **Annual Equality and Diversity Report** • **Contract Management** – new standard item
DECEMBER 2017	**D** **D** **D**	• **Adult Social Care Performance Dashboards** to alternate meetings • **Public Health Performance Dashboard – include update on Alcohol Strategy for Kent** to alternate meetings • **Contract Management** – new standard item • **KSAS update** – regular 6m update (added at 26 7 16 agenda setting)