

ADULT SOCIAL CARE CABINET COMMITTEE

Thursday, 23rd November, 2017

10.00 am

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



AGENDA

ADULT SOCIAL CARE CABINET COMMITTEE

Thursday, 23 November 2017 at 10.00 am
Darent Room, Sessions House, County Hall,
Maidstone

Ask for: **Emma West**
Telephone: **03000 412421**

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

Membership (14)

Conservative (11): Mrs P T Cole (Chairman), Ms D Marsh (Vice-Chairman),
Mrs A D Allen, MBE, Mrs P M Beresford, Mrs S Chandler,
Miss E Dawson, Ms S Hamilton, Mr P J Homewood,
Mr P W A Lake, Mr D D Monk and Mr R A Pascoe

Liberal Democrat (2): Mr S J G Koowaree and Ida Linfield

Labour (1) Mr B H Lewis

Webcasting Notice

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UNRESTRICTED ITEMS

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

- 1 Introduction/Webcasting Announcement
- 2 Membership
To note that Ms S Hamilton has joined the committee to fill the vacancy left by the death of Mr K Gregory.
- 3 Apologies and Substitutes
To receive apologies for absence and notification of any substitutes present.
- 4 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.

- 5 Minutes of the meeting held on 29 September 2017 (Pages 5 - 16)
To consider and approve the minutes as a correct record.
- 6 Verbal Updates by the Cabinet Member and Corporate Director (Pages 17 - 18)
To note the Verbal Updates by the Cabinet Member of Adult Social Care and the Corporate Director of Adult Social Care and Health.
- 7 Integrated Community Equipment Services Contracts (Pages 19 - 76)
Members are asked to consider and comment on the report about the operation of the Integrated Community Equipment Services contract awarded to NRS Healthcare (Lot 1) and Technology Enabled Care Services contract awarded to Centra Pulse (Lot 2).
- 8 Adult Social Care Performance Dashboard (Pages 77 - 96)
Members are asked to consider and comment on the Adult Social Care Performance Dashboard which provides Members with progress against targets set for key performance and activity indicators for May 2017.
- 9 17/00062 - Older People and People Living with Dementia Core Offer - Update (Pages 97 - 102)
Members are asked to note the outcome of the public consultation and comment on the proposal to align the Older People and People Living with Dementia Core Offer.
- 10 17/00074 - Homelessness Service (part of Housing-Related Support)
- 11 17/00112 - Future Direction of the Independent Living Service (Pages 103 - 138)
Members are asked to Note the outcome of the 6 week Consultation and the Summary of the Recommendations; and consider and endorse or make a recommendation on the proposed decision to agree to re-provide the Independent Living Service through alternative services to meet the current assessed need for those individuals who currently access the service.
- 12 Kent's Social Care Accommodation Strategy - Better Homes: Greater Choice - Annual Update (Pages 139 - 164)
Members are asked to consider the content of the report and discuss as necessary the contents of the presentation.
- 13 17/00113 - Proposed Changes to Historic Mental Health Voluntary Sector Grants
Members are asked to consider and endorse or make a recommendation on the proposed decision to incorporate the 24/7 Telephone Service, Homelessness Support Service, Service User Expenses, Supported Accommodation and Debt Counselling into the Live Well Kent Contract, incorporate the Service User

Forum and Mental Health Action Groups into the Healthwatch Kent Contract; and delegate authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, to undertake the actions necessary to implement the decision.

14 Revenue and Capital Budget Monitoring - August 2017-18 (Pages 165 - 204)

To provide the Adult Social Care Cabinet Committee with the latest revenue and capital budget monitoring position for the 2017-18 financial year.

15 Work Programme (Pages 205 - 208)

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

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)

John Lynch,
Head of Democratic Services
03000 410466

Wednesday, 15 November 2017

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 CABINET COMMITTEE

MINUTES of A meeting of the Adult Social Care Cabinet Committee held at Darent Room, Sessions House, County Hall, Maidstone on Friday, 29th September, 2017.

PRESENT: Mrs P T Cole (Chairman), Ms D Marsh (Vice-Chairman), Mrs A D Allen, MBE, Mrs P M Beresford, Mrs S Chandler, Mr I S Chittenden (Substitute for Ida Linfield), Miss E Dawson, Mr K Gregory, Ms S Hamilton (Substitute for Mr P W A Lake), Mr P J Homewood, Mr S J G Koowaree, Mr B H Lewis, Mr D D Monk and Mr R A Pascoe

OTHER MEMBERS: Graham Gibbens

OFFICERS: Anu Singh (Corporate Director, Adult Social Care and Health), Penny Southern (Director, Disabled Children, Learning Disability and Mental Health), Anne Tidmarsh (Director, Older People and Physical Disability), Theresa Grayell (Democratic Services Officer) and Georgina Little (Democratic Services Officer)

UNRESTRICTED ITEMS

29. Apologies and Substitutes.
(Item. 2)

Apologies for absence had been received from Mr P W A Lake and Ida Linfield.

Mr I S Chittenden was present as a substitute for Ida Linfield and Ms S Hamilton for Mr P W A Lake.

30. Declarations of Interest by Members in items on the agenda.
(Item. 3)

Declarations of interest were made by:-

Mrs A D Allen, as a Trustee, in a personal capacity, of North West Kent Age UK and a Co-Chairman of a Partnership Group for Adults with Learning Disabilities;

Mr B H Lewis, whose wife was employed by the County Council;

Ms D Marsh, as a Registered Mental Health Nurse; and

Mrs S Chandler, as a Board Member of East Kent Housing.

31. Minutes of the meeting held on 20 July 2017.
(Item. 4)

RESOLVED that the minutes of the meeting held on 20 July 2017 are correctly recorded and they be signed by the Chairman. There were no matters arising.

32. Verbal updates by Cabinet Member and Director.
(Item. 5)

1. Before starting his verbal updates, the Cabinet Member for Adult Social Care, Mr Gibbens, welcomed Ms Anu Singh to her first meeting of the Cabinet Committee since her appointment as the Corporate Director of Adult Social Care and Health. Mr Gibbens then gave a verbal update on the following issues:-

Independent Living Scheme – this service, for adults with learning disabilities, was changing its focus to children and adults with the most complex needs, and was no longer a service which would be delivered by the County Council. Consultation on the proposed changes was planned to run from 20 September to 19 October but had been extended to 2 November, and a recommendation report would be made to the Cabinet Committee on 23 November 2017. Ms Southern offered a briefing to any Member who wished one.

Older Persons' Core Offer – a report on this was made to the Cabinet Committee in July but a decision on it had been delayed until after a series of meetings with providers to discuss issues of concern to voluntary organisations. A key decision was expected to be taken in December. If any significant change were to be made to the funding arrangements after this time, further consultation would be undertaken.

Local Government Association – Mr Gibbens had been reappointed to the Community Wellbeing Board, which had been addressed at a recent meeting by Jackie Doyle-Price, MP. Major areas of concern at that meeting had been delayed transfers of care, independent living and supporting people with learning disabilities to get back into work.

Key Decision taken on Housing-Related Support – since the July meeting, he had taken a key decision to work with providers to explore and secure alternative funding models for housing-related support for community alarms in sheltered housing.

2. The Corporate Director of Adult Social Care and Health, Ms A Singh, outlined her previous 20 years' experience in local government and with NHS England, and said that she was pleased to be back in local government. She then gave an update on the following issues:-

Delayed Discharge of Care – it was estimated that 2,500 people in the UK were in hospital but should be placed elsewhere. Hospital beds occupied by these people prevented others being admitted to hospital for procedures, resulted in much additional cost for the NHS and led to accident and emergency targets being breached. Delayed discharges of care could be health-related or social care-related, with social care causing the fewest delays.

Sustainability Transformation Plan update – the 44 Sustainability Transformation Plans in England had become Sustainability Transformation Partnerships earlier in 2017 and were now working on their plans for the next five years, including setting their Sustainability Transformation Strategies. Part of this forward planning was to lobby for some of the funding previously directed to acute care to be redirected to local care and primary care, and a case would need to be made for this investment. Work on this direction was taking place in eight testbed sites and the results of this would be seen in November.

Safeguarding Awareness – Safeguarding Awareness Week was 9 to 13 October and a briefing on a number of events taking place would be circulated to Members later. Part of the message of this week was that safeguarding was everybody's responsibility, and a campaign, 'Respect not Neglect' had been launched. Abuse

could take many forms, including neglect, domestic violence, financial abuse and modern slavery.

3. Ms Singh responded to comments and questions from Members, including the following:-

- a) attracting staff to work in health and social care roles, as well as social work, was an ongoing problem. Formerly, auxiliary nursing staff would have undertaken care and support tasks to cover night shifts but this did not seem to happen now. Ms Singh advised that, in order to address this, it was necessary first to understand the problem. Kent was a large and diverse county in terms of income and qualifications, and solutions to attract staffing would need to be tailored to the circumstances in different areas. Work was starting with Health Education England and discussions taking place with local colleges to attract students and graduates to the profession;
- b) work on raising awareness of adult safeguarding was welcomed. Asked what percentage of adult social care funding was spent on prevention, *Ms Singh undertook to look into this and advise the speaker outside the meeting;* and
- c) Sustainability Transformation Plans in some areas of the country were more advanced in their development than Kent's as they had been in preparation for longer. Examples of longer-standing Sustainability Transformation Plans were in Manchester and Somerset, the latter being a good example of a history of integrated practice and use of systems such as EMIS. Integration of social care data would allow people with multiple needs to be identified and treated more efficiently.

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

33. 15/00003 - Live Well Kent: Our Strategic Partnership - Presentation.
(Item. 6)

Ms E Hanson, Head of Commissioning, Mr A Hardie, Executive Director of Enterprise and Operations, Shaw Trust, Mr M Barrett, Chief Executive Officer, Porchlight, and Ms J Hargreaves, Head of Community and Preventative Services, were in attendance for this item.

1. Ms Hanson introduced a series of slides (*included in the agenda pack*) which set out the aims, key threads and achievements of the Live Well Kent Partnership. Mr Barrett then introduced slides outlining the work of Porchlight and Mr Hardie introduced slides outlining the same for the Shaw Trust. They emphasised the person-centred approach of the Live Well Kent Partnership, with information being presented in as simple a way as possible, to make it user-friendly, and gave examples of the programme's successes around the county and opportunities for

future working. Ms Hanson, Mr Hardie and Mr Barrett then responded to comments and questions from the committee, including the following:-

- a) asked how volunteers were recruited to work in the County Council's partner organisations, Mr Hardie explained that the Shaw Trust was always seeking volunteers and put much thought in to how to train them to the required standard and how their skills could be best used. Volunteers were required to have a minimum level 1 or 2 qualification to work with people with mental health needs. The aim was for Live Well Kent to recruit 50 such volunteers. Mr Barrett added that, although volunteers were a vital part of its work, Porchlight did not rely solely on them but also had paid staff. He agreed with Mr Hardie about the importance of thorough training of staff and volunteers to make sure they could give best support in an environment where they would be safe. Mr Hardie reassured the committee that volunteers were in addition to paid staff and that no volunteer would take a job from a paid member of staff;
- b) concern was expressed that the £4m budget allocation to Live Well Kent was not sufficient to cover its work. Ms Hanson said that the move from government grant funding to contracting had had an impact on the way in which voluntary organisations worked but emphasised that they retained their vitally important role in the social care market;
- c) asked how many people Live Well Kent might work with at any one time, Mr Barrett explained that there could be between 1,000 and 1,200 people eligible for support at any one time. Recent government reforms of the welfare system and the increase in the number of people sleeping rough had had an impact on the number of people with mental health needs and exacerbated the anxiety levels of those coping with homelessness;
- d) Ms Hargreaves explained that Live Well Kent sought to work more closely with GPs around referrals and wanted to identify if those who referred themselves had done so on the recommendation of their GP. Live Well Kent sought to support more non-clinical interventions and was looking into the possibility of holding drop-in clinics at GPs' surgeries. Ms Southern added that money from clinical commissioning groups was invested in the service and the aim was to establish a fully-integrated service to be able to access joint health and social care funding;
- e) asked if Live Well Kent would signpost people to housing providers, Mr Barrett explained that, if a person met the criteria for a priority need category, they would either be referred on to district housing providers or supported by Porchlight to rent privately;

- f) asked about waiting lists and the timescale for receiving a response to referral, Ms Hargreaves explained that, in response to a telephone or email referral, Live Well Kent aimed to make contact within two days and start to deliver a service within five days. There was a waiting list for some services, for example, community inclusion, which indicated the level of demand;
- g) asked if a therapist was on hand to help people with complex mental health issues, Ms Hargreaves explained that Live Well Kent's service was a general, universal service rather than an acute service and hence was not designed to cater for people with complex mental health needs;
- h) asked how the service would reach people in the large rural areas of the county, Mr Hardie explained that workers were allocated to a geographical area to work in both urban and rural areas. To make contact face-to-face with service users was important. Ms Hanson added that local workers needed to understand and be familiar with communities and the activities available there in order to best help someone to find support within their community rather than to have to travel outside it. The importance of creative arts and cultural activities to personal wellbeing and identity was emphasised; and
- i) concern was expressed that many people with mental health needs may not know that they were entitled to a reduction in Council Tax, and that some district councils did not seem to be aware of this and the need to spread this information. Mr Barrett explained that advising on this was part of Porchlight's service. Entitlement would depend on individuals' circumstances, and the Department of Work and Pensions would need to refer to and interpret the Mental Capacity Act 2005 to calculate a person's eligibility.

2. RESOLVED that the information set out in the presentation and given in response to comments and questions be noted, with thanks, and a further update be made to a future meeting of the committee, including examples and case studies of frontline service delivery.

34. 17/00068 - Adult Social Care Case Management ICT System.
(Item. 7)

Ms L Harris, Programme Manager for Adult Social Care Technology-Enabled Change, was in attendance for this item.

1. Ms Harris introduced the report and said that the Council required a modern technology solution as the current system that was introduced in 2006 was no longer fit for purpose. The proposed new system would provide the Council with the opportunity to make processes more efficient, it supported integration with other systems, especially those under the Sustainability Transformation Plan in relation to

Health, and introduced a new functionality that allowed people the ability to access their own care records, and allowed more flexible ways of working.

2. In response to questions, Ms Harris said the following:-

- a) training would be provided as part of the implementation project. This would consist of both E-learning and classroom training;
- b) the implementation programme would be delivered in two phases. The first phase would cover the replacement of the main case management system and include replacement of the Transaction Data Matching (TDM) system. The second phase would look at the integration of the case management system with other systems and enabling access to social care records for clients and/or their carers. Allowances had been made in the budget for the cost of integration. The new contract would be in operation for ten years to maximise the Council's investment; and
- c) the proposed new system had already been implemented in another authority of similar size to Kent and had proved to be efficient. The SWIFT contract would expire in April 2019 and the new Case Management system was expected to go live in January 2019. Suppliers had advised the County Council that implementation of the system could be completed within the given timeframe. Mrs Tidmarsh added that a similar system had been implemented within Specialist Children Services which had had a positive impact on staff time.

3. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care, to procure a new Adult Social Care Case Management ICT system, and to delegate authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, to undertake the necessary actions to implement the decision, be endorsed.

35. 17/00006 - Local Account for Kent Adult Social Care (April 2016 - March 2017). (Item. 8)

Ms S Smith, Head of Performance and Information Management, and Ms T Easdown, Project Officer, Performance and Information Management, were in attendance for this item.

1. Ms Smith introduced the report and referred to the Member briefing which has been held recently. Ms Smith extended her thanks to Ms Easdown who produced the report.

2. Ms Smith said that the report looked at key improvements across Adult Social Care and would be widely distributed. The document would be available on the County Council website, together with a short video. It would also be on social media, including Twitter and Facebook, making it easier to access. Adult Social Care had shared the document previously with the Kent Learning Disability

Partnership Board and various formats would be produced, including an easy-read version.

3. In response to a request, Ms Smith said future years' reports would include a comparison of costs against those of previous years and undertook to add these to the current document before it was published.

4. Members welcomed the clarity of the report and commented on the following:-

a) the Member briefing had been most useful and they asked that this be an annual event; and

b) it was suggested that the video be linked to YouTube.

5. RESOLVED that the final draft of the annual Local Account document be endorsed for sign off by the Cabinet Member for Adult Social Care.

36. 17/00078 - Physical Disability Wellbeing Core Offer.
(Item. 9)

Ms E Hanson, Head of Strategic Commissioning, Community Services, was in attendance for this item.

1. Ms Hanson said that the current spend from Kent County Council on physical disability grants was £181,053, and this was due to expire in March 2018. The plan was to work with the Council's peer-led network of physically disabled adults, associated carers and families to review the service delivery and any changes that needed to be made. Key areas requiring improvement were as follows:-

a) support with information and advice;

b) support to people to understand and access disability benefits;

c) support to people to understand how direct payments worked;

d) close working with adult social care to improve accessibility of direct payments;

e) signposting people to services that best met their needs; and

f) access to a wide range of community activities and peer support.

2. The plan was to reinvest the money into a new service with a contract of three years, plus an additional two years to ensure the desired level of sustainability.

3. A Member asked a question about the specification of those who were involved in the review of the service. Ms Hanson said that the County Council looked at user-led organisations. In order to set the correct tone it was important that organisations working with people with physical disabilities employed and were

managed by people with physical disabilities. The County Council looked closely at what this meant and then translated it into a specification.

4. A Member asked a question about the equality implications and how the County Council aimed to incorporate those who were not involved in the review, specifically physically disabled people under the age of 16. Ms Hanson said that, following the Equality Impact Assessment, the scope of the offer had been adapted to ensure that the website and helpline were accessible to all. Further work would be undertaken to map out what services were available in order for people to be signposted correctly. For those under the age of 16, there would be a clear indication of how to access services.

5. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care, to:-

(a) tender for a new contract to deliver an information, advice and peer support service for people with a physical disability; and

(b) delegate authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, to award the contract to the successful organisation,

be endorsed.

37. 17/00097 - Health and Social Care in Prisons.
(Item. 10)

Ms E Hanson, Head of Strategic Commissioning, Community Services, and Ms S Peacock, Commissioning Officer, were in attendance for this item.

1. Ms Hanson said that the committee Chairman and the Cabinet Member had visited the prison with Ms Peacock to see first-hand the growing issue of the ageing population. When the Care Act 2014 was put in place the local authority took over responsibility from the NHS for providing social care in prisons at a time when the NHS was mid-way through the contract with Primary Health Care. Instead of commissioning a new service, the local authority bought the service from the Primary Health Care provider. At the point at which the NHS recommissioned the primary health care service in prisons, the local authority worked with them to ensure there was an integrated primary health and social care service.

2. Ms Hanson said that a Section.75 agreement would be drawn up to underpin the co-commissioning arrangement, with NHS England as the lead commissioner and contracting authority.

3. A Member asked a question about the number of referrals and why that was not deemed to be a true representation of the demand within the prisons. Ms

Peacock said that prison governors were unaware of the full extent of social care interventions available to prisoners and therefore had initially restricted referrals to equipment only, such as the delivery of wheelchairs. The County Council has raised prison governors' awareness of social care issues and reaffirmed the use of peer support.

4. RESOLVED that the decision proposed to be taken by the Cabinet Member to:-

(a) jointly commission an integrated health and social care service with NHS England; and

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

be endorsed.

38. Your Life, Your Wellbeing - Transformation Phase Three Design update.
(Item. 11)

Ms J Frazer, Head of Adults Portfolio Management Office, was in attendance for the item.

1. Ms Frazer introduced the report which provided a six-month update on the Your Life, Your Wellbeing Transformation Programme that was established to support the implementation of the new Adult Social Care Strategy. The report summarised the key themes and identified opportunities to move towards outcome-based practice. Particular work was carried out to develop the safeguarding model and a plan was put in place to prepare a full business case by the end of November 2017.

2. A Member asked a question about the high proportion of older people requiring support and whether or not this was a result of demographic change in society. Mrs Tidmarsh said that it was in part due to demography and population changes, however the complexity of cases requiring social care intervention had also changed. It was evident from the work carried out that older people who required long term placements and care needed this at a much later age due to living longer and therefore remained in the system for longer and required more complex care. This was also reflected in the complexity of mental health problems. More work was done to give them help within the community as statutory services were delivering more for dependant people.

3. A Member asked a question about the time frame of the pilot schemes and when these would then be rolled out countywide. Ms Frazer said that the pilots were predominantly carried out around Ashford and Canterbury with some done in the west of the county; some of the findings within the report were taken from the

pilots. The pilots were used to inform the design of the model that was due to be implemented starting in November 2017.

4. RESOLVED that the information set out in the report and comments by members of the committee set out above, be noted.

39. Time To Change - KCC Mental Health Pledge and World Mental Health Day.
(Item. 12)

Ms Mookherjee, Consultant in Public Health, and Ms E Hanson, Head of Commissioning, were in attendance for this item.

1. Ms Mookherjee introduced the report and invited all Members to attend the events taking place at County Hall on 10 October to celebrate World Mental Health Day. She set out the ongoing commitment to champion mental health issues in the workplace, to achieve parity of esteem for mental and physical health and tackle stigma and discrimination so mental health issues could be easier to talk about and address. She advised that, out of the twenty or so people in the meeting room, eight would experience some form of mental health problem at some time in their life, and that there was a 25-year gap in life expectancy between those with poor mental health and those with good mental health.

2. Ms Mookherjee and Ms Hanson responded to comments and questions from the committee, including the following:-

- a) the Time to Change initiative was driven by the voluntary sector but had much public health support. Kent had a very good public health programme which was well resourced and was doing much work with strategic partners;
- b) much work was going on with schools to engage children in talking about mental health issues, *and a report on this work could go to a future meeting of this committee;*
- c) Ms Marsh explained that she was the Member champion for mental health issues and promoted the events planned at County Hall to celebrate World Mental Health Day on 10 October. She explained that the Time to Change initiative had been in place since 2007 and said that mental health was something that no employer could afford to ignore, as one in four British workers would suffer from anxiety or depression at some time in their career, and many working days were lost to this every year, although it was known that many people calling in sick did not give this as the reason for their absence from work. She thanked the Cabinet Member, Mr Gibbens, for his efforts to protect the mental health budget from cuts in recent years;

- d) a view was expressed that the current mental health campaigns did not go far enough and mental health issues needed a higher profile, comparable to media events such as Comic Relief;
- e) a view was expressed that many men found it difficult to identify and admit that they had mental health problems;
- f) another speaker said that mental health campaigns should highlight how good recovery could be and that mental ill health did not necessarily need to be 'a life sentence'; and
- g) work to achieve parity of esteem for mental and physical health was welcomed. Mental ill health could be seen as a treatable illness in the same way as 'flu; something from which one could and would recover.

3. The Cabinet Member for Adult Social Care, Mr Gibbens, said had he fought hard to protect mental health budgets from cuts over the last ten years and hoped the Cabinet Committee would feel able to endorse the Time to Change Action Plan.

4. RESOLVED that the Time to Change Action Plan be endorsed and comments made by Members on strengthening the plan in subsequent years, in commitment to the Time to Change campaign, be noted.

40. End of Life Care Strategy.

(Item. 13)

Mrs A Tidmarsh, Director for Older People and Physical Disability, was in attendance for this item.

1. Mrs Tidmarsh introduced the report, which looked at the ambitions and development of palliative and end of life care and said that the local authority and health economies needed to work collectively to implement end of life care.

2. A Member asked a question about the level of interaction and support offered to close family and friends when someone was approaching the end of their life. Mrs Tidmarsh said work had been carried out with carers and provisions had been put in place to support them.

3. A Member asked a question about the national framework and how community was defined. Mrs Tidmarsh said that the majority of community support was provided by the voluntary sector, however, focus remained on what was important to the person receiving end of life care, protecting their dignity and looking at how the community offered support to them. This varied depending on individual need. Mrs Tidmarsh provided examples of community support in which people from a local village gathered to support someone with complex needs, all of which was organised via the local community, not via local authority intervention. A

Member commented on the support provided by the Church, with which Mrs Tidmarsh agreed. A Member commented on the excellent work done by hospices and how crucial community funding was in supporting them.

4. A Member asked a question about co-ordinated care and whether it was an intentional moving target, if this would be reflected in future reports and how often a review would be carried out. Mrs Tidmarsh said that the activity would be reviewed every year and there was an operational action plan that would be reviewed and updated on an ongoing basis. It was requested that action plans be brought to future meetings of the Cabinet Committee more often than once a year.

5. A Member asked a question about the support given to staff around end of life care as they were undervalued. Mrs Tidmarsh said that it was a valuable point and agreed to look at this again as the bereavement of staff was just as important as that experienced by carers, families and friends.

6. A Member asked a question about the training provided to GPs around end of life care. Mrs Tidmarsh said that this was instigated in East Kent and South Kent Coast Clinical Commissioning Group and a nurse provided training on end of life care for staff and GPs. Whilst the NHS held responsibility for this, the local authority supported rolling this out throughout Kent and Medway.

7. Mr Gibbens said that the End of Life Action Plan was an important piece of work and that, if endorsed by the Cabinet Committee, he would like to take a similar report to the Health and Wellbeing Board.

8. RESOLVED that the information set out in the report and comments made by Members be noted, and an annual progress report be presented to the committee.

41. Work Programme 2017/18.
(Item. 14)

RESOLVED that the committee's Work Programme for 2017/18 be noted.

By: Mr G K Gibbens, Cabinet Member for Adult Social Care
Ms A Singh, Corporate Director of Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 23 November 2017

Subject: **Verbal updates by the Cabinet Member and Corporate Director**

Classification: Unrestricted

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

Cabinet Member for Adult Social Care – Mr G K Gibbens

- APPG for Housing and Older People – Rural Housing inquiry
- Place-based models of care – facilitated support module (LGA event)
- World Mental Health day Event
- LGA Annual Social Care conference

Corporate Director of Adult Social Care and Health – Ms A Singh

- ESTHER Inspiration Day
- Induction Visits
- Local Care

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From: Graham Gibbens, Cabinet Member for Adult Social Care
Anu Singh, Corporate Director of Adult Social Care and Health

To: Adult Social Care Cabinet Committee - 23 November 2017

Subject: **INTEGRATED COMMUNITY EQUIPMENT SERVICES CONTRACTS**

Classification: Unrestricted

Previous Pathway of Paper: This is the first Committee to consider this report

Future Pathway of Paper: None

Electoral Division: All

Summary: This report provides Members information about the operation of the Integrated Community Equipment Services contract awarded to NRS Healthcare (Lot 1) and Technology Enabled Care Services contract awarded to Centra Pulse (Lot 2). Both contracts have been operational since 1 December 2015

Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the content of this report.

1. Introduction

1.1 This report provides an overview and information about the operation of Integrated Community Equipment Services (ICES) contracts. It reports on where we were and where we find ourselves today. It also shares with Members some examples of achievements and challenges that will inform and support decision making in order to ensure continued service delivery.

2. Where we were

2.1 **Integrated Community Equipment Services** - Kent County Council (KCC) and Kent's Clinical Commissioning Groups (CCGs) embarked on a project in 2015 to review and redesign the provision of community equipment into an integrated health and social care service for adults and children across the whole of Kent (excluding Medway). The decision to embark on the project review and redesign was because the services delivered by two main providers, Kent Community Health NHS Foundation Trust (KCHFT) and Commercial Services Kent Ltd (CSK), did not provide the best level of coordinated provision and could not easily be held accountable either in term of standards of performance or in financial management.

- 2.2 Commissioners agreed a range of High Level Service Outcomes that they would want to see achieved as measure for successes. These can be seen at Appendix 1.
- 2.3 **Technology Enabled Care Services** – The Council delivered its Telecare (TC) services through two separate service providers. Installation and repair services were delivered through CSK. 24/7 monitoring services were provided through Centra Pulse Ltd. TC installation services would be unlikely to remain viable through CSK if they no longer provided ICES, and an opportunity existed, to commission an integrated solution.
- 2.4 Both opportunities would ensure greater effectiveness and efficiency for frontline staff within the Council and Healthcare and improved service effectiveness and customer experience. They would also ensure commissioners had an improved understanding of where resources were being spent.

3. Where we are now

- 3.1 **Integrated Community Equipment Services** - NRS Healthcare was awarded a contract for five years in July 2015 with a start date of 30 November 2015. The service was procured by the Council however it was commissioned, and is delivered in partnership under a Section 75 agreement with the seven Clinical Commissioning Groups (CCGs). Thanet CCG acts as lead CCG in this arrangement, representing all CCGs at the various governance, and operational meeting forums in place. The Council is the contract holder and manager. The total anticipated contract value for the life of the contract is £45 million. This is one of the largest community equipment service contracts in the country.
- 3.2 **Technology Enabled Care Services** - Centra Pulse was awarded a contract for five years in August 2015 with a start date of 1 December 2015. The service was commissioned and procured and is managed operationally by the Council, with no other partners. The service is an integrated service providing installation and monitoring of TC services through one source. The total anticipated contract value for the life of the contract is £7.5 million.

4. Key Findings and Achievements

- 4.1 **Integrated Community Equipment Services** - Kent is now in a stable position with major improvements in all areas of community equipment services. Financial visibility and performance monitoring are greatly improved. Considerable investment has been made by NRS Healthcare to equip two fit for purpose buildings/warehouses which provide capacity to deliver, recycle, clean and repair equipment in order to cope with Kent's demand. NRS Healthcare has also recently invested in new delivery scheduling software to increase delivery and collection efficiency. During 2016/17 nearly 93,000 service users were visited and 164,000 items of equipment were loaned to support health and social care needs.

- 4.2 Prior to issue most core items of stock are owned by NRS Healthcare when they are in their warehouse. At the point of issue items are only then purchased by the Council or Health. When these items are no longer required they are collected by NRS Health and a credit is returned, which represents between 70%-80% of the original cost of the item. Equipment recycling performance has steadily increased throughout this financial year and at mid-year was in the region of 80%. This has ensured increased cash flow back into the partnership of some £2.5m, when loaned items were returned to NRS, and reduced the need to buy new items. Many special one off items can cost £000's. Spend in this regard has reduced by 30%-40% at mid-year. This has partly been achieved by the new clinical team at NRS Healthcare who assist in matching recycled equipment to demand. This new practice ensures that we do not carry large amounts of stock holding. Stock is the provider's liability.
- 4.3 ICES are managed on a NRS Healthcare purpose built stores management system called IRIS. This replaces the previous patchwork of systems and provides an online, amazon type, requisitioner experience when placing orders for service users. There are in the region of 2,749 trained and authorised prescribers who can access the system remotely and track the progress of their client's provision.
- 4.4 ICES have in place a robust governance structure consisting of:
- Quarterly ICES Partnership Board Meetings
 - Quarterly ICES Finance Meetings
 - Monthly Contract Management Meetings
 - Monthly Service Development Planning Meetings
 - Monthly Operational Management Meetings
 - Regular Equipment Review Groups
 - Monthly feedback to our Older People/Physical Disability Finance and Performance Divisional Management Team
- 4.5 NRS Healthcare launched the Kent Safe and Well Scheme www.safeandwell.co.uk in July 2017. This scheme is intended to give people who are not eligible for our services, or who wish to self-manage, independent access to trusted products and services. This includes a wide range of NRS Healthcare products which can be purchased privately as well as the option to request a private assessment or visit several approved retail outlets across Kent who have been vetted by NRS Healthcare and are part of the scheme.
- 4.6 **Technology Enabled Care Services** - Kent's Telecare Services continue to thrive but through a significantly improved operating model. Centra Pulse has developed an on line ordering system for 164 trained and approved prescribers to order TC packages on line. There is also access to a wealth of improved financial and performance data that is shared widely on a monthly basis. Some 8500+ service users receive TC services every month with in the region of 200 new users each month. TC has a very similar governance structure employed to ICES without the need for a Partnership Board.
- 4.7 Centra has a well-trained and well-resourced Kent installation team, supported by an experienced monitoring service, covering nationwide services. Centra

has maintained consistently high delivery and collection performance. This results in some £20,000 in credit being returned to the Council most months.

- 4.8 During December 2016 both contract lots were subject to Contract Maturity Reviews by the Budget and Programme Delivery Board. Presentations were made to the Board on 1 December 2016. The Board discussed services and observations were made to help support any improvements that may be necessary. These included closely monitoring performance and headline profitability.
- 4.9 During late 2016 Internal Audit reviewed arrangements in place to contract manage ICES and released their final report (RB15-2017) in January 2017. Internal Audit's opinion, and prospects for improvement, was good with levels of compliance rated substantial. This outcome provided assurance to Members and Senior Officers that the service was on track with clear prospects to achieve its objectives.

5. Key Issues and Challenges

- 5.1 **Integrated Community Equipment Services** - Since the contract award, NRS Healthcare has worked hard to maintain a trained and effective workforce able to cope with demand and natural attrition. Despite TUPE applying to staff that transferred a number have left. As the service evolves, recruiting the right staff and retaining those staff, has been a key focus. Although the sector does experience high staff turnover, there is now a stable team within Kent with a continuous recruitment campaign to cover natural attrition.
- 5.2 The mobilisation of this contract required considerable resource, determination and a strong project managed approach. The bulk of this fell to the Council, as the contract lead, to deliver. Health was able to supply some project input and support however it is not until recently, that this has been made permanent. This support is critical to ensure all CCGs have a point of commissioning contact and operational focus and consistency on these important services.
- 5.3 Since the contract award there have been challenges in terms of operational efficiency and it has taken some time for NRS Healthcare services to settle. Kent wide processes for the ordering and provision of equipment are greatly improved, however recycling remains a challenge. As a result of the contract's financial model NRS Healthcare's financial viability has not been what was anticipated. These challenges were discussed at the ICES Partnership Board on 3 July 2017, where NRS Healthcare summarised the issues that had arisen in the contract, along with their proposed variations required to take account of the activity differences supplied at tender, with actual performance data within the first year of the contract. It was agreed that the service was not operating at the level expected in the contract's lifecycle by either NRS Healthcare or commissioners. The final outcome was to create an options appraisal with CCGs and NRS Healthcare. Agreement was reached that there would be some variation in the credit model which will ensure the ongoing viability of the contract, whilst targeting NRS Healthcare to improve collection rates. Performance remains under review.

- 5.4 **Technology Enabled Care Services** - Centra Pulse has retained most staff that TUPE'd over on the contract start date. The staff group has expanded and grown to meet demand. They have a unique technical skill set that currently meets the demands of Kent users.
- 5.5 One challenge for Kent regarding Technology Enabled Care Services (TECS) is ongoing data quality and keeping pace with a high volume of service user changes. The Council can be the last to be informed or not informed at all. This can result in staff spending considerable time and effort trying to keep pace with changes in circumstance. The TECS contract works on a similar credit model to ICES so recycling is at the heart of what we do.
- 5.6 Technology moves at such a pace that we are aware products we supply today will be outmoded quite quickly. The TECS provider works closely with us to highlight and suggest areas of provision that we could change or strategies we should consider for the future. One of our greatest challenges will be the planned switch of the analogue to digital telecoms infrastructure in 2025. The Telecare Services Association are advising that by 2025 the analogue telephone service will be switched off as the UK telecoms infrastructure is upgraded to digital connectivity. This shift has major implications for the technology enabled care sector and the 1.7 million people who rely on Telecare in the UK.

6. Customer Experience

- 6.1 **Integrated Community Equipment Services** - During June 2017 NRS Healthcare successfully completed a service user feedback survey. 4000 cards were distributed and 83 returns received. This represents a response rate of 2.1%. In NRS Healthcare's experience their return rate is usually in the region of 1-3%. Of those returns the overall satisfaction rate with the service provision scored 9.4 on a 10 point scale. Usefulness of equipment received scored 9 points. Overall satisfaction with the service appears positive. Customer satisfaction has improved with only four complaints upheld since April. Out of 82,000 completed activities between April – August this represents only 0.004% of the total. There are however still some areas for improvement within customer services. Please see Appendix 2 for full feedback.
- 6.2 **Technology Enabled Care Services** - Centra Pulse carry out monthly telephone surveys and these have been consistently positive. As an example the survey carried out August 2017, resulted in good and excellent ratings of 95%. There are a number of one off case studies that have been "lifesaving" and illustrate the preventative agenda that underpins TC provision.

7. Conclusion

- 7.1 The aim of both contracts has been to achieve a more integrated approach to service delivery and in this regard both have delivered that objective. Both contracts are meeting most of the High Level Outcomes referred to earlier in this document and can now support our decision making.

- 7.2 Joint working with Health colleagues for ICES in particular requires good relationship management and considerable effort. We have a productive and collaborative relationship with good governance and communication routes.
- 7.3 There is further work to do to manage performance, finance and risks but we are in the most informed position we have been in terms of managing these risks and consequences. The wealth of Management Information now available enables commissioners and managers to interrogate data and challenge with greater confidence.

8. Recommendations

8.1 Recommendation: The Adult Social Care Cabinet Committee is asked to CONSIDER and COMMENT on the content of this report.

9. Background Documents

Integrated Community Equipment Service (ICES) - jointly funded by the County Council and NHS clinical commissioning groups (CCGs)
<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=748>

10. Report Author

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High Level Service Outcomes of the Integrated Community Equipment Service Objectives of the Service

The Commissioner's aim is to build upon the Integrated Community Equipment Service (ICES) arrangements which have been in place across the county for many years, and further enhance this configuration to develop a more singular integrated service for community services, thus providing prescribers and clients with a single point of contact and, wherever possible and appropriate, a more singular service solution.

The key aims of the new service arrangement will be to:

Commission an integrated community equipment service solution incorporating retail facilities

Pool resources across NHS, Education and Social Care to secure efficiencies and value for money

Develop an easy to understand market place for people to access community equipment, products and advice/information, whether subsidised through the public purse or private funded purchases, which provide a trusted environment for individuals, enabling them to make informed choice

Increase performance and efficiencies through economies of scale, timely service delivery and faster end to end times, whilst at the same time reducing the number of interventions for clients

Promote a prevention and early intervention agenda by:

- Contributing towards a reduction in hospital admission /readmission to acute or urgent care
- Assisting in the facilitation of early supported hospital discharge
- Supporting care closer to home
- Contributing towards a reduction of admissions into long term care
- Supporting access to the curriculum in Education, reducing the need for additional care and support
- Supporting the reduction in the need for extensive care packages

Support end of life care to be delivered within the individual's chosen environment

Support the delivery of the personalisation agenda in NHS, Education and Social Care through the use of personal budgets

Meet the requirements of the Children and Families Act 2014 to include equipment provision in the Education, Health and Care plans for eligible children and young people aged 0-25 years

Target resources at the right people, at the right time through effective planning
Reduce the impact on the environment through recycling of products and providing local access points to reduce carbon footprint. As part of future development, self-

assessment is a form of assessment that is completed by the individual or their carer without the immediate involvement of professionals. This will enable people with disabilities to access simple pieces of equipment by completing questionnaires supported by diagrams

Meet the requirements of the Care Act 2014 to include equipment provision to include eligible children and adults, with the inclusion of prisoners across Kent, from April 2015

Improve and maintain individual's health and wellbeing through increased independence, choice, control, dignity and quality of life within their own home environment

Provide a high quality value for money, safe, evidenced-based service for those who meet Kent's eligibility criteria, that optimises mobility and safety in meeting their overall aim of achieving independence and optimal function related to activities of daily living, and improving the clients quality of life.

Offer timely, flexible, prompt and responsive service that is co-ordinated through either a multi-agency or multi-disciplinary care plan

Provide a single point of contact for clients and their carer/parent to track the progress of the procurement of equipment

Deliver quality improvement and innovation through actively promoting the participation of clients, their carer/parent and staff in the ongoing development of the service

Reduce length of stay in hospitals through the provision of special equipment, regardless of the duration of need, and ensure that provision of necessary community equipment is a seamless part of hospital discharge

Provide effective arrangements for the delivery and collection of equipment from clients homes ensuring that the appropriate staff are present to allow demonstration and handover of equipment where necessary

Provide a quick and responsive pathway for providing equipment which does not require clinical assessment

Operate within budgetary constraints and with appropriate regard to the management of resources

Provide a tailored programme of training, information and advice for staff that enables the client to maximise their independence, mobility and quality of life

Ensure the service will be compatible in the roll out of Personal Health Budgets/ Individual Budgets for clients or their carers/parents, in line with government policy and any national pathfinder programme

Ensure equipment is safe, suitable and is covered by appropriate maintenance and breakdown arrangements.

Ensure there is clarity around the roles, responsibilities, obligations and legal requirements where community equipment is provided to a care home, service users own home or prison

Enhance and maintain the quality of life for clients registered in Kent through achieving a greater degree of independence and safety within their own home environment, thereby maintaining the individual within their community.

Meet the assessed needs of the client and their carer/parent and ensure the service safely and effectively meets the needs of, and is responsive to, clients and carers/parents.

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Service User Feedback, Q1

Kent

Friday, September 08, 2017

83

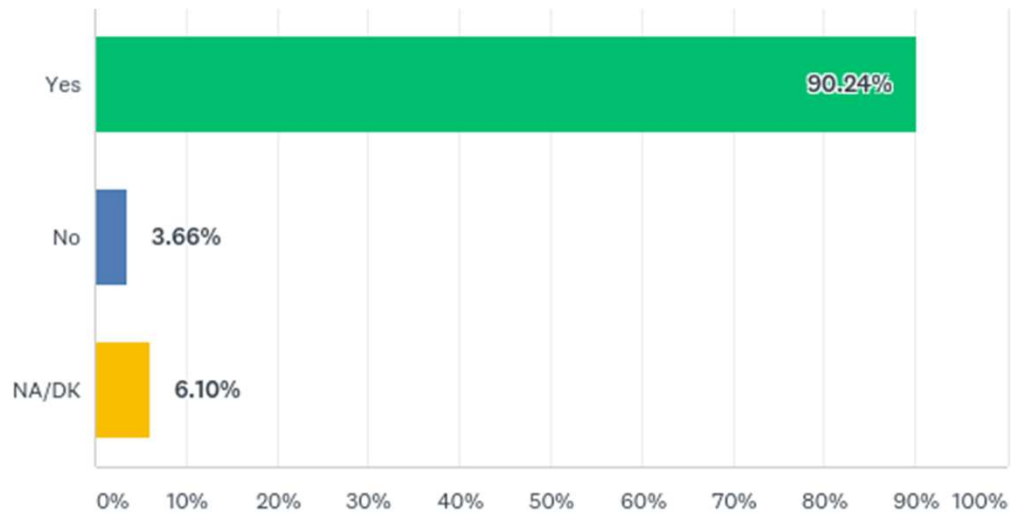
Total Responses

Date Created: Thursday, June 15, 2017

Complete Responses: 83

Q1: Did our customer service team telephone you to arrange the technician's visit?

Answered: 82 Skipped: 1



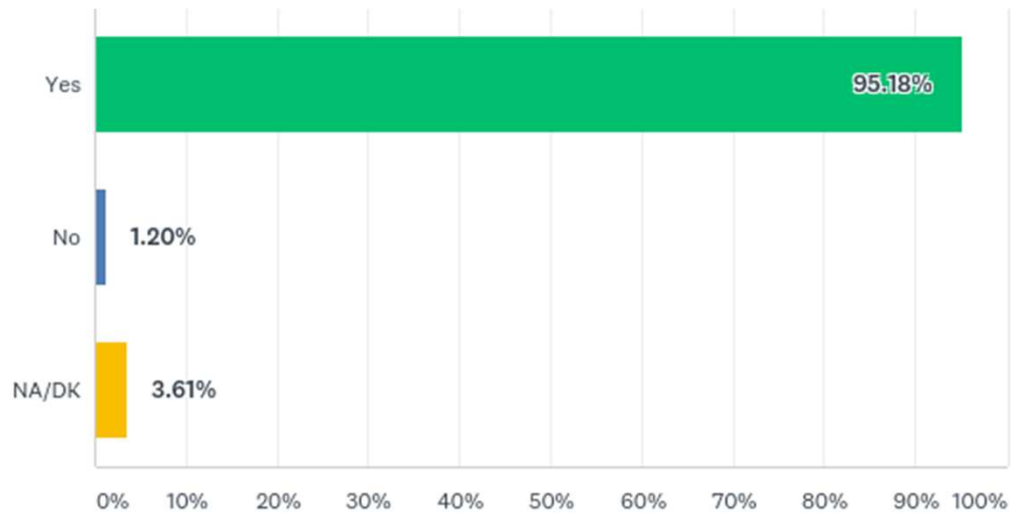
Q1: Did our customer service team telephone you to arrange the technician's visit?

Answered: 82 Skipped: 1

ANSWER CHOICES	RESPONSES	
Yes	90.24%	74
No	3.66%	3
NA/DK	6.10%	5
TOTAL		82

Q2: Did the technician arrive on the day expected?

Answered: 83 Skipped: 0



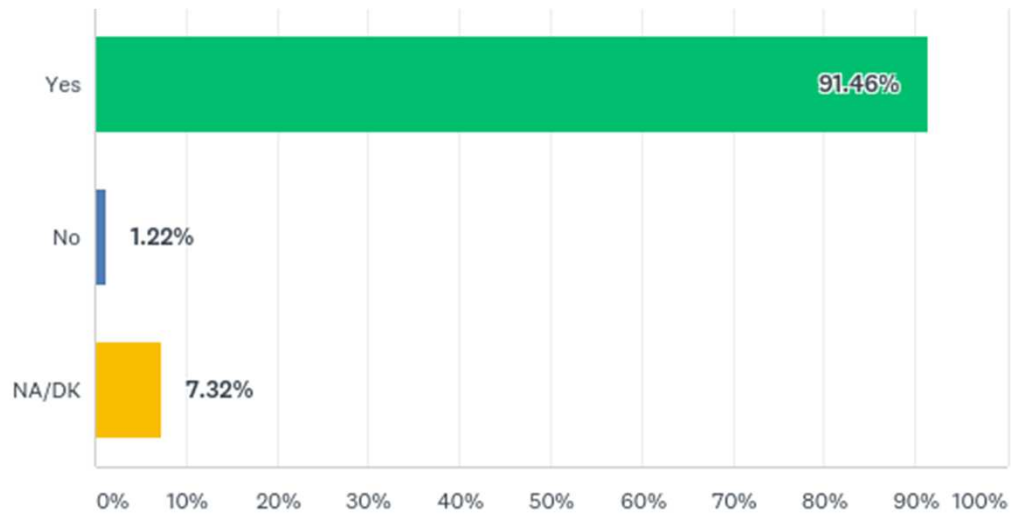
Q2: Did the technician arrive on the day expected?

Answered: 83 Skipped: 0

ANSWER CHOICES	RESPONSES	
Yes	95.18%	79
No	1.20%	1
NA/DK	3.61%	3
TOTAL		83

Q3: Was the equipment clean and in working order?

Answered: 82 Skipped: 1



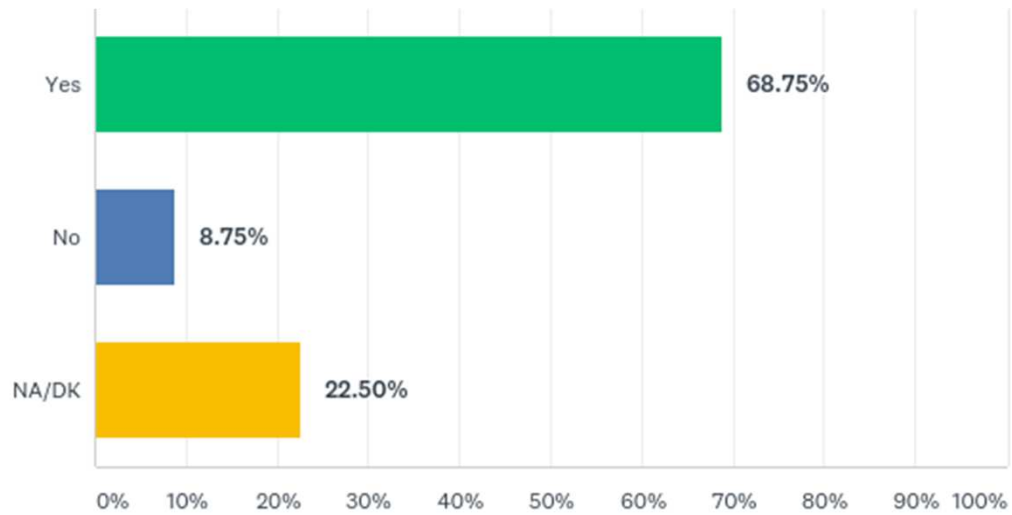
Q3: Was the equipment clean and in working order?

Answered: 82 Skipped: 1

ANSWER CHOICES	RESPONSES	
Yes	91.46%	75
No	1.22%	1
NA/DK	7.32%	6
TOTAL		82

Q4: Did the technician demonstrate and adjust the equipment for you?

Answered: 80 Skipped: 3



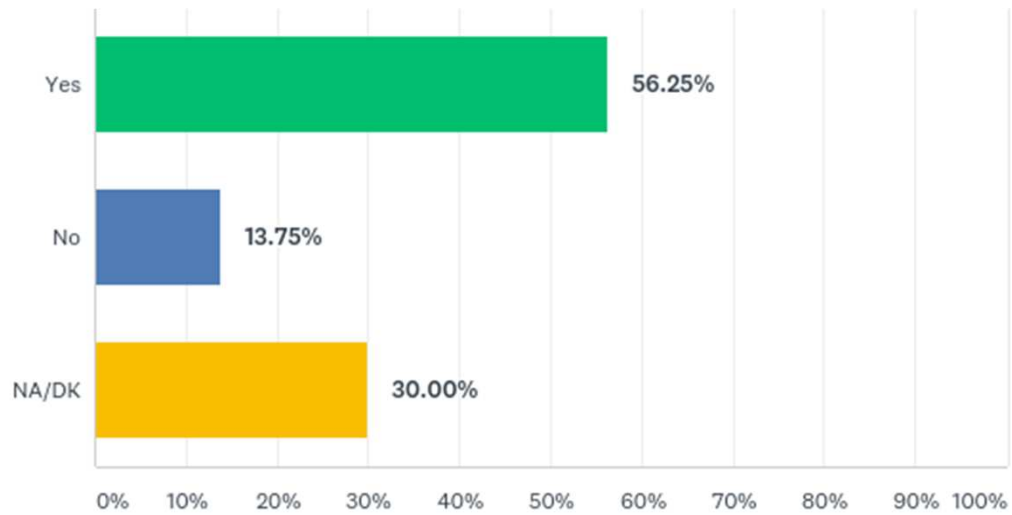
Q4: Did the technician demonstrate and adjust the equipment for you?

Answered: 80 Skipped: 3

ANSWER CHOICES	RESPONSES	
Yes	68.75%	55
No	8.75%	7
NA/DK	22.50%	18
TOTAL		80

Q5: Did the technician give you written instructions on how to use your equipment?

Answered: 80 Skipped: 3



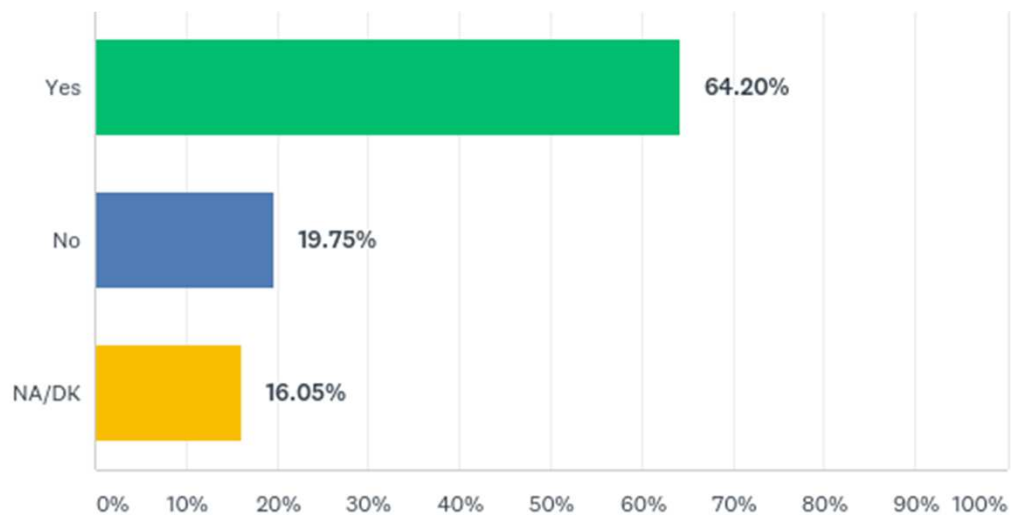
Q5: Did the technician give you written instructions on how to use your equipment?

Answered: 80 Skipped: 3

ANSWER CHOICES	RESPONSES	
Yes	56.25%	45
No	13.75%	11
NA/DK	30.00%	24
TOTAL		80

Q6: Did the technician give you an information leaflet explaining how to report a fault or return the equipment?

Answered: 81 Skipped: 2



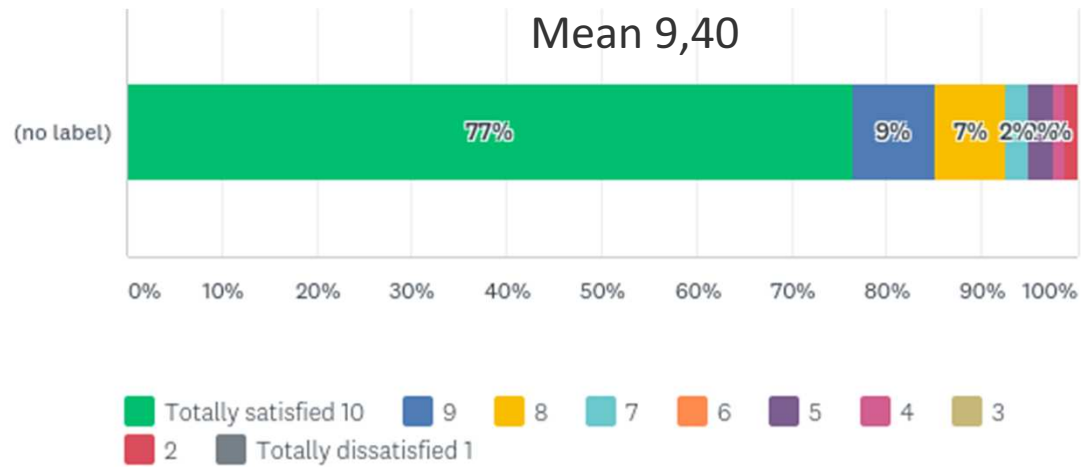
Q6: Did the technician give you an information leaflet explaining how to report a fault or return the equipment?

Answered: 81 Skipped: 2

ANSWER CHOICES	RESPONSES	
Yes	64.20%	52
No	19.75%	16
NA/DK	16.05%	13
TOTAL		81

Q7: Overall, how satisfied are you with the service provided by us?

Answered: 81 Skipped: 2



Q7: Overall, how satisfied are you with the service provided by us?

Answered: 81 Skipped: 2

	TOTALLY SATISFIED 10	9	8	7	6	5	4	3	2	TOTALLY DISSATISFIED 1	TOTAL	WEIGHTED AVERAGE
(no label)	77% 62	9% 7	7% 6	2% 2	0% 0	2% 2	1% 1	0% 0	1% 1	0% 0	81	9.40

Q8: Why is that? (I)

Answered: 53 Skipped: 30

- Aaron was extremely professional, polite & efficient. He worked quickly & explained fully the equipment. Thank you.
- Fast delivery and new condition
- Technician repair was very good and checked my bed for fault and a replacement on him. Thank you
- Could not have wished for better
- Excellent customer service. Technician was polite, helpful & kind
- Prompt and efficient
- The bed handle is sliding around. He also didn't wipe his feet and left dirt on the carpet.
- No complaints. Efficient service. Friendly staff
- Friendly efficient and co-operative very patient
- Excellent service
- Would help if those delivering were a little better informed about equipment
- He fitted it for me
- Because so much hassle to replace the old one.
- It all came when it was needed, and collected promptly.
- Very helpful, considerate & very pleasant

Q8: Why is that? (II)

Answered: 53 Skipped: 30

- Very quick service
- The technician was very polite and very helpful and friendly
- Reliable and products delivered all correct, clean etc. John was very helpful and compassionate. Arranged later delivery to fit in my hospital visit. Thank you :)
- We had to wait 7 weeks for the equipment
- The equipment helped me to get my life back after my accident
- He was kind & efficient
- Everything was politely and pleasant from the phone caller to the delivery man
- Not much contact about delivery or set up
- He was a very polite, efficient & helpful person
- Our request was processed and the item was delivered promptly.
- Very cheerful, helpful crew
- Couldn't find any fault with delivery the driver was very pleasant and helpful
- Happy man helpful friendly & did his job
- He was so quick and kind

Q8: Why is that? (III)

Answered: 53 Skipped: 30

- Very efficient
- Very knowledgeable
- Quick and efficient
- Because we knew when to expect equipment. Also a pleasant young man delivered it.
- The gentleman who delivered and dismantled the equipment was a very kind man and very helpful
- Very helpful
- Also I was told by your company a chair was being delivered but it seems it was not in stock.
- The service was excellent but the leaflets unreadable due to size and print colour.
- Driver's attitude not pleasant
- Always been helpful in the past
- You miss read my phone No and I had to phone again to get it collected by otherwise I've all ways had very good service as to the yearly servicing of equipment, The driver was very polite & helpful. Full marks for him.
- Delivery drivers friendly and polite when they arrived at door and make sure you are happy with the equipment they deliver
- Very polite and precise
- Could not have wished for a better service

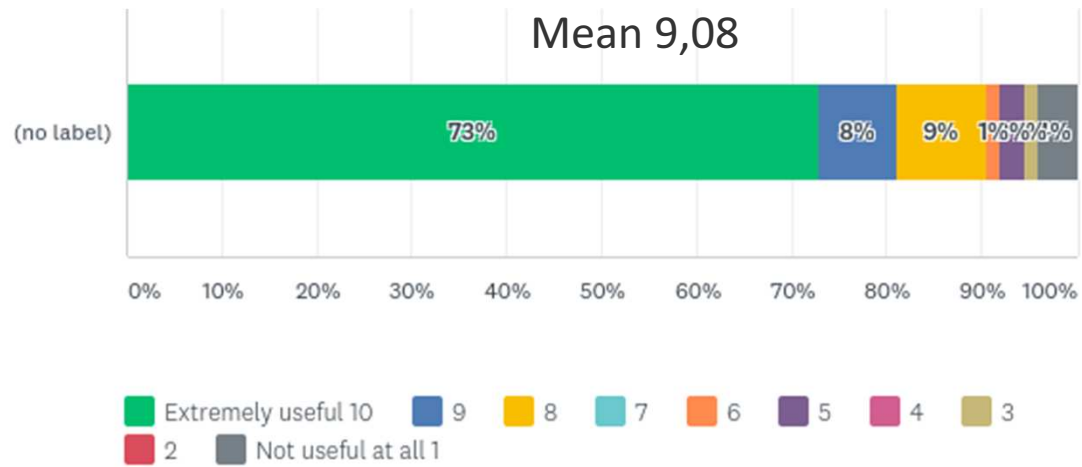
Q8: Why is that? (IV)

Answered: 53 Skipped: 30

- Instructions on how to use not given by TWO repair men on previous two days or on install 5 weeks ago.
- Excellent - quick service
- The total experience was very professional
- Arrived on time, polite and explained everything clearly and concisely
- We have many things on loan from you. Everyone we have dealt with has been polite and efficient - a very good and much needed service. Thank you.
- Very pleasant driver, explained everything to me, even though he knew I had already got one.
- Good service
- I think the service is very good
- Technician was incredibly informative and friendly
- I was pleased it came the same day otherwise my husband would have stayed in bed which I didn't want.
- Very helpful fully explained & also took a few minutes to speak to the 96 year old gentleman this was for.

Q9: How useful do you think the equipment will be to you?

Answered: 74 Skipped: 9



Q9: How useful do you think the equipment will be to you?

Answered: 74 Skipped: 9

	EXTREMELY USEFUL 10	9	8	7	6	5	4	3	2	NOT USEFUL AT ALL 1	TOTAL	WEIGHTED AVERAGE
(no label)	73% 54	8% 6	9% 7	0% 0	1% 1	3% 2	0% 0	1% 1	0% 0	4% 3	74	9.08

Q10: Could you please explain why? (I)

Answered: 62 Skipped: 21

- It will allow my dad to come home from hospital & have a special bed to use & other things to make his life a little easier.
- Enabling me to keep everything in one place and move easily
- But 3 items returned most efficiently today. I had no need to use at the moment anyway
- Will enable me to move around & carry personal articles e.g. mobile phone & cup of tea
- Its a bed to sleep in and it goes up and down to keep me safe
- Toilet frame is explanatory
- Could not have done without it
- Side bars, adjustable back i.e. up right/down etc.
- Because the patient did not return home
- Help me cope with fractured pelvis @ home
- Without it, it would have been hard work
- After having a Grade 4 pressure sore can not be without air mattress for long periods of time.
- Will allow me to shower without worry
- I struggle to walk unaided and the walker is my life line.
- My father was becoming so frail before his final visit to hospital. The equipment helped him in his last days.

Q10: Could you please explain why? (II)

Answered: 62 Skipped: 21

- Need to keep a check between nurse visits
- I did not think I would have to use this equipment, but thank good we did have it. I would never have managed otherwise. Thank you :)
- Keeps the client able to stay at home
- My partner has a severe brain infection and cannot walk unaided and has been falling onto one side in bed.
- I can't lift my dad, bed will be very easy to get him in and out and comfortable.
- My husband has Parkinson's Disease and also has had a knee replacement
- It aided me to move independently
- Easy to use - and safe
- Felt technician rather off hand & uncaring
- Having just received it I am not used to it yet
- Could not manage without it
- Will allow me to wash myself independently and to cut vegetables in the kitchen
- I am unable to stand therefore the item assists with my seated comfort
- My husband has to be hoisted otherwise cannot get him out of bed.
- My husband John has Parkinson's - The items will make his life better and more comfortable and enjoyable. Betty Wyatt. Thank you.

Q10: Could you please explain why? (III)

Answered: 62 Skipped: 21

- Very useful to get in and out of the bath
- Mother would find life difficult/or impossible without
- It helps with my bad knees
- Enables me to walk more steadily
- All equipment needed to support an ill relative.
- Makes life easier
- Makes life a little easier with my husbands condition.
- It helped out mum to fill relaxed in her last dying months. MANY THANKS
- Bit difficult to use
- Too big
- It will be the carers that use the equipment
- I use the unit 3 or 4 times a day on a regular basis.
- This was a collection. Driver seemed very stressed with workload. Maybe work plan needs assessing more closely.
- It will allow me to finally sleep comfortably in a bed
- Bed returned - A very nice young man and most pleasant Thank you

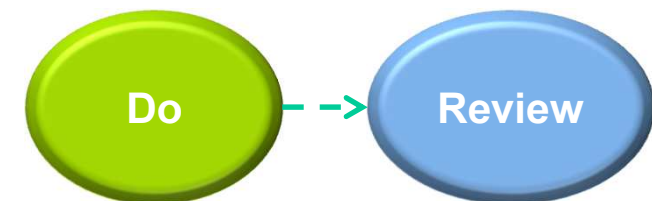
Q10: Could you please explain why? (IV)

Answered: 62 Skipped: 21

- It was for my wife's use as she could not get into bath but the chair made it so much easier the carers used it every day. She is now in a care home so no further use.
- It was a cushion for a chair and it makes a massive difference to sitting comforts
- Gives more height to wheelchair & chair. For the wheelchair when washing at bathroom sink.
- The equipment was exactly as the lady who assessed my wife recommended and this has helped her mobility a lot. Thank you.
- Comfortable cushion
- It will enable our mother to get out up and into a wheelchair
- Enables me to get in and out of bed without any helper
- Unknown at this time as circumstances could change.
- I am not the intended user - merely here on behalf of the recipient
- It gives my husband his mobility
- It will allow my husband to walk further. Other equipment will help to keep him at home.
- Due to Polio and Osteoarthritis, I am unable to get in and out of the bath without this equipment.
- We were unable to get on with Mangar leg lifter so we sent it back.
- My husband who has Parkinson's, will find the bed a great help

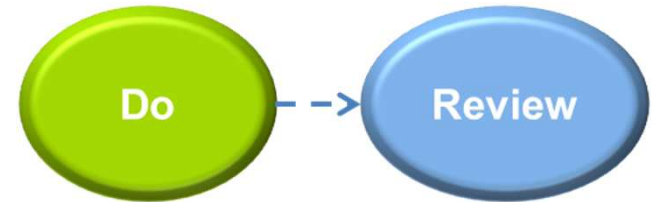
Integrated Community Equipment Services and Technology Enabled Care Services

Cabinet Committee



Anne Tidmarsh, Director Older People and Physical Disability
Mark Hogan, Independent Living Services Manager, Operational Support Unit
Tracy Veasey, Commissioning Officer, Strategic Commissioning, Community Support

Equipment and Technology



- Two new contracts – Lot 1 & Lot 2
- Awarded 5 years + 2 from 30 November 2015
- Integrated Community Equipment Services (ICES)

– NRS Healthcare

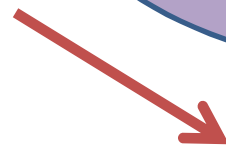
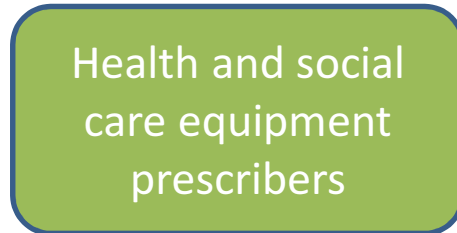


- Technology Enabled Care Services (TECs)

– Centra Pulse



The new ICES Service Model



What is Community Equipment



Bath lift



Raised toilet seat



Children's walker



Profiling Bed



Stand aid



Walking frame



Text phone

Kent Operation in Aylesford



Page 59

Contact Us

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NRS

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Kent Operation in Aylesford



Prescriber Access from NRS – iRIS4



https://iris4.nrs-uk.co.uk/default.aspx

Kent County Council NHS

NRS Healthcare Putting People First

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- Tracking
- Administration
- My Levels
- Documents
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- Site Map
- Feedback
- Hide

Click here: Guide to Ordering Specials Effective 01/07/17

Edit your home page.

Please note that orders for Lomax 13952 need to be ordered from Sunrise Medial 13510 also orders for Sidhil 13686 need to be ordered from Drive Devilbiss Sidhil 14801.

Welcome

Welcome to your NRS iRIS web site for the Kent Integrated Community Equipment Service. This page is used to inform you of any key events or information relating to the service provided. This page may be edited by NRS and/or key managers or commissioners of the service. We hope you find this site useful and easy to use. If you do experience problems, please click the Contact Us link above where you will find the contact details for your local service centre. The customer service team will be happy to listen and help.

Updates from Commissioners

Clinical Team Contact Information(18/09/17)

Commissioners would like to advise prescribers that there is a new clinical team email address available for use: clinicalteam@kent.nrs-uk.net

Please can prescribers use this email for all general clinical enquiries. It will be monitored by all members of the clinical team who will respond as appropriate. The clinical teams personal emails are still available but should be used for more specific communications. Thank you

Clinical Reasoning(17/08/17)

Commissioners would like to remind Prescribers when plading orders on iRIS4 to include the Clinical Reasoning Form when the item is above £300, or any NEW special order, including recycled items, to facilitate approval of an orders.

My Details

Tracy Veasey
Tracy.Veasey@kent.gov.uk
Tel 03000 415530
Last login: 16/09/2017 08:45:08

My Orders

Orders: 14

Pending: 0

Awaiting authorisation: 0

For me to authorise: 0

Deliveries this month: 0

Deliveries Value: £0.00

Collections this month: 0

Collections Value: £0.00

Loan Period Expired: 0

My Calendar

October - 2017

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

My Clients

My Products

100%

14:37
14/09/2017

Integrated Community Equipment Service from NRS



The service includes:

- Equipment service, including overhead hoists, seating, bathing, toileting etc.
- Service and maintenance
- Technician service materials including rails, ramps, furniture raising
- Clinical advisory service – including OTs supporting recycling specials programme (£15-20K per month saving)
- New online ordering and management iRIS4 system – track order from point of authorisation
- “Safe and Well” information service, including online assessment tool, physical and online retail. Partnering with Kent retailers
- Trusted Assessors trained across internal and external agencies, Kent Fire & Rescue Service & Voluntary Organisations

Current challenges

- NRS have evidenced financial challenges from the original financial operational model and amendments are underway
- Recruiting the right staff and retaining those staff, has been a key focus. The sector does experience high staff turnover
- Initial focus has been on the delivery of equipment to manage the inherited backlog during mobilisation from previous suppliers. There is now capacity to improve collections and the recycling of equipment and to fine tune the service and consider new development opportunities. Commissioners are performance managing the provider to achieve improvements in this area
- Recovery of equipment from Care homes can be slow and delay recycling. Work is progressing in this regard with NRS and the care home sector



Improved Outcomes & Savings



Client diagnosed with MS and is non weight bearing and living at home with husband who is main carer. Husband requires operation following manual lifting of wife resulting in hernia from carrying out all transfers.

Following an OT assessment prescribed an overhead hoist, slings and slide sheets (total cost £2,666.37) via NRS

OT provided training to support husband to meet all care needs for his wife as requested.

- Avoidance of previous H&S concerns for client and husband re manual lifting wellbeing and choice requirement of Care Act met
- supports client to maintain functional ability for as long as possible as she actively participates in the transfers (operates hoist control and rolls to help with sling fitting), which also meets preventative requirement of Care Act and may delay / prevent requirement for Nursing care in a residential setting
- avoidance of any use of scarce resource of formal domiciliary carer agencies and also Case Manager in KCC
- cost avoidance of £779.14 per week (4 x DHC calls), £40,528.80 per year
- excellent job satisfaction for OT following her effective intervention

Future Developments



- Development of regular prescriber & user surveys to help shape the service
- Further development of the iRIS4 online system to manage spend
- Countywide Lead CCG Commissioner in place to work with KCC Commissioners to deliver joint development planning
- Strategic partnerships between home care providers, Kent Fire & Rescue Service residential care home providers and Centra
- Introduction of rental agreements between equipment provider and residential care homes
- Better information for commissioners and for operational managers – understand behaviours of prescribing staff
- Further understanding of market to shape business

Current performance - NRS

April – September 2017



Deliveries Performance

	Target 1	Target 2	March	April	May	June	July	August	September
Overall Delivery Performance	96%	80%	81%	88%	82%	84%	92%	86%	85%
Performance of same day deliveries	98%	95%	98%	99%	100%	97%	99%	98%	98%
Performance of next day deliveries	98%	95%	73%	81%	75%	97%	97%	98%	96%
Performance of deliveries within 5 working days	92%	85%	69%	84%	74%	74%	88%	79%	77%

Collections Performance

	Target 1	Target 2	March	April	May	June	July	August	September
Number of collections within 10 working days	95%	85%	75%	76%	78%	80%	81%	84%	88%
Collections Requested (By Item)			12,641	8,523	9,544	11,399	10,286	10,336	10,890

Recycling Performance

Contract Items	Target 1	Target 2	March	April	May	June	July	August	September
Recycled Qty			7914	5076	5755	6605	5288	4811	6246
Value			£853,485	£469,858	£617,389	£682,487	£556,104	£542,389	£524,514
Contract Item, recycle rate by qty	75%		82.43%	72.78%	82.36%	71.60%	72.86%	80.20%	86.21%
Contract Item, recycle rate by Value	95%	90%	94.76%	82.63%	91.98%	84.78%	88.62%	93.34%	94.26%

What is Technology Enabled Care Services?



Monitoring Box



Centra

Key Safe

GPS Tracker - watch



Amie Accessories



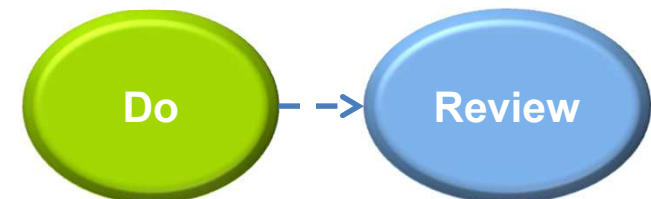
Easy Press Adaptor

Belt Clip

Neck Cord

Wrist Strap

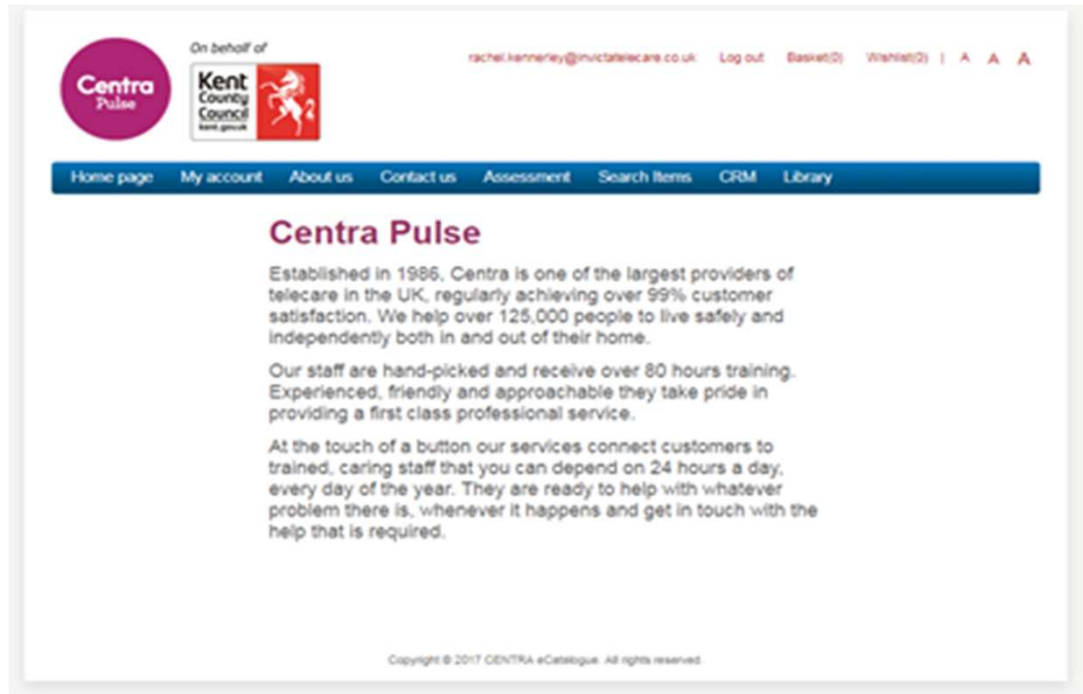
Lifeline Pendant



Who & Where – Installation Team Based Kingshill



Prescriber Access - What is TECs



Contact Us

TECs

Centra

Email: pulse@centragroup.org.uk

Telephone: 0300 456 3785

Technology Enabled Care Service from Centra Pulse



The service includes 3 service components:

1. Telecare and Digital Care

1. Installation, de-installation, maintenance and repair (includes online DATS ordering system)
2. 24 hour monitoring
3. Service user support

2. Training – for KCC staff & Trusted Assessors, Voluntary Orgs

1. Classroom training/ELearning
2. Advice and support for assessors

3. Service Development and project support

1. Horizon scanning – new products & services
2. Project support

Current Challenges and Practice examples



- Data quality continues to be an issue with keeping pace with service users change in circumstances – move to residential services or passed away
- Changing face of technology and connectivity
- Digital Switchover – 2025
- Increasing efficiency of contract/ ensuring best value gained for Service User and KCC
- GPS tracker increased usage : example of person with dementia found in harbour

Good News Story -Dramatic Rescue Operation



An elderly man diagnosed with dementia but wearing his GPS tracking device strayed outside of his regular walking route

An alarm was raised by Centra to family and emergency services and they were able to quickly locate the gentleman who had wandered into a local creek and found himself sinking into the mud and sludge.

He was quickly reunited with his family and did not need any medical attention.

Future Developments

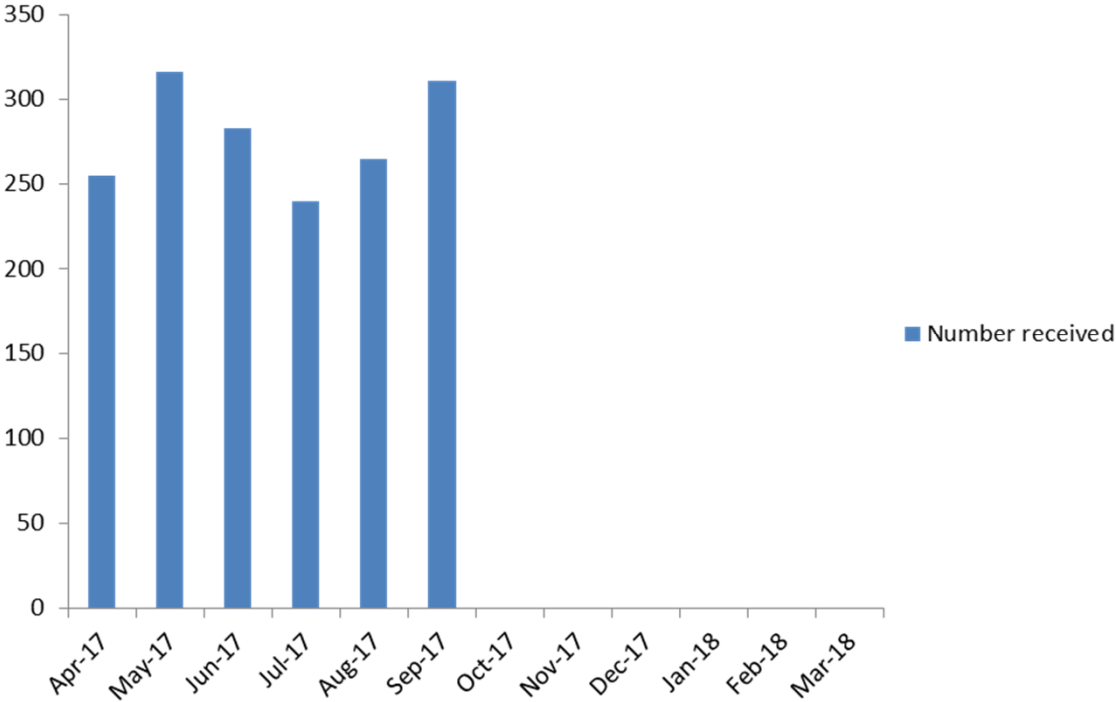


- Strategic partnerships between home care providers, Kent Fire & Rescue Service and NRS
- Continued horizon scanning of new technology available in the market place
- Better information for commissioners and for operational managers – understand behaviours of prescribing staff
- Telecare only cases to be managed by Centra
- Development of DATs system following prescriber review
- Empowering people to use own devices/Apps and technology

Current performance - Centra



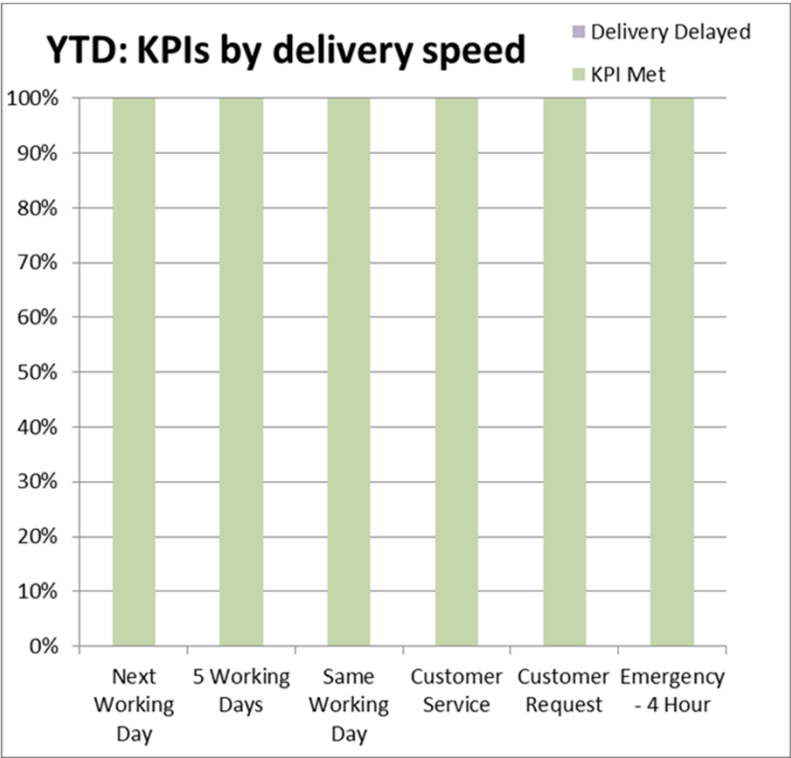
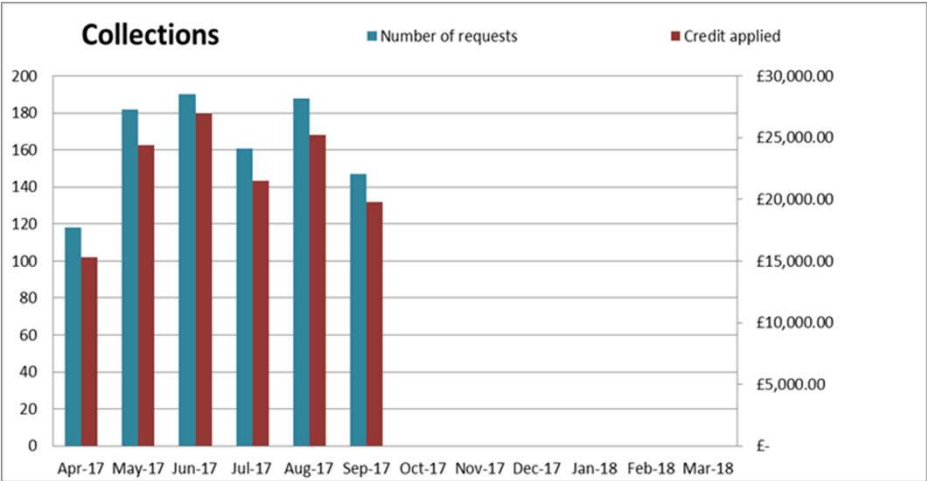
Number of Orders Received April – September 2017



Current performance - Centra



April – September 2017



Questions, Comments or Thoughts.....



Thank you

Mark Hogan, Independent Living Support Services
Manager, Operational Support Unit

mark.hogan@kent.gov.uk

Tracy Veasey, Commissioning Officer, Strategic
Commissioning, Community Support

tracy.veasey@kent.gov.uk

From: Graham Gibbens, Cabinet Member for Adult Social Care
Anu Singh, Corporate Director for Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 23 November 2017

Subject: **ADULT SOCIAL CARE PERFORMANCE DASHBOARD**

Classification: Unrestricted

Previous Pathway of Paper: Social Care, Health and Wellbeing Directorate Management Team – 25 October 2017

Future Pathway of Paper: None

Electoral Division: All

Summary: The performance dashboard provides Members with progress against targets set for key performance and activity indicators for May 2017 for Adult Social Care.

Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the Adult Social Care Performance Dashboard.

1. Introduction

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

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

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

2. Performance Report

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

2.2 The Adult Social Care Performance Dashboard is a subset of the detailed monthly performance report that is used at team, Divisional Management Team (DivMT) and Directorate Management Team (DMT) level. The indicators included are based on key priorities for the Directorate, as outlined in the current business plans and transformation programme, and include operational

data that is regularly used within Directorate. The Performance Dashboard will evolve for Adult Social Care as the transformation programme is shaped.

- 2.3 The monthly performance monitoring is based on data that is derived from the client system (SWIFT/ AIS). This system captures the assessment, needs, services, costs and review data from every service user that we support.
- 2.4 The operational teams have the responsibility for updating the system and have a wide range of reports available to them to be able to manage their own performance, including supervision with staff.
- 2.5 The latest report contains the most up to date indicators with targets, based on the delivery of the transformation programme and statutory responsibilities. This includes ensuring that the interdependencies between services are understood and the targets reflect these. For example, a reduction in residential care may mean an increase in home care.
- 2.6 Cabinet Committees have a role to review the selection of indicators included in dashboards, improving the focus on strategic issues and qualitative outcomes.
- 2.7 Following the last performance report presented to Cabinet Committee, it was agreed that a performance workshop would be arranged for Members of the Committee and this took place on 7 November 2017.
- 2.8 A subset of these indicators is also used within the quarterly performance report, which is submitted to Cabinet.
- 2.9 As an outcome of this report, members may make reports and recommendations to the Leader, Cabinet Members, the Cabinet or officers.
- 2.10 Performance results are assigned an alert on the following basis:
 - Green:** Current target achieved or exceeded
 - Red:** Performance is below a pre-defined minimum standard
 - Amber:** Performance is below current target but above minimum standard.

3. Summary of Performance

- 3.1 There are 13 measures within the Adult Social Care Performance Dashboard which have a RAG (Red, Amber, Green) rating applied.
- 3.2 For September 2017, nine performance indicators are rated as Green, three as Amber and one as Red.
- 3.3 In respect of the one performance indicator which has been rated as Red (ASCO3 - Referrals to Enablement) it is thought that three main reasons for this are:
 - (1) Lower than expected referrals to enablement because there are other intermediate care services that we invest in, such as Hilton's Discharge to Assess

- (2) Some increase in the number of new cases which are not be suitable for enablement (for example increasing number of people with complex dementia needs) thereby reduce the number of new referrals to the service
- (3) Sometimes there may not be capacity to accept new referrals because Kent Enablement at Home (KEaH) steps in when the homecare market is not able to provide support and also where KEaH prioritises hospital discharges which helps with the management of Delayed Transfer of Care.

3.4 The overall picture of people being supported in the full range of enabling services is much more positive. A number of other schemes commissioned by the Council, the NHS and CCGs such as Home First, Hilton's Discharge to Assess and Virgin Care are delivering intermediate care which is enabling people that would have ordinarily have gone through our KEAH service prior to these schemes existence. We are in the early stages of analysing this impact.

3.5 In respect of the delayed transfers of care indicator, it should be acknowledged that this indicator isn't now reflecting the progress and issues that are happening across the county. For future meetings of the Committee a more detailed appendix will be presented showing this data to a greater level of granularity.

3.6 Since the minister's statement earlier in the year, national targets have been set which are linked to the Better Care Fund and which require Social Care and Health to work together to reduce delayed transfers of care and deliver better outcomes for people.

3.7 Key messages are:

- (1) For the month of September Kent had a total of 3,525 DTOC days, this meant the Council fell short by 152 days of the target figure of 3,372 days required to achieve the Nationally set target rate of 9.3 days per 100,000 population.
- (2) The current rate for Kent in September is 9.7 days per 100,000 population.
- (3) The target figure submitted to the NHS England Better Care Manager for the South East was a total of 3,524 delays to achieve by November 2017; this is only one day short of the current Kent position for September so we are on course to hit this target.

4. Recommendations

4.1 Recommendation: The Adult Social Care Cabinet Committee is asked to CONSIDER and COMMENT on the Adult Social Care Performance Dashboard.
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5. Background Documents

None

- 6. Report Author**
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Adult Social Care Dashboard

September 2017



Key to RAG (Red/ Amber/ Green) ratings applied to KPIs	
GREEN	Target has been achieved or exceeded
AMBER	Performance is behind target but within acceptable limits
RED	Performance is significantly behind target and is below an acceptable pre-defined minimum *

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

Adult Social Care Indicators

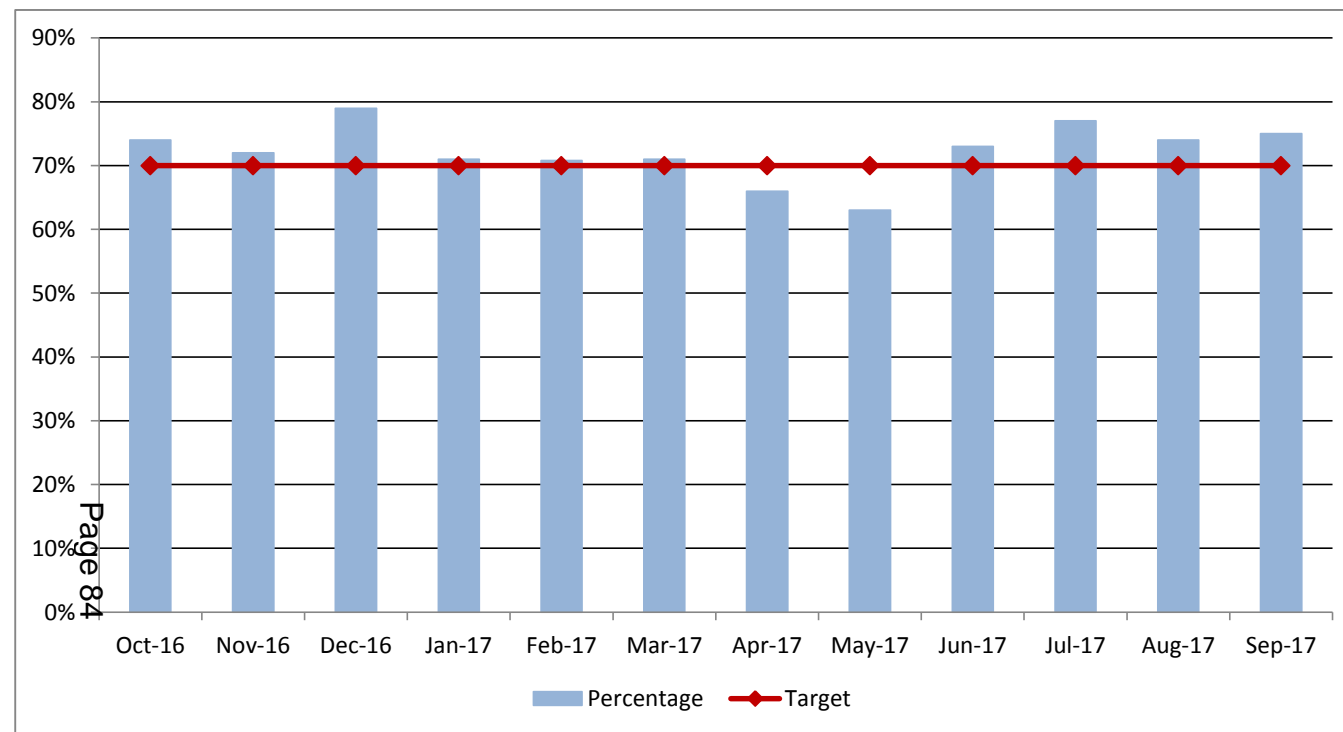
The key Adult Social Care indicators are listed in summary form below, with more detail in the following pages. A subset of these indicators feed into the Quarterly Monitoring Report, for Cabinet. This is clearly labelled on the summary and in the detail.

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

All information is as at the latest month wherever possible.

Indicator Description		MoS	SCHW SPS	QPR	2016-17 Outturn	Current 2016-17 Target	Current Position	Data Period	RAG
1)	Percentage of contacts resolved at source (ASC01)	Y	Y	Y	71%	70%	75%	Month	GREEN
2)	Number of adult social care clients receiving a Telecare service (ASC02)		Y	Y	6,345	6,800	6,769	Cumulative	AMBER
3)	Referrals to Enablement (ASC03)	Y	Y	Y	786	824	649	Month	RED
4)	Delayed Transfers of Care				26.3% full year effect	30%	27.9%	12M	GREEN
5)	Admissions to permanent residential or nursing care for people aged 65+	Y		Y	148	120	117	Month	GREEN
6)	Number of people aged 65+ in permanent residential care (AS01)	Y	Y	Y	2,330	2,250	2,242	Snapshot	GREEN
7)	Number of people aged 65+ in permanent nursing care (AS02)	Y	Y	Y	1,108	1,082	1,104	Snapshot	AMBER
8)	Number of people receiving homecare (AS03)	Y	Y	Y	3,995	4,060	4,148	Snapshot	AMBER
9)	Number of people receiving direct payments	Y			2,143	2,121	2,018	Snapshot	GREEN
10)	Number of people with a learning disability in residential/nursing care (AS04)		Y	Y	1,118	N/A	1,083	Snapshot	GREEN
11)	Number of people with a learning disability receiving a community service				1,372	N/A	1,425	Snapshot	GREEN
12)	Percentage of adults in contact with secondary mental health in settled accommodation				83.7%	75%	83.3%	Month	GREEN
13)	Percentage of adults with mental health needs in employment				13.5%	13%	14.1%	Month	GREEN

1) Percentage of Contacts resolved at source (ASC01)			GREEN
Cabinet Member	Graham Gibbens	Director	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	Division	Older People and Physical Disability



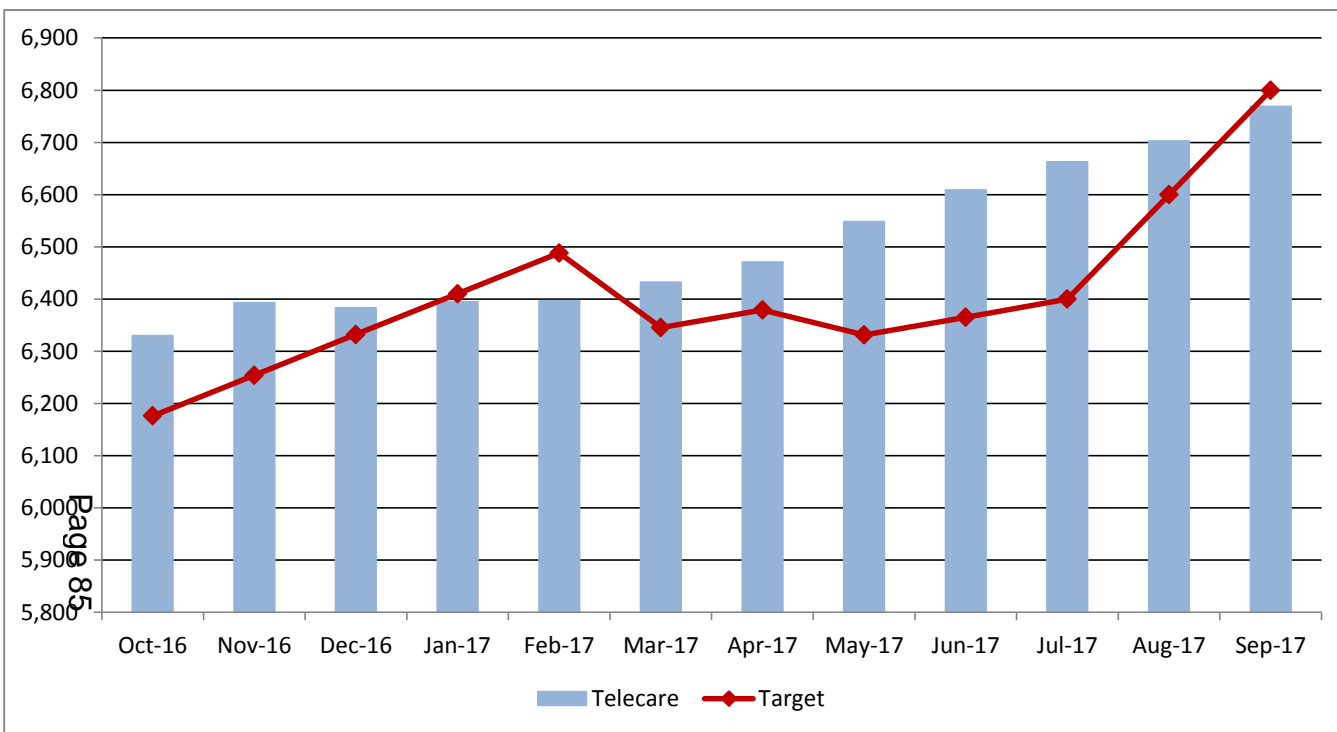
Data Notes
 Data Source: Measures of Success - MoS 1

Quarterly Performance Report Indicator

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Target	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%
Percentage	74%	72%	79%	71%	71%	71%	66%	63%	73%	77%	74%	75%
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN

Commentary
 This is the percentage of people who's needs are met at the point of contacting Social Care through information, advice, guidance or small pieces of equipment. A key priority for Adult Social Care is to respond to more people's needs at the point of contact, through better information, advice and guidance, or provision of equipment where appropriate.

2) Number of adult social care clients receiving a Telecare service (ASC02)			AMBER
Cabinet Member	Graham Gibbens	Director	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	Division	Older People and Physical Disability



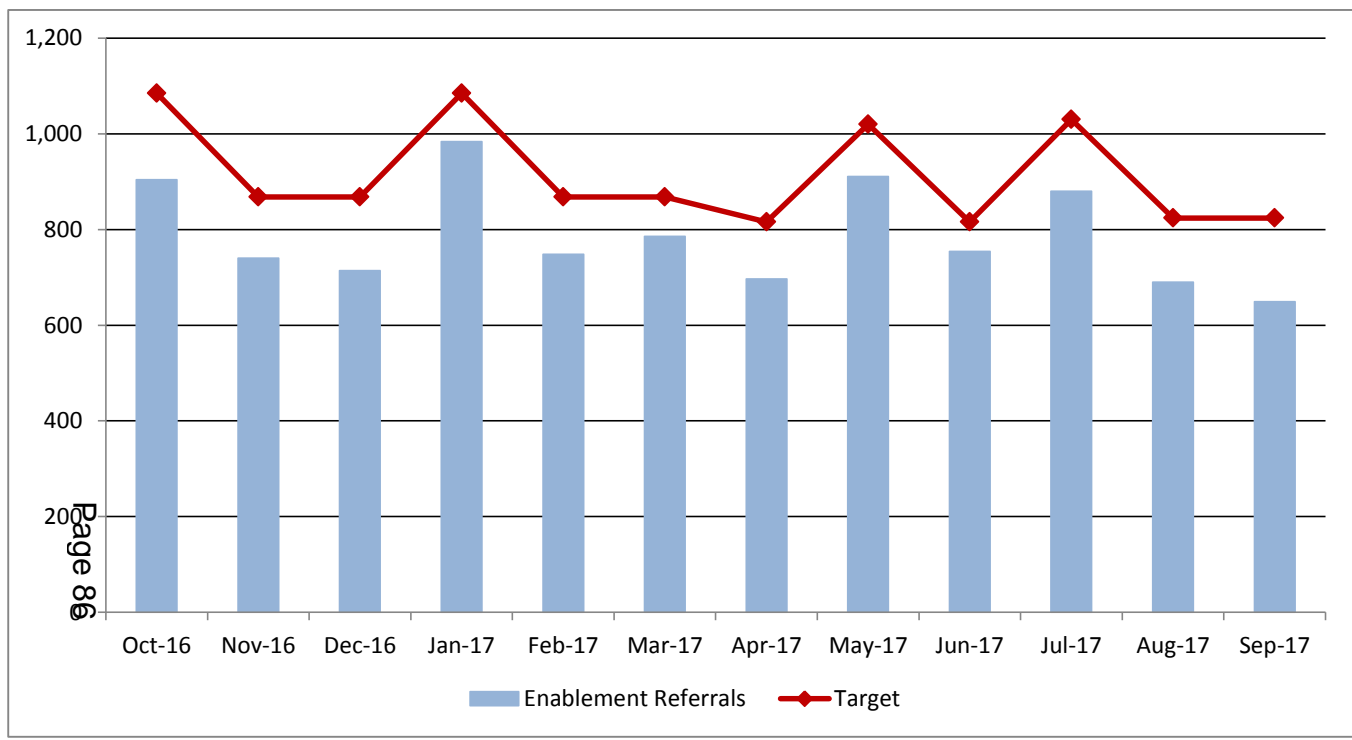
Data Notes
 Unit of Measure: Snapshot with Telecare as at the end of each month
 Data Source: Adult Social Care SWIFT client system

Quarterly Performance Report Indicator

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Target	6,176	6,254	6,332	6,410	6,488	6,345	6,379	6,331	6,365	6,400	6,600	6,800
Telecare	6,330	6,393	6,383	6,395	6,397	6,432	6,471	6,548	6,609	6,663	6,703	6,769
RAG Rating	GREEN	GREEN	GREEN	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER

Commentary
This is the number of people who receive a telecare service. A telecare service reduces the need for support through other services such as homecare and residential care and promotes independence. Revised targets have been agreed to achieve 8,000 people in receipt of Telecare by the end of March 2018.

3) Referrals to Enablement (ASC03)			RED
Cabinet Member	Graham Gibbens	Director	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	Division	Older People and Physical Disability



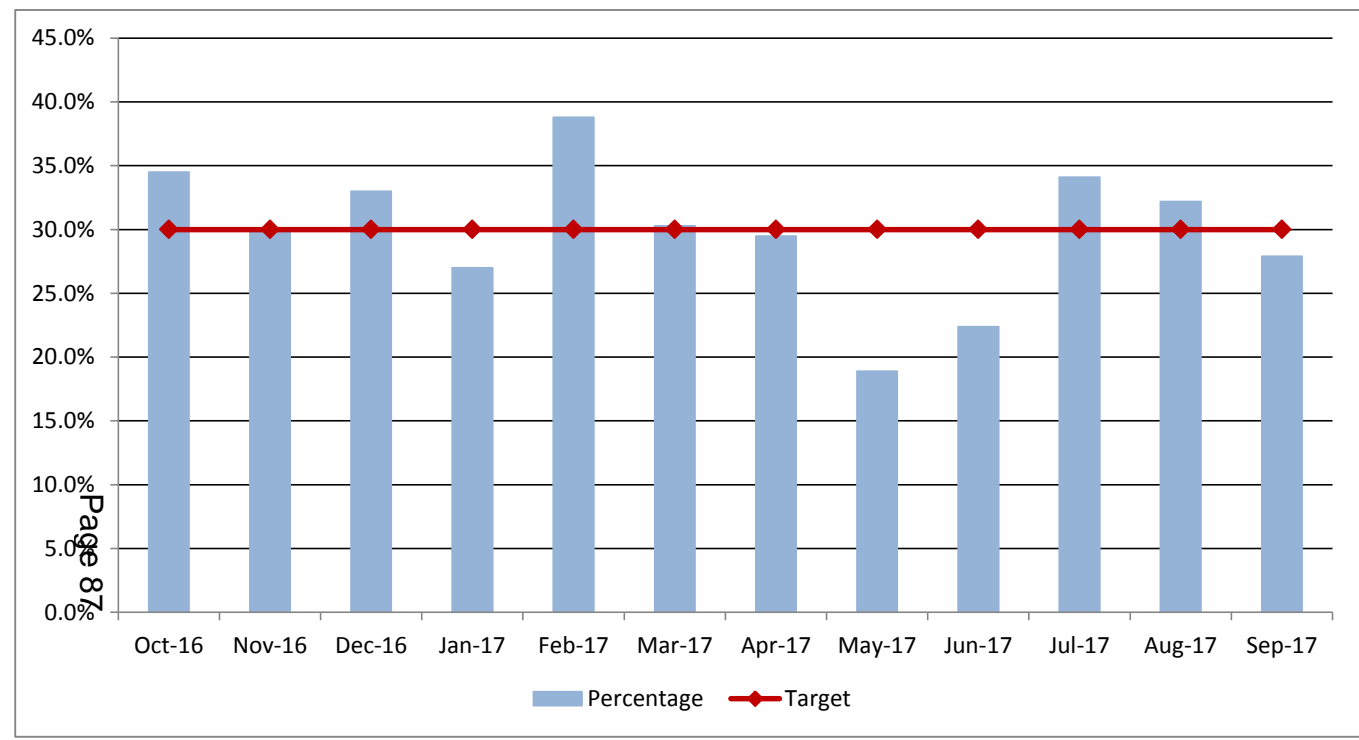
Data Notes
 Unit of Measure: Number of people who had a referral that led to an Enablement service
 Data Source: Measures of Success - MoS 4

Quarterly Performance Report Indicator

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Target	1,085	868	868	1,085	868	868	816	1,020	816	1,030	824	824
Enablement Referrals	904	740	714	984	748	786	697	911	754	880	690	649
RAG Rating	RED	RED	RED	AMBER	RED	AMBER	RED	RED	AMBER	RED	RED	RED

Commentary
 This the number of referrals to our enablement service which is a specialist service to enable people to live independently and undertake daily tasks without support. The overall picture of people being supported in the full range of enabling services is much more positive. A number of other schemes commissioned by KCC, the NHS and CCG's such as Home First, Hilton's Discharge to Assess and Virgin Care are delivering intermediate care which is enabling people that would have ordinarily have gone through our KEAH service prior to these schemes existence. We are in the early stages of analysing this impact.

4) Delayed Transfers of Care			GREEN
Cabinet Member	Graham Gibbens	Director	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	Division	Older People and Physical Disability

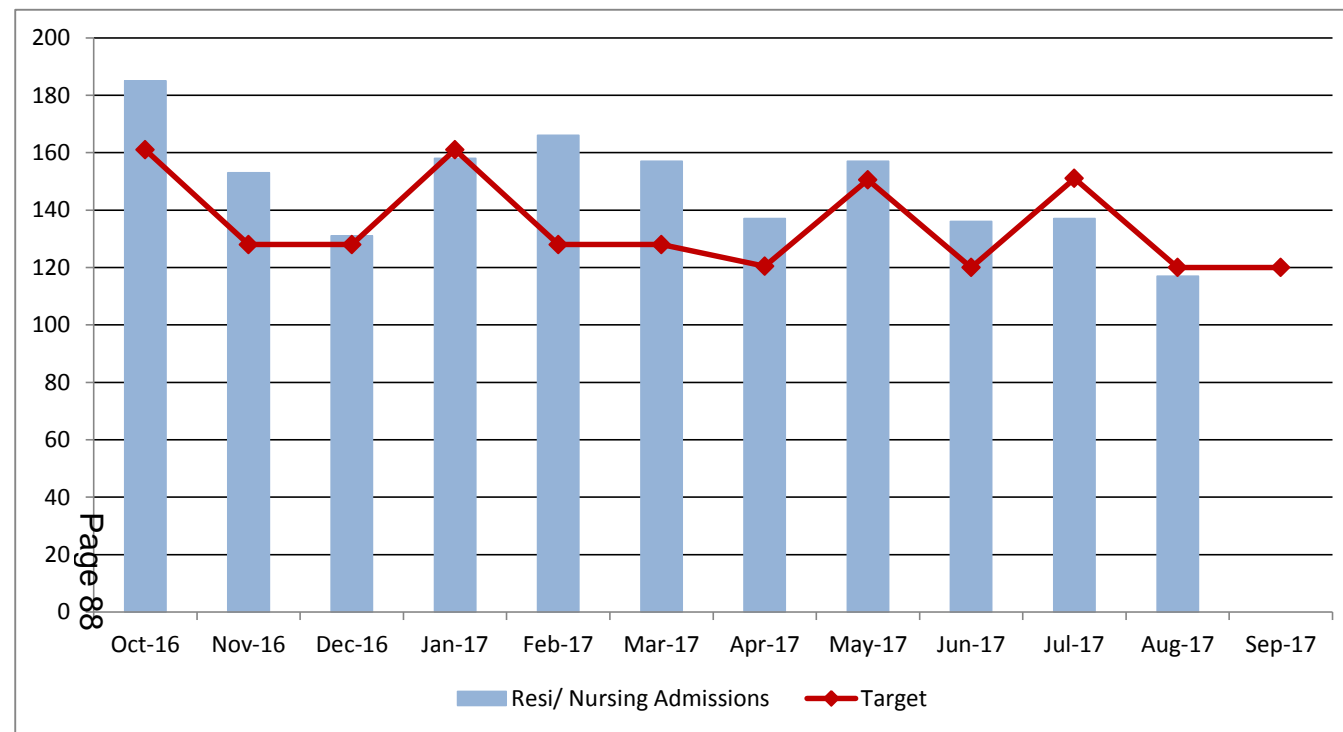


Data Notes
 This indicator represents the percentage of all delays attributable to Adult Social Care or Jointly with the NHS.
 At the end of September 27.9% of delays were attributable to Adult Social Care.

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Target	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
Percentage	34.5%	30.0%	33.0%	27.0%	38.8%	30.3%	29.5%	18.9%	22.4%	34.1%	32.2%	27.9%
RAG Rating	AMBER	GREEN	AMBER	GREEN	AMBER	AMBER	GREEN	GREEN	GREEN	AMBER	AMBER	GREEN

Commentary
This is the proportion of delays to discharge from hospital that are attributable to Adult Social Care or Jointly with the NHS. Delay transfers can be affected by many factors, mainly client choice and health based reasons. Whilst there are ongoing pressures to find social care placements, these have been eased with support such as intermediate care and step down beds. Information relating to delayed transfers of care is collected from health on a monthly basis; since April 2017 in response to an ADASS request the calculation method has been adjusted to capture all delays during the month rather than as at the last Thursday of the month. As of September 2017, 27.9% of delays are attributable in whole or part to Adult Social Care, down slightly from August and within target. For Social Care delayed discharges, the three main reasons were: awaiting residential placement (41), awaiting domiciliary care package (37) and awaiting nursing home placement (32).

5) Admissions to permanent residential or nursing care for people aged 65+			GREEN
Cabinet Member	Graham Gibbens	Director	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	Division	Older People and Physical Disability



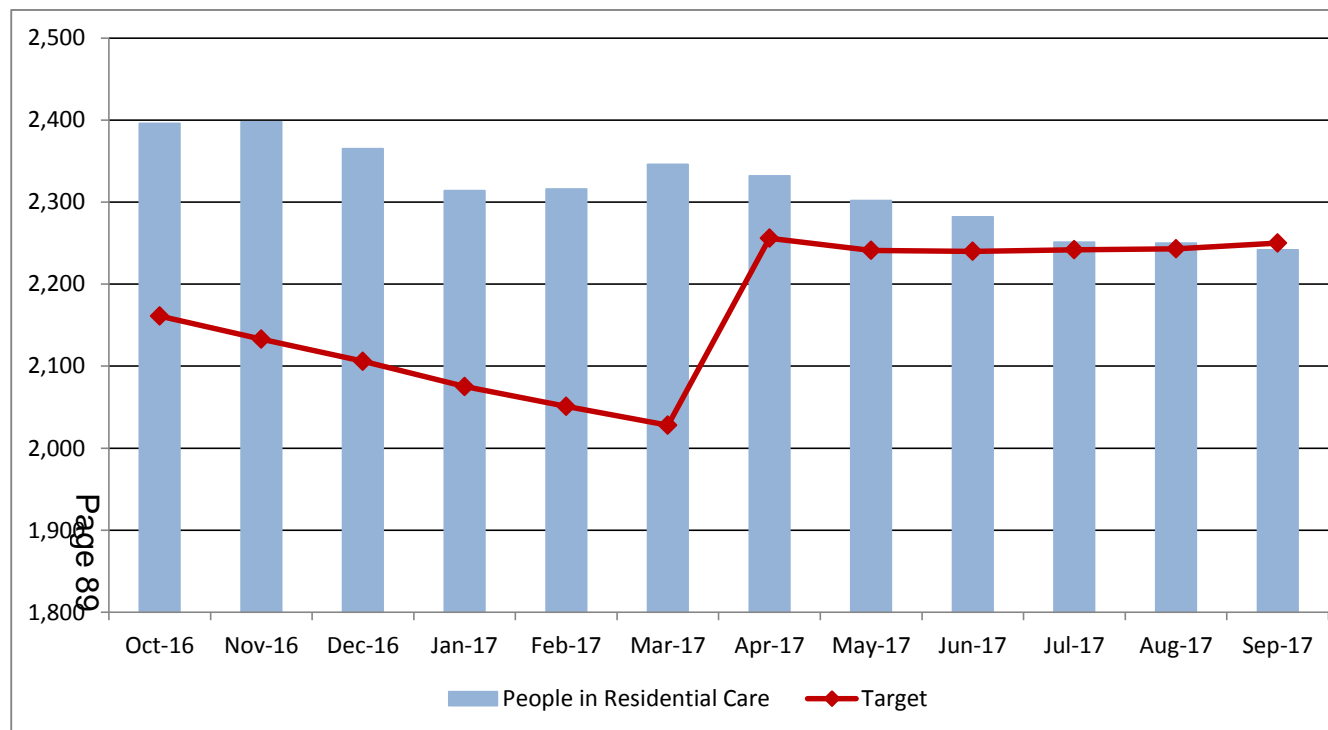
Data Notes
 Unit of Measure: Older people placed into Permanent Residential and Nursing Care per month
 Data Source: Measures of Success - MoS 6 and MoS 8

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Target	161	128	128	161	128	128	120	151	120	151	120	120
Resi/ Nursing Admissions	185	153	131	158	166	157	137	157	136	137	117	N/A
RAG Rating	RED	RED	AMBER	GREEN	RED	RED	RED	AMBER	RED	GREEN	GREEN	

Commentary
 This is the number of older people newly placed in a permanent residential/ nursing care home. Please note that figures for the most recent month are likely to increase due to legitimate delays in inputting whilst placement and funding arrangements are agreed. Reducing admissions to permanent residential or nursing care is a clear objective for the Directorate. Many admissions are linked to hospital discharges, specific circumstances or health conditions, breakdown in carer support, falls, incontinence and dementia. Admissions are examined to understand exactly why they have happened on a monthly basis. The objectives of the transformation programme will be to ensure that the right services are in place to ensure that people can self manage with these conditions, and ensure that a falls prevention strategy and support is in place to reduce the need for admission. In the meantime, there are clear targets set for the teams which are monitored on a bi-weekly basis. As of April 2017 the monthly target is for no more than 30.1 permanent admissions per week for the over 65s to Residential or Nursing Care.

6) Number of people aged 65+ in permanent residential care (AS01)**GREEN**

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

**Data Notes**

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

Data Source: Measures of Success - MoS 6

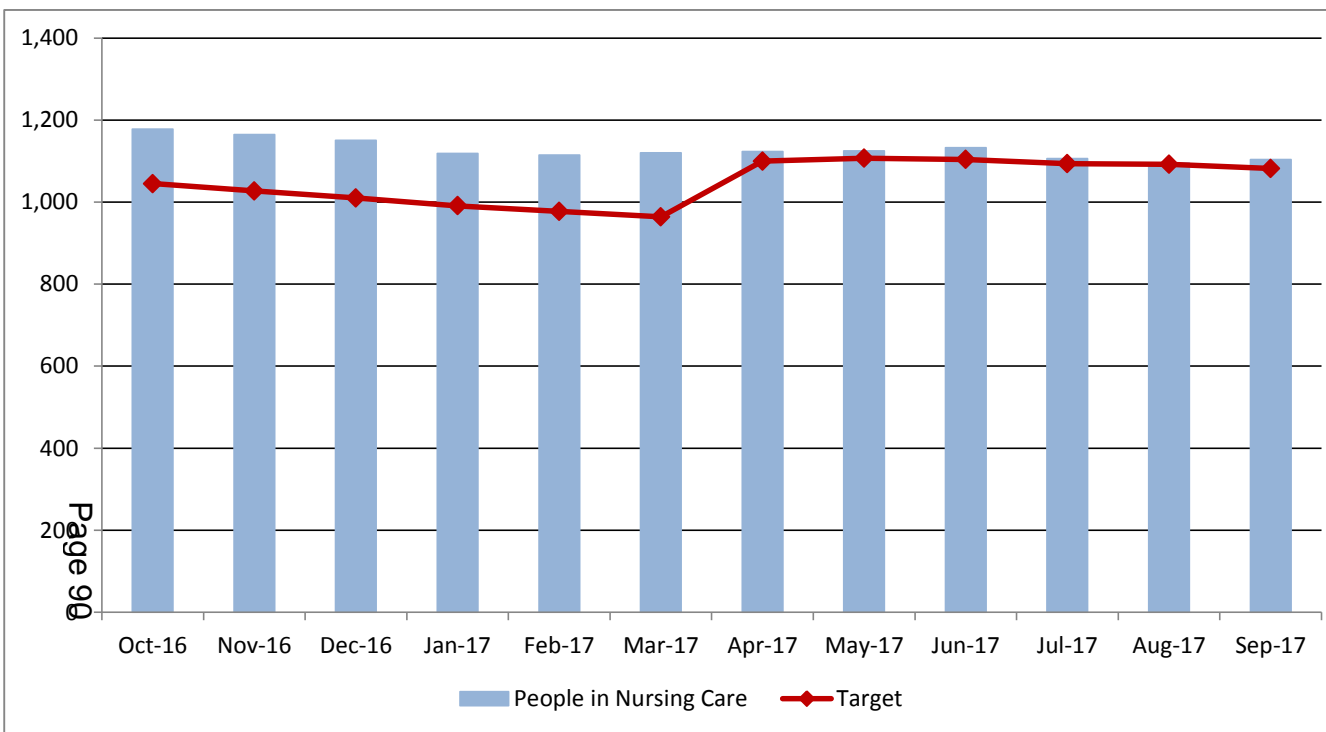
Quarterly Performance Report Indicator

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Target	2,161	2,133	2,106	2,075	2,051	2,028	2,256	2,241	2,240	2,242	2,243	2,250
People in Residential Care	2,396	2,398	2,365	2,314	2,316	2,346	2,332	2,302	2,282	2,251	2,250	2,242
RAG Rating	RED	RED	RED	RED	RED	RED	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN

Commentary

This is the number of people in permanent residential care at the end of the month. The number of people aged 65+ in permanent residential care has declined by 154 people in the past 12 months (6.43%) but is currently 8 below the target in Sept 2017. There is an end of year target of 2,149 people or fewer to be in permanent residential care by 31st March 2018.

7) Number of people aged 65+ in permanent nursing care (AS02)			AMBER
Cabinet Member	Graham Gibbens	Director	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	Division	Older People and Physical Disability



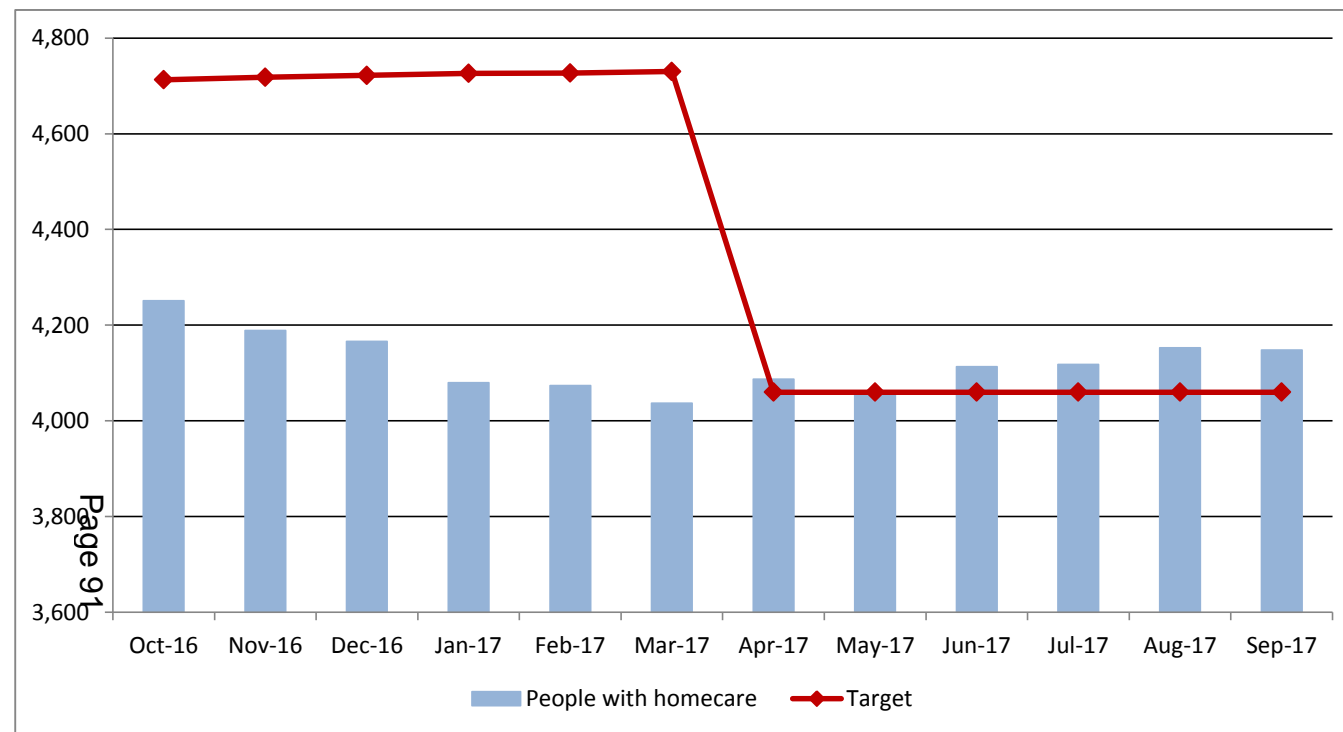
Data Notes
 Unit of Measure: End of month snapshot of the number of people aged 65+ in permanent nursing care
 Data Source: Measures of Success - MoS 8

Quarterly Performance Report Indicator

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Target	1,045	1,027	1,010	991	977	964	1,100	1,107	1,104	1,094	1,092	1,082
People in Nursing Care	1,178	1,165	1,151	1,119	1,115	1,120	1,123	1,125	1,133	1,106	1,095	1,104
RAG Rating	RED	RED	RED	RED	RED	RED	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER

Commentary
 This is the number of people in permanent nursing care at the end of the month. The number of people aged 65+ in permanent Nursing Care had been decreasing across Kent (down 74 in the past 12 months) and by September was above the target by 22 clients. There is a target of 1,004 people or fewer in Nursing care by 31 March 2018.

8) Number of people receiving homecare (AS03)			AMBER
Cabinet Member	Graham Gibbens	Director	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	Division	Older People and Physical Disability



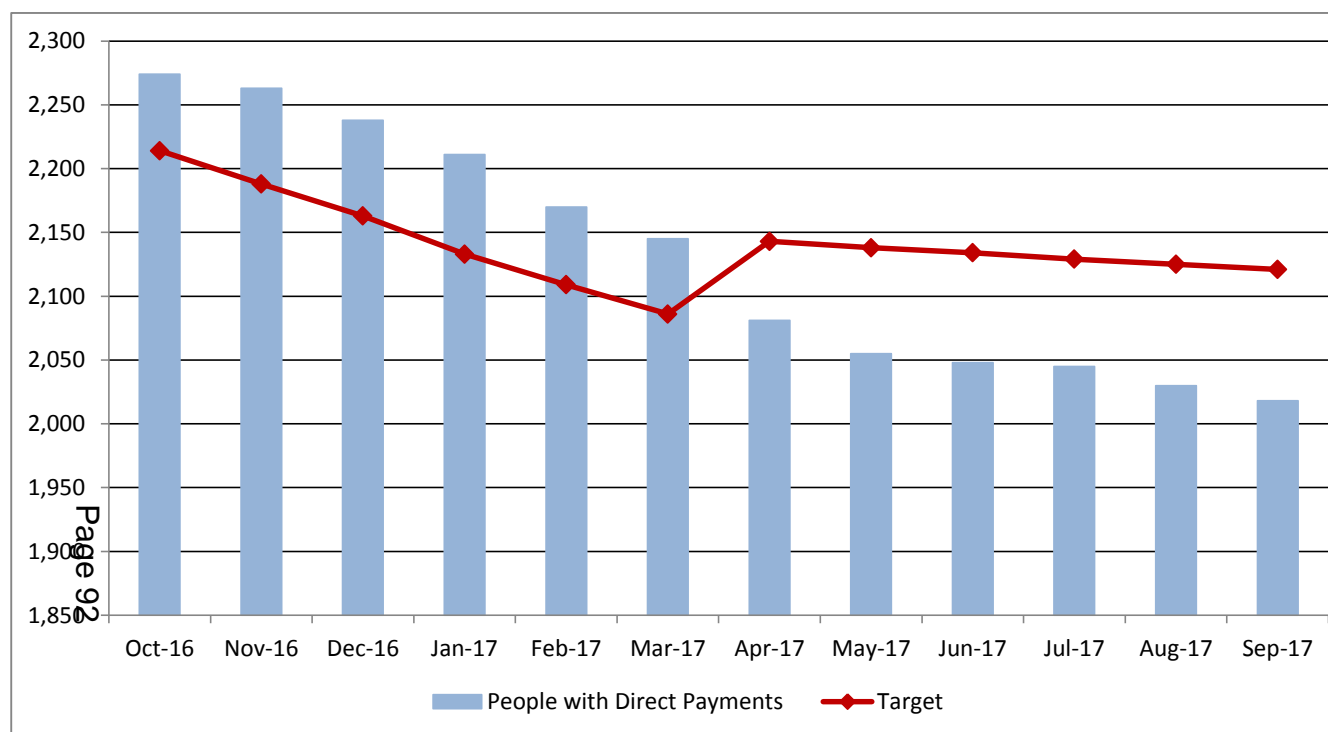
Data Notes
 Unit of Measure: End of month snapshot of the number of people receiving homecare
 Data Source: Measures of Success - MoS 10
 Quarterly Performance Report Indicator

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Target	4,713	4,718	4,722	4,726	4,727	4,730	4,060	4,060	4,060	4,060	4,060	4,060
People with homecare	4,251	4,189	4,166	4,080	4,074	4,037	4,087	4,060	4,113	4,118	4,153	4,148
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	GREEN	AMBER	AMBER	AMBER	AMBER

Commentary
This is the total number of people receiving homecare and has remained fairly stable. The 2017-18 target threshold has been lowered significantly to a static target of 4,060, but overall figures remain above target (additional 88 people in receipt of Homecare). Homecare is largely delivered to people over the age of 65, with 3,476 people aged 65+ receiving services at 4th of September and 672 people aged 18-64 in receipt of a homecare service.
 The average hours per older person per week remains slightly above the 2017-18 target of 10 hours or less per person at 10.31 average hours. The 2017-18 target average hours per person aged 18-64 is 11.25, and current performance is 13.12.

9) Number of people receiving direct payments**GREEN**

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

**Data Notes**

Unit of Measure: End of month snapshot of the number of people receiving direct payments

Data Source: Measures of Success - MoS 12

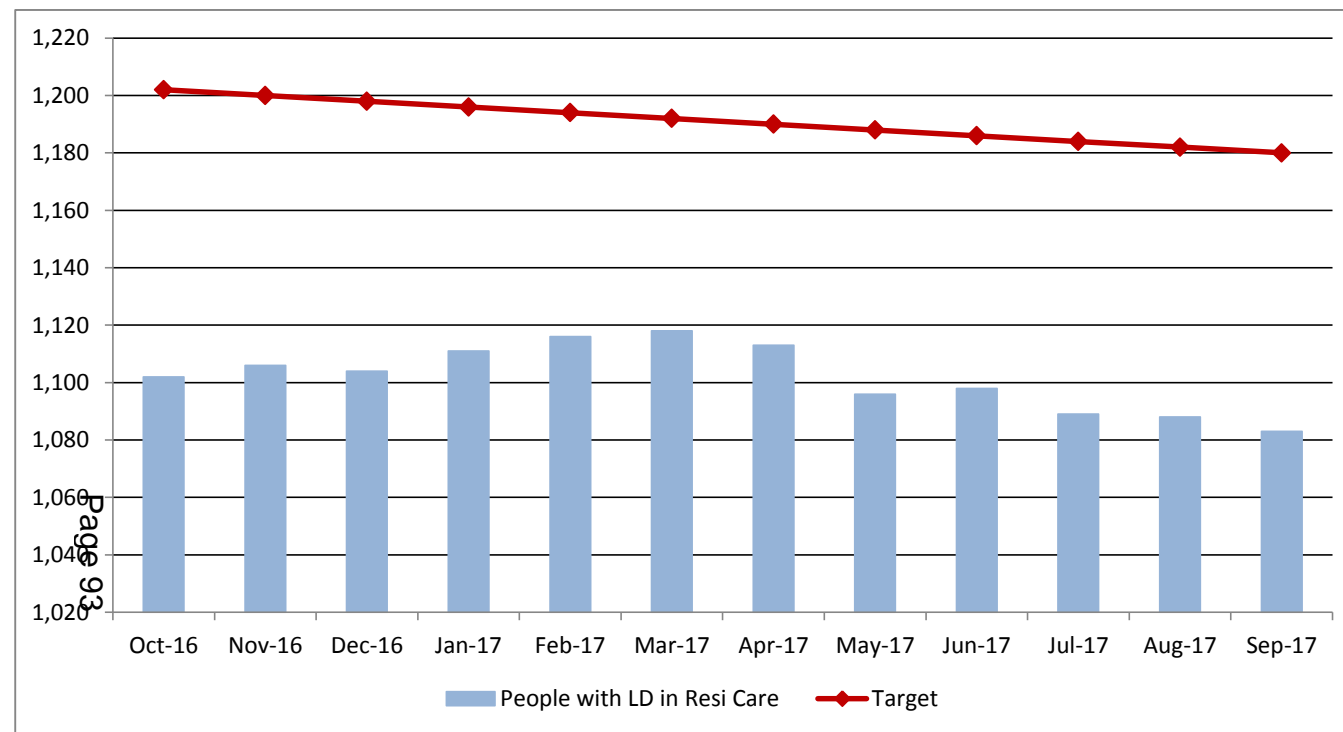
Quarterly Performance Report Indicator

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Target	2,214	2,188	2,163	2,133	2,109	2,086	2,143	2,138	2,134	2,129	2,125	2,121
People with Direct Payments	2,274	2,263	2,238	2,211	2,170	2,145	2,081	2,055	2,048	2,045	2,030	2,018
RAG Rating	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary

This the total number of people who have a direct payment and purchase their own care. The total number of people receiving direct payments has been reducing since 2014 when a large number of homecare clients opted for a direct payment when the homecare contract was retendered. As at the 4th of September there were 1,086 people aged 18-64 in receipt of an ongoing Direct Payment, whilst a further 962 ongoing Direct Payments were being made to people aged over 65.

10) Number of people with a learning disability in residential/nursing care (AS04)			GREEN
Cabinet Member	Graham Gibbens	Director	Penny Southern
Portfolio	Social Care, Health and Wellbeing - Adults	Division	Learning Disability



Data Notes
 Unit of Measure: Number of people with a learning disability in permanent residential or nursing care as at month end.

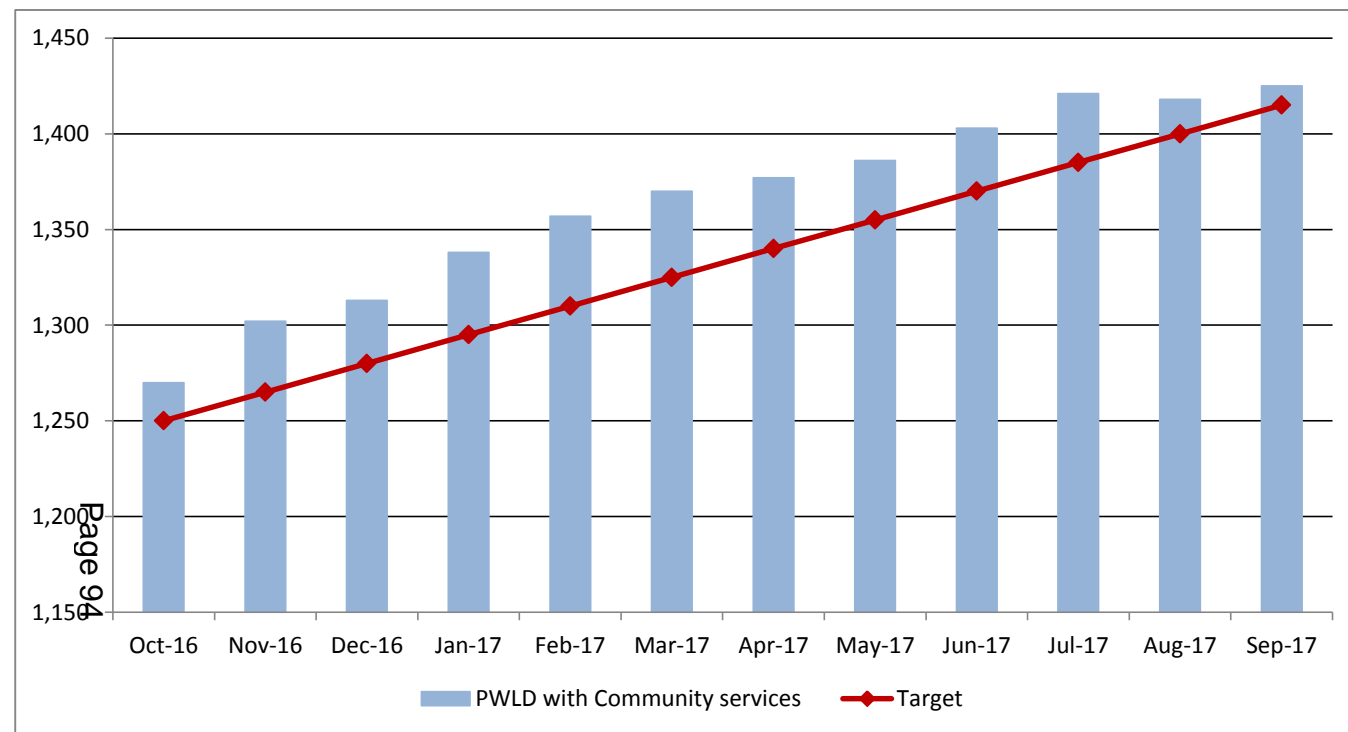
Data Source: MCR Summary

Quarterly Performance Report Indicator

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Target	1,202	1,200	1,198	1,196	1,194	1,192	1,190	1,188	1,186	1,184	1,182	1,180
People with LD in Resi Care	1,102	1,106	1,104	1,111	1,116	1,118	1,113	1,096	1,098	1,089	1,088	1,083
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary
This is the number of people with a learning disability in permanent residential care. It is a clear objective of the Directorate to ensure that as many people with a learning disability live as independently as possible. All residential placements have now been examined as a part of *Your Life, Your Home* to ensure that where possible, there will be a choice available for people to be supported through supported accommodation, shared lives and other innovative support packages which enable people to maintain their independence.

11) Number of people with a learning disability receiving a community service			GREEN
Cabinet Member	Graham Gibbens	Director	Penny Southern
Portfolio	Social Care, Health and Wellbeing - Adults	Division	Learning Disability



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

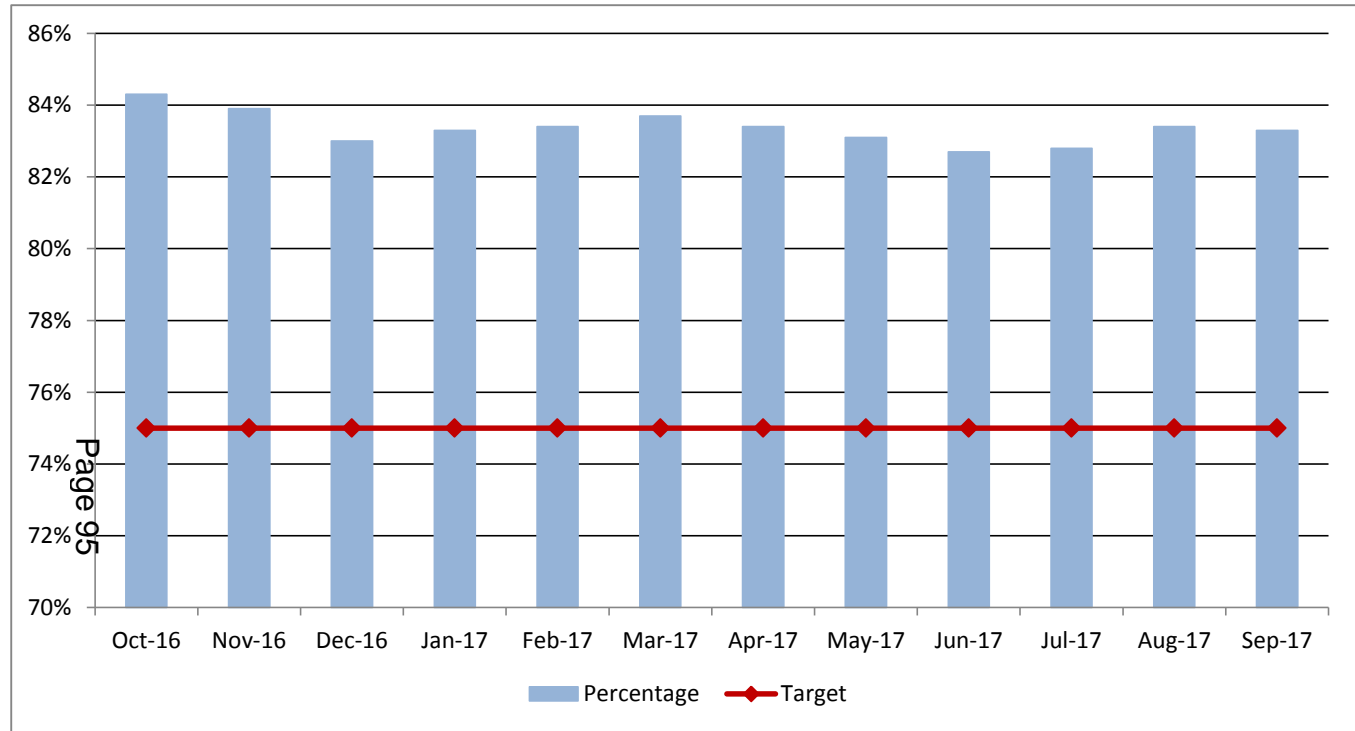
	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Target	1,250	1,265	1,280	1,295	1,310	1,325	1,340	1,355	1,370	1,385	1,400	1,415
PWLD with Community services	1,270	1,302	1,313	1,338	1,357	1,370	1,377	1,386	1,403	1,421	1,418	1,425
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary
 This is the number of people with a learning disability that are supported in the community. The net number of people with a learning disability receiving a community service (shared lives, supported living and Supporting Independence Service) remains stable and is gradually increasing, with the success of Your Life Your Home contributing to this increase.

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

GREEN

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

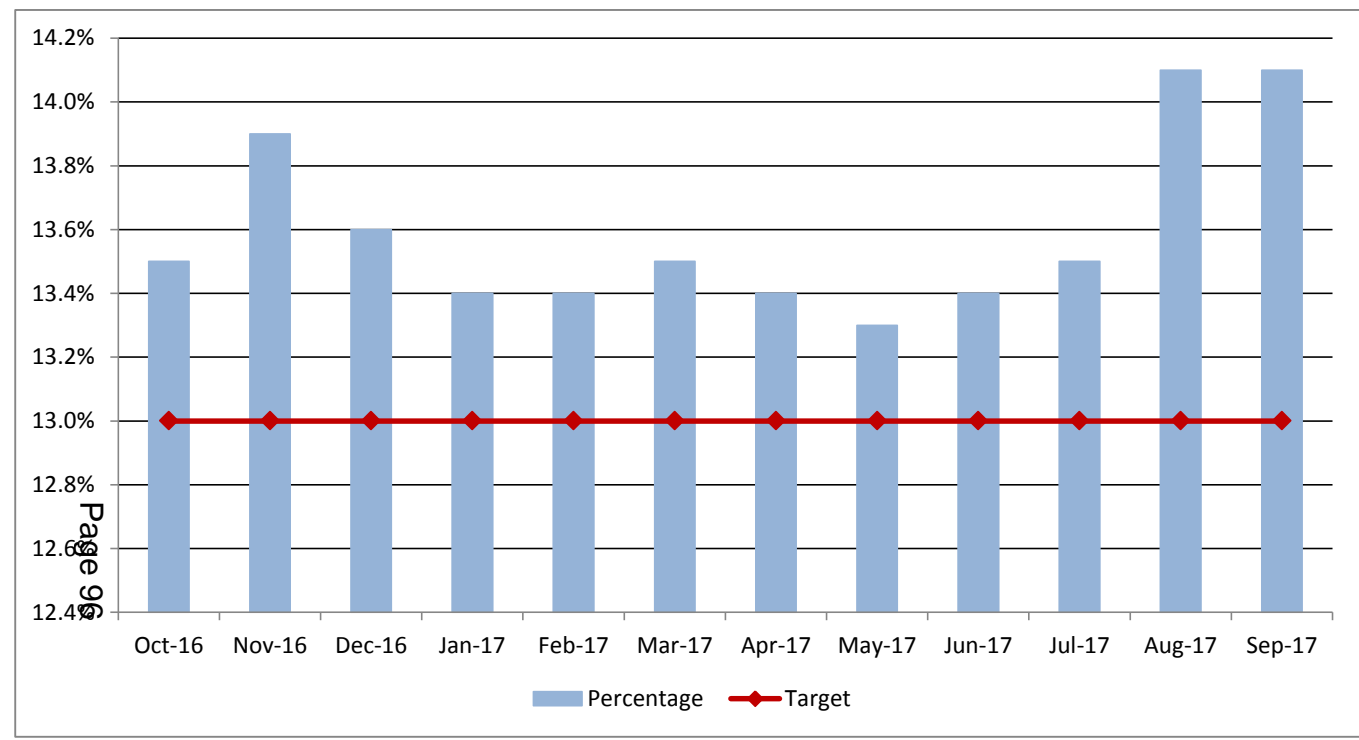


Data Notes
 Units of Measure: Proportion of all people who are in settled accommodation
 Data Source: KMPT – quarterly

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
Percentage	84%	84%	83%	83%	83%	84%	83%	83%	83%	83%	83%	83%
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary
 This the percentage of people with a mental health need that are supported to live within the community. This data is provided directly from KMPT and remains above target.

13) Percentage of people with mental health needs in employment			GREEN
Cabinet Member	Graham Gibbens	Director	Penny Southern
Portfolio	Social Care, Health and Wellbeing - Adults	Division	Mental Health



Data Notes
 Units of Measure: Percentage of people with mental health needs in employment
 Data Source: KMPT – quarterly

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Target	13%	13%	13%	13%	13%	13%	13%	13%	13%	13%	13%	13%
Percentage	13.5%	13.9%	13.6%	13.4%	13.4%	13.5%	13.4%	13.3%	13.4%	13.5%	14.1%	14.1%
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary
 This the percentage of people with mental health needs that are supported in employment. This data is provided directly from KMPT and remains above target.

From: Graham Gibbens, Cabinet Member for Adult Social Care
Anu Singh, Corporate Director of Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 23 November 2017

Subject: **OLDER PEOPLE AND PEOPLE LIVING WITH DEMENTIA CORE OFFER - UPDATE**

Classification: Unrestricted

Decision Number: 17/00062

Past Pathway of Paper: Adult Social Care Portfolio Board – 26 April and 28 June 2017
Strategic Commissioning Board – 18 May and 5 July 2017
Commissioning Advisory Board – 14 July 2017
Adult Social Care Cabinet Committee – 20 July and 29 September 2017

Future Pathway of Paper: N/A

Electoral Division: All

Summary: This paper provides an update regarding the proposal to end current funding arrangements and commission a new community based well-being service for Older People and People Living with Dementia. This proposal was previously discussed at Adult Social Care Cabinet Committee on 20 July 2017 during the public consultation period and a verbal update was provided on 29 September 2017.

Recommendation: The Adult Social Care Cabinet Committee is asked to **NOTE** the outcome of the public consultation and **COMMENT** on the proposal to align the Older People and People Living with Dementia Core Offer with the commissioning exercises as detailed in Section 5 of the report.

1. Introduction

- 1.1 This paper provides an update to Committee members on the proposal to commission a core offer of community based wellbeing services for Older People and People Living with Dementia.
- 1.2 This item was previously discussed at the Adult Social Care Cabinet Committee on 20 July 2017 and Members' comments were considered as part of the feedback during the Public Consultation process. A verbal update was provided by the Cabinet Member for Adult Social Care on 29 September 2017 in relation to changes to the previous timetable.

1.3 The budget for the core offer would be made up from a range of historic annual grants to the voluntary and community sector, as listed in Appendix 1.

2. Financial Implications

2.1 The Council currently invests £5,424,260 in a range grants for older people and people living with Dementia. This funding is part of a wider circa. £15m spend to the voluntary and community sector by Adult Social Care.

2.2 There is a proposal, included in the Council budget proposal, to save £1m from the £15m voluntary sector budget. This saving has been compounded by a £238k de-badging of Public Health money for befriending services. Therefore, due to the budget position of the Council, a saving of £1.238m is required for 2018-19.

2.5 Under the original core offer proposal, the total value of the current older people and people living with dementia related grants would be used to fund the new contract. However, the savings required now means that the value of the contract will need be reduced in comparison to the historic grant spend.

3. Policy Framework

3.1 The proposal enables the Council to meet its obligations to promote wellbeing detailed in:

- The Care Act (2014)
- Increasing Opportunities, Improving Outcomes: Kent County Council's Strategic Statement 2015-2020
- Your Life, Your Wellbeing: Kent County Council's strategy for Adult Social Care (2016-2021)

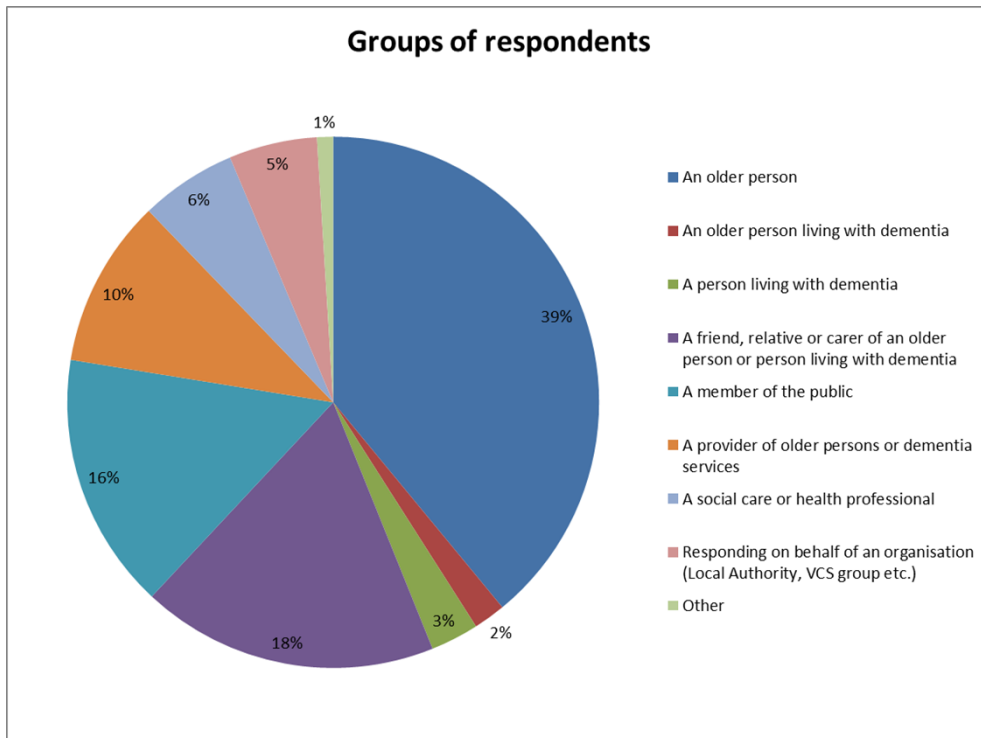
3.2 The Council's Voluntary and Community Sector Policy describes its relationship with the sector, including setting out a consistent approach to the use of grant funding. This includes specific guidance that "grant funding is not used for the delivery of services that should be provided under contract." Adult Social Care has been directed to end historic grant funding arrangements in order to comply with this policy.

4. Public Consultation

4.1 Following extensive pre-consultation engagement, the proposal was open for Public Consultation for a six week period between 12 June and 23 July 2017.

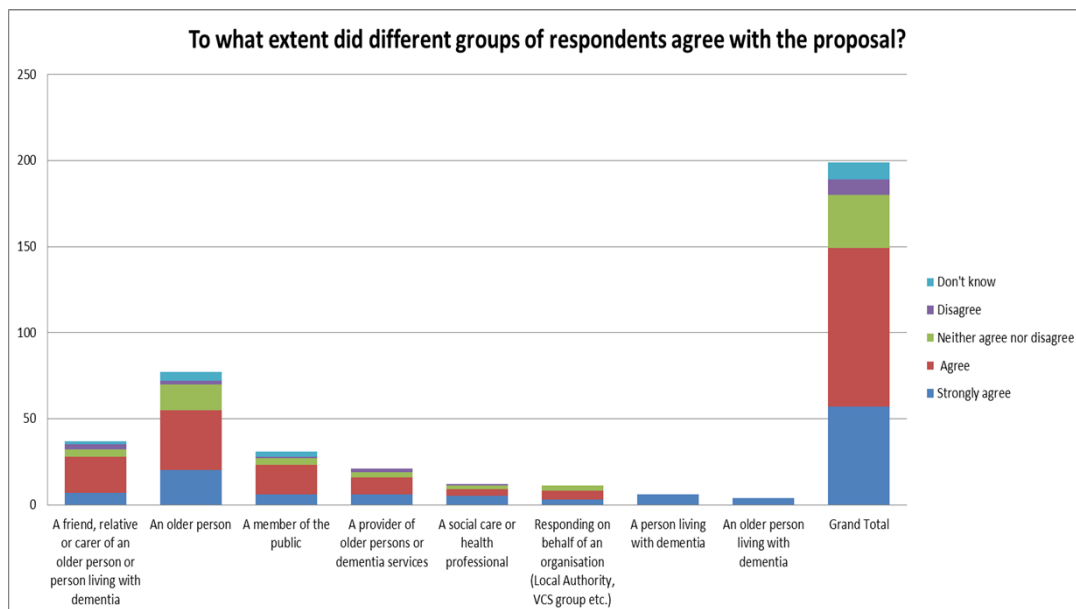
4.2 In total 205 responses were received of these, 160 were received electronically and 45 were in hard copy.

4.3 The largest group of respondents were older people with 39% (80) responses coming from this group. At 18% carers, friends and relatives comprised the next largest group of respondents.



4.4 There was overall support for the proposal with 73% of people either agreeing (46%) or strongly agreeing (27%).

4.5 There was a majority in agreement with the proposal across all of the different respondent groups.



4.6 In regards to the personal outcomes for the contract, there was a majority of people who agreed with each of the proposals as outlined below.

Outcome	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Don't know
Information and Advice	27%	29%	13%	20%	8%	2%
My Community	25%	34%	22%	11%	4%	4%
My Care	27%	29%	20%	11%	6%	6%
My Health	28%	34%	21%	7%	6%	5%

- 4.7 The Public Consultation full report is attached as Appendix 2. It includes comments made by individuals, the themes that emerged throughout the consultation and actions taken thus far as a result.
- 4.8 The findings of Public Consultation were presented to Cabinet Member for Adult Social Care on 30 August 2017.
- 4.9 At this time, the Cabinet Member for Adult Social Care determined that it was necessary to pause progression of the project in order to more fully understand the budget position of the Council and the impact that savings might have on the proposal. This was communicated at a market engagement event held on 11 September 2017.
- 4.10 This delay would have resulted in an Executive Decision needing to be taken in December 2017 with a view to the contract beginning on 1 October 2018.
- 4.11 On 23 September 2017, the Cabinet Member for Adult Social Care provided a verbal update regarding the proposed decision. However, since that time, the budget position, savings targets and impact on the proposed model have become clearer. This includes the recognition that changes to the budget of the contract would constitute a change from the original proposal to such a degree that further public consultation would be necessary, meaning that the revised timeline as set out in section 4.10 would no longer be achievable.

5. New Proposal

- 5.1 Given the level of savings and the already delayed timescale, a new proposal is being considered regarding a number of simultaneous commissioning exercises. Considering these commissioning exercises alongside each other will improve pathways and ensure people get the right support at the right time as well as ensure the Council can reduce duplication and look for efficiencies in delivery.
- 5.2 The proposal necessitates extending the pause placed on the Older People and People Living with Dementia Core Offer by a further six months and aligning it with the following commissioning exercises:
- Physical Disability Core Offer
 - Recommissioning of Kent's Carers Services
 - Commissioning of Sensory Services

- 5.3 All of the above commissioning exercises are in essence about supporting people's wellbeing, resilience and independence. They are crucial to demand management within Adult Social Care, supporting people to live fulfilled and independent lives without the need to enter the health or social care system.
- 5.4 In addition, an extension to the current timelines would provide further opportunity to engage with Kent's Clinical Commissioning Groups (CCG), and District and Borough Councils to explore further opportunities for joint commissioning.

6. Conclusion

- 6.1 The proposal to end existing historic grant agreements and recommission community based services for older people and people living with dementia has been put out for public consultation. This consultation closed on 23 July 2017, and included consideration of the proposal by this Committee on 20 July 2017.
- 6.2 The majority of respondents to the consultation agreed the proposal and the personal outcomes identified in the proposal. The proposal and service specification have been updated to reflect the findings of the consultation.
- 6.3 Since that time the financial position of the Council has become clearer and a savings target of £1.238m has been placed against the £15m Adult Social Care voluntary sector budget. As a result, the Cabinet Member for Adult Social Care agreed to defer the Executive Decision regarding this contract for a three month period until December 2017, in order to fully consider the impact on the proposal of the financial position.
- 6.4 Given the impact on the value of the older people and people living with dementia core offer contract further public consultation will be required which means the previous timeline is no longer viable.

7. Recommendation

7.1 Recommendation: The Adult Social Care Cabinet Committee is asked to **NOTE** the outcome of the public consultation and **COMMENT** on the proposal to align the Older People and People Living with Dementia Core Offer with the commissioning exercises as detailed in Section 5 of the report.

8. Background Documents

Adult Social Care Cabinet Committee – 20 July 2017

<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=896&MId=7749&Ver=4>

9. Report Author

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From: Graham Gibbens, Cabinet Member for Adult Social Care

Anu Singh, Corporate Director, Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 23 November 2017

Subject: **VULNERABLE HOMELESSNESS SERVICE REDESIGN**

Classification: Unrestricted

Decision Number: 17/00074

Past Pathway of Paper: Adult Social Care Directorate Management Team – 23 August 2017
Strategic Commissioning Board – 5 October 2017
Commissioning Advisory Board – 23 October 2017

Future Pathway of Paper:

Electoral Division: All

Summary: Adult social care contracts for Housing Related Support Services for vulnerable homeless adults will expire in September 2018. Contracts for similar services for young people expire in April 2018.

This creates an excellent opportunity to develop a new all age vulnerable homelessness strategy that will articulate an associated commissioning programme for vulnerable homelessness. The strategy will enable the redesign of these support services which in turn will improve outcomes for vulnerable people, and protect statutory provision through working more collaboratively with partners to deliver more targeted, effective, efficient and innovative services.

Recommendations: The Adult Social Care Cabinet Committee is asked to **CONSIDER** the information provided about current homelessness services, **ENDORSE** the development of an all age Vulnerable Homelessness Strategy and **AGREE** to the commencement of an aligned commissioning process to develop reconfigured models of provision for vulnerable homeless young people and adults, to be operational from October 2018.

1. Introduction

- 1.1 The Council currently commissions a range of Housing Related Support (HRS) Services for vulnerable homeless adults, offenders and young people. The services enable vulnerable people to avoid or recover from homelessness to acquire the skills they need to lead successful lives, including managing money, staying safe and finding work or training.
- 1.2 The adult services contracts end in September 2018 with no further opportunity to extend, whilst contracts for young people expire in 1 April 2018.
- 1.3 In relation to HRS commissioning and provision our priority considerations are that:-

- There is a primacy of support for Children in Care and Care Leavers in line with the Council's corporate parenting duties
 - Priority is given to those areas where HRS is able to prevent the need for people to be placed in residential care and/or enables people to be placed in institutional care
 - Where HRS can prevent pressure on other budgets e.g. homelessness in vulnerable people and domestic abuse
- 1.4 The Adult Social Care Cabinet Committee has previously indicated its agreement to the reconfiguration of HRS Services for vulnerable adults to rationalise, redesign and commission a flexible, coherent service, based on outcomes.
- 1.5 A recent review has also identified an opportunity to improve the current accommodation for Children in Care and Care Leavers. A similar paper is to be considered by Children, Young People and Education Cabinet Committee on 22 November 2017.
- 1.6 The creation of an all age Vulnerable Homeless Strategy would enable the opportunity for both adults and children's provision to be considered together.

2. Strategic Statement and Policy Framework

- 2.1 In its Strategic Statement for 2015-2020, [Increasing Opportunities, Improving Outcomes](#) the Council sets out how the lives of Kent residents can be improved by ensuring every pound spent in Kent is delivering better outcomes for residents, communities and businesses.
- 2.2 The delivery of HRS Services support the Council to reach its three strategic outcomes:-
- Strategic Outcome 1** Children and young people get the best start in life
- Strategic Outcome 2** Communities benefit from economic growth by being in work, healthy and enjoying a good quality of life
- Strategic Outcome 3:** Older and vulnerable residents are safe and supported with choices to live independently
- 2.3 The Council's Sufficiency Strategy describes its approach to providing secure, safe and appropriate accommodation to Children in Care, Care Leavers and Homeless 16/17 year olds.
- 2.4 The responsibility for statutory homelessness sits with Kent's districts and boroughs duties are executed under the Homelessness Act 2002. These responsibilities will change under the Homelessness Reduction Act, with effect from 1 April 2018.
- 2.5 Through statutory homelessness provision vulnerable people are rarely eligible for assistance other than advice and guidance. However due to their complex and multiple needs this can lead to pressures on the Council's statutory services, for example residential care placement, if they are left unsupported.
- 2.6 The Council's HRS Services for vulnerable homeless adults prevents this escalation and supports delivery of the Kent Community Safety Agreement.

3. Contractual Arrangements

- 3.1 The Council currently contracts with nine providers to deliver 26 support services for vulnerable homeless adults. The current contract value of these services for 17/18 is £4,152k. At any one time approximately 1,500 households are being helped in these services. The County Council also contracts with two providers to deliver nine support services for offenders at a cost of £629k in 17/18. The services can support 80 individuals at a time.
- 3.2 The delivery models employed are supported housing, floating support and outreach services.

4. Context

- 4.1 Government data shows an increase in homelessness in the general population in Kent and this is a reflection of a national picture.
- 4.2 Commissioned services for vulnerable homeless people and offenders have similarly experienced an increase in demand, exacerbated by:
- Increasing complexity of need, and
 - Increase in difficulty to access move on accommodation from supported housing
- 4.3 Whilst efficiencies have been found in recent years, and revised arrangements have been negotiated with providers to maximise the impact of these services within their current contracts, they largely remain in the legacy models that the Council inherited from the former Supporting People regime in 2003.
- 4.4 In these models, services operate in isolation, are not networked together and lack the flexibility to offer the new and innovative interventions that those with the most complex needs require e.g. Housing First, psychologically informed environments, trauma informed care.

5. Key Issues

- 5.1 There is an opportunity to put into place a pathway of provision to tackle homelessness through a joint commissioning and procurement process between Children's and Adults Services.
- 5.2 HRS for young people will be refocused upon statutory service users and 16/17 year olds that are homeless to support the Council in its corporate parenting duty.
- 5.3 This will precipitate a requirement for future HRS Services for vulnerable homeless adults to include those of 18 years and above who are no longer eligible to be supported by young people services. Support to vulnerable offenders who are over 18 should be considered at the same time.
- 5.4 The timetabling of the commissioning for the new young people's and adults services will need to be aligned in order to affect a smooth transfer to the new arrangements.
- 5.5 An all-age Vulnerable Homelessness Strategy will enable the Council to articulate this intention clearly and move on to commission integrated homelessness services, which will work towards rationalising current provision to offer greater consistency and range of support across the county.

- 5.6 There is scope to reconfigure and reshape services for adults to deliver in a more outcomes focused manner and potential to attract inward investment from those agencies that also benefit e.g. Police, Probation, Public Health, NHS, CCGs, District and Borough Councils, reflective of their original funding sources.
- 5.7 Initial conversations with key stakeholders indicates an interest in commissioning collaboratively, gaining more strategic oversight and strengthening the preventative function, further reducing the overall crisis burden on public services.

6. Alternatives and Options

- 6.1 (1) Do nothing. The Adult Social Care Cabinet Committee has already indicated its commitment to supporting vulnerable homeless people. Doing nothing and allowing these contracts to end will almost certainly increase a disproportionate burden on other operational services and directorates, including Specialist Children's Services, Adult Mental Health and Safeguarding Teams. Key agencies such as NHS, District and Borough Councils, Community Safety, Public Health, Police, Probation and Fire and Rescue will also be adversely affected.

(2) Recommission services in their current guise. To recommission these services in their current configuration would be to perpetuate the duplication and gaps of the present. Services would continue to operate in isolation without clear pathways for people needing the service, and the opportunity to innovate, simplify and reach a greater number of homeless people to keep pace with rising demand would be lost. The opportunity to align the commissioning for adults alongside that for young people would be lost.

(3) Integrated commissioning. This model will deliver better consistency, coverage and value for money by reducing duplication and creating a comprehensive network of provision, and represents the best opportunity to align children and adults commissioning.

7. Financial Implications

- 7.1 The new commissioning will provide opportunities for savings to be explored via the revised model and a joined up pathway of provision.
- 7.2 It is anticipated that by commissioning collaboratively, efficiencies can be made to deliver a greater range of interventions within the funding envelope, targeting prevention work and a greater efficacy in the service.

8. Legal Implications

- 8.1 Under the Children's Act 1989, the Council has a legal duty to provide safe and suitable accommodation for Children in Care and to provide Care Leavers with support in relation to maintaining suitable accommodation.
- 8.2 The Council will continue to meet its obligations under the Care Act 2014, namely to ensure that every resident over the age of 18 can have a social care assessment and that any assessed, eligible need will be met.

9. Equality Implications

- 9.1 To ensure we understand and make reasonable adjustments, a full equalities impact assessment will be undertaken and will accompany the subsequent formal decision report.

10 Implementation Proposals

- 10.1 The following timetable is proposed to ensure an allied transition between service models for young people and adults.

Proposed Timetable	
Adult Social Care and Health Cabinet Committee	23 November 2017
Analyse and Consultation Phase	November – December 2017
Joint Draft Procurement Plan	January 2018
Joint Market Engagement	January – March 2018
Adult Social Care and Health Cabinet Committee	9 March 2018
Joint Procurement – Tender Publication and Evaluation	March – June 2018
Contract Award	June 2018
Mobilisation Period	July – September 2018
Contract Commencement	1 October 2018

11. Recommendation(s)

11.1 Recommendations: The Adult Social Care Cabinet Committee is asked to **CONSIDER** the information provided about current homelessness services, **ENDORSE** the development of an all age Vulnerable Homelessness Strategy and **AGREE** to the commencement of an aligned commissioning process to develop reconfigured models of provision for vulnerable homeless young people and adults, to be operational from October 2018.

12. Background Documents

None

13. Report Author

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<p>This paper is from</p>		<p>Graham Gibbens, Cabinet Member for Adult Social Care</p>		<p>Anu Singh Corporate Director for Adult Social Care and Health</p>
	<p>It is for: Adult Social Care Cabinet Committee 23 November 2017</p> <p>After this a decision will be taken. This decision has the number 17/00112</p>			
	<p>It is about:</p> <p>What the findings are of the Future of the Independent Living Service Consultation.</p>			
<p>Classification: Unrestricted</p>			<p>Electoral Division: All Divisions</p>	
<p>1. What has happened</p>				
	<p>There was a 6 week consultation from 20 September until 2 November 2017.</p> <p>We asked people what they thought about the proposed changes to the future of the Independent Living Service (ILS).</p> <p>We also asked how best we could support people through the changes.</p> <p>We told people why we felt it was right to propose the changes to the future of the Independent Living Service (ILS).</p>			



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

a) **NOTE** the outcome of the 6 week Consultation and the Summary of the Recommendations; and

b) **CONSIDER** and **ENDORSE** or make a **RECOMMENDATION** on the proposed decision (attached as Appendix A) to the Cabinet Member for Adult Social Care to agree to reprovide the Independent Living Service through alternative services to meet the current assessed need for those individuals who currently access the service.

2. Introduction



The consultation told people:

- what our plans are for the future of the service
- how we will support service users through the changes
- how people could tell us what they thought.



How the consultation worked

There were documents in easy read to tell people about the changes.

These were available publicly and sent to all those affected.

There were group and individual meetings and presentations.

3. The plan for the Independent Living Service

	<p>We have looked at the services we directly provide.</p> <p>We will be making some changes. These plans do not look at the amount of support people get. Just who will be providing that support.</p> <p>This means ILS will no longer be a service that KCC provides. It will not stop, it will be provided by someone else.</p>
	<p>Those people who currently use the service will be supported to find out about other ways their support can be provided.</p> <p>These include:</p>
	<p>An alternative Supporting Independence Service</p> <p>There are other providers who support people with a learning disability in the same way as ILS.</p>
	<p>A Direct Payment</p> <p>Direct Payments are money paid from KCC to people so they can arrange their own support.</p>
	<p>There are no plans to reduce staff.</p> <p>Staff will stay with KCC and have had their own consultation.</p>
	<p>When things will happen</p> <p>There is no rush to change things – we will work with service users between now and March 2018 to find the right support for each individual.</p> <p>Start of changes January 2018.</p>

4. Consultation – what people told us



What Service Users told us

From the **58** questionnaires we posted out to service users we had **26** Questionnaires sent back. They told us that:

- 11 – service users **were** worried about the proposals
- 13 – service users **were not** worried about the proposals
- 2 – service users left this question blank



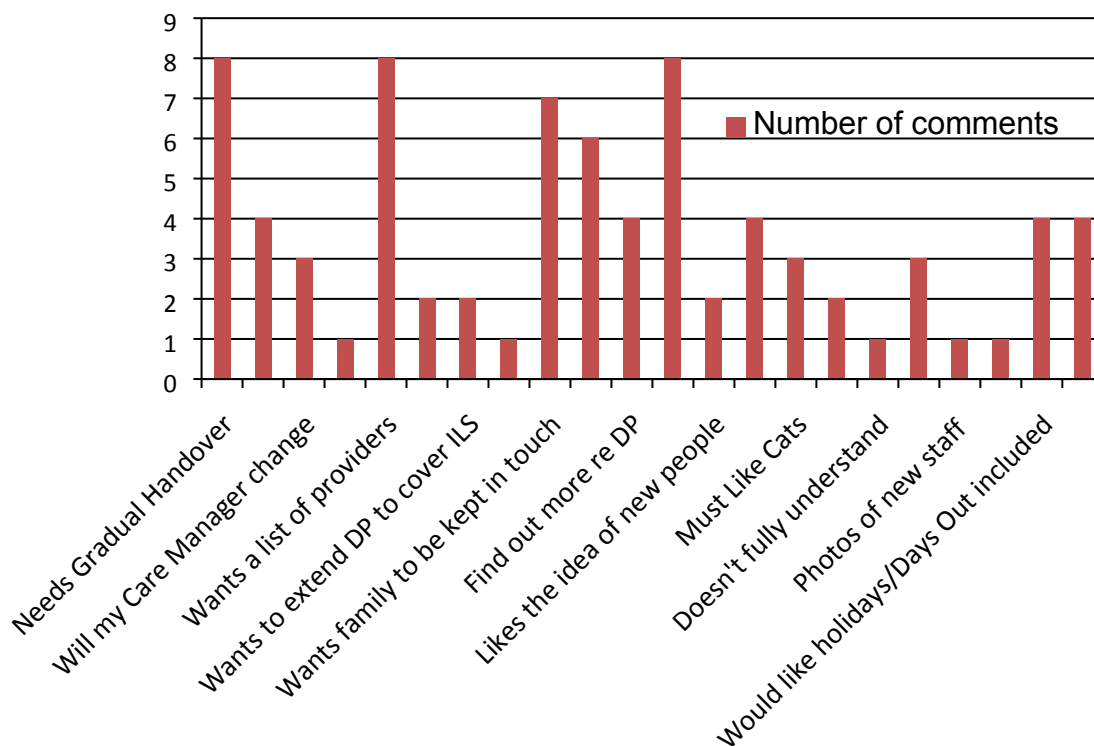
Some service users chose not to send a questionnaire back to us but wanted to wait to talk to us at their individual meeting.

We had an individual meeting with each service user and anyone they wanted to invite.

Following each meeting we made sure any actions needed were done. If extra meetings were needed these took place.

The feedback and comments that service users told us during these meetings are in the chart below.

Service User Comments (from Individual Meetings)



From the individual meetings we had with all **58** service users the main themes were:

- Changing from the staff they already know to new staff.
- Having enough time to get used to new staff.
- Once the new staff start supporting service users they want them to stay the same, so they can get used to them.



What Family Members and other people told us

From the **58** questionnaires we posted out to family members we had **10** Questionnaires sent back. They told us that:

- 7 - people **were** worried about the proposals
- 3 - people **were not** worried about the proposals.



Key Themes from the Feedback:

- Some people find it difficult to deal with change and changes to staff and Providers could cause some people disruption and unhappiness.
- The new Providers may not have the right skills to support people in the same way.



- Some people were okay with the changes as long as people got the same hours and type of support they do now.
- A long handover for people who find change difficult was requested.
- Close monitoring of the quality of the Providers will be needed.
- One person said they wondered why the changes hadn't been made already.



What staff told us

ILS staff had their own separate consultation & meetings, where feedback and questions were gathered.

As well as the meetings, staff had the opportunity to send in questionnaires. We had 2 Questionnaires sent back and staff told us that:

- 1 - person **was** worried about the proposals
- 1 - person **was not** worried about the proposals



The other key themes from the staff meetings were:

- Some staff members were worried about the quality of the other support provided by the external Supporting Independence Providers
- Some staff were worried that the new Providers might not support people to stay as independent in the same way as the ILS does.
-

5. You Said – We Did

Summary of Recommendations



We have gathered feedback, ideas, comments and areas of concern during the 6 week consultation period from service users, family members, staff and others.

After listening to everything they told us we would like to go ahead with the proposed changes to the current Independent Living Service.

However we will make sure we take in to account the following key themes raised during the consultation.



We will address them in the following ways:

- The changes (transition) to the new Provider will be done slowly, at the speed that suits each individual service user. The current ILS staff will make sure this happens.
- As well as the Care Quality Commission, the KCC Commissioning Team will monitor the new Providers to make sure they are providing quality services.
Feedback on how they are doing will be available after the first 6 months.



- If required Care Management can arrange a review at any time to make sure the new Provider is meeting the needs of the service user.
- If any service users require any support with their independence, Care Management can refer to the Kent Pathways Service (KPS).
- We will talk to the Care Management Teams, Commissioning Team and KPS to make sure the points stated above are actioned.

This is our recommendation to the Cabinet Member for Adult Social Care.

6. Next Steps



If the decision is made today (23 November), we will spend the next three months supporting service users through the changes to who provides their service in the future.



We will do this in the following ways:

- There will be no pressure for service users to make a quick decision about what type of provider they would want.
- We have suggested 3 months for service users to think about their new provider, ask lots of questions, etc. Some people will do this quicker and others will take longer.



- There will be opportunities for service users and families to find out more about other Providers and Direct Payments.
- The same ILS staff will be supporting the service users through the changes and make sure the new Provider knows everything they need to know, to be able to support each individual in the way they need to be supported.






We have listened carefully to what people have told us.

We understand change is very difficult for everyone especially those who use our services.

This report has been written for the Adult Social Care Cabinet Committee.

Following the Cabinet Committee Meeting on 23 November we will write to everybody in easy read to let them know the outcome of the meeting and what will happen next.

7. Recommendations

	<p>Recommendations: The Adult Social Care Cabinet Committee is asked to:</p> <p>a) NOTE the outcome of the 6 week Consultation and the Summary of the Recommendations; and</p> <p>b) CONSIDER and ENDORSE or make a RECOMMENDATION on the proposed decision (attached as Appendix A) to the Cabinet Member for Adult Social Care to agree to reprovide the Independent Living Service through alternative services to meet the current assessed need for those individuals who currently access the service.</p>
	<p>Relevant Director Penny Southern, Director Disabled Children, Adult Learning Disability and Mental Health.</p> <p>03000 415505 Penny.southern@kent.gov.uk</p>
	<p>Appendix 1: Easy Read Consultation Pack Appendix 2: Verbal Briefing – 29 September 2017 Appendix 3: EqlA</p>

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Cabinet Member for
Adult Social Care

DECISION NO:

17/00112

For publication
Key

Affects more than 2 Electoral Divisions

Subject: The Future of the Independent Living Service

Decision: As Cabinet Member for Adult Social Care, I propose, subject to the outcome of formal consultation to

a) REPROVIDE the Independent Living Service through alternative services to meet the current assessed need for those individuals who currently access the service; and

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

Reason(s) for decision: Supports the strategic statement to improve lives by ensuring every pound spent is delivering better outcomes for Kent' residents, communities and businesses and the strategic outcome that older and vulnerable residents are safe and supported with choices to live independently.

Financial Implications:

There would be no direct savings from within in-house provision. All potential savings would be from Commissioning budgets and will be integral to the wider transformation savings targets in the division.

Legal Implications:

There are no legal implications with the proposed decision

Equality Implications:

An Equality Impact Assessment has been completed.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 23 November 2017 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

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**Easy
Read**







The future of the Independent Living Service

We want to hear what you think

Public Consultation 20 September – 2nd November 2017

www.kent.gov.uk/ilsconsultation



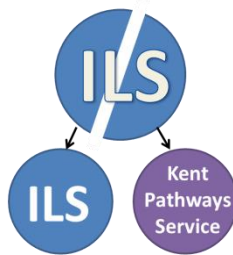
	<p>Hello,</p> <p>We (Kent County Council) would like to tell you about our plans for the Independent Living Service (ILS).</p> <p>These plans do not look at the amount of support people get. Just who will be supporting you in the future.</p>
	<p>We have looked at the services we directly provide.</p> <p>We will be making some changes.</p> <p>This will be to focus on providing services to children and adults with the most complex needs.</p>
	<p>This means ILS will no longer be a service that KCC provides.</p>
	<p>We will be talking to people who receive ILS support and discuss with them the options for their support.</p>
	<p>These include:</p> <p>An alternative Supporting Independence Service There are other providers who support people with a learning disability in the same way as ILS.</p>
	<p>A Direct Payment Direct Payments are money paid from KCC to people so they can arrange their own support.</p>

Why do we want to do this?



The ILS was started in 1988. The service supports adults with a learning disability to:

- Budget and manage money
- Travel training
- Menu planning, dietary guidance, shopping and cooking
- Household tasks
- Make sure people can look after their own personal care
- Support in making and attending health /other appointments
- Information and advice drop in at Gateway centres.



In December 2014 the ILS was split into two parts. These are:

- The Kent Pathway Service (KPS)
- The ILS



Kent Pathways Service

The Kent Pathways Service supports people with a learning disability to become more independent.

This is done by developing their skills so they can do more for themselves. This could be support with traveling independently, preparing for work and everyday skills at home.






People receive support for up to 12 weeks.









The Kent Pathways Service has been very successful.

This has meant the hours of support given by ILS has gone down.

What we want to do (proposal)

	<p>The proposal is that KCC no longer provide the ILS service.</p> <p>It will not stop. But it will be provided by someone else.</p>
	<p>We want to talk to people who use ILS about their choices for an alternative provider.</p> <p>1-1 meetings will be available.</p>
	<p>Options:</p> <p>Alternative Supporting Independence Services (SIS) Provider</p> <p>We already have providers who give these services.</p> <p>They offer the same service as ILS.</p> <p>We would not be changing the level of someone's support only the provider who delivers it.</p>
	<p>Personal Budget – Direct Payment</p> <p>This gives someone the money to manage their own service.</p> <p>They can buy it from who they choose – not from who KCC choose.</p>
	<p>To talk about these two options speak to your Care Manager or Support Worker.</p>

Consultation

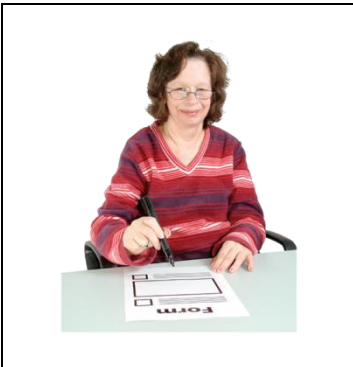
	<p>We will make sure people and their families are listened to.</p> <p>There will be the opportunity to have a 1-1 meeting.</p>
	<p>There will be 'advocacy services'.</p> <p>An advocate is someone who supports you to have your say.</p> <p>Individuals will be fully involved in choosing their support.</p>
	<p>There are no plans to reduce staff.</p> <p>Staff will stay with KCC and will have their own consultation.</p>
	<p>When things will happen</p> <p>Consultation runs from 20 September to 19 October. If people need longer we can add on another 2 weeks to 2nd November 2017.</p>
	<p>Reports will be presented to Adult Social Care Committee.</p> <p>Decision taken by Cabinet Member for Adult Social Care.</p>
	<p>There is no rush to change things – we will work with you between now and March 2018 to find the right support for you.</p> <p>Start of changes January 2018.</p>

We would like to hear what you think.



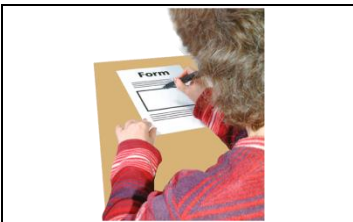
You can tell us in these ways:

- At a 1-1 meeting
- On the internet at: www.kent.gov.uk/ilsconsultation
- Email us: ilsconsultation@kent.gov.uk
- Telephone us – 03000 415412 (10am-4pm)



Question1: Are you completing this questionnaire on behalf of (please tick):

<input type="checkbox"/>	Yourself
<input type="checkbox"/>	Yourself as a member of an ILS service
<input type="checkbox"/>	A relative/carer of someone who uses/used ILS
<input type="checkbox"/>	An organisation
<input type="checkbox"/>	Other: please write below

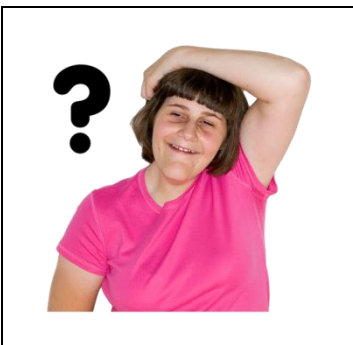


Question 1a: If you are filling this form in for an organisation please tell us its name.



Question 2. Do you have any concerns about the proposals?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No



Question 2a. If you have answered 'yes' please tell us what these concerns are.

Question 3. Do you have any views/comments on how we can best support individuals through the change in who provides the service?



KCC has completed an Equality Impact Assessment on the proposals. This is a tool to check the impact of changes on people because of their race, age, disability, gender, gender reassignment, sexual orientation, religion or belief and carer's responsibilities.

You can see this report on the internet at:
www.kent.gov.uk/ilsconsultation

Section 3: more about you.



You do not have to fill them in if you do not want to. 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 only use it to help us make decisions, and improve our services.

Question 4: Are you (please tick)



Male

Female

Rather not say

Question 5: How old are you?



Question 6: Please tell us your postcode

We will not use this to see who you are. It is only for our data.





Question 7: What ethnic group do you belong to (Your ethnic group is about lots of things, such as where your family comes from and the language you speak).

--






Question 8: Do you have a disability? (A disability is if you have a problem or an illness to do with your mind or body, and it makes it hard for you to do everyday things)

	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
	Rather not say	<input type="checkbox"/>

Question 8a: If you have answered please tell us the disability or the impairment you have. You can tick more than one box.

	Physical impairment	<input type="checkbox"/>
	Sensory impairment	<input type="checkbox"/>
	Long standing illness	<input type="checkbox"/>
	Mental health condition	<input type="checkbox"/>
	Other	<input type="checkbox"/>
	Rather not say	<input type="checkbox"/>

	<p>Question 9: Do you have a particular religion or belief?</p> <p>Yes <input style="float: right;" type="checkbox"/></p>
	<p>No <input style="float: right;" type="checkbox"/></p>
	<p>Rather not say <input style="float: right;" type="checkbox"/></p>
	<p>Question 9a: If you have answered yes could you tell us which religion or belief.</p>
	<p>Question 10: Are you? (please tick one)</p>
	<p>Heterosexual <input style="float: right;" type="checkbox"/></p>
	<p>Bisexual <input style="float: right;" type="checkbox"/></p>
	<p>Gay woman/lesbian <input style="float: right;" type="checkbox"/></p>
	<p>Gay man <input style="float: right;" type="checkbox"/></p>
	<p>Other <input style="float: right;" type="checkbox"/></p>
	<p>Rather not say <input style="float: right;" type="checkbox"/></p>
	<p>Thank you for completing this questionnaire. Please post it to: ILS Consultation, OSU Technical Support, Kent County Council, Invicta House, Maidstone, ME14 1XX</p> <p>Closing date for the consultation in 2nd November 2017.</p>

From: Graham Gibbens – Cabinet Member Adult Social Care

To: Verbal Update - Adult Social Care Cabinet Committee

Date: Friday 29th September 2017

Subject: **The Future of the Independent Living Service – Formal Consultation**

Consultation

Proposal

The KCC Independent Living Service (ILS) currently provides support for adults with learning disabilities across the county.

We have looked at the services we directly provide and will be making some changes to focus on providing services for those children and adults with the most complex needs.

The proposal is that the ILS will no longer be a service that KCC offers individuals in Kent.

During the formal consultation all those currently accessing the ILS will have the opportunity to meet on an individual basis to discuss options for the future. There will be no reduction in support, only a change in who will provide the support.

Alternative options will include:

1. An Alternative Supporting Independence Service (SIS)

There are other providers who support people with a learning disability in the same way as ILS. These providers are part of the Supporting Independence services (SIS).

2. A Direct Payment:

Direct Payments are money paid from KCC to the individual if they get help from adult social care. They can use the money to arrange their own support.

This proposal is not to look at the amount of service individuals receive but to change who delivers the support.

Consultation Update

- Consultation period – **20th September to 2nd November 2017**
- Consulting with all key stakeholders – Service Users, family members, Staff, Cabinet Members, County & Local Councillors, Landlords & other key Stakeholders.
- Copies of Consultation Pack & accompanied letter posted/emailed to all **667** Stakeholders on 6th September 2017
- Consultation Pack & all related documents, including Easy Read version available on kent.gov from 20th September 2017.

Focussed Consultation Meetings:

- **Individual 1:1 meetings**

- Offered to all **60** Service Users currently accessing support from the Independent Living Service (ILS). Facilitated by Care Management & ILS Managers to discuss individual circumstances and possible alternative options.
- Each service user will choose who attends meetings (as people live independently).
- Currently **100%** of appointments booked.

- **Family Members Meetings:**
 - **18%** of service users have chosen to invite their family members to be at their individual meeting
 - To date **0%** Family Members have requested separate consultation meetings.
- **Staff meetings:**
 - 2 x Staff Group meetings were held on 20th September – 1 x East Kent ILS & 1 x West Kent ILS
- **Landlords:**
 - **60%** of relevant Landlords have a planned meeting in place.

Consultation Webpage - Documents Downloads>Returns (to date)

- Questionnaires returned = **12**
- Consultation Documents downloaded = **10**
- Easy Read Consultation Documents downloaded = **5**
- EqlA downloaded = **2**

Consultation Timetable

Consultation Period (four weeks with extension of two weeks if required)	20 th September – 2 nd November 2017
Verbal Update presented to Adult Social Care Cabinet Committee	29 th September 2017
Recommendation reports presented to Adult Social Care Cabinet Committee for discussion	23 rd November 2017
Decision taken by Cabinet Member for Adult Social Care	Week commencing 11 th December 2017
Expected start date for changes, if the proposal is agreed	From January 2018

Available online at www.kent.gov.uk/ilsconsultation

**KENT COUNTY COUNCIL
EQUALITY ANALYSIS / IMPACT ASSESSMENT (EqIA)**

**This document is available in other formats, Please contact
sharon.scott@Kent.gov.uk or telephone on
03000 419546**

Name of policy, procedure, project or service

Your Life Your Wellbeing Adult Transformation – In House Design (DCLDMH)

What is being assessed?

Your Life Your Wellbeing Adult Transformation – In House Design (DCLDMH)
Learning Disability – Independent Living Service (ILS) Reconfiguration – People currently supported by the Service
(separate staff EQiA is available)

Responsible Owner/ Senior Officer

Damien Ellis - DCALDMH Head of In-House Provision
Kay Owen - Project Lead, In-House Provision Assessment

Date of Initial Screening

31st July 2017

Date of Full EqIA :

Version	Author	Date	Comment
0.1	Sharon Scott	22/8/17	First draft
0.2	Sharon Scott	11/9/17	Second draft
0.3	A Agyepong	14/9/17	Comments for review
0.4	Sharon Scott	18/9/17	Third draft
0.7	Sharon Scott	10/11/17	Review Post Consultation

18/9/17

Appendix 3
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/MEDIU		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?
		Positive	Negative	Internal action must be included in Action Plan	If yes you must provide detail
Age	No	Medium	Low	<p>a) Yes - This proposal is not to look at the amount of support individuals receive but to change who delivers the support with a like for like service.</p> <p>b) Yes- continued monitoring and engagement with all stakeholders will ensure needs continue to be met through continual assessment and review including people who are transitioning in to or through Adult Services</p>	Yes – The proposed changes will ensure people who access services will have their current and future needs met as part of the review in being assessed as requiring a service by applying a person centered approach for services that are fit for purpose in meeting the needs of individuals.

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<p>Disability</p>	<p>NO</p>	<p>High</p>	<p>Low</p>	<p>a) Yes – The changes will ensure that services will be able to accommodate the demand in meeting the assessed needs of increased number of individuals in the future who have a complex and profound disability. continued monitoring and engagement with stakeholders will ensure needs continue to be met There will need to be advocacy services involved to make sure that individuals who are affected by any proposals have the opportunity to understand and feedback about any changes that may involve them. All communication information is available about the consultation in easy read versions</p> <p>b) No</p>	<p>Yes – The proposed changes will review what services are available and do they meet current and future needs for people. Currently there are shortages in specialist resources to meet these people’s needs. Any proposals to utilise our in house provision resource will be achieved through application of person centered approach.</p> <p>Yes - Adaptation of buildings will focus on accessibility</p>
<p>Gender</p>	<p>No</p>	<p>Low</p>	<p>Low</p>	<p>a) There is no qualitative or quantitative data to suggest that the project will have an effect on the customer base on account of their gender</p>	
<p>Gender identity</p>	<p>No</p>	<p>Low</p>	<p>Low</p>	<p>a) There is no qualitative or quantitative data to suggest that the project will have an effect on the customer base on account of their gender identity</p>	
<p>Race</p>	<p>No</p>	<p>Low</p>	<p>Low</p>	<p>a) There is no qualitative or quantitative data to suggest that the project will have an effect on the customer base on account of their Race</p>	

Religion or belief	No	low	low	a) There is no qualitative or quantitative data to suggest that the project will have an effect on the customer base on account of their religion or belief	
Sexual orientation	No	low	low	a) There is no qualitative or quantitative data to suggest that the project will have an effect on the customer base on account of their sexual orientation	
Carer's responsibilities	No	Low	Low	<p>a) Yes, to ensure that any consultation has included engagement and sharing of proposed changes with the parents and carers of those individuals currently receiving ILS support</p> <p>b) Yes following consultation</p>	Yes – The proposed changes will review what services are available and do they meet current and future needs. This will be achieved through application of person centered approach

Part 1: INITIAL SCREENING

Proportionality - Based on the answers in the above screening grid what RISK Weighting would you ascribe to this function – see Risk Matrix

Low	Medium	High
Low relevance or Insufficient information/evidence to make a judgement.	Medium relevance or Insufficient information/evidence to make a judgement.	High relevance to equality, /likely to have adverse impact on protected groups

Low

Context – What we do now and what we are planning to do

- An assessment of In-House Services has been completed as part of Your Life Your Wellbeing Transformation. This forms part of the wider KCC transformation programme that is seeking to make social care services more efficient and improve experience for service users now and in the future.
- The Independent Living Scheme (ILS) has been operating as an In-House service for a number of years to deliver holistic support to Adults with a learning disability to develop skills in all areas of their life. In December 2014 the ILS was redesigned and divided into two parts, Kent Pathway Service (KPS) and the ILS.
- The KPS service was introduced to support people with their personal goals by targeting short term interventions (12 weeks or less) to learn specific skills in order to increase independence. The KPS service has grown and as a result of this, the number of hours and people currently needing to be referred to the ILS has reduced significantly.
- All of In-House services have been looked at as part of Kent County Councils (KCC's) Transformation Programme. Part of the review has shown that KCC will need to provide specialist support to Adults with learning disabilities that have more complex and profound support needs.
- It is proposed that ILS staff will be reinvested into the existing In-House provision of daycare and respite to widen KCC's core offer of services available. The merge of ILS staff within existing services will maximise the ILS staff skills and expertise required as part of its design to support individuals to increase their independence skills. In utilising the existing ILS, day service and respite staff, In-House Learning Disability Provision will also be responsive to planning the additional staffing requirements that are needed in the future to support people who have complex and profound disability coming through services

Aims and Objectives

The proposal is that the ILS will no longer be a service that KCC offers individuals in Kent. ILS service users will continue to be supported although this will be with another provider. The existing ILS staff and the expertise they have will be utilised across in house as part of a combined workforce.

Kent County Council therefore wishes to consult with the service users who currently access the service regarding their choice of an alternative provider that will meet their current assessed need. This is not to discuss the level of support an individual currently receives.

In some circumstances there will also be a need to consult with the current Landlords.

During the formal consultation all those currently accessing the ILS will have the opportunity to meet on an individual basis to discuss options for the future. There will be no reduction in support, only a change in who will provide the support.

This will be done through engagement with people currently being supported and with their Care Managers, family/carers (if relevant) and or advocacy if required

Beneficiaries

All Kent residents aged 16 and over who have a disability and the families and carers of those currently accessing the ILS service.

Information and Data used to carry out your assessment

The table below captures current support to individuals provided by ILS

Number of Individuals receiving support	Current support hours being delivered per week
13	30 mins to 1 hour
29	2 hours to 3 hours
6	4 hours to 5 hours
8	6 hours to 8 hours
4	Above 10 hours

Currently 75% of support delivered is between 30 mins and 3 hours per week. Independent Living Services (ILS) delivers 500 hours per week. All of these people supported have a learning disability.

There are currently 57 people supported by the ILS

Ethnicity		Gender		Age	
White British	55	Male	28	18 - 30	5
Asian	1	Female	29	31-40	9
Black or Black British (other)	1			41-50	13
				51-60	15
				61-70	10
				71-80	5

Main sources

- ILS service EK and WK - collected data for people attending the service.
- KCC - Strategic Business Development & Intelligence (updated 2016)

Summary

From the information gathered the majority of people supported by the ILS are White British.

The percentage of Gender of supported persons shows females having a marginally higher representation

The service has a higher percentage of people in the 30-64 age groups.

These figures in this age group are representative of the data that is consistent across the Kent population.

Part of the consultation process will help services to be reviewed and designed in order to be responsive to the protected characteristics of the service users and reflects the broader Social Care population in Kent.

Who have you involved and engaged with?

During the assessment we have met regularly with the Head of Service.

Reviews of information gathered were completed with Managers and staff from ILS and Care Management. We have met with Access to Resources to ascertain there is capacity of external provision in order to provide the same level of support in the future. The people currently supported by the ILS who will be affected by these proposals have been written to in order to inform them of the possible changes. Relevant family members have also been invited to meet or share their views as part of the consultation process by questionnaires, emails and or meetings. The consultation aims to engage with other relevant stakeholders that may be affected by these proposed changes.

Post Consultation Engagement Equality observations and enhancements

There were no additional queries that were not already covered in the initial assessment. The main areas of concerns that were raised were consistent with some of the factors identified that were likely to be raised during this process.

Potential Impact

Depending on the outcome of the consultation there may be some anxiety about the handover of support to the new providers. We were able to meet with all of the people we support, their families and carers (where requested by individuals), involving care management and key staff to work towards a smooth handover in the support being provided. It must be noted that all individuals live independently and not all people have family or carers involved in their lives.

People who currently receive ILS support have already been met with by their ILS support worker and or Care Management regarding alternative options which included -

1. An alternative Supporting Independence service (SIS)

The current SIS contract provides to approximately 90% of clients with a learning disability and supports around 1,500 clients in total. There are currently 63 SIS providers across the county.

Services provided by SIS are the same as those provided by ILS support workers. The proposal is not to change the level of the individual's support only to change who delivers this support.

We have identified that the external market does have the capacity to provide the support.

For further information individuals can contact their Care Manager or speak to their Support Worker.

2. A Personal Budget - Direct Payments

Direct Payments are money paid from KCC to the individual if they get help from adult social care. They can use the money to get their own support.

Individuals with a personal budget could access a Direct Payment to purchase their preferred provision direct with the provider. Use of the Direct Payment system has more than doubled since 2010 and it is hoped that the increased choice available will be of benefit to those currently accessing the ILS. For further information individuals can contact their Care Manager, speak to their Support Worker or visit the following website

<http://www.kent.gov.uk/social-care-and-health/care-and-support/paying-for-care/paying-with-direct-payments>.

Adverse Impact and how can these adverse impacts be mitigated, (capture this in the action plan)

A full action plan will be in place to mitigate any impact .This will be completed as part of design before implementation

Positive Impact:

Any future service for existing ILS service users will provide a personalised service, identifying individual outcomes through the development and implementation of existing PCPs. This will inform the reviewed needs of individuals in a range of preferred options.

There were 2 people who decided they did not need their current support and were happy to cease support immediately. Some of the people that were engaged with were happy to either increase hours from alternative existing support in place of ILS support. This engagement around ILS support was able to enhance immediate choice in the persons wishes at an early stage.

Implementation on ILS staff to be available within existing services will be based on planning to meet the demand for people with a complex disability in Local Authority provided specialist services.

Equality Impact Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
Disability	The current 57 service users will see a change to their provider which may cause anxiety and disruption	Communication will be provided in a range of texts, formats suitable for people with learning disability, sensory impairments & other complex needs. Families/parents have also been communicated with directly via letter with an offer to share their views and meet if preferred	Work towards minimising disruption to service users. Service users will be informed and have the opportunity to influence changes that affect them.	Director DCALDMH	Implementation to new services from January 2018 onwards Communication and engagement on consultation launch commencing on 20 th September 2017	None. Absorbed within existing staffing resource

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From: Graham Gibbens, Cabinet Member for Adult Social Care

Anu Singh, Corporate Director of Adult Social Care and Health

To: Adult Social Care Cabinet Committee –
23 November 2017

Subject: **KENT'S SOCIAL CARE ACCOMMODATION STRATEGY – BETTER HOMES: GREATER CHOICE – ANNUAL UPDATE**

Classification: Unrestricted

Past Pathway of Paper: N/A

Future Pathway of Paper: N/A

Electoral Division: All

Summary: To update the Adult Social Care Cabinet Committee of the ongoing development and implementation of Kent's Accommodation Strategy. The Strategy was launched on 2 July 2014 and has been refreshed annually. A presentation will be made; this report is to provide some background to the Strategy.

Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** the content of the report and discuss as necessary the contents of the presentation.

1. Introduction

- 1.1 Kent County Council, the seven Kent Clinical Commissioning Groups (CCGs) and the District and Borough Councils launched an integrated strategy for developing accommodation services for vulnerable people. This Strategy was formally launched on 2 July 2014 and has been reviewed and refreshed annually.
- 1.2 The Accommodation Strategy is required to provide strategic direction to the market who are developing various care services, all that potentially attract the Council revenue funding if the person is eligible for care. It is the Council's over-arching Market Position Statement for Social Care Accommodation for all client groups. Prior to the completion of the Strategy, the Council was unable to provide any definitive support regarding need or service type in particular locations and this Strategy provides that direction and management to a growing care market and to the local Planning Authorities.
- 1.3 The Strategy is designed to be a dynamic document available on-line. The Evidence Base was commissioned by an organisation called the Health and

Housing Partnership who reviewed the population forecasts, prevalence of need, supply and demand on services and placement patterns based on locality. The Strategy was co-ordinated by the Partnership Manager for Kent Housing Group who engaged with the District Council housing and planning departments in its development. The conclusion shows a need to shift from care home accommodation for most client categories (with the exception of nursing and dementia care for older people) to suitable housing and, without having the statutory duty for delivering housing, the Council needed to ensure that the document was owned and understood by the District Councils sensitively, which was achieved.

- 1.4 A presentation will be delivered to the Adult Social Care Cabinet Committee which accompanies this report and is attached as Appendix 1 to this report.

2. Financial Implications

- 2.1 The Strategy identifies that by delivering Extra Care Housing as a direct replacement to residential care for Older People, it can be more cost effective for the Council and provides better outcomes for people.
- 2.2 The initial launch of the Strategy in 2014 included the forecasted need to 2021 for Older Persons accommodation. The strategy has since been developed to forecast the accommodation needs for this client group and, more recently, the forecasts for people with Mental Health needs have been produced. The importance of having people in the right accommodation at the right time with options for people to move through services, or begin their care pathway in accommodation is critical for achieving efficient and effective services.
- 2.3 The Accommodation Strategy forms an important part of the Sustainability and Transformation Plan (STP). As a result, opportunities are being scoped to look at how large scale intervention and investment can be achieved to unlock some of the obstacles in getting the care services needed in particular areas.
- 2.4 The work undertaken with the market since the launch has identified areas where direct intervention is needed in some areas of the county and work is underway (although stalled) to address the gaps in service on the Isle of Sheppey, namely Extra Care Housing and Nursing Care Home provision.
- 2.5 Consideration should be made to the Kent economy given the drive for capital projects either through re-modelling or new build.
- 2.6 The Housing and Planning Act 2016 and the changes needed for Welfare Reform has resulted in a stalling of developments across the county. The Council has been actively lobbying government to identify solutions to the issues faced as a result of these changes (for supported accommodation these are the 1% rent reduction and the cap on Local Housing Allowance). The Council, Kent Developers Group and Kent Housing Group are working together and have raised the issue with a variety of MPs. Recent articles suggest that an outcome to recent consultations on the cap on Local Housing Allowance will be published "very soon".

3. Policy Framework

3.1 There are a number of strategies and frameworks within Kent that this Accommodation Strategy will have links with, form the evidence base for and support, these include the following:

- 'Your life, your well-being' - vision and strategy for adult social care
- Increasing Opportunities, Improving Outcomes
- Kent and Medway Housing Strategy – Better Homes: localism, aspirations and choice
- Kent Telecare Strategy
- Better Homes: Housing for the Third Age Protocol
- Better Homes: Accessible Housing Protocol
- Supporting People Commissioning Plan 2014-2017
- KCC's 16 – 24 Vulnerable Young People Strategy
- Care leavers strategy
- Valuing People Now
- Kent and Medway Sustainability and Transformation Plan

3.2 It is likely that there will be a future requirement to formally consult on changing or varying services managed by the Council, however this will be undertaken carefully once any proposal is defined.

4. Engagement from other agencies

4.1 The Council does not have the statutory duty to provide housing and has a long standing relationship with the District and Borough Councils in successfully delivering housing with care and support schemes either individually or through the large PFI schemes. Kent Housing Group fully endorses the Strategy which is invaluable in progressing specific developments and conversations.

4.2 Working much more closely with Health towards health and social care integration means that the provision of intermediate care and continuing health care must be taken into account. The review of the community hospitals that provide beds to Older People and the commissioning intentions on use of the private and voluntary sector is a consideration and therefore as the STP develops and the CCG's Estates Strategies are clearer there may be additional opportunities to integrate and jointly commission services.

5. Conclusions of the Strategy

5.1 The conclusions are broadly to:

- Increase the provision of Nursing Care Home accommodation, particularly for those with Dementia
- Increase the provision of Extra Care Housing
- Reduce the provision of general frailty residential care
- Remodel services to be better geared up to accommodating People with Dementia
- Integrate the findings of bed utilisation reviews for intermediate care

- Increase supported accommodation for People with Learning Disabilities and Mental Health needs.

5.2 Analysis of the size of a care home has shown some areas of concern in the county. The average size of a care home registering with the Care Quality Commission (CQC) was 57 beds and de-registering was 27 beds. The average size of a care home in Kent is 39 beds (43 in West Kent and 36 in East Kent). This raises questions regarding ongoing sustainability of homes; the average size closing in Kent is 25. Furthermore, there is a question over the design and physical fabric of some care homes. The Council will be welcoming new developments of larger care homes meaning to a certain extent the market should eventually adjust itself.

6. Next Steps

6.1 The presentation details the scale of adjustment needed in order to fully implement the Accommodation Strategy. It further shows areas that require focus in current Older Persons' accommodation. With the impending announcement on the Future Funding of Supported Housing (cap on local housing allowance), this will determine what actions are needed, including the re-commencement of building Extra Care Housing across the County.

6.2 Work is also underway to understand how the Council can influence the unblocking of the emerging barriers and the issues relating to workforce and the quality of service provision across the county. This impacts on the availability and accessibility of services for all client groups.

6.3 The annual refresh of the Strategy document is underway. It is likely that the amendments will require further approval or endorsement.

7. Equalities and Health Impact Assessments

7.1 An Equalities Impact Assessment was undertaken and identified no discrimination to any groups. Individual assessments are undertaken for each local development project where needed.

7.2 Public Health commissioned a Health Impact Assessment on the Accommodation Strategy which sought to identify potential health issues and gaps, investigate potential distributions and magnitude of outcomes and provide evidenced based recommendations. The final report confirmed that there is no need to progress to a full Health Impact Assessment. Equalities were also considered in the Impact Assessment and the initial findings confirmed that the Strategy does not discriminate.

8. Recommendation(s)

8.1 Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** the content of this report and discuss as necessary the contents of the presentation.

9. Background Documents

Accommodation Strategy for Adult Social Care

<http://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/accommodation-strategy-for-adult-social-care>

Housing our Ageing Population: Panel for Innovation (HAPPI)

<https://www.gov.uk/government/publications/housing-our-ageing-population-panel-for-innovation>

10 Lead Officer

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Accommodation Strategy annual update

ASC Cabinet Committee

23 November 2017

Christy Holden - Head of Commissioning
Strategic and Corporate Services

Appendix 1



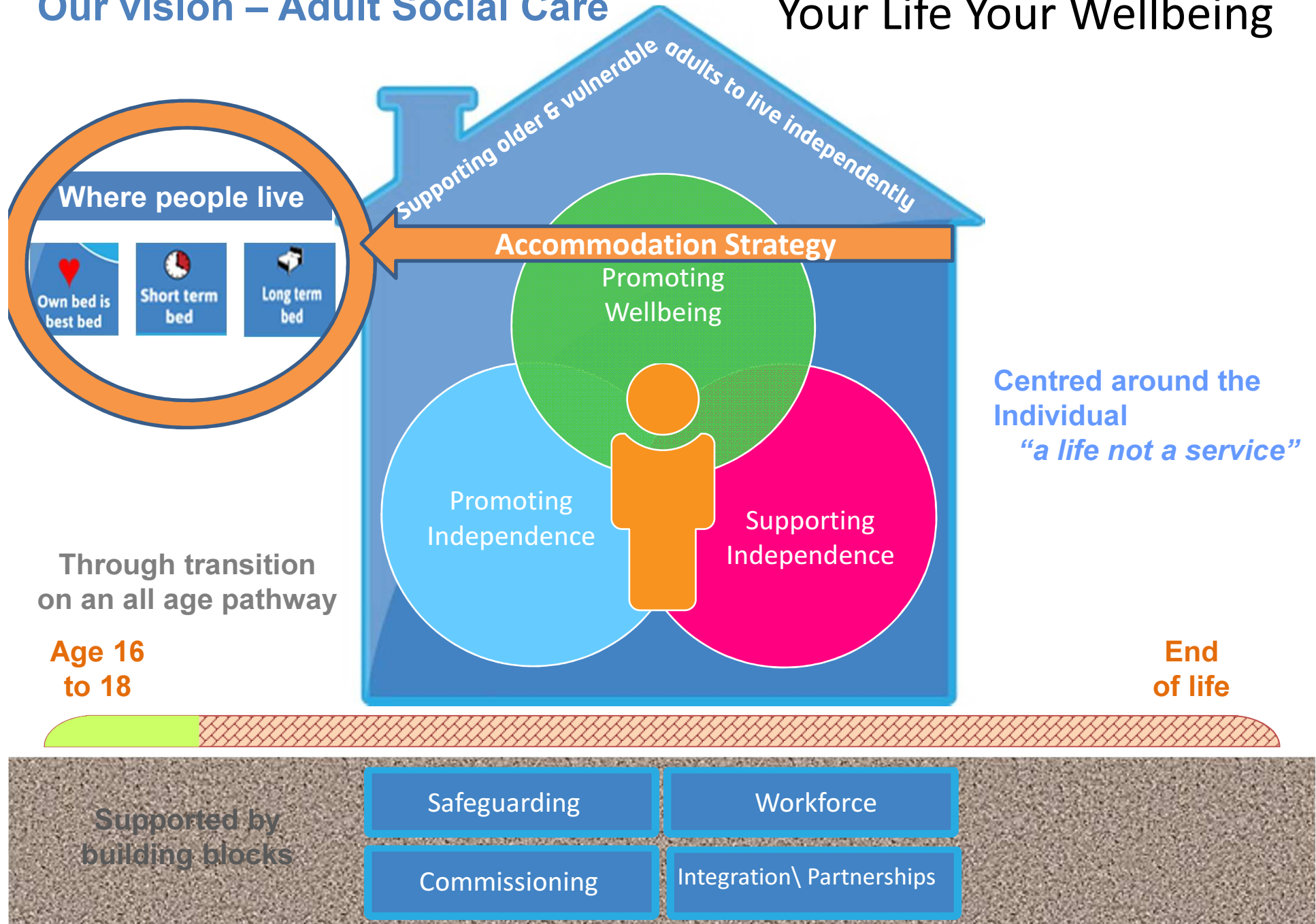
Kent Social Care Accommodation Strategy

Better Homes: Greater Choice



Our vision – Adult Social Care

Your Life Your Wellbeing



Accommodation Strategy

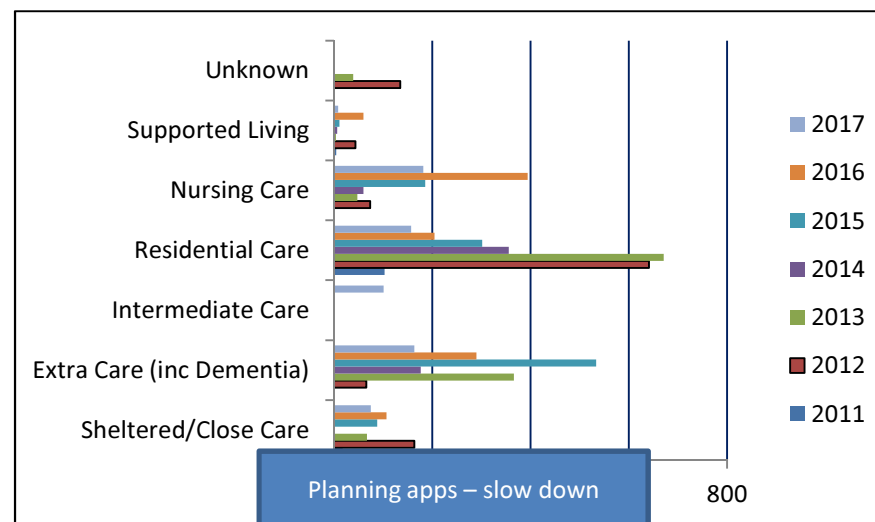


- KCC spends £180m on residential and nursing care
- The right type of accommodation in the right place
- Stimulate the market or directly intervene
- Inform planning applications
- Secure better outcomes and make savings
- Quality and safeguarding

Kent Social Care Accommodation Strategy
Better Homes: Greater Choice

Market Response/Intervention






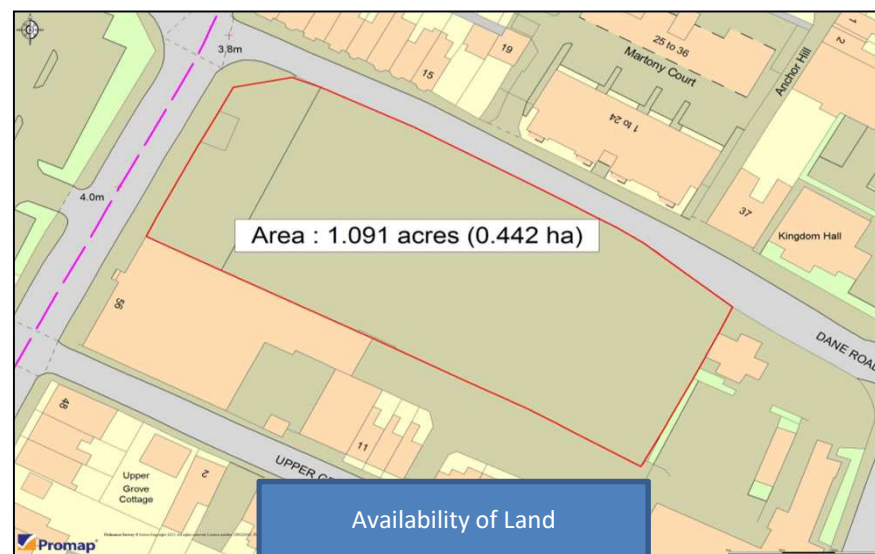
Care Homes - Sustainability & Impact

Nationally:

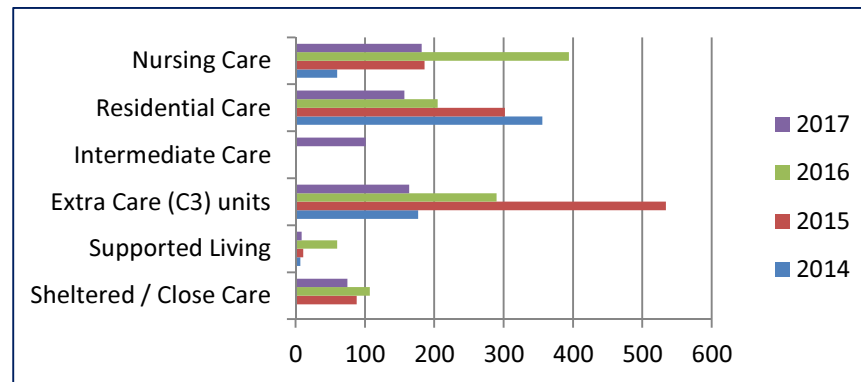
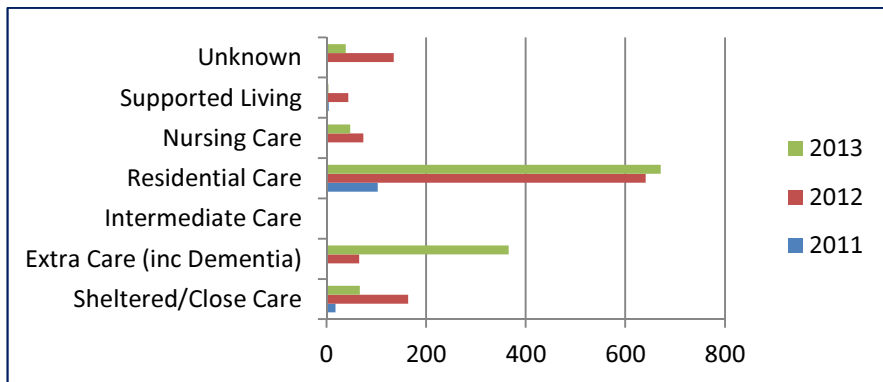
In Kent:

- KCC have strategic partnership meetings with care home providers (approx. 100 homes) – very few additional nursing developments in last 15 months under KCC's contract. Those opening aimed at private (self-funder) market
- Many providers not willing or able to open nursing homes in Kent unless they see a change in the workforce situation.
- Sanctuary Housing opened a purpose built Residential/Nursing home in Hersden in Summer 2015 but have been unable to operate the nursing wing due to the lack of availability of nurses.
- Nelsar have over 20 vacancies at large nursing home in Swale due to the lack of availability of nurses.
- A large nursing home (Fairfields/Woodlands) closed in summer of 2014 due to the provider being unable to source affordable nursing staff.
- Only nursing home developments being taken forward (that KCC is aware of) are those by the Graham Care Group who operate an alternative funding model and are developing nursing suites with significant medical

Workforce/NLW/Price

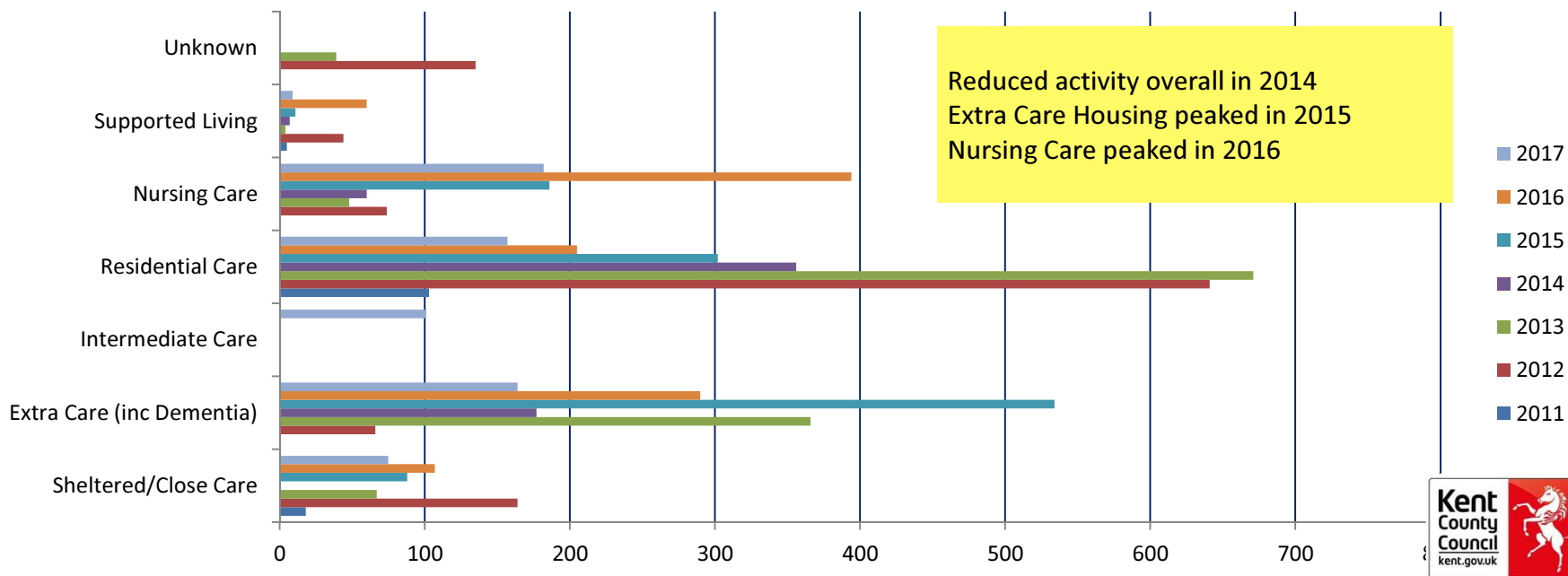



Progress – all client groups



2011-2013 = 2445 units/beds (av 815 p/y)
Three years measured

2014-2017 = 3465 units/beds (av 990 p/y)
Three and a half years measured - half year for 2017



Housing (with care) applications comparison

Appendix 1

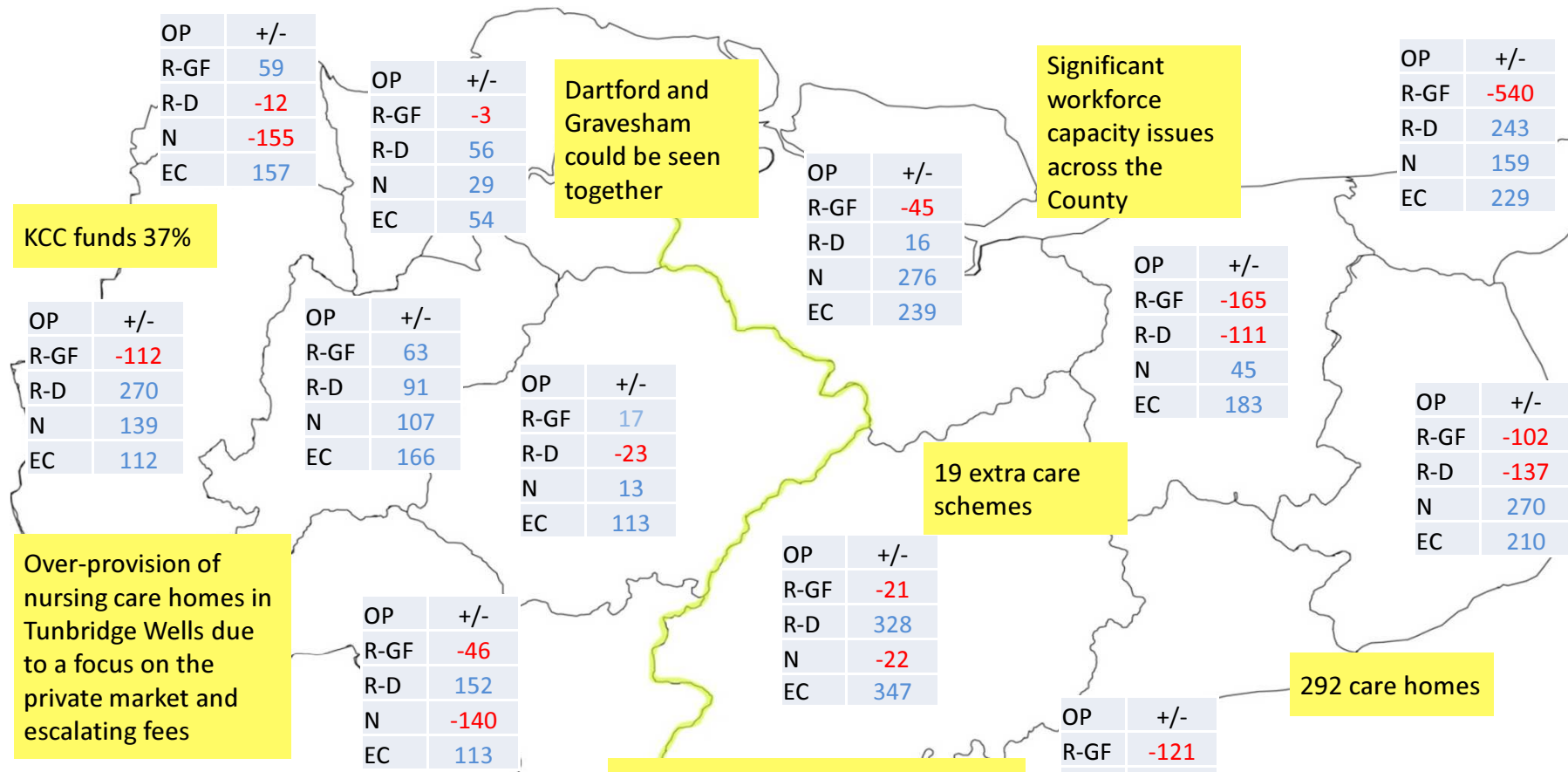
	2011-2013	2014-7/2017	+/-
Ashford	125	241	116
Canterbury	163	215	52
Dartford	6	0	-6
Dover	81	0	-81
Gravesend	0	0	0
Maidstone	140	77	-63
Sevenoaks	81	46	-35
Shepway	0	200	200
Swale	0	215	215
Thanet	60	56	-4
Tonbridge & Malling	5	335	330
Tunbridge Wells	73	137	64
Total	734	1522	788
Average per year	245	435	

Care Homes applications comparison

Appendix 1

	2011-2013	2014 - 7/2017	+/-
Ashford	101	138	37
Canterbury	249	520	271
Dartford	38	274	236
Dover	0	19	19
Gravesend	0	0	0
Maidstone	387	121	-266
Sevenoaks	198	315	117
Shepway	25	125	100
Swale	138	292	154
Thanet	73	10	-63
Tonbridge and Malling	83	117	34
Tunbridge Wells	419	12	-407
Total	1711	1943	232
Av p/y	570	555	

Older People Summary – October 2017



FORECASTS BEING REVIEWED AND REFRESHED – THIS SHOWS THE MAR 2017 FORECASTS AGAINST NOV 2017 SUPPLY

Kent	Accom	Existing	+/-	Known
R-GF	106	3089	-1036	
R-D	90	3253	630	80
N	96	5045	947	814
Total	292	11,387	541	894
EC	19	900	2157	601
Total	311	12,287	2698	1495

R- GF = Residential – General Frailty
 R-D = Residential - Dementia
 N – Nursing incl. Dementia
 EC = Extra Care



Care Home Movement – Older People - Kent

CCG Area	Total Care Homes 2014	Beds	Average Size	Total Closed	Beds closed	Average Size	Total Opened	Beds Opened	Average Size	Total Homes*	Total Beds*	Average Size
		2014	2014							Oct-17	Oct-17	Nov-17
Ashford	20	772	39	3	55	18	1	60	60	18	832	46
C4G	52	1703	33	11	217	20	2	120	60	43	1686	39
DGS	41	1690	41	6	189	32	2	37	19	37	1478	40
SKC	77	2224	29	14	314	22	1	79	79	63	2092	33
Swale	17	680	40	1	36	36	0	0		16	634	40
Thanet	49	1362	28	6	162	27	0	0		43	1423	33
WK	79	3164	40	13	375	29	6	450	75	72	3242	45
Total	335	11595	35	54	1348	25	12	746	62	292	11387	39

*Includes Data Quality

CQC data over 18 month period (2013-2014) showed average size of home registering was 57 beds and de-registering was 28 beds

Average Care Home Size in Kent:
2014 = 35
2016 = 36
2017 = 39

Av. Size opening = 50
Av. Size closing = 25

In 2016 – 3 care homes opened with a total of **221 beds**
16 care homes closed with a total of **402 beds**
2017 so far: 2 opened (159 beds plus an extension of 42); 10 closed (303 beds)

Net reduction of care homes between 2014 and 2017*:
43 homes – 208 beds (total closed 54; 1348 beds – total opened 12; 746 beds)
*data adrift by 1 home

No. of care home beds in planning at end of 2016 - **292**

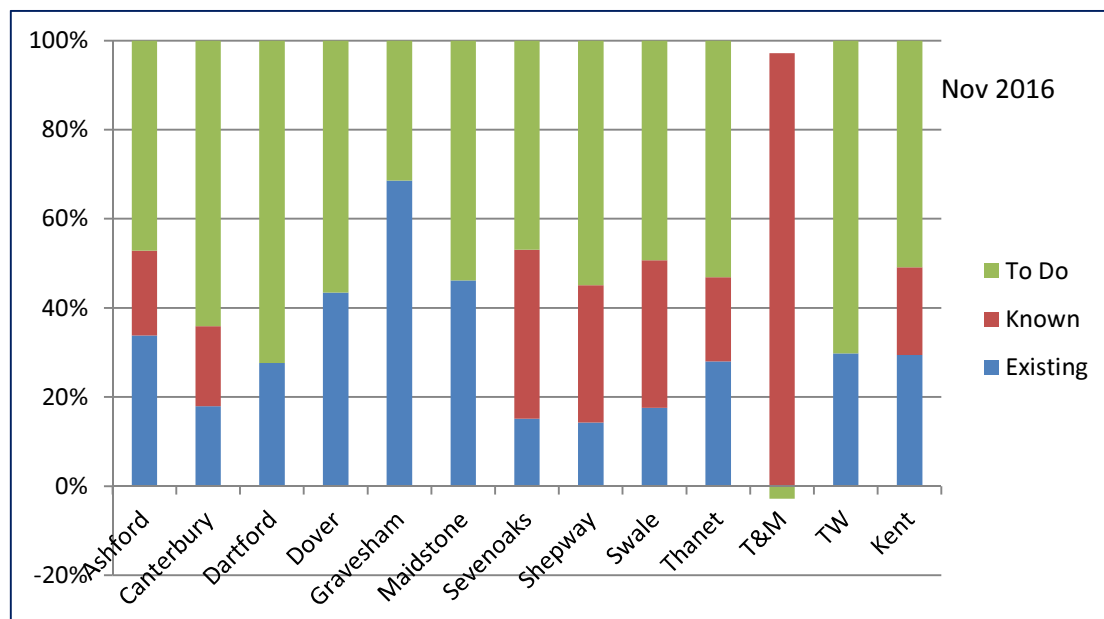
No. of care home beds under construction at end 2016 – **417**

4 homes ready: 367 beds

Operational difficulties in securing beds for people with very high dementia needs – workforce, skills and wrap around community support shortfalls

The Accommodation Strategy predicted closures where there is an over-supply – further this relies on the development of Extra Care Housing with appropriate care and support which has currently stalled due to Welfare Reform changes and consultations

Extra Care Housing



Three schemes actively progressing – due to complete in 2018 (all in TMBC area)

Ongoing discussions with developers – current hiatus in active developments due to the Supported Accommodation Review and 1% social rent reductions

Phase 3 Transformation assessment further evidences the benefit and need for more extra care housing – with additional focus, the forecasts may considerably increase

No. ECH opened in 2016 – 5 schemes 228 flats
 No. ECH planning in 2016 – 3 schemes 184 flats
 No. ECH under construction at end 2016 – 0

Flats in operation end 2016 = 900
 Flats needed by 2021 = 3057 (2157 to do)
 Active discussions for a potential further 601 flats

November 2016 was the first month since 2008 where no extra care housing schemes are under construction – active discussions with providers and developers, planning applications made



Accommodation for people with Learning Disabilities

Appendix 1



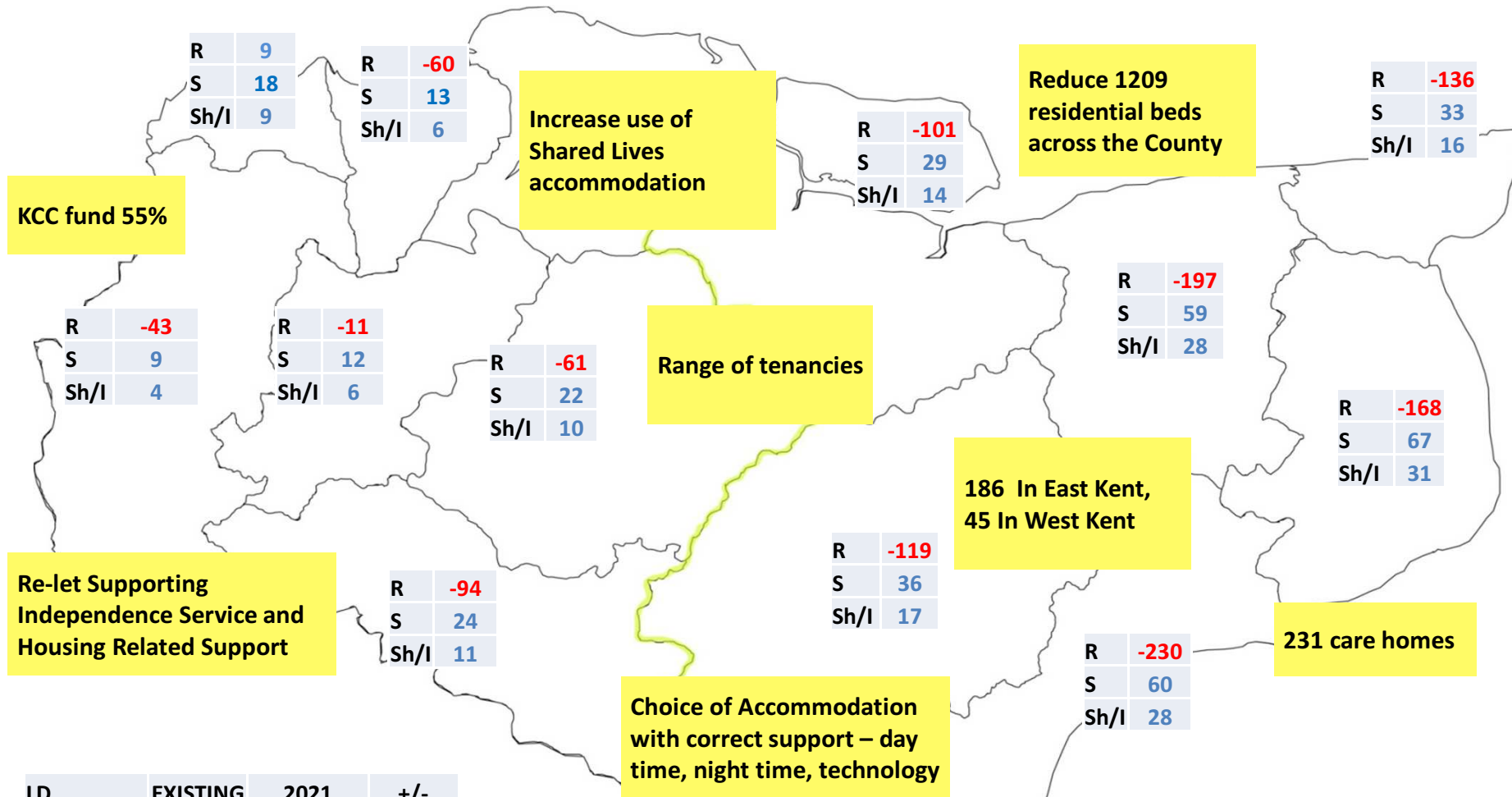
Kent Social Care Accommodation Strategy

Better Homes: Greater Choice



People with Learning Disabilities Summary

Page 161



LD	EXISTING	2021	+/-
R	2038	829	-1209
R (autism)	150	TBA	TBA
Supp	570	952	+382
Sh/I	280	460	+180

R = Residential
S = Supported Housing
Sh/I = shared/independent

FORECASTS BEING REVIEWED AND REFRESHED – THIS SHOWS THE MAR 2016 FORECASTS AGAINST NOV 2017 SUPPLY – ALSO LINKING TO TRANSFORMING CARE ACCOMMODATION STRATEGY

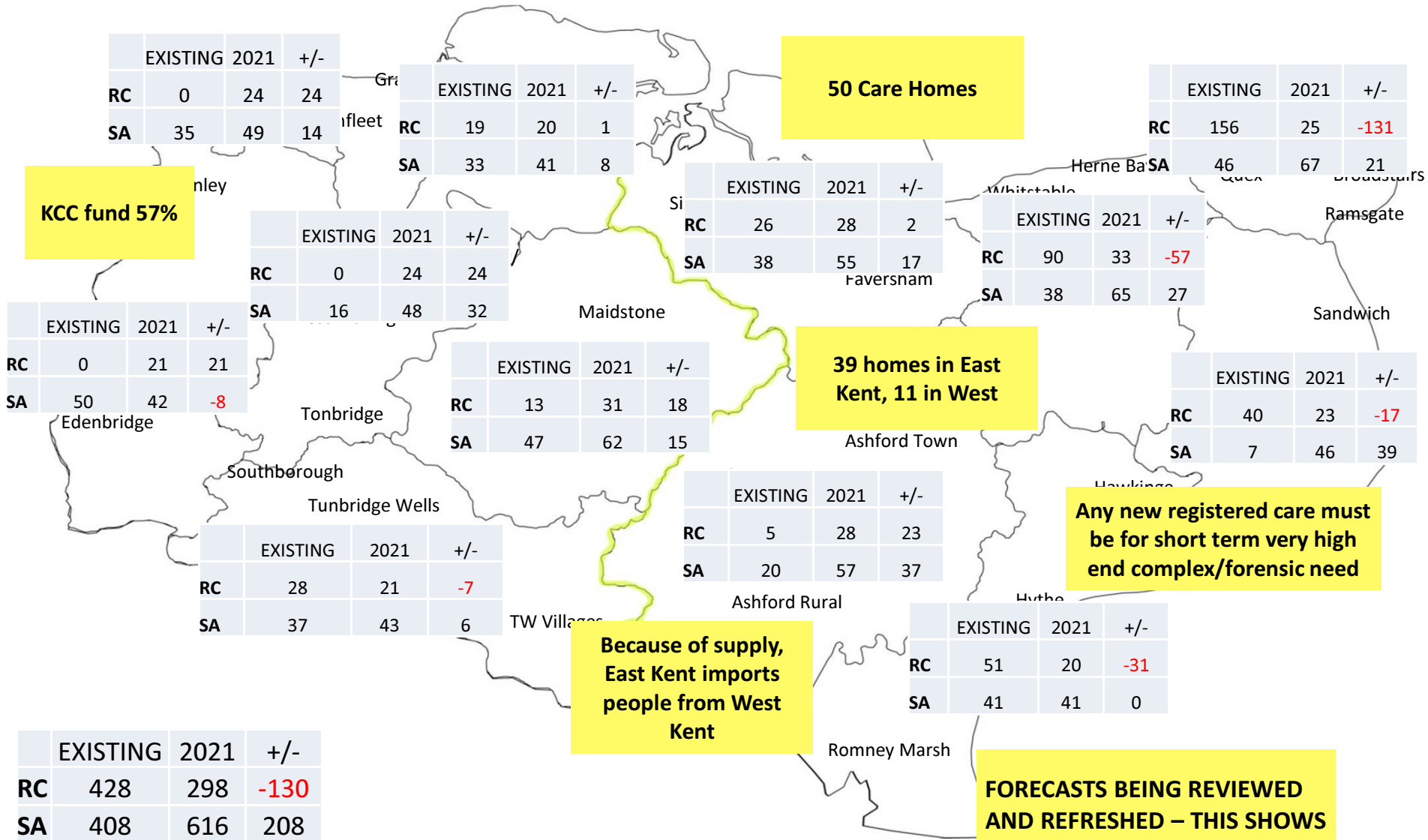


Accommodation for people with Mental Health needs



**Kent Social Care
Accommodation Strategy**
Better Homes: Greater Choice

Mental Health Accommodation – by District



RC = Residential Care
SA = Supported Accommodation

KCC fund 57%

50 Care Homes

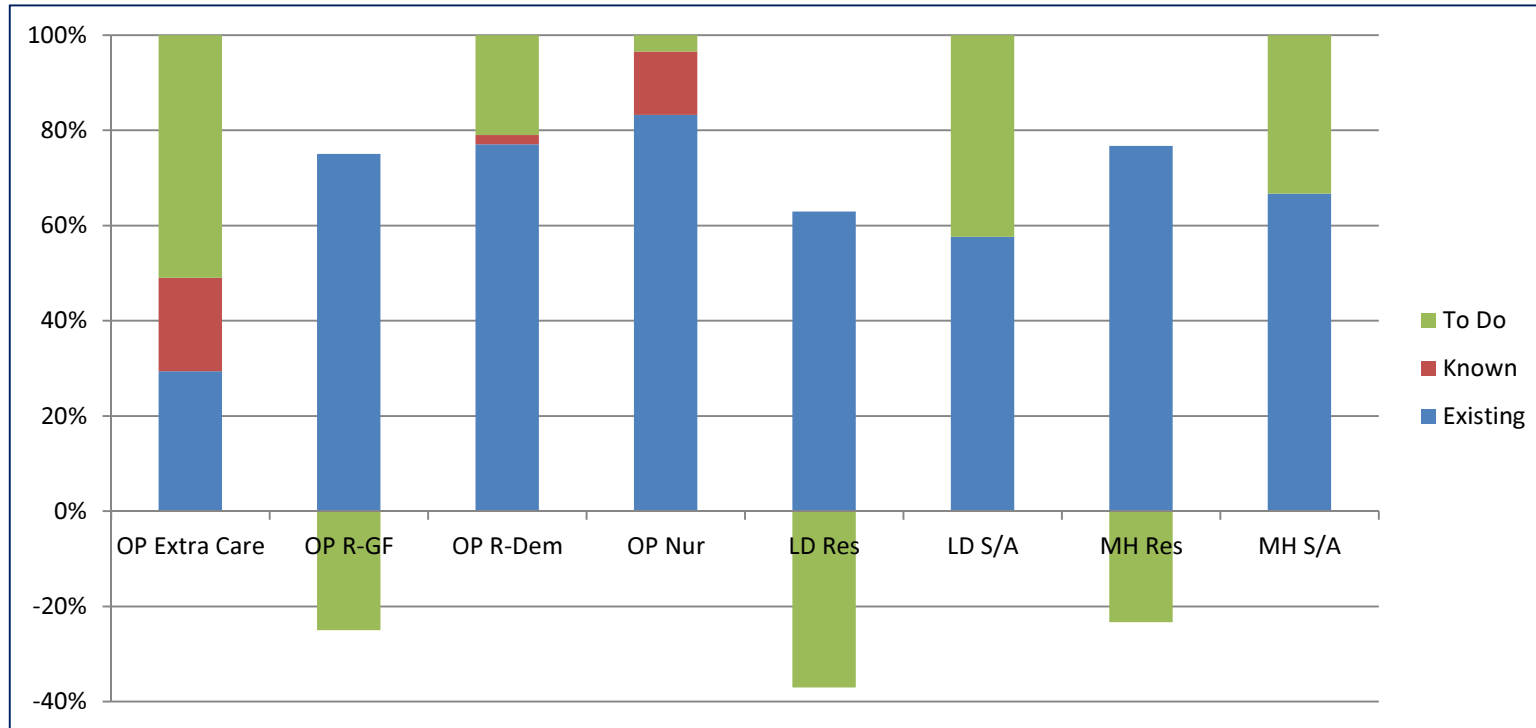
39 homes in East Kent, 11 in West

Because of supply, East Kent imports people from West Kent

Any new registered care must be for short term very high end complex/forensic need

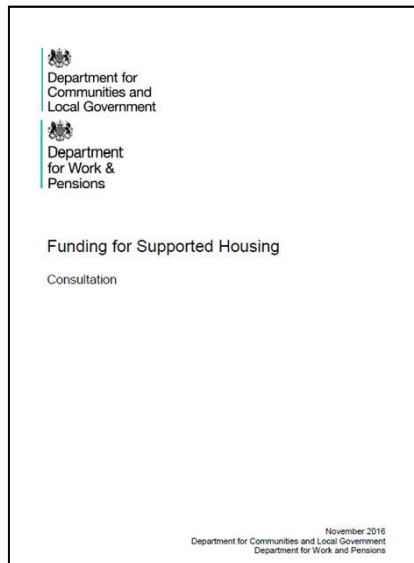
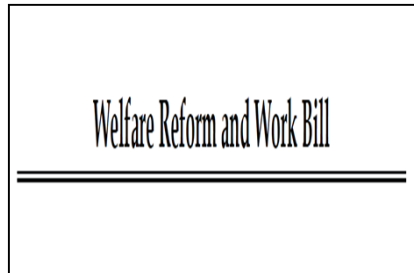
FORECASTS BEING REVIEWED AND REFRESHED – THIS SHOWS THE MAR 2016 FORECASTS AGAINST MAR 2016 SUPPLY

Summary



Kent Profile – District Councils (housing) to support with extra care housing and supported accommodation; District Councils (planning) to support with all new developments needed; KCC Commissioners to work with providers on de-registering and re-modelling where needed; wider role for VCSE for shared lives plus; CCG’s to share information on bed modelling exercises including use of their estate and commissioning plans for managing what needs to be targeted

Accommodation Strategy – Impact on Implementation



- **Social and affordable rents to be reduced by 1% a year between 2016 and 2019**
- **Cap housing benefit at LHA rates from 2018 to stop social landlords charging “inflated rents”**
- **KCC responded to the consultation on 13 February 2017**
- **Direct discussions with SoS for CLG**



Complications

Opportunity



Accommodation Strategy – moving forwards

Appendix 1



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Commons Select Committee

Housing for older people inquiry launched

02 February 2017

The Communities and Local Government (CLG) Committee has launched an inquiry into whether the housing on offer in England for older people is sufficiently available and suitable for their needs. The inquiry follows research which indicates pensioners are stuck in oversized properties worth £820bn.

- Inquiry: Housing for older people
- Communities and Local Government Committee

The inquiry is launched to a backdrop of significant housing shortages, rising numbers of older people, pressures on adult social care and with

- Housing White Paper published February 2017 – looks to release family housing by incentivising older people to downsize – current hiatus in development of supported accommodation – Green Paper was due in the Summer – outcome due “very soon”

- Commons Select Committee launch an inquiry into housing for older people – February 2017
- Current Planning Consultation – ‘Planning for the right homes in the right places’ - One of the sections is ‘Planning for a mix of housing needs’, with a focus on Older People.

Accommodation Strategy – Particular areas

Appendix 1

1. **Isle of Sheppey** – need nursing care home and Extra Care Housing – formal project to start to take forward – working with Infrastructure and Gen2
2. **Thanet** – need nursing care homes, restrictions on workforce skill and capacity, Workforce Group as part of STP, specific discussions with the Trade Associations and Skills for Care
3. **County-wide** - newer care home developments targeted mainly at self funders, offering high rates for local authority placements that are unaffordable – Market Analysis underway
4. **Faversham and Swanley** – working with Registered Providers on remodelling existing schemes
5. **County-wide** – developing supported accommodation for people with Learning Disabilities including Transforming Care
6. **Faversham** – developing supported accommodation for people with Autism
7. **Dover and Canterbury City** – needs supported accommodation for people with Mental Health needs under the Horizon’s project

Refresh all current forecasts to 2031 (SBDI support)

People with Physical Disabilities – due late 2017/early 2018

People with Autism – Public Health completed needs assessment, to include accommodation

Care Leavers – 16-25 Accommodation – due end 2017





Thank you

Christy Holden, Head of Commissioning – Accommodation
Strategic and Corporate Services

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From: Graham Gibbens, Cabinet Member for Adult Social Care

Anu Singh, Corporate Director of Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 23 November 2017

Decision Number: 17/00113

Subject: **PROPOSED CHANGES TO HISTORIC MENTAL HEALTH VOLUNTARY SECTOR GRANTS**

Classification: Unrestricted

Previous Pathway of Report: Adult Social Care and Health Directorate Management Team – 8 November 2017
Public Health Divisional Management Team – 6 November 2017

Future Pathway of Paper: Cabinet Member decision

Electoral Division/s: All

Summary: This report sets out the historic Mental Health Grants that the Council is required to end by 31 March 2018 under the Voluntary and Community Sector Policy and proposes a future plan for each grant.

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

- a) **INCORPORATE** the 24/7 Telephone Service, Homelessness Support Service, Service User Expenses, Supported Accommodation and Debt Counselling into the Live Well Kent Contract;
- b) **INCORPORATE** the Service User Forum and Mental Health Action Groups into the Healthwatch Kent Contract; and
- c) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, to undertake the actions necessary to implement the decision.

1. Introduction

- 1.1 In April 2016 the majority of the mental health grants were transferred into the Live Well Kent Contract. However, there are some remaining historic grants which need to be dealt with in order to be compliant with the Council's Voluntary and Community Sector Policy. The Live Well Kent Contract has been in place for the past two years and is performing well and is now in a position to take on additional responsibilities.

- 1.2 The grants in question have been awarded annually and have been in place in excess of ten years. Providers have applied for these grants through a closed grant application process.
- 1.3 Performance requirements within grant arrangements are not robust and performance information is not adequate. Moving the remaining grants into different funding arrangements will provide the opportunity to improve the performance reporting and monitoring. Aligning this funding more strategically enables the Council to shape the market and further develop a whole system approach.
- 1.4 The table below contains a summary of the grants in scope, it must be noted that along with the Council via Adult Social Care and Public Health, all of Kent's Clinical Commissioning Groups and Medway Council also contribute towards these grants. A more detailed breakdown is attached as Appendix 1.

Service	Contributors	Annual Total
Website and Telephone Line	ASC £98,057 PH £37,615 CCG £24,199 Medway £17,120	£176,991
User Forums and Mental Health Action Groups	ASC £157,455 CCG £78,129	£235,584
Homelessness Services	All ASC	£89,595
Service User Expenses	ASC £8,000 PH £7,000	£15,000
Supported Accommodation	All CCG	£111,762
Debt Counselling	All ASC	£13,540
Total		£642.472

2. Policy Context

- 2.1 This report is underpinned by the following:
- The Care Act 2014
 - Five Year Forward View for Mental Health
 - Your Life, Your Wellbeing: Kent's Adult Social Care Vision
 - Getting Better Together: Medway's Adult Social Care Strategy
 - Local Sustainability and Transformation Plans

3. Suggested Treatment of Individual Grants

- 3.1 **24/7 Telephone Support Line** – this is a strategically important service, providing access to trained psychologist 24/7. It is both well used and well regarded:
- In 2016/17 there were 17,973 calls made to the service
 - On average 1,630 calls per month, over 3,000 hours of call time

- In the past 12 months 6577 men have called the helpline.
- An increase in 76% of male callers due to Release the Pressure campaign
- The number of women calling the helpline was 12,668 over the past year, an increase of 23%.

3.1.1 KCC Strategic Commissioning has worked with the provider over the last 12 months to ensure the service can support the Kent Care Crisis Concordat outcomes. The service has been extended to provide up to four follow up calls for those not admitted to hospital under Section 136 of the Mental Health Act. The numbers so far have been low, however, training has now been provided to all Approved Mental Health Practitioners with further training planned for the Section 136 suites and street triage staff.

3.1.2 The current provider is one of only a handful of organisations that have achieved the national helpline partnership accreditation standards. All staff are trained to a minimum of level three counseling. The provider also provides a single point of access, triage and signposting services for different commissioners including access to secondary mental health services throughout the UK.

3.1.3 When Live Well Kent was created it was agreed to initially keep the support line out of scope, now Live Well Kent is in its second year and performing well. The recommendation is that this grant is included in the Live Well Kent Contract as a Kent and Medway wide service, but is managed by Shaw Trust. To this end a service specification has been developed and approved by the KCC, all Kent and Medway CCGs and Medway Council and is attached as **appendix 2**.

3.2 Service User Forums and the Mental Health Action Groups were not included in the development of the Live Well Kent Contract, as further work was required to gain a clearer picture of their role in order to decide whether they should remain an independent entity. Strategic Commissioning has been working with a range of stakeholders including people with live experience of mental health, to understand how to best ensure people with live experience of mental health issues can:

- Hold existing services to account for the performance and quality
- Ensure that new services are co-produced and are what people need and want, and
- That peer support is central to service design and delivery and that people can support each other

3.2.1 Although work has begun to understand how best to ensure people with live experience of mental health can influence and participate, there is still much to do. Over recent months we have been in dialogue with Healthwatch Kent regarding their role in supporting the development of Service User Forums and the Mental Health Action Groups.

3.2.2 The recommendation is that the current grants are transferred to the Healthwatch Kent Contract in order for the work to continue and for us to

ensure the voice of people with live experience of mental health has maximum impact in improving services across the county.

3.3 Homelessness Support - the Council funds two specialist mental health homelessness services, designed to ensure the needs of people with mental health problems are identified and supported. A significant proportion of people who are homeless experience mental health issues and is highlighted in the EqIA as a vulnerable group that require a specialist and targeted response.

3.3.1 Strategic Commissioning is beginning to redesign and recommission all homelessness services, therefore the recommendation is to transfer these grants into the Live Well Kent Contract initially and then incorporated alongside other forms of homelessness support in the new commissioning activity, the services are:

- **Catching Lives Rough Sleepers Grant** which provides specialists input from a community psychiatric nurse and a substance misuse worker on a part time basis. Their role is to identify mental health issues and support homeless people to access appropriate services.
- **Maidstone Homeless Care** provides drop in sessions, for homeless people they work with between 70 – 80 people per month. They currently provide a safe space and hot meals. In the future they plan to develop a similar model to Catching Lives, employing specialist workers to support their homeless population.

3.3.2 The recommendation is that these two grants will be added to the appropriate Live Well Kent Contract on an interim measure in order that they can be incorporated into the new commissioning process for all homelessness support.

3.4 Service User Expenses - the service user expenses grant is used to assist people using services and their carers to attend various meetings across the county. Live Well Kent will administer this fund going forward.

3.4.1 The recommendation is that this will be transferred to the Live Well Kent Contract.

3.5 Supported Accommodation - this scheme came into operation approximately seven years ago, when services were transformed from a residential NHS unit to supported accommodation in the Medway and Swale area. The NHS invested into a Horizon Service, this is a mental health supported accommodation model designed to support recovery. The scheme is supported by the Kent and Medway Partnership Trust (KMPT). The Swale Horizon service, is called Archer House and is based in Sittingbourne, Circle Support are both the landlord and support provider to the nine units of accommodation. The Council administrates the payment of the grant which is made by Swale CCG.

3.5.1 The recommendation is that this will transfer into the Live Well Kent Contract.

3.6 Debt Counselling - this historic grant provides specialist mental health debt advice, initially Tunbridge Wells Citizens Advice Bureau provided inpatient support to Pembury Hospital. When Pembury's mental health unit closed, the provision of service was transferred into the Tunbridge Wells Mental Health Resource Centre. Historically no monitoring data has been provided, despite schedule requirements. Shaw Trust has been asked to assess and review the service for inclusion in their network.

3.6.1 The recommendation is that this will transfer into the Live Well Kent Contract.

3.7 Live it Well Website - the current grant ended on the 30 September 2017. The support services and resources on the website have been transferred between the new Live Well Kent Website, Medway Council's and our own KCC websites respectively. Finances allocated to the Live It Well website will be transferred to the 24/7 Support Line, this includes Medway's financial contribution with agreement from Medway CCG and Council.

4 Financial Implications 2018/2019

4.1 The historic mental health grants discussed in this paper are funded by Kent County Council (Adult Social Care and Public Health), Medway Council (Adult Social Care and Public Health) and all eight of the Clinical Commissioning Groups across Kent and Medway. The table below shows the breakdown of this funding.

Funder	Amount
Kent's Clinical Commissioning Groups	£214,090
KCC Public Health	£44,615
KCC Adult Social Care	£366,647
Medway Council	£17,120
Total Value	£642,472

4.2 Medway Council approved an increase of £5,000 in funding at the Joint Commissioning Management Group on 7 September 2017, this included contribution from Medway Council, Medway CCG and Medway Public Health.

5 Legal Implications

5.1 There are Section 256 agreements in place with all of the seven Kent Clinical Commissioning Groups, these were drawn up when the Live Well Kent Contract was commissioned and cover all joint funding for Mental Health services.

5.2 A further Section 256 is required with Medway Council as the lead commissioner on behalf of Medway CCG; it is in draft and is awaiting formal sign off.

6 Equality Impact Assessment

- 6.1 The existing Live Well Kent EqIA has been reviewed in relation to the additional grants detailed above and has been deemed as still appropriate and relevant. Impact on individuals will be minimal as there is no difference in service provision; the only change is to the funding arrangements. The EqIA is attached as Appendix 3.

7 Options

7.1 Option 1: Do Nothing

All grants will end on 31 March 2018.

7.2 Option 2: Terminate all Grants

Letters have already been sent to providers instructing that grants will end on 31 March 2018 in line with the Council's Voluntary and Community Sector Policy. This is not a recommended option as these services form the basis of our universal and preventative services, ensuring the Council can meet its obligations under Care Act requirements.

7.3 Option 3: Implement the plans identified for each Grant

This is the preferred option. All Kent CCGs have completed Section 256 arrangements with KCC and a new Section 256 agreement will be in place with Medway Council taking the lead. The length of the Section 256 ties into the length of the current Live Well Kent Contract. Attached as Appendix 4 is the breakdown of which lots in the Live Well Kent Contract will be varied to contain these further grants from 1 April 2018.

8. Recommendations

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

- a) **INCORPORATE** the 24/7 Telephone Service, Homelessness Support Service, Service User Expenses, Supported Accommodation and Debt Counselling into the Live Well Kent Contract;
- b) **INCORPORATE** the Service User Forum and Mental Health Action Groups into the Healthwatch Kent Contract; and
- c) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, to undertake the actions necessary to implement the decision.

9. Background Documents

None

10. Lead Officer

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:
Cabinet Member for Adult Social Care

DECISION NO:
17/00113

For publication

Key decision

Affects more than 2 Electoral Divisions

Subject: PROPOSED CHANGES TO HISTORIC MENTAL HEALTH VOLUNTARY SECTOR GRANTS

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

- a) **INCORPORATE** the 24/7 Telephone Service, Homelessness Support Service, Service User Expenses, Supported Accommodation and Debt Counselling into the Live Well Kent Contract;
- b) **INCORPORATE** the Service User Forum and Mental Health Action Groups into the Healthwatch Kent Contract; and
- c) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, to undertake the actions necessary to implement the decision.

Reason(s) for decision: In April 2016 the majority of the mental health grants were transferred into the Live Well Kent Contract. However, there are some remaining historic grants which need to be dealt with in order to be compliant with the Council's Voluntary and Community Sector Policy. The Live Well Kent Contract has been in place for the past two years and is performing well and is now in a position to take on additional responsibilities. The grants in question have been awarded annually and have been in place in excess of ten years. Providers have applied for these grants through a closed grant application process. Performance requirements within grant arrangements are not robust and performance information is not adequate. Moving the remaining grants into different funding arrangements will provide the opportunity to improve the performance reporting and monitoring. Aligning this funding more strategically enables the Council to shape the market and further develop a whole system approach.

Financial Implications: The historic mental health grants are funded by Kent County Council (Adult Social Care and Public Health), Medway Council (Adult Social Care and Public Health) and all eight of the Clinical Commissioning Groups across Kent and Medway. The total value of the grants is £642k.

Legal Implications: There are Section 256 agreements in place with all of the seven Kent Clinical Commissioning Groups, these were drawn up when the Live Well Kent Contract was commissioned and cover all joint funding for Mental Health services. A further Section 256 is required with Medway Council as the lead commissioner on behalf of Medway CCG; it is in draft and is awaiting formal sign off.

Equality Implications: The existing Live Well Kent EqIA has been reviewed in relation to the additional grants detailed above and has been deemed as still appropriate and relevant. Impact on individuals will be minimal as there is no difference in service provision; the only change is to the funding arrangements

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 23 November 2017 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 1: Current Grant Funding Allocation for 2017 – 2018 and Proposed Plan

CCG Area	Service	Provider	CCG	KCC ASC	KCC PH	Total	Proposed Plan
Ashford	User Forum	Speak Up CIC	£14,659	£7,830	£0	£22,489	Place under the Health Watch contract in order to understand the percentage of user voice and peer support to inform future commissioning arrangements.
Canterbury and Coastal	Mental Health input to Homeless people	Catching Lives	£0	£39,595	£0	£39,595	Transferred to Shaw Trust under Lot 3.
	User Forum	Take Off	£0	£20,402	£0	£20,402	Place under the Health Watch contract in order to understand the percentage of user voice and peer support to inform future commissioning arrangements
	Service User Expenses	Shaw Trust	£0	£4,000	£3,500	£7,500	Transferred to Shaw Trust under Lot 3.
Dartford Gravesham & Swanley	User Forum	Megan CIC	£3,268	£13,550	£0	£16,818	Place under the Health Watch contract in order to understand the percentage of user voice and peer support to inform future commissioning arrangements
South Kent Coast	User Forums	Take Off Folkestone	£0	£8,315	£0	£8,315	Place under the Health Watch contract in order to understand the percentage of user voice and peer support to inform future commissioning arrangements
	User Forums	Speak Up CIC	£14,659	£7,830	£0	£22,489	Place under the Health Watch contract in order to understand the percentage of user voice and peer support to inform future commissioning arrangements

CCG Area	Service	Provider	CCG	KCC ASC	KCC PH	Total	Proposed Plan
Swale	Supported Accommodation KCC Just administrate the payment of the grant and approval to move this is in place	Circle support	£111,762	£0	£0	£111,762	Transferred to Porchlight under Lot 1.
	User Forums	Rethink	£20,193	£12,849	£0	£33,042	Place under the Health Watch contract in order to understand the percentage of user voice and peer support to inform future commissioning arrangements
Thanet	User Forums	Speak Up CIC	£14,659	£7,830	£0	£22,489	Place under the Health Watch contract in order to understand the percentage of user voice and peer support to inform future commissioning arrangements
West Kent	Debt counselling	Tunbridge Wells CAB	£0	£13,540	£0	£13,540	Transferred to Shaw Trust under Lot 2.
	Mental Health Input to homelessness services	Maidstone Christian Care	£0	£50,000	£0	£50,000	Transferred to Shaw Trust under Lot 2.
	Service User Expenses	Shaw Trust	£0	£4,000	£3,500	£7,500	Transferred to Shaw Trust under Lot 2.

CCG Area	Service	Provider	CCG	KCC ASC	KCC PH	Total	Proposed Plan
	User Forum	TW MH resource centre	£10,691	£8,730	£0	£19,421	Place under the Health Watch contract in order to understand the percentage of user voice and peer support to inform future commissioning arrangements
	User Forum	Involve	£0	£38,119	£0	£38,119	Place under the Health Watch contract in order to understand the percentage of user voice and peer support to inform future commissioning arrangements
Kent Wide Services	Administration of the MHAGs	West Kent Mind	£0	£32,000	£0	£32,000	Place under the Health Watch contract in order to understand the percentage of user voice and peer support to inform future commissioning arrangements.
	24/7 telephone support line	Mental Health Matters	£24,199 & Medway Council £17,120	£98,057	£37,615	£176,991	Kent and Medway service will be a separate contract managed by the Shaw Trust. An increase in funding has been agreed with Medway of £5,000 (which includes £1,914 which has been reallocated from the Live it Well Website) to cover the 3 year period of Live Well Kent. Public Health funding of £11,615 has been reallocated from the Live it Well Website.

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SERVICE SPECIFICATION FOR THE PURCHASE OF

24/7 Telephone and Online Support Service

This document defines the 24/7 telephone and online support service for individuals experiencing mental health distress for Kent & Medway residents

To commence on 1st April 2018



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Version	Date	Name
V01	15/06/17	Sue Scamell
V02	03/07/17	Sue Scamell / Louise Piper
V03	21/07/17	Sue Scamell / Louise Piper
V04	25/07/17	Rathini Mills
V05	28/07/17	Sue Scamell / Louise Piper
V06	07/08/17	Sue Scamell
V07	14/08/17	Louise Piper
V08	18/08/17	Heather Randall Clare Ebberson
V09	04/09/17	Louise Piper / Sue Scamell
V10	04/09/17	Awaiting approval across all partners

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1) Introduction

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

Approximately one in four people will have a common mental illness during their lifetime and one in six people in England has a mental health and wellbeing issue at any given time. One in seven people will have two or more mental health and wellbeing issues at any point in time.

The population of Kent and Medway is 1,791,900

- **250,866 (14%) will have a common mental health and wellbeing issue in their lifetime such as anxiety or depression**
- **89,595 (5%) will have longer term and more complex mental health issues in their lifetime**
- **125,433 (7%) will have mental health issues associated with their physical health needs**

This specification sets out the requirements for the independent market to deliver, an online and telephone counselling support service targeted at those aged 16 years and over. These services will be commissioned for individuals living in the Kent and Medway geographical area.

In entering into a sub contracted arrangement with Kent County Council (KCC), 8 CCG's and Medway Council, via a strategic partner, the provider will need to comply with the law, KCC Terms and Conditions and this specification.

The duration of the sub contract will be for a period of three years with an option to extend for a further period of two years, solely at the Council's discretion.

The sub contract will commence on 1 April 2018

2) Key Drivers for Change:

The Mental Health Taskforce recommendations in the 'Five Year Forward View for Mental Health' (FYFV) (Feb 2016) focuses on key priority areas which are reflected in local sustainability and transformation plans (STPs), these include:

- Access to high quality services close to home
- Equal priority given to mental and physical health (parity of esteem)
- Co-production with those affected by mental health issues and their carers
- Early intervention

- Improved care for people in crisis
- Improved experiences and outcomes
- Greater integration across universal services; primary care and secondary care

This specification has been developed to promote innovative solutions to online services and telephone support line service requirements and support for adults with mental health and wellbeing needs, in the context of the system wide integration agenda, exemplified by the Your Life Your Well-being (YLYWB) Transformation Programme and the Kent and Medway Sustainability and Transformation Plan (STP).

The current sphere of operational planning is increasingly being influenced by the Sustainability and the Transformation Plan which has been mandated by NHS England as the delivery vehicle for the Five Year Forward View. The subsequent Five Year Forward View for Mental Health (FYFVMH) will be even more instrumental for the development of mental health and wellbeing services. Amongst other recommendations, the FYFVMH promotes the 'integration of care spanning people's physical health, mental health and social care needs achieved through partnership working across NHS, public health, voluntary, local authority, housing providers, education and youth justices', this is across universal services, primary and secondary care.

2.1 Kent's Adult Social Care Vision

Kent County Council (KCC) has developed a vision for adult social care for 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. KCC's vision is to help people to improve or maintain their well-being and to live as independently as possible.

KCC's strategy approach to adult social care has three themes that cover the whole range of services provided for people with social care and support needs and their carers:

- Promoting well-being – supporting and encouraging people to look after their health and well-being to avoid or delay them needing adult social care
- Promoting independence – providing short-term support so that people are then able to carry on with their lives as independently as possible
- Supporting independence – for people who need ongoing social care support, helping them to live the life they want to live, in their own homes where possible, and do as much for themselves as they can.

The strategy also explains the building blocks that underpin what KCC must have in place in order to achieve the vision – namely, effective protection (safeguarding), a flexible workforce, smarter commissioning and improved partnership working. It also includes a set of values and principles that will guide everything KCC do to provide care and support.

2.2 Medway Adult Social Care Strategy: 'Getting Better Together'

Medway's Adult Social Care Strategy states "We will support the people of Medway to live full, active lives; to live independently for as long as possible, and to play a full part in their local communities." Priorities identified within the strategy are:

- Prevention of care and support need escalating by intervening early
- Participation & Partnerships. The service will use callers experience to develop the service
- Personalisation: The service will provide support tailored to the persons individual need at that time and signpost to the services that are appropriate
- Integration: This service will be integrated with other services locally
- Innovation: Promote the use of technology
- Safeguarding: Keeping people safe, by de-escalating from crisis

2.3 Children's Mental Health

Children's mental health is driven locally by the Children and Young People's Emotional Wellbeing Strategy 2015. As services move towards a life span approach this will have implications for adult mental health services with some resource moving to children's services to meet the needs of individuals aged between 17 – 25 years.

There are two separate types of services for children and young people in Kent. The first service includes universal provision, which promotes positive emotional wellbeing and provides a lower level service in universal settings such as schools. This provision is commissioned by KCC. The second service provides Targeted and Specialist Mental Health Services for Children and Young People; this provision is commissioned by the seven Kent CCGs.

2.4 The Care Act 2014

The aims of the Care Act are:

- Wellbeing: The principle of individual wellbeing underpins the Act.
- Prevention: Local authorities and their partners will undertake steps to prevent, reduce or delay the need for care and support.
- Integration: The Act includes a statutory requirement for local authorities to collaborate, co-operate and integrate with other public authorities.
- Information, advice and advocacy: Local authorities have a duty to ensure that information and advice on care and support is available to all, this includes independent advocacy.
- Diverse care markets: There must be diversity and quality in the market of care providers so that there are enough high quality services for people to choose from.
- Safeguarding: A new statutory framework protects adults from neglect and abuse.
- Assessment and eligibility: Anybody, including a carer, who appears to need care or support is entitled to an assessment.
- Charging and financial assessment: If the type of care being considered is chargeable, then the local authority must carry out a financial assessment.
- Care and support planning: A local authority must help a person decide appropriate resources. The assessment, which includes how their eligible needs will met through the preparation of a care and support plan or support plan for carers, and review it regularly.

- Personal budgets and direct payments: A personal budget will form part of the care and support plan or support plan.

2.5 The Kent Joint Health and Well-being Strategy 2014 - 2017

Within the Joint Health and Well-being strategy, Mental Health has its own outcome – Outcome 4: People with mental health issues are supported to Live Well. There are 4 priority areas within this outcome.

- Priority 1 - Tackle areas where Kent is performing worse than the English average.
- Priority 2 - Tackle the health inequalities related to people who have mental health conditions.
- Priority 3 - Tackle the gaps in provision and quality.
- Priority 4 - Transform services to improve outcomes, patient experience and value for money.

2.6 Medway Three Conversations Model:

Medway Council is using an innovative new way of working called “Three conversations model”. This model replaces the status quo ‘operating model’ in social care with one based on assets and strengths, and collaboration. It works through a evidence base. It works in integrated environments to improve both the health and wellbeing of people. It generates evidence from people and families that it is better for them. It generates evidence from the workforce that satisfaction, effectiveness and productivity can significantly rise. The support line will align to these principles; promote personalised service in an integrated environment.

2.7 Kent and Medway Multi-Agency Suicide Prevention Strategy 2015-2020

Kent and Medway Multi-Agency Suicide Prevention Strategy states:

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

2.8 NHS England Suicide Prevention Targets

The Five Year Forward View for Mental Health, sets out the ambition that the number of people taking their own lives will be reduced by 10% nationally compared to 2016/17 levels. All CCGs will be monitored against this target. In 2015 there were 172 suicides in Kent and Medway.

2.10 Kent and Medway Crisis Care Concordat 2015

The Kent and Medway Crisis Care Concordat 2015, committed to ensuring that all health and social care projects related to urgent and crisis care are connected. That systems are also

are also connected together to identify interdependencies of actions and impact on: A&E, Unplanned admissions, reduced ambulance conveyancing and admissions under S136.

2.11 Time to Change

Time to Change is a national campaign by MIND and Rethink Mental Illness. Time to Change aims to:

- Improve public attitudes and behaviour towards people with mental health and wellbeing issues.
- Reduce the amount of discrimination that people with mental health and wellbeing issues problems report in their personal relationships, their social lives and at work.
- Make sure even more people with mental health and wellbeing issues can take action to challenge stigma and discrimination in their communities, in workplaces, in schools and online.
- Create a sustainable campaign that will continue long into the future.

2.12 Release the Pressure

Kent County Council's Public Health Department has developed the "Release the Pressure" campaign was developed after research with focus groups explored the pressures that men are under and in-depth interviews with individual men who shared their experiences and feelings that led them to contemplate suicide. The campaign urges people to seek help by calling the support line where support is available from trained and experienced staff 24 hours a day 365 days a year. During the first year of the campaign there has been a 76 per cent increase in the number of male callers to the helpline.

3) Executive Summary

The 24/7 telephone and online support service for the Kent and Medway population, offers information and support to people experiencing wellbeing and mental health distress.

2016 / 2017 there were 17,973 calls into the service with an average of 1,630 calls per month which was over 3,000 hours of call time

Calls can also be from people who are suicidal, or need an ambulance, or are referred from duty GPs, or referred from out of hour's teams including the Crisis Resolution Home treatment Teams, Approved Mental Health Professionals. The lines are to be operated 24 hours including weekends and bank holidays.

The provider will provide a responsive call back service over a period of 4 days for people who have been admitted to a Section 136 Suite and are not formally admitted to hospital. This document will describe the service commissioned, how it should be delivered, and how it will be monitored.

The provider will work with local initiatives in crisis care which include but are not limited to Kent Police and the Mental Health crisis services, alternative places of safety to provide additional support to those who have experienced mental distress. This work and reporting will be agreed with the provider and commissioners over the length of the contract.

The provider will provide a web chat facility in addition to the support line. This service will also be available 24 hrs a day.

The provider will also deliver a variety of campaigns in conjunction with commissioners including Public Health, Social Care or Clinical Commissioning Groups. This specification has been produced with the individuals accessing the service, provider organisations as well as commissioners. We wish to thank all those who have contributed to this service specification.

Additional elements may be added to the delivery of this contract during the lifetime of this contract. This would be agreed by all parties and may carry a different contract term.

4) Key Principles of the Service

- To provide a 24 hour, 365 days per year telephone support line and online support using (using social media/technology) for people with mental health needs from across Kent and Medway
- The service will be for adults aged 16 years and over who are, or may, need to access emotional support, guidance or information to prevent, reduce and/or de-escalate mental distress
- The service will link with providers of mental health support for those aged 16+ onwards in Kent and Medway, this includes children and young person's mental health providers
- The service will be available to people who are registered with a GP or reside in Kent and Medway regardless of race, disability, religious belief, gender, sexual orientation or marital status.
- Support will be provided for those individuals experiencing mental health distress (such as self-harm, suicidal ideation or a psychotic episode).
- Carers of people experiencing mental health distress will also be supported
- The service will be required to support up to 20,000 average calls per annum
- Webchats will be developed and be more accessible providing short-term support for people who are overwhelmed and having difficulty coping or staying safe. It will use real time 'chat' technology to provide confidential one-to-one online crisis support service
- Web service will be marketed and promoted
- Section 136 calls up to 2,000 per year; this will be reviewed at monthly then 3 months and 6 months, captured on CCG area basis, in line with the agreed protocol these are in addition to the 20,000 calls per annum
- Street Triage follow up calls up to 1,000 per year this will be reviewed at monthly, 3 months and 6 months, captured on CCG area basis, in line with the agreed protocol
- The service will provide a response call back service over a period of four days for people who are admitted to an alternative place of safety, if required
- The service will build on individuals existing capabilities strengths and assets
- Wellbeing calls can also be booked in over the weekend and evening to help support people in distress
- The service will signpost and link into the Live Well Kent service

- The provider will be required to achieve Helpline Partnership accreditation standards throughout the lifetime of the contract.

5) Outcome Based Services

This specification responds to the developments in social policy regarding a shift in focus from service inputs to the outcomes they achieve, and as such this specification primarily focuses on the outcomes of the service required.

Kent County Council, Medway Council and the CCG's are confident that provider organisation has the ability and skills to organise their resources in the best way possible to achieve the outcomes specified.

The provider is encouraged to operate flexibly, be innovative and 'try new ways of delivering services and outcomes', and learn and improve what they do. As such Kent County Council, Medway Council and the CCG's welcome innovative approaches that add value and maintain and improve people's wellbeing.

5.1 Outcomes of the Service

Outcome focused services are fundamentally person-centred in approach, recognising that each person is unique and will have different requirements. Outcomes can be defined as the intended impact or consequence or as a result of a service on the lives of individuals and communities. An outcomes focused service aim is to achieve the aspirations, goals and priorities as defined by the person accessing the service.

Kent County Council, Medway Council and the CCGs are specifying the outcomes which the providers are to achieve by working with universal services, primary care, health and social care partners the service will:

- Early Intervention: Increased numbers of people accessing mental wellbeing support including information, advice, self-help and sign posting
- Improve mental wellbeing and self-help knowledge and skills amongst people using the service
- Provide support to individuals who have been in contact with the crisis support services, to be defined and agreed over the length of the contract
- People supported to achieve emotional and mental wellbeing
- Fewer people experiencing feelings of loneliness and isolation
- Reduce stigma and discrimination
- Improve outcomes for families and carers
- To promote and support suicide prevention and anti-stigma campaigns
- Client satisfaction with the service is monitored
- Signpost people into their own postcode to receive support in their own community opening the circle of support

5.2 Personal Outcomes

As a direct result of the service more people will report they;

- I feel equipped to cope with mental health crisis

- I was listened to and heard
- I feel supported
- I can talk through what is going on in my head without judgement
- I feel connected into local support networks
- I feel less isolated and alone
- I can contact someone whenever I need to, day or night
- I feel understood in my crisis
- I feel empowered after speaking to you

5.3 System Outcomes

- Connect to their communities and feel less lonely and socially isolated
- Have choice, control, and feel empowered
- Report and optimise physical and emotional wellbeing
- Live safely and independently and optimise recovery
- Feel satisfied with service delivery and service outcomes
- Be appropriately supported to manage their recovery

6) Contract Management

The strategic partner will manage the invoicing and financial arrangement for the service. The performance management of the contract will be managed by Kent County Council, Medway Council, 8 CCGs and Public Health quarterly unless otherwise agreed.

7) Performance Monitoring and Key Performance Indicators

Performance monitoring is essential to ensure the effectiveness of the service. The performance management of the contract will be managed by Kent County Council, Medway Council, 8 CCGs and Public Health. The performance management will ensure the service is meeting the Specification and that all Outcomes are being achieved. The service will be reviewed through performance monitoring and an effective partnership approach. The Service will be required to report to the Commissioners on the performance of the service.

KPIs are a way of demonstrating that an outcome has been achieved, or that progress has been made against an outcome.

- Information on number of calls, the duration of calls, per location per month to be submitted every quarter
- Information on the reason for calls per location per month to be submitted every quarter
- Information on referrals into service, where available e.g. GPs, Self-referral, Street Triage per month to be submitted every quarter
- Information on number and duration of online activity per location per month to be submitted every quarter

- What services callers were signposted or what support information they receive, where applicable per month to be submitted every quarter
- Number of answer phone messages per month to be submitted every quarter
- Proportion of service users who after the service report a) increased mental wellbeing coping strategies and skills b) increased emotional wellbeing or c) a reduction in isolation or loneliness per month to be submitted every quarter
- Demographic and ethnic data to also be reported where possible per month to be submitted every quarter
- S136 data to be submitted monthly until service is established and then quarterly with agreement from the commissioners
- Crisis support data to be submitted in agreement with the commissioner when the service is established.
- Additional data to support campaigns and strategic work may be required on an ad hoc basis, these additional data sets will be mutually agreed
- At least one case study per month should be reported
- Kent and Medway data reported separately

These reports are to be submitted quarterly report to Kent County Council, Medway Council, 8 CCGs and Public Health in line with the performance framework unless otherwise agreed.

Kent County Council, Medway Council and the CCGs reserve the right to vary and update the KPI's during the life of the contract to support delivery of outcomes to people.

The responsibility of the strategic partner is to receive invoices from the provider a six monthly basis and to subsequently invoice Kent County Council for the amounts owed.

Invoice Address:

TBC

Contract and Performance Management Address:

Sue Scamell
Commissioning Manager Mental Health
Accommodation Solution's
Strategic Commissioning
Corporate Services
3rd Floor
Invicta House
Session House
Maidstone
ME14 1XX
Sue.scamell@kent.gov.uk

TO BE ADDED TO A SCHEDULE BY SUE

Finance

The annual sum of the sub contract is £171,991.00 and this will be paid in two equal sums of £85995.50 on the 1 April and 1 September for the duration of the contract via an invoice to a strategic partner.

Appendix 1: Definitions

Business Continuity	A process that identifies potential threats to an organisation, the impacts to business operations that those threats, if realised, might cause, and which provide a framework for building organisational resilience with effective response that safeguards the interests of its key stakeholders.
Disaster Recovery Plan	A disaster recovery plan is a documented process or set of procedures to recover and protect a business in the event of a disaster, such a plan, ordinarily documented in written form, specifies procedures an organization is to follow in the event of a disaster. It is "a comprehensive statement of consistent actions to be taken before, during and after a disaster".
NHS Talking Therapies	Improving Access to Psychological Therapies - Talking therapies, sometimes known as psychological therapies, can help people cope with: <ul style="list-style-type: none"> • stress • anxiety • depression • emotional problems • relationship problems • troublesome habits like OCD (Obsessive Compulsive Disorder) • phobias • other problems, such as hearing voices and Post Traumatic Stress Disorder • anger management bereavement
Performance Indicators	Indicators are ways of knowing that an outcome has been achieved, or show progress against an outcome. The key indicators set out for this contract are provided in Appendix 3 Performance Framework.
Information Governance	Information governance (IG) is a framework that brings together all the requirements, standards and best practice that apply to the handling of information to ensure compliance with the law, including The Data Protection Act 1998 (DPA) , Freedom of Information Act 2000 (FOI) and Environmental Information Regulations 2004 (EIR) . The framework is designed to assist with the application of rules concerning confidentiality, privacy, data security, consent, disclosure and access to records.
Mental Health	Mental Health is defined as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (WHO 2003).
Outcomes	Conditions of wellbeing for children, adults, families, communities or the environment. They can be described as the end state or how we want people to be better off as a result of our activity. For example individuals have improved wellbeing.
Telephone Helpline Standards	The Helplines Standard is a nationally recognised quality standard which defines and accredits best practice in helpline work. For more go to: https://helplines.org/services/quality-standard/

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KENT COUNTY COUNCIL EQUALITY ANALYSIS / IMPACT ASSESSMENT (EqIA)

Directorate: Social Care, Health and Wellbeing

Name of policy, procedure, project or service

Community Mental Health and Wellbeing Service
(Voluntary Sector Grants)

What is being assessed?

Impact of commissioning of core offer of community based mental health and wellbeing services.

Responsible Owner/ Senior Officer

Emma Hanson: Head of Service Strategic Commissioning, Community Support
Mark Lobban, Direct Strategic Commissioning, SCHW

Date of Initial Screening

14th March 2014

Date of Full EqIA :

1st April 2014

Version	Author	Date	Comment
V0.1	Sue Scamell	14/03/14	
V0.2	Sam Sheppard	20/03/14	
V0.3	Sue Scamell	25/03/14	
V0.4	Sam Sheppard	01/04/14	Updated based on comments from and discussion with Clive Lever (Equalities Officer)
V0.5	Sam Sheppard	04/04/14	Updated based on comments from Clive Lever (Equalities Officer)
V0.6	Sam Sheppard	08/04/14	Updated based on comments from Clive Lever (Equalities Officer)
VO.7	Sue Scamell	01/03/15	Revised after engagement events
V.08	Laura Robinson	02/03/15	Revised after proof reading and adding Signature of approval
V0.09	Sue Scamell	01/07/15	Revised after Public Consultation
V0.10	Sue Scamell	19/01/16	Post Contract award

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 equality for this group? YES/NO - Explain how good practice can promote equality
		Positive	Negative	Internal action must be included in Action Plan	If yes you must provide detail
Age Page 200	Yes Depression in older people affects up to 25% of the population and up to 40% of those living in care homes	Unknown	Unknown	<p>a) Yes internal action is required</p> <p>Yes – give maximum notice to current service providers (minimum 6 months) of grants terminating in order for them to prepare. Core offer will include re-commissioning of equitable services and will aim for continuity so vulnerable adults are not left without services supporting them.</p> <p>All commissioned services will be open to all individuals with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of individuals with protected characteristics.</p> <p>B)Yes – additional assessment is required</p> <p>Mental health services support individual 18-64 years old. Separate services are commissioned for people 65+. Additional assessment is required to determine how many older people (50+) are currently</p>	<p>Yes. This proposal will improve the breadth of service commissioned which will include well being services, primary care services and services for people with enduring mental health needs.</p> <p>Yes. This redesign process will provide a standardised service with specifications for all elements of the service.</p> <p>Funding and therefore access will be more equitable rather than being based on historical funding patterns.</p> <p>The service will be commissioned for adults, however, within the contract it will be specified that services delivered will be age appropriate and accessible to meet the needs of different ages including those transitioning from children's mental health services.</p> <p>Core offer for older people will also be</p>

				<p>accessing these services in order that services can be designed for a range of age groups, but also to understand the implication for older peoples services from people transitioning in and to ensure that services within the older people’s core offer meet the needs of people with mental health issues.</p> <p>Young people transitioning from children’s mental health services will need to be an integral part of the new service.</p> <p>This will be conducted alongside engagement and consultation activities and the EqIA updated to reflect information.</p>	<p>commissioned that will reflect specific needs for older people, such as social isolation.</p> <p>Inclusion of primary care into the core offer will provide an opportunity for people to access support at an earlier stage in their diagnosis. .</p>
<p>Disability page 201</p>	<p>Yes - Individuals with disabilities are more likely to experience hate crime which can lead to mental health issues.</p>	<p>High</p>	<p>High</p>	<p>a) Yes – internal action is required</p> <p>Yes – give maximum notice to current service providers (minimum 6 months) of grants terminating in order for them to prepare. Core offer will include re-commissioning of equitable services and will aim for continuity so vulnerable adults are not left without services supporting them</p> <p>All commissioned services will be open to all individuals with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of individuals with protected characteristics.</p> <p>Contracts will stipulate that all services will meet the needs of those who use them, regardless of any disability they may have.</p>	<p>Yes. This proposal will improve and standardise the breadth of service commissioned by including well being services, primary care services and services for people with enduring mental health needs.</p> <p>Funding and therefore access will be more equitable rather than being based on historical funding patterns.</p> <p>The service will be inclusive and performance monitoring will enable commissioners to determine the levels at which people with disabilities are accessing the service. This will be used to implement changes within the proposed services, breaking down barriers that prevent people accessing</p>

<p>Page 202</p>				<p>Consultation and engagement activities related to the changes in services / provision will be inclusive including:</p> <ul style="list-style-type: none"> • Ensuring events are accessible to wheelchair users and individuals with physical impairments. • Use of easy read version of all documentation and information. • Translator services and / or hearing loops will be available for those requiring them. • Appropriate support / materials for those with sight impairments <p>b) Yes – further assessment is required</p> <p>The number of individuals with learning disabilities accessing mental health services is unknown as people with a learning disability tend to access services specifically for people with a learning disability rather than the general population. However, a portion of people accessing current mental health services do have mild learning disabilities.</p> <p>This will be conducted alongside engagement and consultation activities and the EqIA updated to reflect information.</p>	<p>services and informing commissioning proposals, including whether specific groups / services are required for people with a learning disability and / or mental health issue are required.</p> <p>Inclusion of primary care into the core offer will provide an opportunity for people to access support at an earlier stage in their diagnosis, preventing the need to access secondary or tertiary care.</p>
<p>Gender</p>	<p>Yes – Females are more likely to experience mental health issue, for example,</p>	<p>High</p>	<p>High</p>	<p>a) Yes – internal action is required</p> <p>Yes – give maximum notice to current service providers (minimum 6 months) of grants terminating. Core offer will include re-</p>	<p>Yes. This proposal will improve and standardise the breadth of service commissioned by including well being services, primary care services and</p>

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 203</p>	<p>depression.</p> <p>Young men are a high risk group for mental health issues.</p> <p>Males are more likely to have autism which can involve anxiety reactions to change.</p> <p>Males with mental health issues have difference in life expectancy of 14 years and females 6 years in comparison with average life expectancy.</p>			<p>commissioning of equitable services and will aim for continuity so vulnerable adults are not left without services supporting them</p> <p>All commissioned services will be open to all individuals with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of individuals with protected characteristics.</p> <p>Contracts will stipulate that all services will cater for the differing needs of male and female service users.</p> <p>b) Yes – further assessment is required</p> <p>Figures represent the occurrence of mental health issues within the Kent population, but the exact proportion of men and women accessing current services is unknown due to historic lack of equalities monitoring by voluntary sector providers. Additional assessment will be conducted alongside engagement and consultation activities and the EqIA updated to reflect findings.</p>	<p>services for people with enduring mental health needs.</p> <p>Funding and therefore access will be more equitable rather than being based on historical funding patterns.</p> <p>The service will be inclusive and performance monitoring will enable commissioners to determine the levels at which people of both genders are accessing services. This will be used to implement changes within the proposed services, breaking down barriers that prevent people accessing services and informing commissioning proposals.</p> <p>Inclusion of primary care into the core offer will provide an opportunity for people to access support at an earlier stage in their diagnosis, preventing the need to access secondary or tertiary care.</p>
<p>Gender identity</p>	<p>Yes:</p> <p>People on the gender assignment path are more likely to be victims of hate crime which can lead to mental health issues.</p>	<p>Unknown</p>	<p>Unknown</p>	<p>a) Yes – internal action is required</p> <p>Give maximum notice to current service providers (minimum 6 months) of grants terminating in order for them to prepare. Core offer will include re-commissioning of equitable services and will aim for continuity so vulnerable adults are not left without services</p>	<p>Yes. This proposal will improve and standardise the breadth of service commissioned by including well being services, primary care services and services for people with enduring mental health needs.</p> <p>Funding and therefore access will be</p>

				<p>supporting them</p> <p>All commissioned services will be open to all individuals with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of individuals with protected characteristics.</p> <p>Contracts will stipulate that services will be sensitive to the needs of transgender people</p> <p>Consultation and engagement activities will be inclusive.</p> <p>b) Yes – further assessment is required</p> <p>The number of individuals on the gender reassignment pathway is unknown, due to lack of equalities monitoring by providers, but also as this is a sensitive topic that individuals may not wish to disclose. Additional assessment is needed to determine whether the number of people with the characteristics accessing services is as would be expected based on prevalence rates.</p> <p>This assessment will be conducted alongside engagement and consultation activities and the EqIA updated to reflect information.</p>	<p>more equitable rather than being based on historical funding patterns.</p> <p>By ensuring the services are inclusive individuals may choose to disclose this information and access services that have been perceived as not inclusive in the past.</p> <p>Performance monitoring of equality information will enable commissioners to determine whether the number of individuals accessing the services meet expectations based on the number of people believed to be on this pathway. This information can be used to further improve services, challenge underperformance and break down barriers that prevent people accessing services.</p> <p>Inclusion of primary care into the core offer will provide an opportunity for people to access support at an earlier stage in their diagnosis, preventing the need to access secondary or tertiary care.</p>
<p>Race</p>	<p>Yes</p> <p>Racially motivated hate crimes can lead to mental health issues.</p>	<p>Unknown</p>	<p>Unknown</p>	<p>a) Yes – internal action is required</p> <p>Ensure that people with English as a second language or minimal English have accessible information in written form and when engagement events are held.</p>	<p>Promotion of inclusive services may encourage people to access services.</p> <p>Yes. This proposal will improve and standardise the breadth of service commissioned by including well being</p>

Page 205	Immigrants may experience social isolation / depression as result of being away from social networks in a new country.			<p>Yes – give maximum notice to current service providers (minimum 6 months) of grants terminating in order for them to prepare. Core offer will include re-commissioning of equitable services and will aim for continuity so vulnerable adults are not left services supporting them.</p> <p>All commissioned services will be open to all individuals with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of individuals with protected characteristics.</p> <p>Contracts will stipulate that services meet the diverse cultural needs of those who use them.</p> <p>b) Yes – further assessment is required</p> <p>The racial profile of people accessing current services is unknown due to lack of equalities monitoring by providers. Additional assessment is needed to determine whether the number of people with the characteristics accessing services is as would be expected based on demographic information.</p> <p>This will be conducted alongside engagement and consultation activities and the EqIA updated to reflect information.</p>	<p>services, primary care services and services for people with enduring mental health needs.</p> <p>Funding and therefore access will be more equitable rather than being based on historical funding patterns.</p> <p>By ensuring the services are inclusive individuals may choose to disclose this information and access services that have been perceived as not inclusive in the past.</p> <p>Performance monitoring of equality information will enable commissioners to determine whether the number of individuals accessing the services meet expectations based on demographic information. This information can be used to further improve services, challenge underperformance and break down barriers that prevent people accessing services.</p> <p>Inclusion of primary care into the core offer will provide an opportunity for people to access support at an earlier stage in their diagnosis, preventing the need to access secondary or tertiary care.</p>
Religion or belief	Yes – people of different religious beliefs can experience hate crime and	Unknown	Unknown	<p>a) Yes – internal action is required</p> <p>Yes – give maximum notice to current service</p>	Yes. This proposal will improve and standardise the breadth of service commissioned by including well being

	<p>discrimination leading to mental health issues. In addition, different religions may have differing attitudes towards mental health that impact on social and familial support systems.</p>			<p>providers (minimum 6 months) of grants terminating in order for them to prepare. Core offer will include re-commissioning of equitable services and will aim for continuity so vulnerable adults are not left services supporting them.</p> <p>All commissioned services will be open to all individuals with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of individuals with protected characteristics.</p> <p>Contracts will stipulate that services are inclusive and meet the religious beliefs' of those who use them.</p> <p>b) Yes – further assessment is required</p> <p>The religious profile of people accessing current services is unknown due to lack of equalities monitoring by providers. Additional assessment is needed to determine whether the number of people with the characteristics accessing services is as would be expected based on demographic information.</p> <p>This will be conducted alongside engagement and consultation activities and the EqIA updated to reflect information.</p>	<p>services, primary care services and services for people with enduring mental health needs.</p> <p>Funding and therefore access will be more equitable rather than being based on historical funding patterns.</p> <p>By ensuring the services are inclusive individuals may choose to access services that have been perceived as not inclusive in the past.</p> <p>Performance monitoring of equality information will enable commissioners to determine whether the number of individuals accessing the services meet expectations based on demographic information. This information can be used to further improve services, challenge underperformance and break down barriers that prevent people accessing services.</p> <p>Inclusion of primary care into the core offer will provide an opportunity for people to access support at an earlier stage in their diagnosis, preventing the need to access secondary or tertiary care.</p>
<p>Sexual orientation</p>	<p>Yes – LGBT individuals may experience mental health issues due to hate crime,</p>	<p>Unknown</p>	<p>Unknown</p>	<p>a) Yes – internal action is required</p> <p>Yes – give maximum notice to current service providers (minimum 6 months) of grants terminating in order for them to prepare. Core</p>	<p>Yes. This proposal will improve and standardise the breadth of service commissioned by including well being services, primary care services and services for people with enduring</p>

<p style="text-align: center;">Page 207</p>	<p>discrimination or attitudes within families that impact social and familial support systems.</p> <p>This may be especially true for older LGBT people who may also be socially isolated due to age and where raised when it was illegal.</p>			<p>offer will include re-commissioning of equitable services and will aim for continuity so vulnerable adults are not left services supporting them.</p> <p>All commissioned services will be open to all individuals with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of individuals with protected characteristics.</p> <p>Contracts will stipulate that services meet the needs of those who use them.</p> <p>Consultation and engagement activities will be inclusive.</p> <p>b) Yes – further assessment is required</p> <p>9450 people in Kent are estimated to be LGBT however, the number of individuals accessing mental health services is unknown due to lack of equalities information by current providers and also because individuals may choose not to disclose this information. Additional assessment is needed to determine whether the number of people with the characteristics accessing services is as would be expected based on demographic information.</p> <p>This will be conducted alongside engagement and consultation activities and the EqIA updated to reflect information.</p>	<p>mental health needs.</p> <p>Funding and therefore access will be more equitable rather than being based on historical funding patterns.</p> <p>By ensuring the services are inclusive individuals may choose to disclose this information and access services that have been perceived as not inclusive in the past</p> <p>The service will be inclusive and performance monitoring will enable commissioners to determine the levels at which LGBT people are accessing the service This will be used to implement changes within the proposed services, breaking down barriers that prevent people accessing services and informing commissioning proposals.</p> <p>Inclusion of primary care into the core offer will provide an opportunity for people to access support at an earlier stage in their diagnosis, preventing the need to access secondary or tertiary care.</p>
<p>Pregnancy and</p>	<p>Yes</p>	<p>Unknown</p>	<p>Unknown</p>	<p>a) Yes – internal action is required</p>	<p>Yes. This proposal will improve and standardise the breadth of service</p>

<p style="text-align: center;">Page 208</p> <p>maternity</p>	<p>Women have a higher prevalence for most mental health issues</p> <p>Post natal depression related to pregnancy and maternity affects 10-15% mothers in Kent.</p> <p>Some mental health issues only affect people who are pregnant.</p>			<p>Yes – give maximum notice to current service providers (minimum 6 months) of grants terminating in order for them to prepare. Core offer will include re-commissioning of equitable services and will aim for continuity so vulnerable adults are not left services supporting them.</p> <p>All commissioned services will be open to all individuals with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of individuals with protected characteristics.</p> <p>b) Yes – further assessment is required</p> <p>The number of pregnant women and mothers accessing the current services is unknown. Additional assessment is needed to determine whether the number of people with the characteristics accessing services is as would be expected based on demographic information and occurrence rates of post-natal depression.</p> <p>This will be conducted alongside engagement and consultation activities and the EqIA updated to reflect information.</p>	<p>commissioned by including well being services, primary care services and services for people with enduring mental health needs.</p> <p>Funding and therefore access will be more equitable rather than being based on historical funding patterns.</p> <p>The service will be inclusive and performance monitoring will enable commissioners to determine the levels at which expectant and new mothers are accessing the service This will be used to implement changes within the proposed services, breaking down barriers that prevent people accessing services and informing commissioning proposals.</p> <p>Inclusion of primary care into the core offer will provide an opportunity for people to access support at an earlier stage in their diagnosis, preventing the need to access secondary or tertiary care.</p>
<p>Marriage and Civil Partnerships</p>	<p>Yes</p> <p>Mental health issues can cause relationship breakdown, and relationship breakdown can cause</p>	<p>Unknown</p>	<p>Unknown</p>	<p>a) Yes – internal action is required</p> <p>Yes – give maximum notice to current service providers (minimum 6 months) of grants terminating in order for them to prepare. Core offer will include re-commissioning of equitable</p>	<p>Yes. This proposal will improve and standardise the breadth of service commissioned by including well being services, primary care services and services for people with enduring mental health needs.</p>

Page 209	<p>mental health issues.</p> <p>Individuals caring for a partner with mental health issues can also be impacted and develop their own mental health issues.</p>			<p>services and will aim for continuity so vulnerable adults are not left services supporting them.</p> <p>All commissioned services will be open to all individuals with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of individuals with protected characteristics.</p> <p>Contracts will stipulate that services are inclusive.</p> <p>Consultation and engagement activities will be inclusive.</p> <p>b) Yes – further assessment is required</p> <p>The number of individuals entering into mental health services due to relationship issues is unknown. Similarly the impact of mental health on relationship breakdown is unknown. Additional assessment may give some indication of this.</p> <p>This will be conducted alongside engagement and consultation activities and the EqIA updated to reflect information.</p>	<p>Funding and therefore access will be more equitable rather than being based on historical funding patterns.</p> <p>The service will be inclusive.</p> <p>Performance monitoring using outcomes will enable providers and commissioners to further understand the impact of mental health on relationship breakdown and how services can prevent this, informing the delivery of current and future services.</p> <p>Inclusion of primary care into the core offer will provide an opportunity for people to access support at an earlier stage in their diagnosis, preventing the need to access secondary or tertiary care.</p>
Carer's responsibilities	<p>Yes</p> <p>Mental health issues related to being a carer for one or more dependent.</p>	Low	High	<p>a) Yes – internal action is required</p> <p>Yes – give maximum notice to current service providers (minimum 6 months) of grants terminating in order for them to prepare. Core offer will include re-commissioning of equitable services and will aim for continuity so</p>	<p>Yes. This proposal will improve and standardise the breadth of service commissioned by including well being services, primary care services and services for people with enduring mental health needs.</p>

			<p>vulnerable adults are not left services supporting them.</p> <p>All commissioned services will be open to all individuals with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of individuals with protected characteristics.</p> <p>Contracts will stipulate that services are inclusive.</p> <p>Consultation and engagement activities will be inclusive.</p> <p>b) Yes – further assessment is required</p> <p>Carers may be impacted in two ways: by being unable to access services that support their own mental health needs and by losing the respite that they receive during the time when the people they care for are accessing services.</p> <p>Carers support services are commissioned separately to provide respite and short breaks for individuals caring for people with mental health issues. However, the number of carers accessing services to meet their own mental health needs separately from that support is unknown.</p> <p>Further assessment to understand this impact will be conducted alongside engagement and consultation activities and the EqIA updated to</p>	<p>Funding and therefore access will be more equitable rather than being based on historical funding patterns.</p> <p>The service will be inclusive and performance monitoring will enable commissioners to determine in more detail who is accessing the services, for what reason and with what outcomes. This will be used to implement changes within the proposed services, breaking down barriers that prevent people accessing services and informing commissioning proposals.</p> <p>Inclusion of primary care into the core offer will provide an opportunity for people to access support at an earlier stage in their diagnosis, preventing the need to access secondary or tertiary care.</p>
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			reflect information.	
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Part 1: INITIAL SCREENING

Proportionality - Based on the answers in the above screening grid what weighting would you ascribe to this function – see Risk Matrix

Low	Medium	High
Low relevance or Insufficient information/evidence to make a judgement.	Medium relevance or Insufficient information/evidence to make a Judgement.	High relevance to equality, /likely to have adverse impact on protected groups

State rating & reasons

Medium, If this proposal is implemented, namely moving the mental health services from grants to contracts, then it is likely that some service users may experience a change in provider. This will be dependent on who is awarded the contract and transition plans will be developed. Service users will have an equitable service with the same services being defined by an outcome specification and will be provided across Kent. A greater range of services will be provided as part of the core offer which will support individuals to maintain their mental well being. This will include existing services but will expand to include the following

- Primary care service (services that are provided by the general practitioner)

This will represent a significant improvement for service users as it will prevent entry into secondary care (services that are provided by specialist mental health services).

Context

Adult Social Care, Mental Health and Public Health currently spend £4.9 million on community based services for people with mental health issues between the ages of 17-64 years. These are for services within Kent. These services aim to promote health and wellbeing, enabling people to live independently in their own homes and communities. These services are currently provided by the voluntary sector and funded through grants awarded on an annual basis. Because grants are awarded on an annual basis they do not provide stability for these organisations to make longer term investment in services

The Clinical Commissioning groups contribute £1 million towards these grants through a section 256 agreement.

The purpose of commissioning a core offer of mental health services is to ensure that the right community services and support are in place for people with mental health issues, providing a range of universal services to both

people in primary care, as well as secondary care, which promote wellbeing, social inclusion, equity of service and independence across Kent.

There is no additional funding for this programme. This means that current grants will need to be ended in order to fund the new core offer services.

Officers from Public Health and Social Care, Health and Wellbeing – Strategic Commissioning have asked for permission to commission and procure the core offer, moving from grant funding to a contract for mental health community services in conjunction with Public Health and the 7 CCG's. This will see the development of four strategic partners across Kent. These will cover

- Thanet and South Kent Coast CCG's
- Canterbury and Ashford CCG's
- West Kent CCG's
- Dartford Gravesham and Swanley and Swale CCG's

Aims and Objectives

Current grants are historical funding arrangements. Funding has not historically been awarded based on levels of mental health need or deprivation indicators. This has resulted in an inequity of investment and access to services across the county.

For the first time, the core offer will allocate funding based on an assessment of levels of mental health activity and levels of deprivation. This could lead to a positive outcome for people with protected characteristics.

It is intended that a proportion of services currently procured through grants will be included in the contracted core offer. This will include the following

- Informal Community Services
- Employment services
- Primary care service
- Peer Brokerage
- Primary care community link workers
- Service user expenses

Moving to a contracted service will achieve a consistent range of service provision and quality designed to promote health and wellbeing and support individuals, their carers and communities to become more resilient and find solutions and support within their community. It will also address historical inequities.

Beneficiaries

The beneficiaries of this approach will be anyone who experiences mental health and wellbeing issues, or has a mental health problem and indirectly, their families as there may be evidence to suggest that people living with someone with certain mental health issues could be more likely to experience mental health issues themselves. People will be able to access a range of services in the community to meet their needs.

The voluntary sector, as moving to a contract for services, rather than grant funding on a yearly basis provides financial security and sustainability. This model enables the voluntary sector to provide services which are free to access.

Kent County Council (Public Health and Adult Social Care) as the transformed services will prevent people entering into secondary care unnecessarily and requiring large support packages. Further procurement processes will ensure that quality services are delivered which represent value for money. This new model proposed will reduce the number of providers to four strategic partners meaning that KCC will be able to performance manage these contracts closely.

Clinical Commissioning Groups (CCG's) will benefit. As above the core offer will reduce reliance on secondary services – preventing people entering into them but also providing a comprehensive package of services that enables individuals to exit secondary care when appropriate.

Information and Data (source: Mental Health Joint Needs Assessment December 2013)

Mental ill health represents up to 23% of the total burden of ill health in the UK and is the largest single cause of disability. The impact of mental health on peoples wider lives can affect their educational attainment, employment, housing, family relationships and therefore there are wider costs of mental health problems than just health related costs. Costs to the individuals, their families and their communities in lost potential are essentially incalculable.

Economic implications:

- In secondary care, 11% of the annual health budget is spent on mental health.
- Nationally more than £2 billion is spent annually on social care for people with mental health problems. It is estimated that the cost of treating mental health problems could double over the next 20 years.
- Detailed estimates suggest the overall calculable cost of mental health problems in England to be around £105 billion and around £30 billion of this estimate is work related (sickness absence and reduced productivity.)
- There are also large costs associated with the impact on the criminal justice system and also the housing system and particularly on homelessness services.

- One of the largest areas of cost is the benefit system. The most common reason for incapacity benefit claims is mental health; with 43% of the 2.6 million people on long-term health-related benefits have a mental or behavioural disorder as their primary condition.

Life Course

Mental health problems can begin very early in life, often earlier than other causes of disability. There are also connections between mental health problems in childhood and in young adulthood.

- One in ten children aged between 5 and 16 years have a mental health problem.
- Over half of people with a lifetime mental health disorder at the age of 26 will have met the diagnostic criteria first by the age of 14.
- Mental wellbeing during pregnancy and the antenatal period can have an impact on the wellbeing of the child, so is an important time within the life course. One in ten new mothers experience postnatal depression.
- During adulthood, mental health can impact upon people's ability to maintain employment, housing and secure family relationships.
- Depression in older people affects up to 25% of the population and up to 40% of those living in care homes.

In Kent there are a number of population groups that are transitory and mobile, which will make them vulnerable to mental health problems due to lack of awareness of services that are available to support them. These include:

- Immigrant populations
- Military and ex military
- Gypsies and travellers
- Children leaving Care
- Offenders in the community
- Homeless people

Ethnicity

The 2011 Census shows us that the White ethnic group is the largest group both within Kent and nationally. Just under 1.4 million Kent's residents are from the White ethnic group which accounts 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 residents of Kent belong to other four broad ethnic groups which we have identified as the Black Minority Ethnic (BME) group. 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%. The most ethnically diverse areas of Kent are located in the north of the county within

the districts of Gravesham (17.5%), Dartford (12.9%) and Medway (10.6%). 7.4% of the Gravesham population are from an Indian background. Dartford has the highest proportion of those from a Black African or Caribbean background.

Information regarding the occurrence of mental health issues within these different ethnic groups is not available.

Further current providers do not routinely record detailed demographic information regarding their clients, so it is difficult to determine whether to portion of individuals accessing services represent ethnicity patterns within the whole population.

Deprivation

Major risk factors for mental health problems are poverty, poor education, unemployment, social isolation and major life events. Socially excluded and deprived people are at a higher risk of developing mental health problems. A review of large scale studies of mental health problems undertaken by Social Exclusion Unit of the Cabinet Office in 2004, reported that such problems are more common among people who are unemployed, have fewer educational qualifications, have been looked after or accommodated, are on a low income or have a low standard of living.

It is likely that some people with protected characteristics are more likely to fall into these groups. For example, disabled people may be less likely to be in employment than non-disabled people, putting them at risk of experiencing mental issues related to both unemployment and, for example, hate crime.

The main reasons for the link between deprivation and mental health risk are;

- Increased risk of major traumatic life events and stressors
- Poorer coping strategies leading to poorer resilience
- Feelings of shame and inferiority and exclusion resulting from social comparison

Unemployment in particular is a well-established risk factor for mental ill-health (while returning to or getting work is a well-recognized protective factor). Unemployment is associated with greater health care use and higher death rates. The association also works in the opposite direction; that is, mental ill-health is a significant predictor of unemployment, and in its wake, of debt or impoverishment.

Mental health in Kent

The over and under representation of particular groups and communities in mental health services reveals a lot about the status of different groups within our society, and provides a useful indicator of social exclusion, and cultural understandings of mental health.

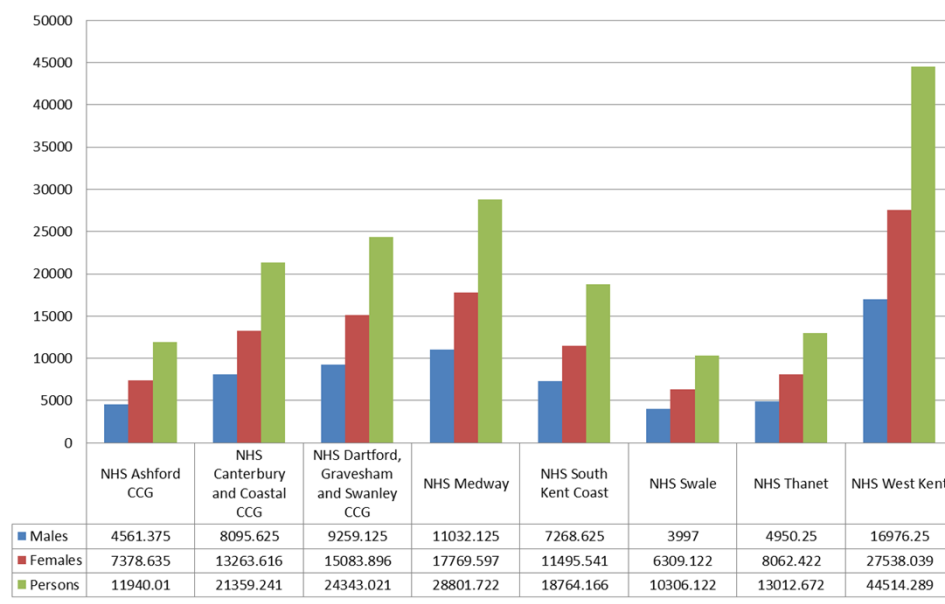
Table 1: Illustrating the estimates of numbers of people at risk of having mental health conditions amongst some of the vulnerable groups in Kent

Table x % at risk of mental health problems		Estimated number with mental health problems in Kent
Asylum seekers & refugees	50%	16
Gypsies and travellers	35%	3,500 or 1639
People who are lesbian, gay or bi-sexual	39.4%	9,450
People with a learning disability	25%	1125
Those with severe or profound hearing impairment	33.3%	3000
Marital status: separated	23.3%	7643
Marital status: divorced	27.1%	30,600
Adult survivors of childhood sexual abuse*	12.4%*	13,290
Released prisoners	90%	4387
Carers	18%	25,000
Sufferers of Hate Crime	60%	742
Adolescents leaving Care to live independently	80%	144

Due to the current nature of funding, it is however, unknown how many of these groups are accessing current mental health services. The new contract provides a new opportunity to monitor this and gain a better understanding of who is accessing mental health services and whether these figures represent the numbers of people with risk factors that we would expect to see accessing the services based on prevalence rates within the general population

Chart 1: Illustrating the estimated numbers of people with a common mental health disorder across Kent's CCG's aged 18 – 64 years.

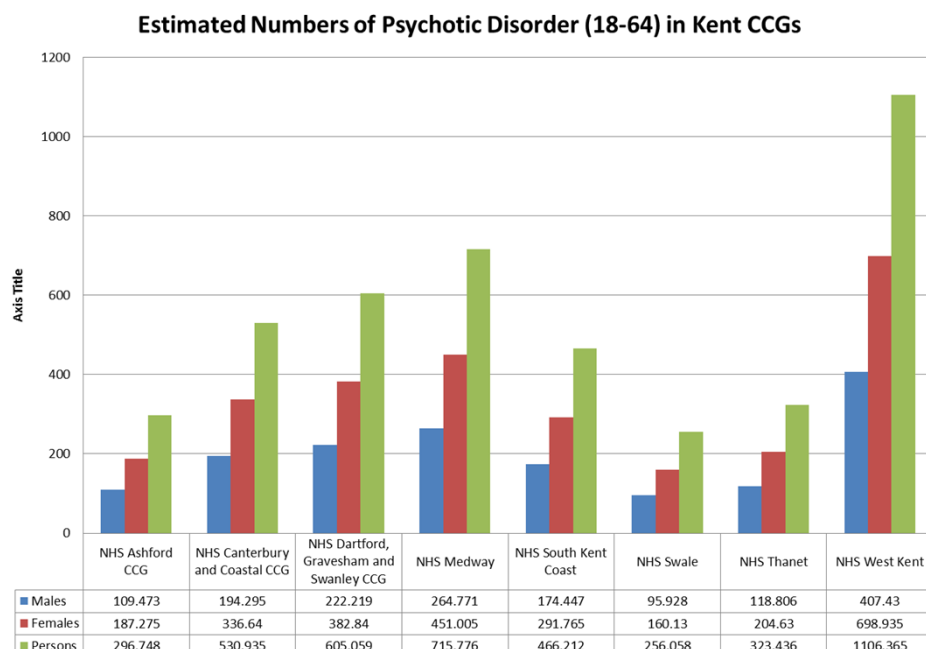
Estimated Numbers of Common Mental Health Disorder for Adults (18-64) in Kent CCGs



(Source APMS 2007)

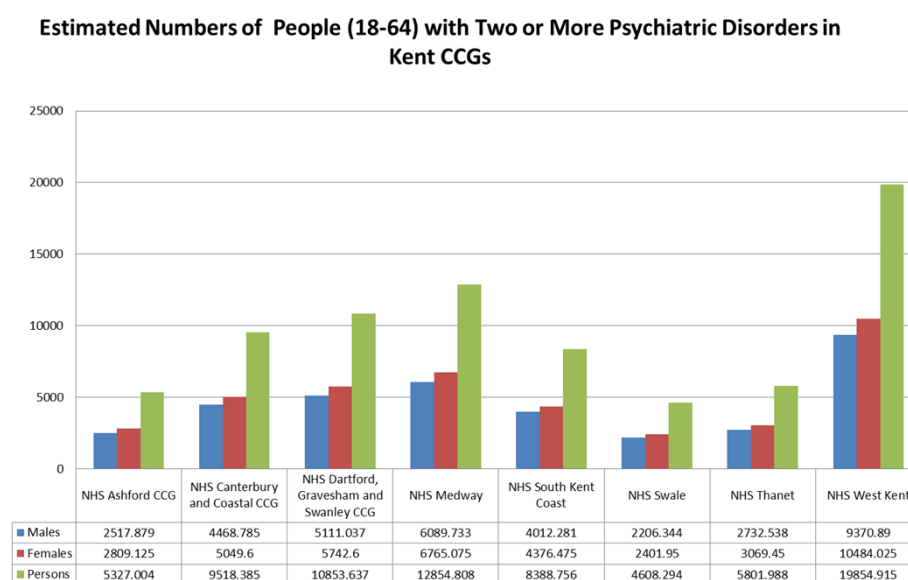
The highest numbers are in NHS West Kent CCG area with over 44, 500 people. The smallest numbers are in NHS Swale CCG area with 10,306

Chart 2: Illustrating the estimated numbers of people aged 18 – 64 in Kent CCG areas with psychotic disorders



The highest number of people can be found in West Kent CCG area with 1,106 people, of which 698 are females and 407 are males.

Chart 3: Illustrating the estimated numbers of people with two or more psychiatric disorders across Kent CCG's.



West Kent CCG has the highest number with over 19,854.

Public Consultation

A public consultation ran from 23rd March 2015 – 30th April 2015 through an online questionnaire on kent.gov.uk. hard copy and easy read versions of the questionnaire were made available.

A total of 335 responses were received, 238 from members of the public and 97 from professionals.

Response Profile

The figure below provides a summary of the profile of those responding to the consultation.

Target / Equality Groups	Numbers	% of respondents
Men	84	35%
Under 20 years	9	4%
Under 25 years	14	6%
Over 60	43	18%
Minority Ethnic groups	16	7%
English as a second language	5	2%
People with a disability	64	27%
Lesbian,gay & transgender people	16	7%
Separated/Divorced/Widowed People	54	23%
Single People	74	31%

Reactions To The Proposals

Respondents were asked ‘To what extent do you agree or disagree with the proposal for KCC and the CCG’s in Kent to end the current grant-funded projects and work together to commission more joined up support for community emotional wellbeing, mental health and recovery?. Overall, a larger proportion of those responding supported the proposal (47%) than were against it (26%) Respondents said

Support is currently disjointed and overlapping and not using resources effectively to deliver outcomes.”

“...The current set up is too much of a patchwork. Each organisation puts up its own fence and people fall between them...”

“Because it makes sense to work in a more holistic manner...”

“A joined up approach stops duplication of services and provides better value for money to commissioners and better quality services to service users and their carers.”

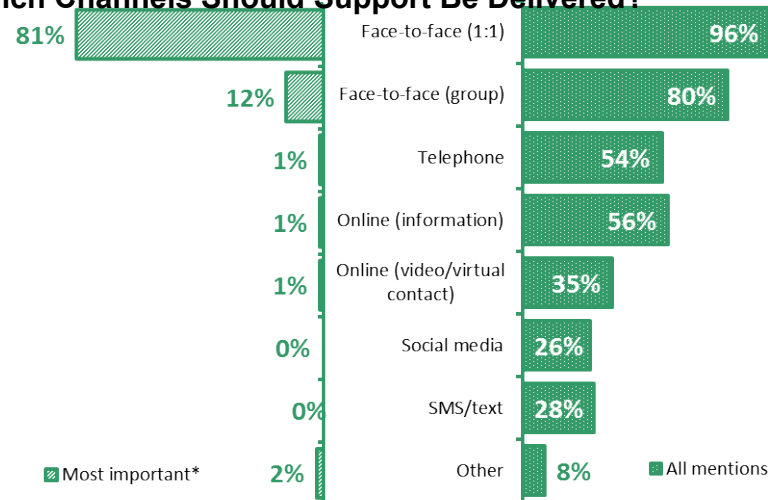
“The more joined up the services...the better for the patient.”

“Joint commissioning should bring reduced costs and make services more equitable across the County.”

Service Delivery Channels

Those responding to the consultation were also asked for their opinions on the channels through which they felt that emotional wellbeing and mental health recovery support should be delivered.

Through Which Channels Should Support Be Delivered?



There are also clear differences of opinion between men and women. Face-to-face support is popular across both genders, but the male members of the public responding to this consultation are less likely to be open to telephone, online information/websites and virtual contact than their female counterparts. For example, 53% of the female members of the public responding to the consultation felt that telephone delivery should be used compared with just 31% of the men, whilst 35% of the women supported virtual contact (e.g Facetime, Skype, online meeting rooms) compared with just 17% of the men.

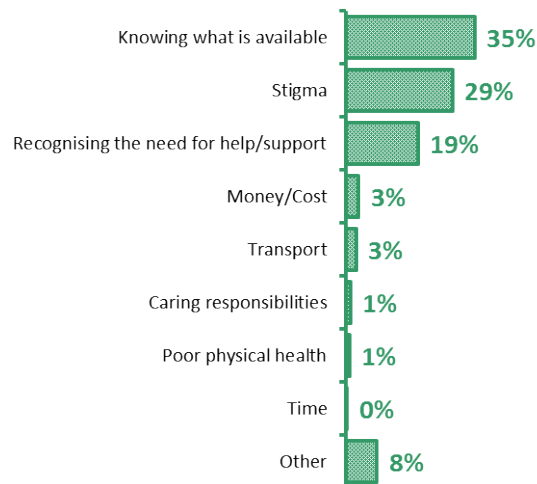
From the questionnaire there suggestion of some differences by age group, with online delivery less popular amongst older people. Whilst differences are not all statistically significant due to low base sizes in some age groups, this seems to apply to all forms of online delivery. For example, just 12% of members of the public aged over 60 responding to the consultation support virtual contact, increasing to 31% amongst those aged 26-60, and 6 of the 14 young people (aged 25 or under) responding. There are no differences evident for telephone, with levels of support similar across all age groups for this channel.

Barriers to Accessing Support

Those responding to the consultation were also asked what they felt the main thing was that prevents people from accessing emotional wellbeing or mental health

support. Respondents were directed to select just one of a number of potential barriers.

Main Barriers to Accessing Emotional Wellbeing or Mental Health Support



Amongst those responding to the consultation, the feeling is that the key barriers to accessing support are knowing what support is available, stigma and people not recognising that they need help and support. In this respect, there appears to be broad agreement between professionals and members of the public

Current Service Users

Grant funded services provided through the voluntary sector currently support approximately 15,353 people with mental health issues in Kent. As outlined below:

- Informal community services 7,447
- Employment services 1,947
- User participation 5,819
- Peer brokerage 140

However, as noted above a further breakdown of these individuals into protected characteristics is unavailable. The new performance monitoring framework will address this issue.

Involvement and Engagement

A significant amount of engagement with service users, carers, current providers and future providers to co-produce the core offer for mental health and wellbeing services: These have included:

- Initial Insight gathering from the public by Activ Mobs
- 2 market engagement events East and West Kent

- 2 strategic partner events
- Scoping meeting with 6 providers to explore the strategic partner model
- 4 delivery network events
- Service user forum consultation
- 6 week public consultation on Kent.gov.uk
- Best Practice session with Informal Community Support services
- Engagement and Networking event regarding the specifications, KPI's and networking
- Consultation on the specifications through the Mental health Action Groups (MHAG's)

Because funding for the core offer will come from ending current grant arrangements, initial reviews of voluntary sector services have taken place. Some current grant funded services fall outside of the scope of the core offer. These grants will continue to be awarded.

This EqIA assesses the impact of ending the remainder of the grants – those where the services will be re-commissioned under the core offer.

Ending the grants will be done in accordance with Kent Compact and will involve a minimum of:

- 3 month consultation period with the voluntary sector (providers and service users)
- a 3 month notice period following completion of consultation. (All grants affected by the new contract have been given 1 years notice of termination.)

Adverse Impact:

Ending grants could potentially have a negative impact on both the individuals accessing the services and the providers themselves. If organisations become unviable due to the withdrawal of funding, their services may end. In order to understand this, financial analysis will be completed on existing providers to understand the financial viability of organisations that lose funding. Service users may be required to switch providers. This may create anxiety for them. However, equitable services will be provided and direct payments will be considered for individuals who do not want to switch providers so long as those providers remain viable organisations.

Positive Impact:

Commissioning a core offer of universal services will provide equity of services across the county that is currently missing. Including primary care into the model will enable more cohesion between primary and community based services, avoiding unnecessary admission into secondary care and allowing for a structured discharge from secondary care where appropriate.

In addition, commissioning a suite of services that is comparable with existing provision means that individuals will be able to access services that are already support them to remain independent. These new services may look radically different as KCC will be commissioning for outcomes rather than outputs.

Signed:

Name: Mark Lobban

Job Title: Director of Commissioning

Date: 2.3.15

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Equality Impact Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
All	Current service users may lose a service which supports them to be independent	Minimum 6 months notice to end existing grants Mobilisation plans in place with Strategic Partners	Voluntary sector organisations and people accessing services have time to prepare for end of funding Individual can continue to access the same providers if they choose to – reducing disruption if the service is able to continue without KCC/CCG funding	S Scamell	March 2016	None – this is within existing programmed work Mobilisation workgroup including Commissioners and service user panel
All	Current service users may lose a service which supports them to be independent	Commissioning of equitable and existing services within the new service (including actions below)	Individuals will receive improved outcomes from the new services	Sue Scamell	April - 2016	The current value of the Community Mental Health and Wellbeing service is £5.964 million this includes monies from

						Public Health and the Clinical Commissioning Groups
All	Current Grant funding is inequitable	Mapping of mental health activity and deprivation levels across Kent	Ensure that financial investment reflects the level of need so services meet demand	Sue Scamell / Jess Mookherjee	April – Sept 2014	None – this is within existing programmed work Completed Sep 2014
All	Services may be perceived as not being inclusive and people may be reluctant to use them because of this.	Writing contracts / service specifications that stipulate services must be inclusive, adhere to equality legislation, and meet the needs of those with mental health issues	Services will be inclusive and no one will experience barriers – real or perceived – to accessing them	Sue Scamell / Heather Randle / Clare Maynard	April – Dec 2016	None – this is within existing programmed work Completed Nov 2015
All	Impact on those with protected characteristics is largely unknown due to lack of performance monitoring on equalities within existing services	Developing a performance monitoring framework that captures equalities information, as well as information regarding outputs and outcomes.	Increased understanding of whether the services are reaching those who need them in comparison to demographic and statistical information.	Sue Scamell / Heather Randle	April 2016	None – this is within existing programmed work Completed Nov 2015 This will be monitored through year 1 of the contract and changes made if

						required
	Individuals may experience a change in provider	Transition / implementation plan	Individuals whose provider may change will experience continuity of services and minimal anxiety and disruption	Sue Scamell / Heather Randle	Jan – March 2016	None – this is within existing programmed work
Disability Race Religion / belief	Individuals with English as a secondary language, poor literacy levels or low cognitive levels may be unable to participate meaningfully in engagement and consultation events	Use of easy read material Use of consultation material available in different languages Specific support for individuals where needed	All individuals will be able to participate meaningfully in engagement and consultation events and understand proposed changes	Sue Scamell Heather Randle	March – June 2015	Unknown – additional cost may be incurred from engagement events and use of materials Completed
All	Impact on those with protected characteristics is largely unknown due to lack of performance monitoring on equalities within existing services	Additional assessment to be completed as part of consultation and engagement phases and EqIA updated	Information will be used in contract monitoring and future commissioning by identify where there is unmet need, under	Sue Scamell /	Reviewed March 2015 Review undertaken following results of public consultation	Unknown – additional cost may be incurred from engagement events and use of materials Ongoing

			performance, barriers to inclusion and address these issues		From 1 st April 2016 all providers will capture data and report back to KCC through the SP	
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Appendix 4: Detail of which lots in Live Well Kent specific services will transfer to.

Live Well Kent Lot	Historic Grant
Lot 1: Porchlight (DGS & Swale)	Supported Accommodation
Lot 2: Shaw Trust (West Kent)	Maidstone Homeless Care Service User Expenses Debt Counselling
Lot 3: Shaw Trust (Ashford & Canterbury)	Catching Lives Service User Expenses
Lot 4: Porchlight (South Kent Coast & Thanet)	No services
Kent and Medway Service 24/7 Telephone Support Line will be a separate arrangement managed by the Shaw Trust but not as part of their delivery network.	

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From: Graham Gibbens, Cabinet Member for Adult Social Care
Anu Singh, Corporate Director for Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 23 November 2017

Subject: **REVENUE AND CAPITAL BUDGET MONITORING – AUGUST 2017-18**

Classification: Unrestricted

Previous Pathway of Paper: Cabinet – 30 October 2017

Future Pathway of Paper: None

Electoral Division: All

Summary: To provide the Adult Social Care Cabinet Committee with the latest revenue and capital budget monitoring position for the 2017-18 financial year.

Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** the revenue and capital forecast variances for the 2017-18 budget that are in the remit of this Cabinet Committee, based on the August monitoring position presented to Cabinet on 30 October 2017.

1. Introduction

1.1 The presentation of the latest budget monitoring position is now set to be a regular item which will be taken to all future Cabinet Committees.

2. Background

2.1 Attached at Appendix 1 is a copy of the most recent Revenue and Capital Budget Monitoring report that was presented to Cabinet on 30 October 2017. This report contains the latest revenue and capital budget monitoring position for the whole Council. Section 3 of this report relates to the Revenue position, and section 5 relates to Capital.

2.2 As this is a whole Council report, we thought it would be helpful to provide some sign posting to the relevant sections that fall under the remit of this Cabinet Committee. These are as follows:

- a) Paragraphs 3.3.4 to 3.3.5 provide the movement in the Revenue budget monitoring position for Adult Social Care from the previous report.
- b) Paragraphs 3.4.4.1 to 3.4.6.8 provide the headline reasons for the Revenue budget forecast outturn variance position for Adult Social Care.

- c) Paragraph 5.3 provides the headline reasons for the Capital budget monitoring position for the authority including Adult Social Care.

3. Recommendation

3.1 Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** the revenue and capital forecast variances for the 2017-18 budget that are in the remit of this Cabinet Committee, based on the August monitoring position presented to Cabinet on 30 October 2017.

4. Background Documents

None

5. Report Author

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By: Cabinet Member for Finance, John Simmonds
Corporate Director of Finance, Andy Wood
Corporate Directors

To: CABINET – 30 October 2017

Subject: **REVENUE & CAPITAL BUDGET MONITORING – AUGUST 2017-18**

Classification: Unrestricted

1. SUMMARY

- 1.1 This report provides the budget monitoring position up to 30 August 2017-18 for both revenue and capital budgets, including an update on key activity data for our highest risk budgets.
- 1.2 The format of this report is:
- This covering summary report which provides a high level financial summary and highlights only the most significant issues, as determined by Corporate Directors.
 - Appendix 1 – a high level breakdown of the directorate monitoring positions;
 - Appendix 2 – activity information for our highest risk budgets;
 - Appendix 3 – details of the Asylum service forecast and key activity information including grant rates compared to actual forecast unit costs;
- 1.3 Cabinet is asked to note the forecast revenue and capital monitoring position. In the light of further government funding reductions in the short to medium term, it is essential that a balanced revenue position is achieved in 2017-18, as any residual pressures rolled forward into 2018-19 will only compound an already extremely challenging 2018-19 budget position. This forecast revenue pressure of £11.226m (after Corporate Director adjustments) is clearly very concerning and needs to be managed down to at least a balanced position.
- 1.4 Although budget managers are urged to be less guarded when forecasting, this month's reported position has worsened, predominately due to Adult Social Care.
- 1.5 After further discussion at Directorate and Corporate Management Teams about how this can be managed, the following points should be factored in:
- a) despite the current forecast overspend in Adults, the DMT are confident that they can correct the position. Some of the forecast spend now includes the impact of the measures taken to improve market sustainability and reduce delayed transfers of care from hospitals and this therefore releases some of the forecast spend shown against the 'new monies'. Other action will be taken that will not impact on client care. These together are expected to remove the forecast overspend on Adults, although of course there is the potential for unexpected demand through the second half of this year.

- b) The Growth, Environment and Transport DMT are also confident they will balance their budget, and the movement in their forecast since last month is a good indicator of that.
- c) The Leader and Cabinet Member are meeting the Minister with responsibility for immigration at the end of October, to put our case for appropriate funding for caring for young Asylum Seekers. We expect some success as a result.
- d) The previous monitoring report informed Cabinet that the Finance Team would work with corporate directors to identify opportunities to reduce the in-year spend, whilst also identifying the service impact and potential longer-term cost of short-term decision making. The directorates have identified the following opportunities:
- Children, Young People and Education: opportunities include holding non essential vacancies for longer, to delay or stop purchasing equipment and to stop room hire and refreshments.
 - Growth, Environment and Transport: potential savings have been identified from across the directorate, with the Coroners Service releasing part of the Medical Examiners budget following a delay in the potential implementation date of this new service; a one-off release of a reserve due to the RFID+ pilot costs being lower than expected, as well as directorate wide review of income forecasts and use of reserves.
 - Strategic and Corporate Services: potential savings identified through stopping uncommitted spend on Member grants, no further spend in training and ending contracts with supernumery project and programme managers.

Further work is required to substantiate the value of the potential savings identified although prudent estimates suggest this could deliver around £3m – 4m.

- 1.6 Given the positive outlook from a) to c) above, it is not proposed to implement a block on the more sensitive issues shown at d) above.

2. RECOMMENDATIONS

Cabinet is asked to:

- i) **Note** the forecast revenue budget monitoring position for 2017-18 and capital budget monitoring position for 2017-18 to 2019-20, and that the forecast pressure on the revenue budget needs to be eliminated as we progress through the year.
- ii) **Agree** the changes to the capital programme as detailed in section 5.4.

3. SUMMARISED REVENUE MONITORING POSITION

- 3.1 Overall the net projected revenue variance for the Council as reported by budget managers is a pressure of £13.617m. Corporate Directors have adjusted this position by -£2.391m, leaving a residual pressure of £11.226m. Details of the Corporate Director adjustments are provided below in sections 3.4. This forecast position represents a movement of +£0.232m (excluding Schools) from the July position. The main reasons for this movement are provided in section 3.3 below. In 2017-18, we have £73m of savings to deliver and to achieve this we need to urgently identify options to eliminate the residual £11m forecast pressure. Currently there have been no requests for roll forwards. The position by directorate, together with the movement from the last report, is shown in table 1 below.

3.2 Table 1: Directorate **revenue** position

Directorate	Budget	Net Forecast Variance *	Corporate Director adjustment	Revised Net Variance	Last Reported position	Movement
	£m	£m	£m	£m	£m	£m
Children, Young People & Education - Education & Young People	58.792	2.895	-0.400	2.495	2.446	0.050
Children, Young People & Education - Specialist Children's Services	112.732	1.748	-0.050	1.698	1.607	0.090
Children, Young People & Education - Asylum	0.550	3.914		3.914	3.908	0.006
<i>Sub Total Children, Young People & Education</i>	<i>172.074</i>	<i>8.557</i>	<i>-0.450</i>	<i>8.107</i>	<i>7.961</i>	<i>0.147</i>
Adult Social Care & Health - Disabled Children Services	20.754	0.679		0.679	0.628	0.051
Adult Social Care & Health - Adults	396.298	4.577	-1.541	3.036	2.535	0.500
Adult Social Care & Health - Public Health	-0.011	0.000		0.000	0.000	0.000
<i>Sub Total Adult Social Care & Health</i>	<i>417.041</i>	<i>5.256</i>	<i>-1.541</i>	<i>3.715</i>	<i>3.164</i>	<i>0.551</i>
Growth, Environment & Transport	166.756	0.961	-0.400	0.561	1.102	-0.540
Strategic & Corporate Services	71.175	0.297		0.297	0.223	0.075
Financing Items	111.009	-1.455		-1.455	-1.455	0.000
TOTAL (excl Schools)	938.054	13.617	-2.391	11.226	10.993	0.232
<i>Schools (CYP&E Directorate)</i>	<i>0.000</i>	<i>15.425</i>		<i>15.425</i>	<i>2.108</i>	<i>13.317</i>
TOTAL	938.054	29.042	-2.391	26.651	13.102	13.550
Variance from above (excl schools)				11.226	10.993	0.232
Roll forwards				0.000		0.000
- committed				0.000		0.000
- re-phased				0.000		0.000
- bids				0.000		0.000
Total roll forward requirements				0.000	0.000	0.000
(-ve Uncommitted balance / (+ve) Deficit				11.226	10.993	0.232

* the variances reflected in appendix 1 & 2 will feature in this column

3.3 The main reasons for the movement of +£0.232m (after Corporate Director adjustments) since the last report are:

3.3.1 Children, Young People and Education – Education & Young People’s Services:

The movement in the forecast variance (excluding schools and before roll forward requirements but after Corporate Director adjustments) shows an increase of £0.050m since the July monitoring position. This is made up of a number of minor movements on a range of services. The Corporate Director adjustment reflects the expectation there will be a general reduction in forecast over the coming months of an additional -£0.400m, in part this will be from efficiency savings within Adult Education and additional income from EduKent Services.

3.3.2 Children, Young People and Education – Specialist Children’s Services:

The current forecast variance represents an increase of +£0.090m (after the Corporate Director adjustment) since the July report. The Corporate Director adjustment has been made to reflect more up to date information received after the submission of manager forecasts. The movement from the July report is due to various minor movements across services, the most significant being an increase in the number of Special Guardianship Orders resulting in a further pressure of +£0.1m.

3.3.3 Children, Young People and Education – Asylum Services:

There has been no material change in the current forecast variance since the July report. Work is currently underway to complete a full review of the Asylum forecast and the result of this will be reflected in the September monitoring report.

3.3.4 Adult Social Care and Health

The overall movement for the Directorate since the July monitoring round is +£0.551m (after the Corporate Director Adjustment); +£0.500m of which relates to 'Adult Health & Social Care – Adults' and +£0.051m of which relates to 'Adult Health & Social Care – Disabled Children Services (0-18)'. Paragraphs 3.3.4 to 3.3.6 below provide a detailed explanation of the movement.

3.3.4 Adult Social Care and Health – Disabled Children Services:

The pressure on Disabled Children Service has increased by +£0.051m since the July exception report, increases in residential care, partly resulting from recent price negotiations, have been predominately offset by higher levels of direct payment reclaims and review of the staffing forecast.

3.3.5 Adult Social Care and Health – Adults:

The pressure on 'Adults Social Care – Adults' has increased since July by +£0.500m. This includes Corporate Director adjustments of -£1.541m to reflect updates received after the submission of forecasts by managers.

The main movements in the variance relate to: a movement in Direct Payments for Learning Disability, Older People and Physical Disability of +£1.445m; an overall net increase in Nursing and Residential Care across all client groups of +£0.510m; and an increase in Domiciliary – Older People and Physical Disability of +£0.102m. This is offset by: Adaptive and Assistive Technology -£0.481m, mainly relating to additional Better Care Fund monies forecast to be received; a reduction in forecast for Social Support - Carers - Commissioned service of -£0.380m; an increase in Non-residential Charging Income across all client groups of -£0.303m; a reduction in forecast for Social Support - Information & Early Intervention of -£0.163m; and a reduction in Day Care forecasts across all client groups of -£0.121m.

3.3.6 Adult Social Care and Health – Public Health:

There is no overall movement in the variance, nor have there been any individual material variance movements within the service since the July monitoring report.

3.3.7 Growth, Environment and Transport:

The current forecast outturn is a +£0.561m pressure after the Corporate Director adjustment of -£0.400m set out below; this is a decrease of -£0.540m since last month.

Waste Processing costs have reduced in a number of areas, primarily Materials Recycling Facilities, payments to waste collection authorities and the operating costs of waste facilities amounting to -£0.227m. The availability of more up to date information on journey numbers has enabled the service to revise the Concessionary Fares forecast down by -£0.122m. There has also been a net

decrease in Other Highways Maintenance & Management which is made up of a number of small movements of -£0.106m.

The improving forecast, has allowed for a reduced Corporate Director adjustment this month: -£0.400m down from -£0.500m (+£0.100m).

Other small movements make up the remaining movement -£0.185m.

3.3.8 Strategic and Corporate Services:

The directorate forecast has increased by +£0.1m since the July monitoring report. This is due to a number of variances, each less than +/- £0.1m.

3.4 Revenue budget monitoring headlines (please refer to Appendix 1)

3.4.1 Children, Young People and Education – Education & Young People’s Services:

3.4.1.1 The forecast variance of +£2.5m after the Corporate Director adjustment (excluding schools and before roll forward requirements) is made up of a number of service lines, the most significant as follows:

3.4.1.2 There is a forecast underspend of -£0.4m on Early Help & Prevention for Children and Families. An underspend on externally commissioned services -£0.5m due to delays in the start of a new wellbeing contracts along with higher than expected troubled families grant, partially offset by +£0.1m pressure made up of a number of small variances across all 12 district hubs.

3.4.1.3 There is a forecast pressure of +£0.6m within Early Years Education & Childcare which predominately relates to a shortfall on their general service income target. The EY&C unit are aiming to generate income from private, voluntary and independent nurseries through their Threads to Success scheme. It is hoped that a review of the product pricing will lead to increased demand and an increase in income generation. It is our intention to take action to reduce costs if this increased demand is not forthcoming.

3.4.1.4 There is a minor forecast pressure of +£0.1m on SEN and Psychology Services due to number of small variances in both services.

3.4.1.5 There is a forecast pressure of +£0.5m on Other Services for Young People & School Related Services, relating to:

- +£0.2m ISSK pressure. The target saving of £0.2m is yet to be secured against this service and will depend on the outcome of the recent consultation on the restructure of this service, current vacancies are helping to deliver this saving but this is offset by an expected shortfall income from schools based on current activity.
- +£0.5m pressure on School Improvement Service. There is an expected shortfall against the income targets of approximately +£0.8m based on current trends, however this is partially offset by a greater levels of savings from the restructure than originally expected
- Underspends across other services including -£0.1m Governor Support Services mainly due to overachievement of their income targets and -£0.1m Business Support Services from current staffing vacancies.

3.4.1.6 There is a forecast pressure of £1.2m on Other Schools’ Related costs. +£0.7m of this relates to revenue maintenance costs that are in excess of the grant funding available. These costs, which are administered by colleagues within GEN2 on behalf of the Directorate, cover both planned maintenance agreements and

subsequent resultant work and fall under the TFM contracts. The Directorate is also considering options for introducing greater controls to prevent further/future pressure on this budget. The balance of +£0.5m is mainly due to the expectation that the higher than budgeted demand from schools for the payment of excepted items (such as maternity leave) will continue for the remainder of the financial year.

- 3.4.1.7 The Youth and Offending Services is forecasting a breakeven position which is formed from -£0.2m underspend on the commissioning of external youth services following recent retender exercise which is partially offset by +0.2m shortfall in income generated from outdoor education facilities.
- 3.4.1.8 There is a forecast pressure of £0.2m on Adult Education and Employment Services for Vulnerable Adults. The pressure is all within Community, Learning & Skills (CLS) and has arisen due to changes resulting from the National Apprenticeship reform process. As part of the process KCC has chosen not to continue to use CLS as the training provider of choice for Business Administration apprenticeships for internal KCC apprentices. This was a significant income stream which ceased from May 2017 and now creates a risk in CLS achieving its budgeted surplus target of £1.3m. Other options are being considered within the service to address this and we are confident that this service will be able to offset this pressure with in-year management action.
- 3.4.1.9 Finally there is a forecast pressure of +£0.8m on EYPS Management & Support Services, this is formed from a number of distinct variances:
- +£0.6m pressure relating to Edukent Services. EduKent provide the single point of contact for all traded services with schools and academies and have in the past been funded from the DSG reserve. This is no longer possible and other options are being investigated to provide a long term solution to the funding of this unit. EduKent has funded the billing admin costs for other KCC school traded services such as Invicta Law, GEN2 and Schools Personnel Services (SPS) & Education Information Systems (EIS) within the Business Services Centre. These costs will have to be allocated to the other KCC companies. At present all these costs are held within CYPE Directorate.
 - +£0.4m pressure resulting from former EYPS directorates share of savings for both spans and layers and tactical procurement. At this stage the directorate is exploring ways in which these savings could be realised.
 - +£0.1m pressure for one-off security costs at the former Chaucer School site
 - -£0.4m underspend on Education Pension costs based on current activity.
 - +£0.1m Other minor variances including reduction in academy legal fees -£0.1m and shortfall in academy team income +£0.2m.

3.4.2 Children, Young People and Education – Specialist Children’s Services

- 3.4.2.1 The overall forecast position for Specialist Children’s Services (excluding Asylum) is a pressure of +£1.7m after the Corporate Director adjustment.
- 3.4.2.2 Within Children’s Assessment Staffing, a net +£1.0m pressure is forecast as the service continues to have a number of vacant posts filled by agency workers along with some additional supernumerary agency workers above establishment to cope with a post Ofsted rise in workload demand. This increased number of referrals has also led to a pressure on the Central Referral Unit. Although the service is currently striving to manage demand within their existing resource, there remains a risk that the forecast could rise further in future months, if the increase demand continues and longer term social work support is required.

- 3.4.2.3 The pressure on Family Support & Other Children Services +£0.5m is mainly due to the ongoing pressure on Care Leaver Services from 2016-17 of +£0.3m, and increased spend on Section 17 +£0.1m.
- 3.4.2.4 Although the Adoption & Other Permanent Children's Arrangements service is forecasting a break-even position, this is formed from a number of compensating variances: a pressure of +£0.4m arising from the current number of Special Guardianship Orders which is offset by an underspend of -£0.2m due to a reduction in the number of adoption payments, along with the estimated impact of the new financial mean-testing process of -£0.2m.
- 3.4.2.5 There is also a pressure of +£0.1m on management support services mainly resulting from Specialist Children's Services share of savings (both spans and layers and tactical procurement) that were initially parked and have recently been allocated to services. There are no immediate plans to deliver this saving this year therefore a pressure is being reported.
- 3.4.2.6 There is a minor variance for Children in Care (looked after) services +£0.1m but this is formed from a number of compensating variances across the various services including; fostering arising from the recent increase in the number of independent fostering placements of +£0.4m; residential care -£0.1m and supported accommodation for 16-17 year olds -£0.2m.
- 3.4.3 Children, Young People and Education – Specialist Children's Services – Asylum
- 3.4.3.1 The current predicted pressure on the Asylum Service is £3.9m and is based on a number of assumptions. The 2017-18 Unaccompanied Asylum Seeker Children (UASC) and Care Leavers grant rates have not yet been confirmed by the Home Office, therefore we have assumed that for young people who arrived before the National Transfer Scheme (NTS) commenced in July 2016 will continue to be paid at the rates agreed for 2016-17.
- 3.4.3.2 This position therefore assumes that we will have a shortfall on eligible UASC's (aged under 18) of approximately +£0.7m, Care Leavers (aged 18+) of +£1.9m, and ineligible costs of +£0.3m, the remaining +£1m pressure relates to the hosting of the reception centre and duty process for the NTS.
- 3.4.3.3 The forecast pressure on the Asylum Service for 2017-18 is greater than 2016-17 due to the age of the children being supported. The UASC grant rate paid by the Home Office reduces once the child turns 16 years old therefore leading to an increasing pressure as the child gets older if the cost of support is not reduced, which is not always possible for the current UASC. Most of the current UASC (irrespective of age) are in higher cost placements due to the fact that they arrived before the age of 16, so had to be placed in fostering placements, which is where they have chosen to remain. In addition, fostering placements made from 2015 onwards were with independent fostering providers with the higher costs that this entails and that attempts to move any individual who is settled in this placement is likely to result in legal challenge. However, where possible, UASC are being moved to lower cost supported lodging placements when turning 16 and this is reflected in a reduction in costs for this month's forecast.
- 3.4.3.4 The shortfall in the grant rate to support Care Leavers is not dissimilar to previous years, but the overall pressure is greater due to higher numbers of young people. However, it is anticipated the overall pressure on Care Leavers should reduce in future months as the Home Office have, as promised, now processed the 100+ outstanding claims on the 18+ UASC care leavers. Going forward this will have a

positive impact as it will reduce the number of cases where we have to fully fund accommodation costs and subsistence. An initial estimate has been made contributing to a reduction in the forecast this month but further work is being completed to validate this and this will be reported in future months.

3.4.3.5 As we have no agreement on the funding of the hosting of the NTS and reception centre, we can only assume at this stage that we will receive the daily grant rate for those young people we are supporting for a few weeks leading up to their dispersal.

3.4.3.6 Work is currently underway to complete a full review of the Asylum forecast and the result of this will be reflected in the September monitoring report. In addition discussions are ongoing with the Home Office regarding Kent's financial position.

3.4.4 Adult Social Care and Health

3.4.4.1 The overall forecast variance for the Directorate is an overspend of £5.3m; £4.6m of which relates to 'Adult Health & Social Care – Adults' and +£0.7m of which relates to 'Adult Health & Social Care – Disabled Children Services (0-18)'. A Corporate Director adjustment of -£1.5m against 'Adult Health & Social Care – Adults' has been proposed, which would take the Directorate overspend down to £3.7m (£3.0m relating to Adults and £0.7m relating to Disabled Children Services).

3.4.5 Adult Social Care and Health – Disabled Children Services

3.4.5.1 Disabled Children Services are forecasting a net pressure of +£0.7m, the most significant variances being:

- The +£1.0m variance for Children in Care (looked after) services is due to a pressure on residential care commissioned from external providers of +£1.4m offset by underspends on fostering services of -£0.2m and -£0.2m in-house residential respite services.
- The -£0.4m variance for Family Support & Other Children Services is mainly due to underspends on both direct payments of -£0.2m and day care services of -£0.1m, along with other minor variances.
- The +£0.1m pressure on assessment staffing resulting from the service being fully recruited with no expected vacancies at this time, partially offset by underspends on the sensory and equipment services.

3.4.6 Adult Social Care and Health – Adults

3.4.6.1 The forecast variance for 'Adult Health & Social Care – Adults' is +£4.6m, however a Corporate Director adjustment of -£1.5m is proposed, which takes the forecast variance to +£3.0m. The Corporate Director adjustment comprises:

- -£1.9m application of sustainability funding to elements already contained within the forecast.
- +£0.8m revision to the Older People and Physical Disability Direct Payments forecast based on latest information available.
- -£0.5m additional funds received as part of Improved Better Care Fund monies.

This forecast does not take into account any impact of the investment from the new Adult Social Care allocation of £26.1m in 2017-18. It is hoped that as the year progresses the impact of this investment will reduce the remaining variance further.

In addition, the forecast still assumes that the 'winter pressures allocation' will be fully spent during the winter months.

- 3.4.6.2 Within the overall variance of +£4.6m there are pressures of +£6.2m resulting from direct provision of services to clients across adult social care, and a forecast underspend of -£1.2m against adult and older people preventative and other services. These pressures are partly offset by anticipated underspends on staffing and management and support services of -£0.6m.

This overspend position reflects activity data to date in the 2017-18 financial year and we will continue to refine the forecast alongside activity trends over the coming months.

- 3.4.6.5 Learning Disability services are forecasting a net pressure of +£1.7m, which includes a number of offsetting variances. The most significant variances relate to:

- Nursing & Residential Care - Learning Disability (aged 18+) +£1.7m pressure (more information on which is provided in appendix 2.1).
- Supported Living - Learning Disability (aged 18+) - Other Commissioned Supported Living arrangements +£1.1m pressure (more information on which is provided in appendix 2.2).
- Supported Living - Learning Disability (aged 18+) - Shared Lives Scheme -£1.0m underspend, this is due to activity being less than budgeted.
- Supported Living - Learning Disability (aged 18+) - In house service -£0.1m underspend.

- 3.4.6.6 Mental Health services are forecasting a net pressure of +£1.7m, which comprises of a number of offsetting variances. The most significant of which relate to:

- Supported Living - Mental Health (aged 18+) - Commissioned service underspend of -£0.2m which is due to -£0.6m relating to delays in commencing the Your Life Your Home scheme, reflecting £0.4m of red rated savings when netted against increase on Residential Care and +£0.4m which is due to activity being higher than budgeted.
- Nursing & Residential Care - Mental Health (aged 18+) +£1.9m. This variance is predominantly due to +£1.0m relating to delays in commencing the Your Life Your Home, reflecting £0.4m of red savings when netted against reduction on Supported Living and +£0.9m which is due to activity being higher than budgeted.

- 3.4.6.7 Older People and Physical Disability services are forecasting a net pressure of +£2.8m, which includes a number of offsetting variances. The most significant variances relate to:

- Nursing and residential care +£4.0m overspend which includes +£2.7m relating to Older People Commissioned Residential services (more information on which is provided in appendix 2.4), +£1.3m relating to Older People nursing (more information on which is provided in appendix 2.5), +£0.2m relating to Older People In-house Residential services and -£0.2m relating to Physical Disability nursing and residential care services.
- There is a forecast over recovery of non-residential charging income of -£1.6m, based on the year-to-date income received, which is linked to services on the following community service lines: Domiciliary care services +£1.1m pressure of which +£0.5m relates to Older People Commissioned Services and links with

appendix 2.6, Direct Payments -£0.7m, Supported Living +£0.4m and Day Care -£0.4m.

The Older People and Physical Disability forecast assumes that some funding is set aside for the remaining winter pressures. If there is no increased spend as a result of winter then this funding will be available to offset other pressures.

3.4.6.8 Within 'Adult & Older People Preventative & Other Services' there is a forecast net variance of -£1.2m, comprising a number of offsetting variances. Because of slippage on some of the transformation savings, at this stage it is felt prudent to reflect +£1.7m as a pressure. It is hoped that management action will reduce this pressure as we continue through the year. A further pressure of +£0.7m relates to slippage on Housing Related Support savings. In addition, there is a +£0.2m variance on Other Adult Services predominately relating to +£0.2m for savings relating to a recently allocated tiers and spans saving across the authority which is not forecast to be achieved, +£0.2m due to other savings not forecast to be achieved and -£0.2m due to the release of prices monies from the tailored approach to contractual uplifts for placement fees. These pressures are offset by: forecast underspends of -£1.8m in social support services, such as those for carers (in-house and commissioned), information & early intervention and social isolation; -£1.0m underspend on equipment against the adaptive & assistive technology budget; -£0.6m variance on centrally held funds to cover costs already recognised in the forecast position; -£0.2m underspend on meals against the Other Adult Services budget; and -£0.2m for the Social Fund.

3.4.7 Adult Social Care and Health – Public Health:

3.4.7.1 The overall variance prior to any transfer to/from the Public Health reserve is a forecast drawdown lower than budgeted of -£0.2m, of which the most significant variance relates to -£0.2m an underspend on core sexual health services contracts.

3.4.8 Growth, Environment and Transport

3.4.8.1 The overall position for the Directorate, before Corporate Director Adjustments, is a forecast pressure of +£1.0m (+£1.6m last month), with forecast pressures of +£1.599m being partially offset by forecast underspends of -£0.6m.

3.4.8.2 The main pressures previously reported to Cabinet remain: General Highways Maintenance & Emergency Response, GET Management & Support Services and Other Highways Maintenance & Management budgets are showing +£0.2m, +£0.6m and +£0.4m respectively. Within the latter is a +£0.3m pressure arising from Streetlight Energy. In addition there continues to be a pressure resulting from an increased levy on all Driver Diversion courses from 1st September 2017 and a significant forecast reduction in the number of course attendees against budget; this is currently +£0.3m. The forecast pressure against the GE&T Management & Support Services budget is due to the impact of staffing and procurement savings that have yet to be fully implemented.

3.4.8.3 Public Protection and Enforcement is forecasting a net pressure of +£0.2m due to a number of minor variances, primarily around the under-recovery of income.

3.4.8.4 Waste is forecasting an overall underspend of -£0.2m. Treatment and Disposal of Residual Waste is forecasting a small pressure +£0.1m with a price pressure being offset by additional trade waste income (as can be seen in Appendix 2.14). Waste Processing is forecasting an underspend of -£0.3m. Savings within the soil and hard-core budget and Materials Recycling Facilities budgets are slightly offset by

reduced income (see Appendix 2.15). Waste Management show a small pressure of +£0.044m.

3.4.8.5 All other GET budgets are forecasting a combined underspend of -£0.3m of which -£0.1m relates to Subsidised Bus Services.

3.4.8.6 Although reduced from last month a significant forecast pressure remains and so a Corporate Director adjustment of -£0.4m has been included; this reduces the forecast pressure of +£1m down to +£0.6m. Further management action, currently being identified, will be reflected through the monitoring report in subsequent months, with a view to achieving a balanced position overall by the end of the year.

3.4.9 Strategic and Corporate Services

3.4.9.1 The overall variance reflected in appendix 1 against the directorate is an overspend of +£0.3m which is made up of a break even position for the S&CS Directorate itself, increased by +£0.3m relating to the corporate aspirational savings target for Asset Utilisation, held within the Corporate Landlord budgets, the delivery of which depends on operational service requirements and Member decisions regarding the exiting of buildings. It should be noted that this in-year overspend is due to the delayed implementation of some plans, resulting in the £0.3m delivery slipping to 2018-19. Work is now on-going on the 2018-19 savings target of an additional -£0.65m saving which, to be deliverable from 1st April 2018, requires early identification of plans.

3.4.9.2 The directorate break even position includes variances of +£0.2m for the Contact Centre & Digital Web Services budget set in 2015 using a transformation plan suggested by Agilisys, predicting that the number of calls and average call duration would fall significantly. Although the call volumes and times have reduced, this is not in line with the original budgeted plan, hence resulting in a budget pressure. The commissioners of this service, together with Agilisys, are working with directorate services to get these figures reduced further; -£0.2m on Engagement, Organisation Design & Development relating primarily to staffing vacancies; -£0.1m for Finance arising from lower salary costs following a major restructure; -£0.1m for Strategic Commissioning due to staffing vacancies being held vacant pending restructure; +£0.2m Infrastructure controllable budgets, arising mostly from backdated Kier costs and minor variances across all areas of Property and ICT commissioning budgets.

3.4.10 Financing Items

The Financing Items budgets are currently forecast to underspend by £1.5m, which is due to:

3.4.10.1 Additional Government funding compared to our assumptions at the time of setting the budget, together with additional retained business rates relief relating to Dover Enterprise Zone for 2015-16 and 2016-17, result in a forecast underspend of £0.8m.

3.4.10.2 The Cabinet decision in June not to make the budgeted £3.9m contribution to General Reserves in light of our reduced level of risk following our success in delivering an underspend in 2016-17, and the announcement in the Chancellor's Spring Budget of the additional social care funding. Instead £3m is being spent on pothole repairs and the remaining £0.9m is declared as an underspend to go towards offsetting the pressures reported elsewhere in this report.

- 3.4.10.3 A £1.9m decrease partly due to a deferment of Minimum Revenue Provision (MRP) and partly due to re-phasing of the 2016-17 capital programme, resulting in fewer assets becoming operational last year. As we have adopted the asset life method of calculating MRP, MRP does not become payable until assets become operational, therefore resulting in an “MRP holiday” this year. We would usually transfer this to reserves to cover the potential impact in future years but in light of the forecast outturn position of the authority; this has been released to offset the current pressures.
- 3.4.10.4 A £0.1m underspend on Carbon Reduction Commitment reflecting finalisation of our carbon emissions for 2016-17 and our estimated carbon emissions for the current year.
- 3.4.10.5 However, these underspends are partially offset by the following:
- A forecast shortfall of £1.8m in the contribution from Commercial Services based on initial trading results for the year; and
 - £0.5m unallocated saving relating to the anticipated amalgamation of business support in the old SCHW directorate is unachievable in the current year following the decision to create the new Strategic Commissioning Division within S&CS directorate. Some of the services that were due to be amalgamated are now in different directorates. However, it is expected that savings will be delivered from the creation of the new Strategic Commissioning Division but these will not be realised until 2018-19.

3.5 Schools delegated budgets:

The schools delegated budget reserves are currently forecast to end the financial year in surplus by £12.9m, compared to £28.3m at the start of the financial year. This is made up of a forecast surplus of £32.4m on individual maintained school balances, and a deficit on the central schools reserve of £19.5m. The table below provides the detailed movements on each reserve:

	Individual School Reserves (£m)	Central Schools Reserve (£m)	Total School Reserves (£m)
Balance b fwd	30.171	(1.830)	28.340
Forecast movement in reserves:			
Academy conversions and closing school deficits	2.230	(4.580)	(2.350)
Contribution to schools broadband		(1.000)	(1.000)
School Growth		(1.000)	(1.000)
High Needs (Mainstream & Independent)		(8.700)	(8.700)
Various		(0.569)	(0.569)
Overspend on Central DSG budgets		(1.806)	(1.806)
Forecast reserve balance	32.400	(19.485)	12.915

Note: a negative figure indicates a draw down from reserves/deficit

The schools delegated budget is currently showing pressure of £15.425m which is the sum of the figures highlighted above.

3.6 Table 2: Performance of our wholly owned companies

Dividends/Contributions (£m)	Budget	Forecast	From trading surplus	from reserves
Commercial Services	6.800	5.000	5.000	
GEN2	0.620	0.620	0.620	
Invicta Law	1.057	1.057	1.057	

4. REVENUE BUDGET VIREMENTS/CHANGES TO BUDGETS

4.1 All changes to cash limits are in accordance with the virement rules contained within the constitution, with the exception of those cash limit adjustments which are considered “technical adjustments” i.e. where there is no change in policy, including the allocation of grants and previously unallocated budgets where further information regarding allocations and spending plans has become available since the budget setting process.

5. SUMMARISED CAPITAL MONITORING POSITION

5.1 There is a reported variance of -£26.808m on the 2017-18 capital budget (excluding schools and PFI). This is a movement of -£10.613m from the previous month and is made up of -£1.834m real movement and -£8.779m rephasing movement. Headline variances are detailed below by Directorate.

5.2 Table 3: Directorate capital position

Directorate	2017-18 Working budget	2017-18 Variance	Real variance	Re-phasing variance	Last reported position		Movement	
					Real	Rephasing	Real	Rephasing
					£m	£m	£m	£m
Children, Young People & Education	115.919	-11.821	-3.484	-8.337	-3.612	-0.125	0.128	-8.212
Adult, Social Care & Health	8.383	-1.255	-0.145	-1.110	-0.145	-1.000	0.000	-0.110
Growth, Environment & Transport	133.984	-12.072	-4.914	-7.158	-2.442	-6.213	-2.472	-0.945
Strategic & Corporate Services	21.446	-1.660	2.448	-4.108	1.938	-4.596	0.510	0.488
TOTAL	279.732	-26.808	-6.095	-20.713	-4.261	-11.934	-1.834	-8.779

5.3 Capital budget monitoring headlines

The real variances over £0.100m and rephasing variances over £1.000m are as follows:

Children, Young People and Education

- Modernisation Programme: rephasing movement of -£3.033m. Constrained resources have led to priority being given to providing additional places under the Basic Need programme. All modernisation projects are now commissioned and are progressing.
- Basic Need: -£5.179m rephasing movement. There have been delays in obtaining planning permission for a new primary School. Some secondary school expansions are pending final agreement and therefore not as yet progressing.

- Whitstable Youth Hub: real movement of +£0.128m. New project to be funded from developer contributions.

Adult, Social Care and Health

There are no movements reported over £0.100m on real variances or £1.0m on rephasing.

Growth, Environment & Transport

Highways, Transportation & Waste

- Highway Major Enhancement: -£2.650m real movement. As per the last monitoring report the cash limit has been amended to reflect the additional £2.7m funding to rectify pot holes and patching. This has resulted in a movement from the last reported position even though the forecast has not changed significantly.
- Integrated Transport: +£0.344m real movement. This movement is largely due to increased costs on the Elwick Road scheme in Ashford. The two junctions need a complete renewal of traffic signals which was not originally anticipated and additional resurfacing is being undertaken. This will be funded by additional external funding and developer contributions.
- North Farm Transfer Station – Betterment Works: real movement of -£0.523m. As per the last monitoring report the cash limit has been amended to reflect the additional funding for this scheme. This has resulted in a movement from the last reported position even though the forecast has not changed.

Environment, Planning and Enforcement and Libraries, Registration and Archives

There are no movements reported over £0.100m on real variances or £1.0m on rephasing.

Economic Development

- Workspace Kent: +£0.295m real movement. As per the last monitoring report the cash limit has now been amended to reflect these funds being repaid to Essex County Council. This has resulted in a movement from the last reported position even though the forecast is unchanged.

Strategic & Corporate Services

New Ways of Working: +£0.510m real movement. The previous monitoring report included this variance but it was originally expected to impact in 2018-19. These works have now been brought forward to the current year. This will be funded from a future year Modernisation of Assets budget.

5.4 Cash Limit Adjustments

For information

Directorate	Project	Amount £m	Year	Funding	Reason
CYPE	Whitstable	+£0.128	Page 248	Dev Conts	New scheme

	Youth Hub				
SCS	Modernisation of Assets (MOA)	-£0.483 -£0.200 -£0.310	17-18 18-19 19-20	Cap Rec Prudential Prudential	To reflect virement to New Ways of Working as previously agreed.
SCS	New Ways of Working	+£0.483 +£0.510 +£0.084	17-18 17-18 17-18	Cap Rec Prudential Grant	To reflect virement from MOA and additional banked grant.

For approval:

Directorate	Project	Amount £m	Year	Funding	Reason
GET	Sustainable Access to Maidstone Employment Areas	-£0.060	17-18	External - other	To vire to Maidstone Gyratory project.
GET	Maidstone Gyratory Bypass	+£0.060	17-18	External - other	From Sustainable Access to Maidstone Employment Areas.
CYPE	Platt CEPS	-£0.085	17-18	Cap Rec	To fund PSBP
CYPE	PSBP	+£0.085	17-18	Cap Rec	Funded from Platt CEPS

6. CONCLUSIONS

- 6.1 It is concerning the revenue pressure continues to remain at £11m, but the Corporate and Directorate Management teams are confident of a significant reduction to that forecast without the need for blanket moratoria on spending.

7. RECOMMENDATIONS

Cabinet is asked to:

- 7.1 **Note** the forecast revenue budget monitoring position for 2017-18 and capital budget monitoring position for 2017-18 to 2019-20, and that the forecast pressure on the revenue budget needs to be eliminated as we progress through the year.
- 7.2 **Agree** the changes to the capital programme as detailed in section 5.4.

8. CONTACT DETAILS

Director:	Andy Wood Corporate Director of Finance & Procurement 03000 416854 andy.wood@kent.gov.uk
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julie.samson@kent.gov.uk

Breakdown of Directorate Monitoring Position

	Cash Limit			Variance	Movement
	Gross	Income	Net	Net	Net
	£m	£m	£m	£m	£m
<u>Children, Young People & Education</u>					
<u>Specialist Children's Services</u>					
Children in Care (Looked After) Services - Non-Disabled Children**	52.9	-4.7	48.2	0.1	0.3
Adoption & Other Permanent Children's Care Arrangements	13.8	-0.1	13.7	0.0	-0.2
Family Support & Other Children Services - Non-Disabled Children	14.5	-4.5	10.1	0.5	-0.2
Asylum Seekers**	23.6	-23.1	0.6	3.9	0.0
Children's Assessment Staffing - Non-Disabled Children**	40.7	-3.1	37.6	1.0	-0.5
Children's Management & Support Services	3.4	-0.2	3.2	0.1	0.0
Sub Total Specialist Children's Services	149.0	-35.7	113.3	5.7	-0.6
<u>Education & Young People's Services</u>					
Early Help & Prevention for Children and Families	32.6	-17.6	15.0	-0.4	0.0
Early Years Education & Childcare	74.4	-73.4	1.0	0.6	0.1
Attendance, Behaviour and Exclusion Services	5.0	-5.0	0.0	0.0	0.0
High Needs Education Budgets (excl. Schools & Pupil Referral Units)	35.2	-35.2	0.0	0.0	0.0
SEN & Psychology Services	19.9	-16.9	3.0	0.1	0.0
Other Services for Young People & School Related Services	16.8	-13.6	3.2	0.5	0.0
Pupil & Student Transport Services**	36.4	-3.7	32.6	-0.1	0.0
Other Schools' Related Costs	34.0	-34.0	-0.1	1.2	-0.7
Youth and Offending Services	5.0	-3.8	1.2	0.0	0.0
Adult Education and Employments Services for Vulnerable Adults	13.5	-14.4	-0.9	0.2	0.0
YP&E Management & Support Services	19.5	-15.9	3.6	0.8	0.1
Sub Total Education & Young People's Services	292.3	-233.5	58.8	2.9	-0.4
Sub Total CYP&E directorate	441.3	-269.2	172.1	8.6	-1.0
<u>Adult Social Care & Health</u>					
Additional Adult Social Care allocation	26.1	0.0	26.1	0.0	0.0
Learning Disability Adult Services**	163.9	-13.2	150.6	1.7	-0.8
Physical Disability Adult Services	36.0	-4.1	31.8	-0.5	-0.2
Mental Health Adult Services	16.1	-1.6	14.5	1.7	0.1
Older People Adult Services**	172.5	-91.5	81.0	3.3	0.4
Adult & Older People Preventative & Other Services	61.7	-16.5	45.2	-1.2	-1.6
Adult's Assessment & Safeguarding Staffing	43.5	-3.3	40.3	-0.5	-1.1
Children in Care (Looked After) Services - Disabled Children	10.5	-2.1	8.4	1.0	0.2
Family Support & Other Children Services - Disabled Children	7.0	-0.3	6.7	-0.4	-0.2
Family Support & Other Children Services - Non-Disabled Children	0.2	0.0	0.2	0.0	-0.4
Children's Assessment Staffing - Disabled Children	5.5	-0.1	5.5	0.1	-0.3
Public Health	79.1	-76.2	2.9	-0.2	0.0
Transfer to/from Public Health Reserve	-3.0	0.0	-3.0	0.2	0.0
ASC&H Management & Support Services	7.1	-0.2	6.8	0.0	0.0
Sub Total ASC&H directorate	626.2	-209.1	417.0	5.3	-4.1

	Cash Limit			Variance	Movement
	Gross	Income	Net	Net	Net
	£m	£m	£m	£m	£m
Growth, Environment & Transport					
Libraries, Registration & Archives	16.2	-6.4	9.8	0.0	0.0
Environment	10.4	-6.7	3.7	0.0	0.0
Economic Development & Other Community Services	10.1	-5.2	5.0	0.1	0.0
General Highways Maintenance & Emergency Response	11.5	-0.6	10.9	0.2	0.0
Other Highways Maintenance & Management	29.9	-8.5	21.4	0.6	-0.1
Public Protection & Enforcement	11.6	-2.2	9.4	0.2	-0.1
Planning & Transport Strategy and Other Related Services (inc School Crossing Patrols)	4.1	-0.6	3.5	0.0	0.0
Concessionary Fares	16.8	0.0	16.8	-0.1	-0.1
Subsidised Bus Services	8.3	-2.1	6.2	-0.1	0.0
Young Person's Travel Pass	14.2	-5.8	8.4	-0.1	-0.1
Waste Management	1.9	0.0	1.9	0.0	0.0
Waste Processing**	31.0	-1.9	29.2	-0.3	-0.2
Treatment and Disposal of Residual Waste**	37.4	0.0	37.4	0.1	-0.1
GE&T Management & Support Services	3.5	-0.1	3.4	0.4	0.0
Sub Total GE&T directorate	206.8	-40.0	166.8	1.0	-0.6
Strategic & Corporate Services					
Contact Centre, Digital Web Services & Gateways	4.9	-0.3	4.5	0.2	0.0
Local Democracy	4.1	0.0	4.1	0.0	0.0
Infrastructure (ICT & Property Services) & Business Services Centre	77.0	-41.7	35.3	0.5	0.0
Finance	15.6	-5.8	9.8	-0.1	0.0
Engagement, Organisation Design & Development (HR, Comms & Engagement)	9.4	-1.2	8.3	-0.2	0.0
Other Support to Front Line Services	6.5	-1.3	5.2	0.0	0.2
Adult & Older People Preventative & Other Services	0.7	0.0	0.7	0.0	0.0
Commissioning Management & Support Services	5.9	-0.2	5.7	-0.2	-0.1
S&CS Management & Support Services	2.9	-5.2	-2.4	0.0	0.0
Sub Total S&CS directorate	126.9	-55.8	71.2	0.3	0.1
Financing Items	128.2	-17.2	111.0	-1.5	0.0
TOTAL KCC (Excluding Schools)	1,529.4	-591.3	938.1	13.6	-5.7

**See Appendix 2 & 3 within the monitoring report for further details of key cost drivers of specific service lines

Please note that budgets are held in the financial system to the nearest £100 and hence the figures in the table above may not add through exactly due to issues caused by rounding the figures for this report.

Appendix 2.1: Nursing & Residential Care - Learning Disability (aged 18+)

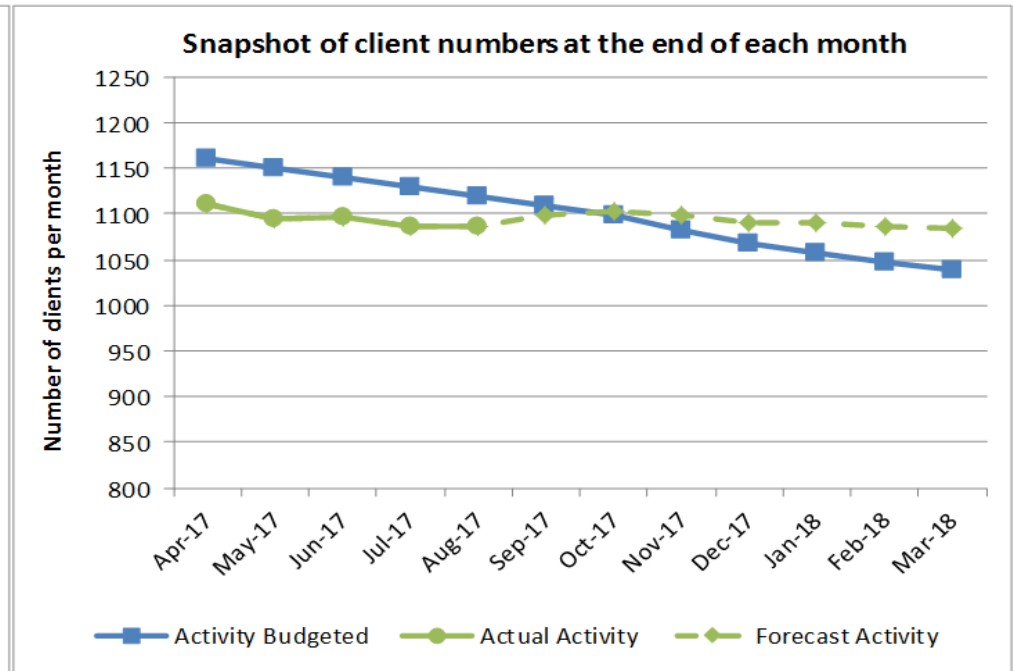
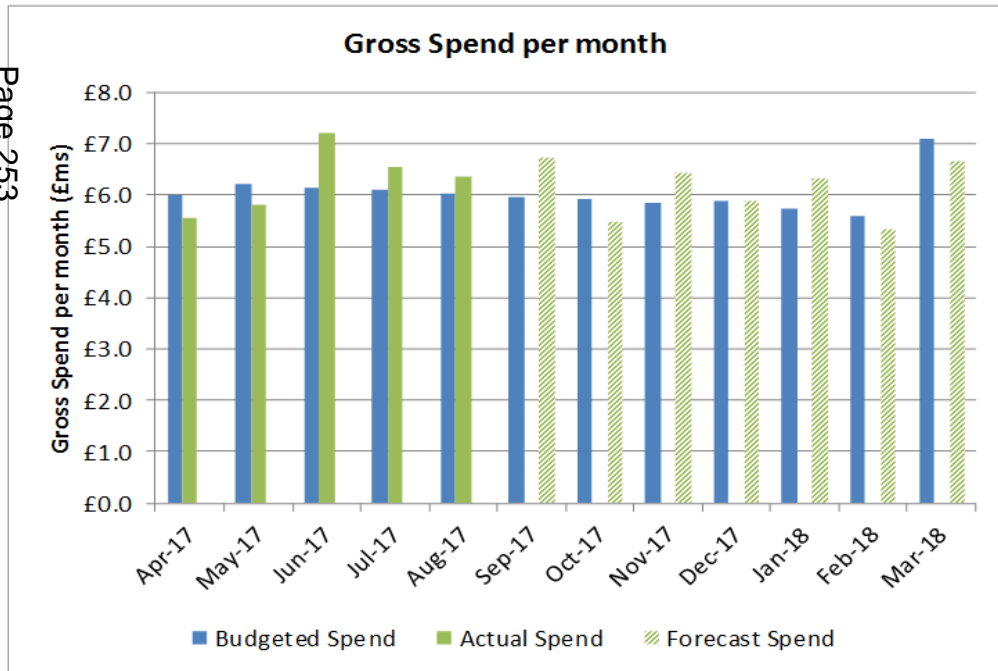
2017-18 Forecast	Gross £m	Income £m	Net £m	Client Number as at 31/03/2018
Budget	£72.5	£-5.9	£66.6	1,038
Forecast	£74.2	£-6.0	£68.2	1,084
Variance	£1.8	£-0.1	£1.7	46

Position as at 31st August 2017	Gross £m	Client Number as at 31/08/2017
Budget: Spend/Activity Year to Date	£30.5	1,120
Actual: Spend/Activity Year to Date	£31.5	1,087
Variance as at 31st August 2017	£1.0	-33

MAIN REASONS FOR VARIANCE:

The gross forecast pressure of +£1.8m is due to higher than anticipated demand (+£1.3m) and higher unit cost (+£0.5m). This pressure is partly offset by greater than expected income of -£0.1m. This leads to a net forecast pressure of +£1.7m.

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Appendix 2.2: Supported Living - Learning Disability (aged 18+) - Other Commissioned Supported Living arrangements

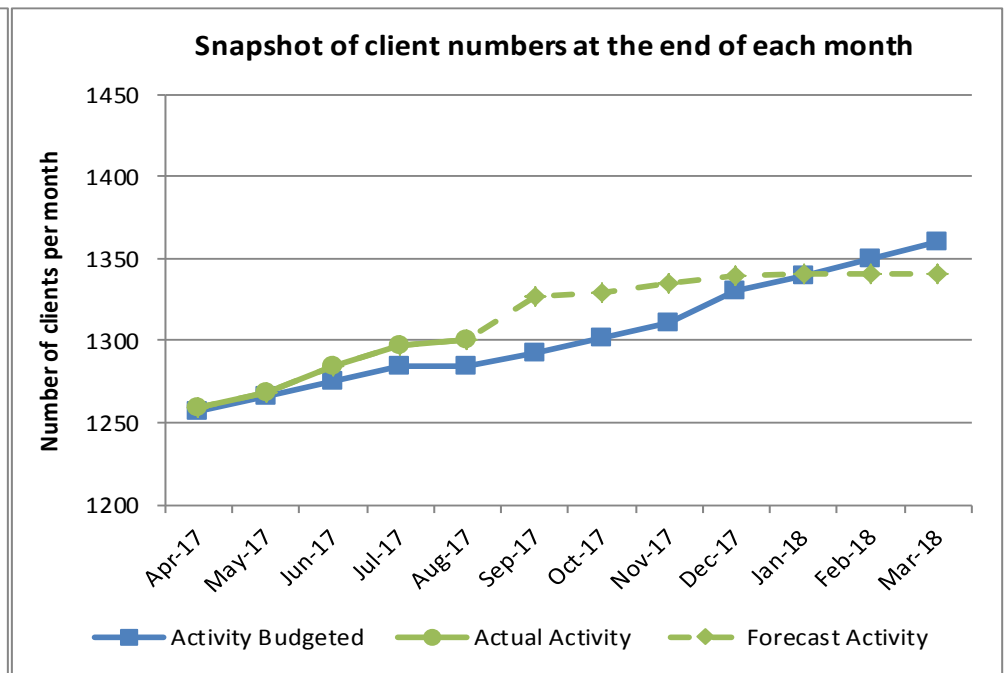
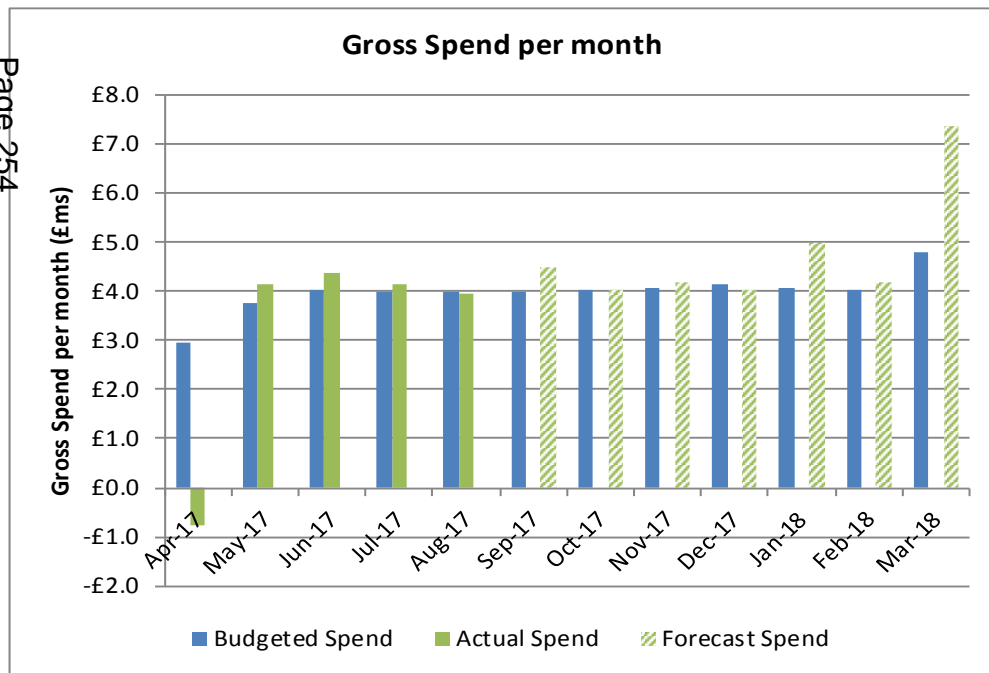
2017-18 Forecast	Gross £m	Income £m	Net £m	Client Number as at 31/03/2018
Budget	£47.9	-£0.2	£47.7	1,360
Forecast	£49.0	-£0.2	£48.8	1,341
Variance	£1.1	£0.0	£1.1	-19

Position as at 31st August 2017	Gross £m	Client Number as at 31/08/2017
Budget: Spend/Activity Year to Date	£18.7	1,284
Actual: Spend/Activity Year to Date	£15.8	1,300
Variance as at 31st August 2017	-£2.9	16

MAIN REASONS FOR VARIANCE:

The gross forecast pressure of +£1.1m is due to higher than anticipated demand in hours (+£3.4m) and lower unit cost (-£1.0m), along with an additional variance of -£1.3m predominately due to a transfer from reserves. This leads to a net forecast pressure of +£1.1m.

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Appendix 2.3: Direct Payments - Learning Disability (aged 18+)

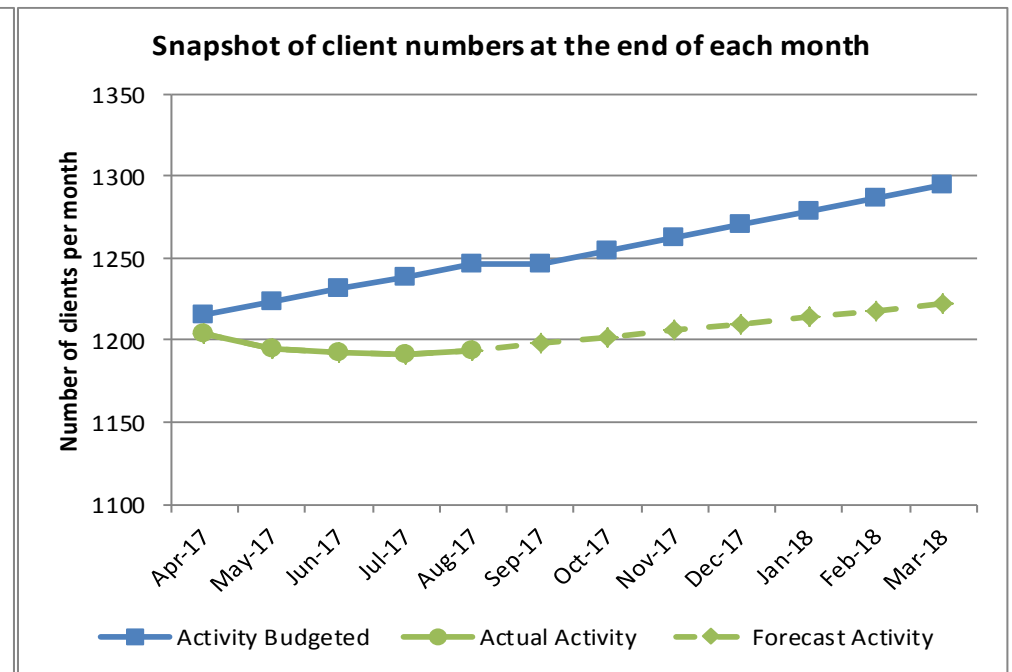
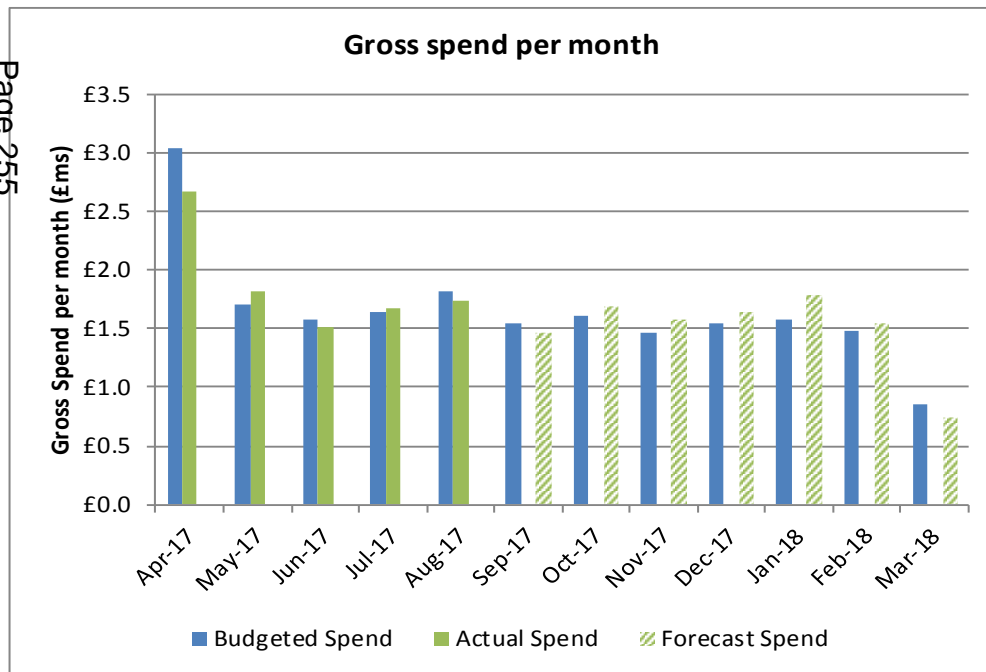
2017-18 Forecast	Gross £m	Income £m	Net £m	Client Number as at 31/03/2018
Budget	£19.8	-£0.8	£19.0	1,295
Forecast	£19.8	-£0.8	£19.0	1,222
Variance	-£0.0	£0.0	£0.0	-73

Position as at 31st August 2017	Gross £m	Client Number as at 31/08/2017
Budget: Spend/Activity Year to Date	£9.8	1,247
Actual: Spend/Activity Year to Date	£9.4	1,194
Variance as at 31st August 2017	-£0.4	-53

MAIN REASONS FOR VARIANCE:

The gross forecast shows a balanced position, but within this there is lower than anticipated demand (-£0.3m) and higher unit cost (+£0.2m), along with an additional variance of +£0.1m predominately due to one off payments. This leads to a net forecast pressure of +£0.0m.

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Appendix 2.4: Nursing & Residential Care - Older People (aged 65+) - Residential - Commissioned service

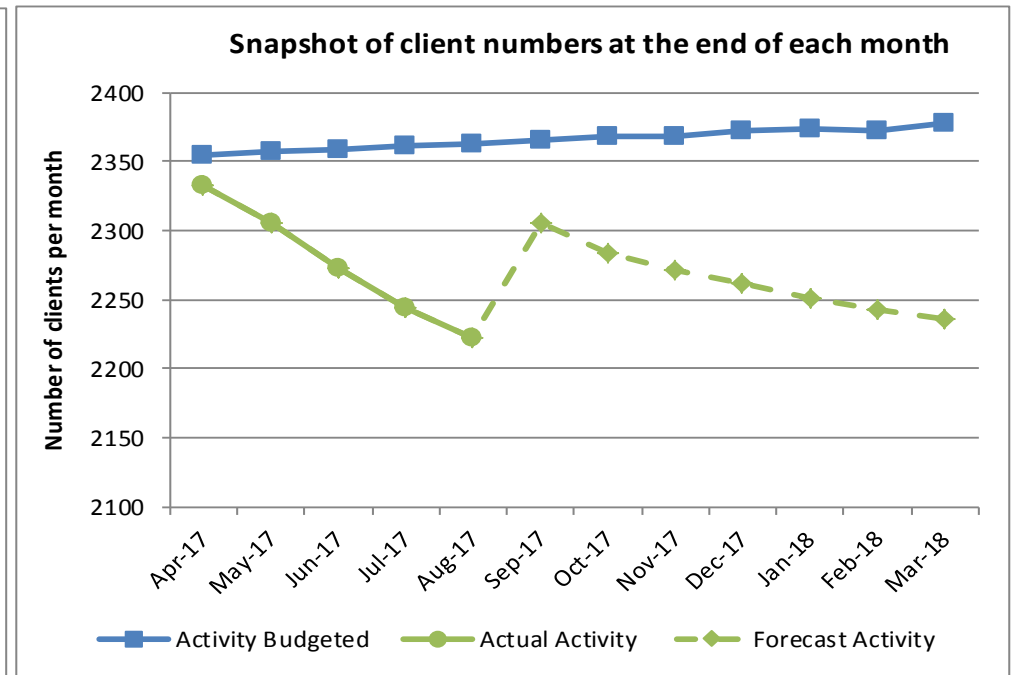
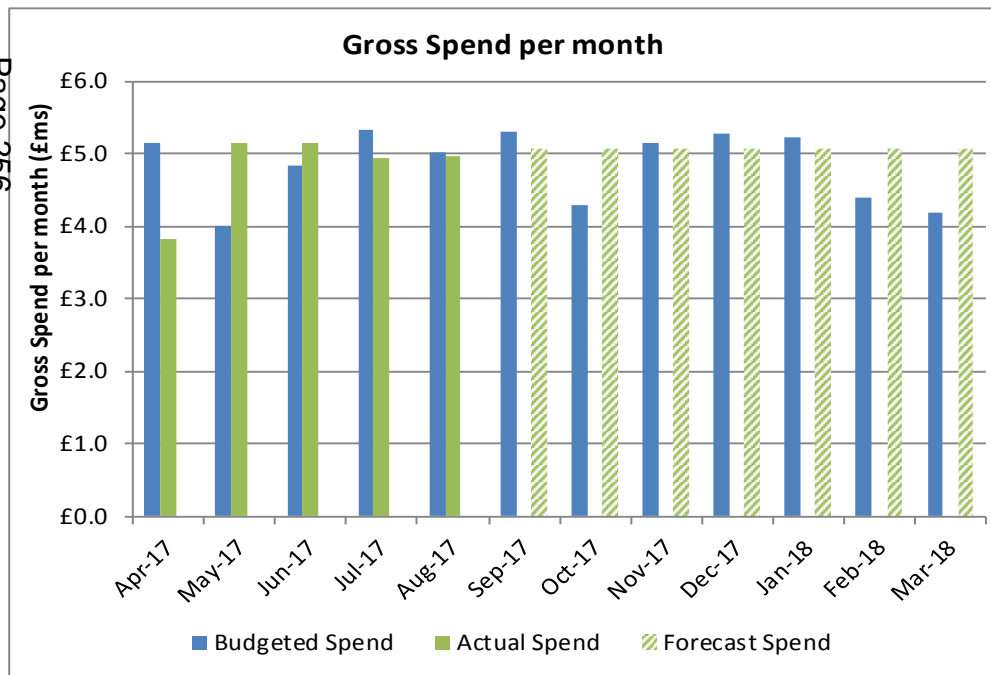
2017-18 Forecast	Gross £m	Income £m	Net £m	Client Number as at 31/03/2018
Budget	£58.1	-£35.2	£23.0	2,378
Forecast	£59.5	-£33.9	£25.7	2,236
Variance	£1.4	£1.3	£2.7	-142

Position as at 31st August 2017	Gross £m	Client Number as at 31/08/2017
Budget: Spend/Activity Year to Date	£24.3	2,363
Actual: Spend/Activity Year to Date	£24.0	2,223
Variance as at 31st August 2017	-£0.3	-140

MAIN REASONS FOR FORECAST VARIANCE:

The gross forecast a pressure of +£1.4m is due to a higher unit cost (+£1.4m). This pressure is further increased by lower than expected income of +£1.3m due to a lower average contribution per service user (+£1.3m). This leads to a net forecast pressure of +£2.7m. There is a slight time delay before clients are included in the actual client count as contract details are finalised, accounting for the difference between forecast client count and the previous month's actual client count shown below.

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Appendix 2.5: Nursing & Residential Care - Older People (aged 65+) - Nursing

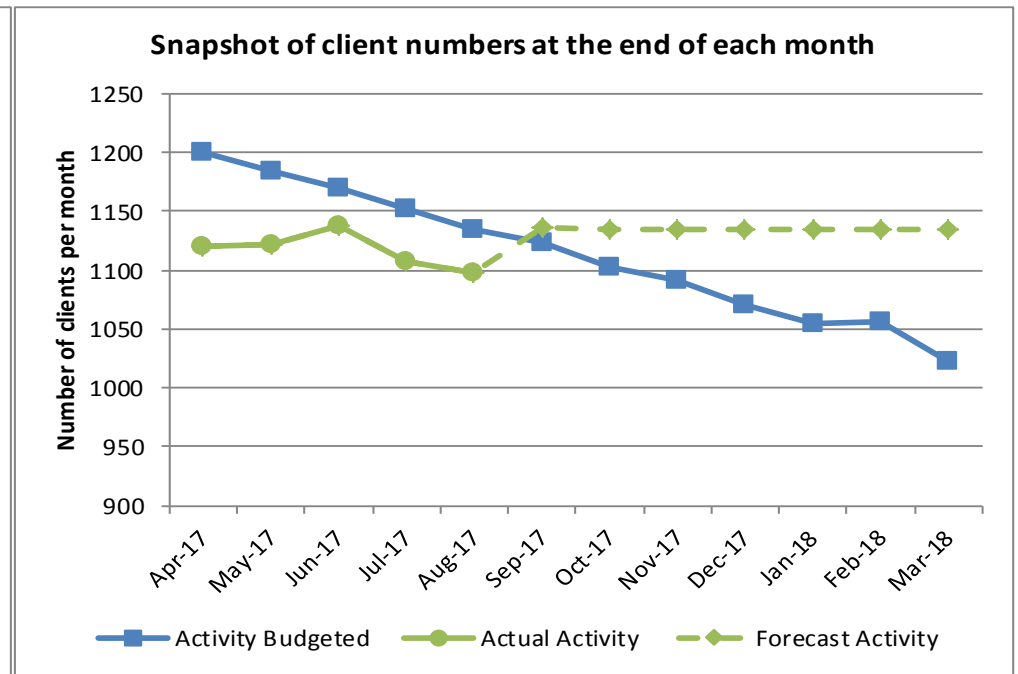
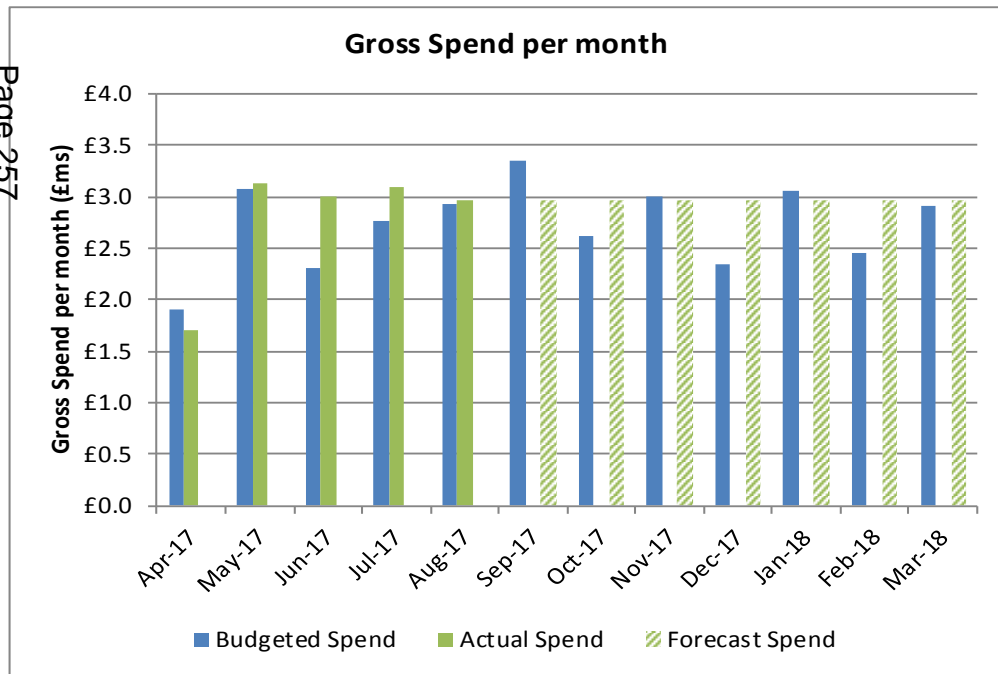
2017-18 Forecast	Gross £m	Income £m	Net £m	Client Number as at 31/03/2018
Budget	£32.7	-£17.4	£15.3	1,023
Forecast	£34.6	-£18.0	£16.6	1,135
Variance	£1.9	-£0.6	£1.3	112

Position as at 31st August 2017	Gross £m	Client Number as at 31/08/2017
Budget: Spend/Activity Year to Date	£13.0	1,135
Actual: Spend/Activity Year to Date	£13.9	1,097
Variance as at 31st August 2017	£0.9	-38

MAIN REASONS FOR FORECAST VARIANCE:

The gross forecast pressure of +£1.9m is due to higher than anticipated demand (+£0.6m) and higher unit cost (+£1.3m). This pressure is partly offset by greater than expected income of -£0.6m primarily due to higher than anticipated service user contributions linked to the higher demand (-£0.2m) and a higher average contribution per service user (-£0.4m). This leads to a net forecast pressure of +£1.3m.

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Appendix 2.6: Domiciliary Care - Older People (aged 65+) - Commissioned service

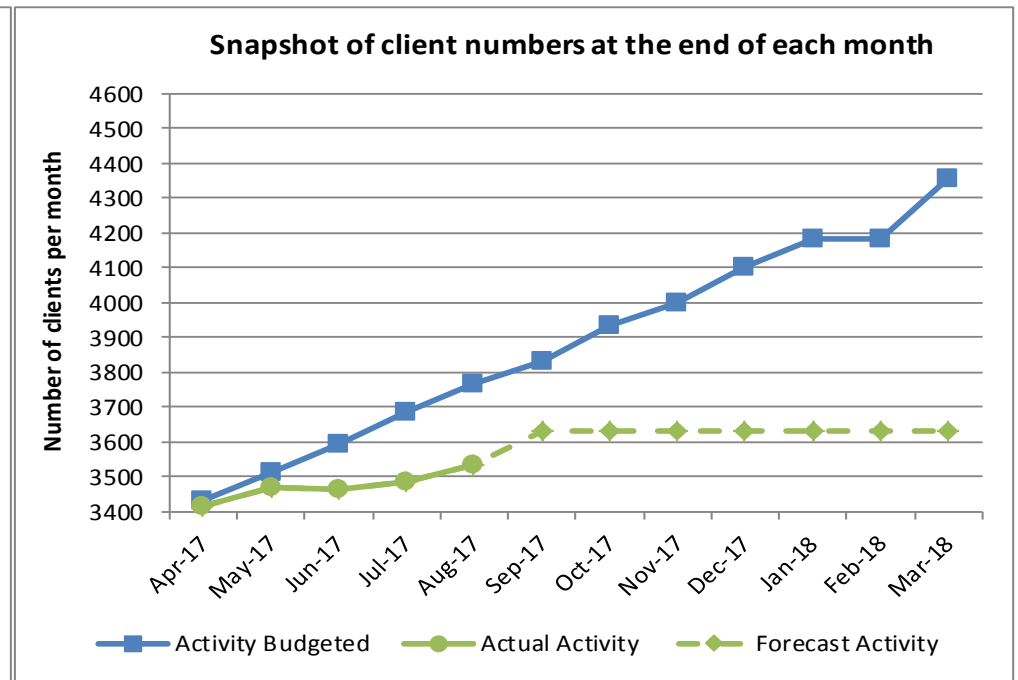
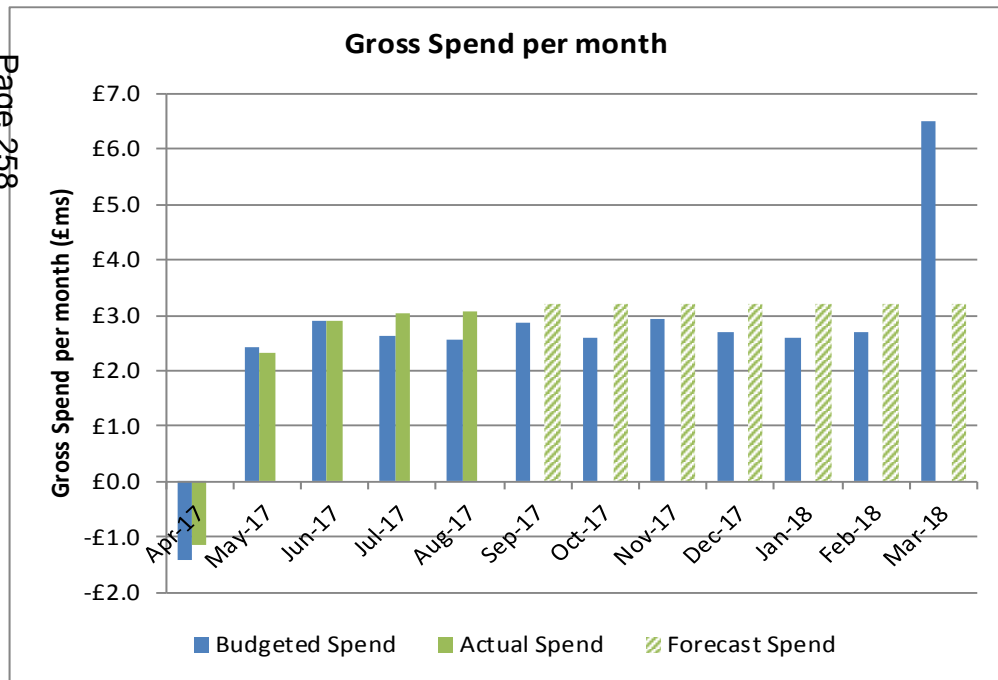
2017-18 Forecast	Gross £m	Income £m	Net £m	Client Number as at 31/03/2018
Budget	£32.0	-£5.8	£26.2	4,353
Forecast	£32.5	-£5.8	£26.7	3,629
Variance	£0.5	£0.0	£0.5	-724

Position as at 31st August 2017	Gross £m	Client Number as at 31/08/2017
Budget: Spend/Activity Year to Date	£9.1	3,766
Actual: Spend/Activity Year to Date	£10.2	3,535
Variance as at 31st August 2017	£1.1	-231

MAIN REASONS FOR FORECAST VARIANCE:

The gross forecast pressure of +£0.5m is due to lower than anticipated demand (-£0.4m) and higher unit cost (+£0.8m). This leads to a net forecast pressure of +£0.5m.

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Appendix 2.7: Children in Care (Looked After) - Fostering - In house service

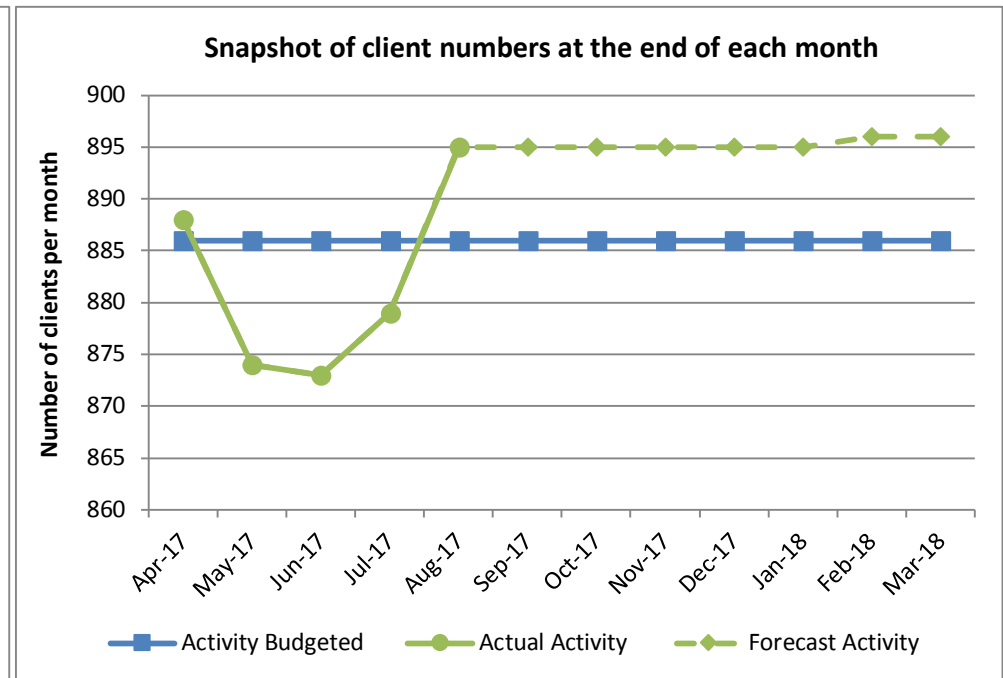
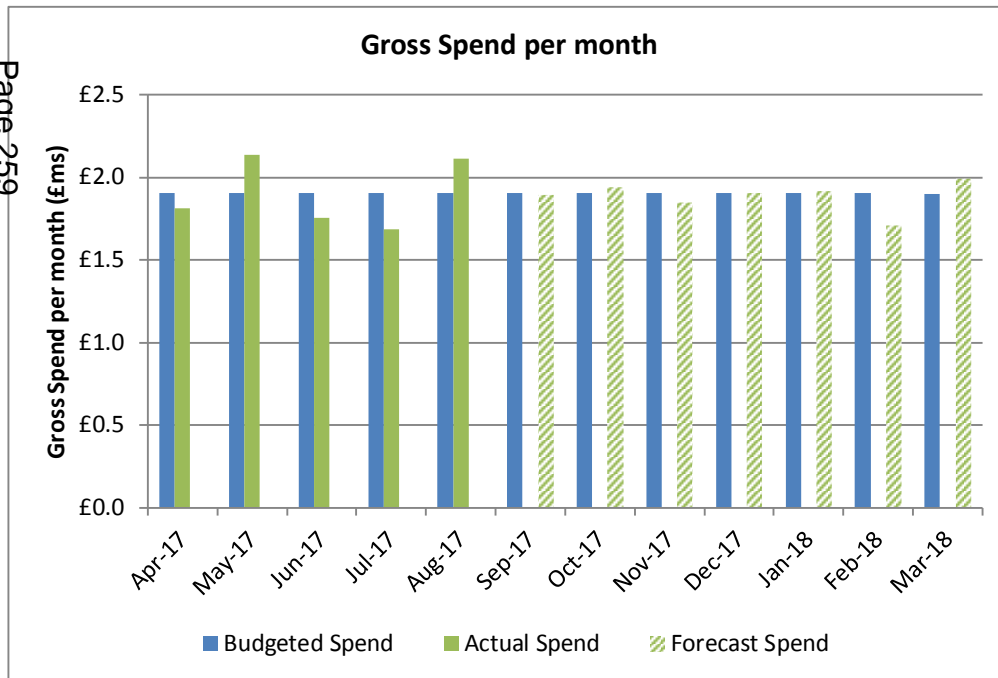
2017-18 Total Forecast	Gross £m	Income £m	Net £m	Client Number as at 31/03/2018
Budget	£22.8	-£0.3	£22.6	886
Forecast	£22.7	-£0.2	£22.6	896
Variance	-£0.1	£0.1	-£0.0	10

Position as at 31st August 2017	Gross £m	Client Number as at 31/08/2017
Budget: Spend/Activity Year to Date	£9.5	886
Actual: Spend/Activity Year to Date	£9.5	895
Variance as at 31st August 2017	£0.0	9

MAIN REASONS FOR FORECAST VARIANCE:

The gross forecast underspend of -£0.1m is due to higher than anticipated demand (+£0.1m) and lower unit cost (-£0.3m), along with a variance of +£0.1m on other In House Fostering related expenditure. This is combined with lower than expected income of +£0.1m to produce a net forecast underspend of -£0.0m.

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Appendix 2.8: Children in Care (Looked After) - Fostering - Commissioned from Independent Fostering Agencies

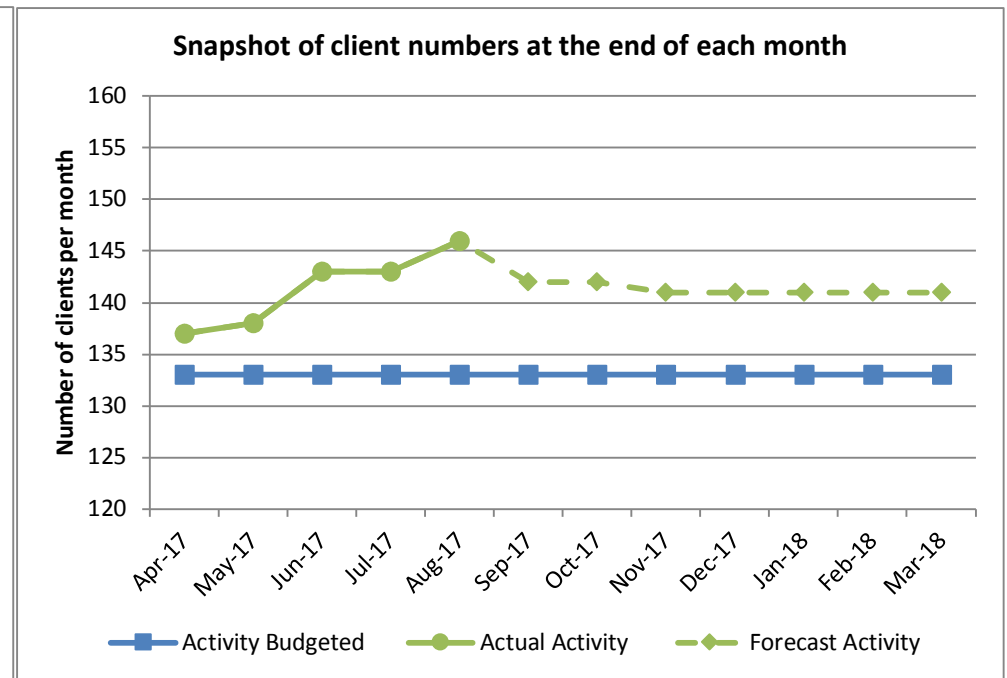
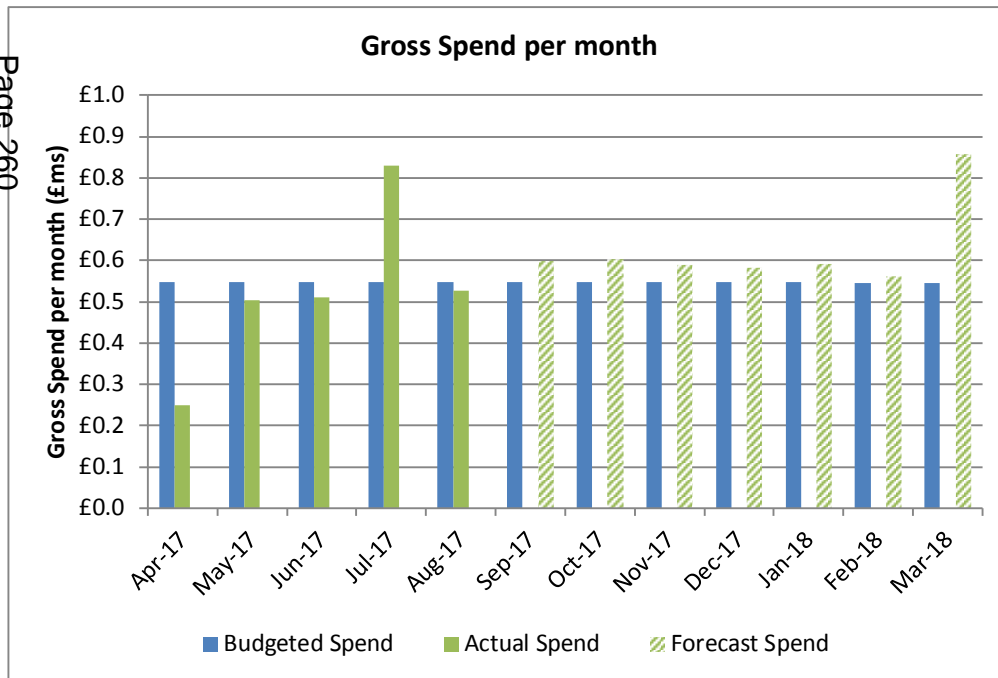
2017-18 Total Forecast	Gross £m	Income £m	Net £m	Client Number as at 31/03/2018
Budget	£6.6	£0.0	£6.6	133
Forecast	£7.0	£0.0	£7.0	141
Variance	£0.4	£0.0	£0.4	8

Position as at 31st August 2017	Gross £m	Client Number as at 31/08/2017
Budget: Spend/Activity Year to Date	£2.7	133
Actual: Spend/Activity Year to Date	£2.6	146
Variance as at 31st August 2017	£-0.1	13

MAIN REASONS FOR FORECAST VARIANCE:

The gross forecast pressure of +£0.4m is due to higher than anticipated demand (+£0.3m) and higher unit cost (+£0.1m).

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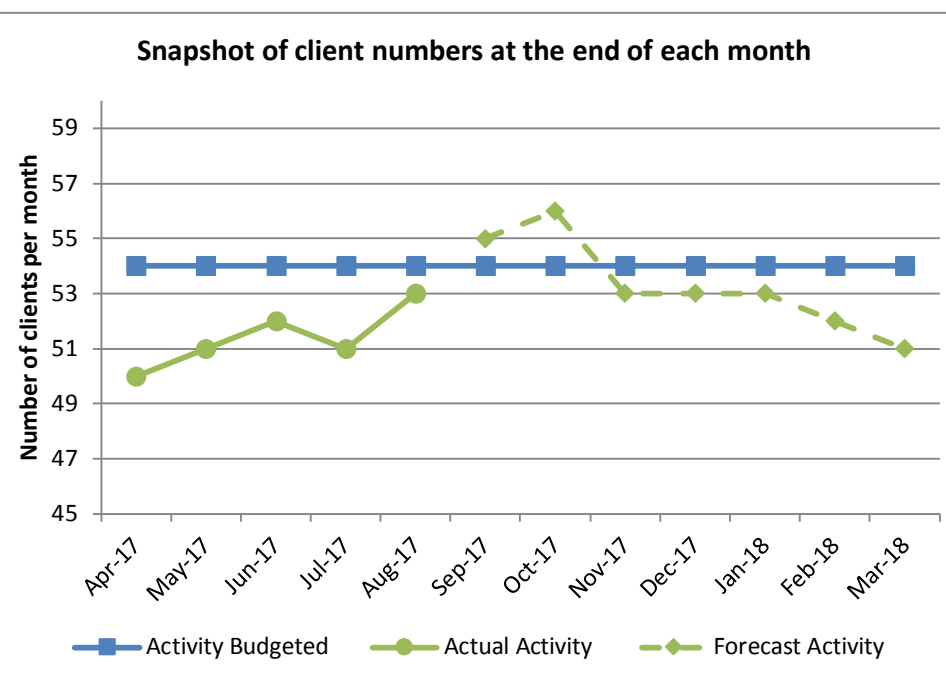
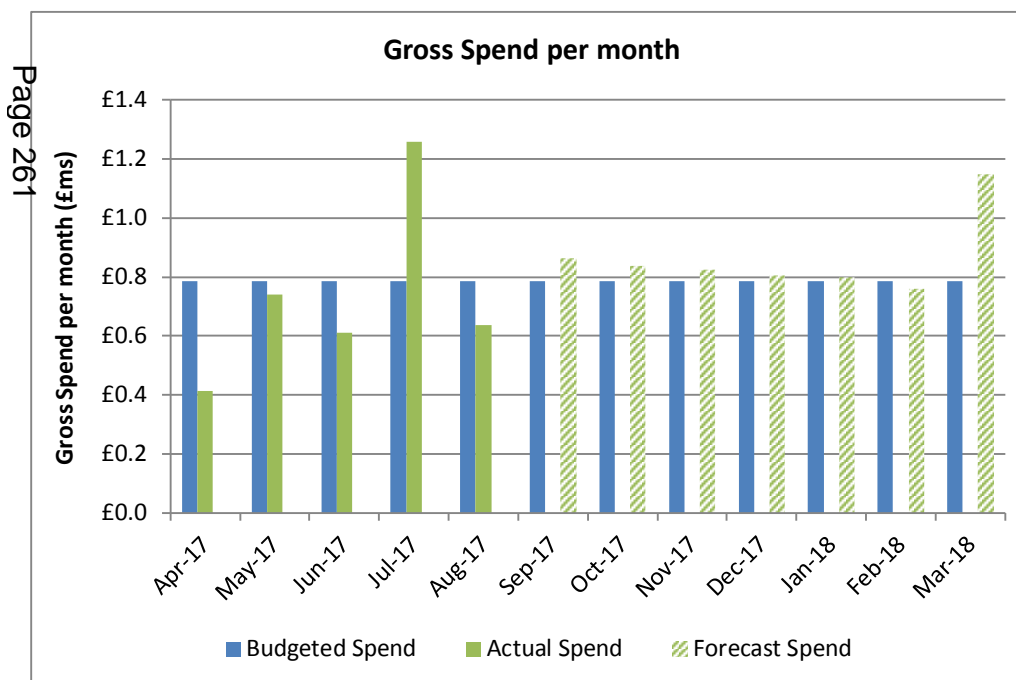
Appendix 2.9: Children in Care (Looked After) - Residential Children's Services - Commissioned from Independent Sector

2017-18 Total Forecast	Gross £m	Income £m	Net £m	Client Number as at 31/03/2018
Budget	£9.4	-£0.6	£8.8	54
Forecast	£9.7	-£1.0	£8.7	51
Variance	£0.3	-£0.4	-£0.1	-3

Position as at 31st August 2017	Gross £m	Client Number as at 31/08/2017
Budget: Spend/Activity Year to Date	£3.9	54
Actual: Spend/Activity Year to Date	£3.7	53
Variance as at 31st August 2017	-£0.3	-1

MAIN REASONS FOR FORECAST VARIANCE:

The gross forecast pressure of +£0.3m is due to lower than anticipated demand (-£0.1m) and higher unit cost (+£0.3m), along with an additional variance of +£0.1m predominately due to greater than anticipated placements in Secure Accommodation. This pressure is partly offset by greater than expected income of -£0.4m primarily due to greater contributions for care costs from Health & Education. This leads to a net forecast underspend of -£0.1m.



Appendix 2.10: Assessment Services - Children's Social Care (CSC) staffing

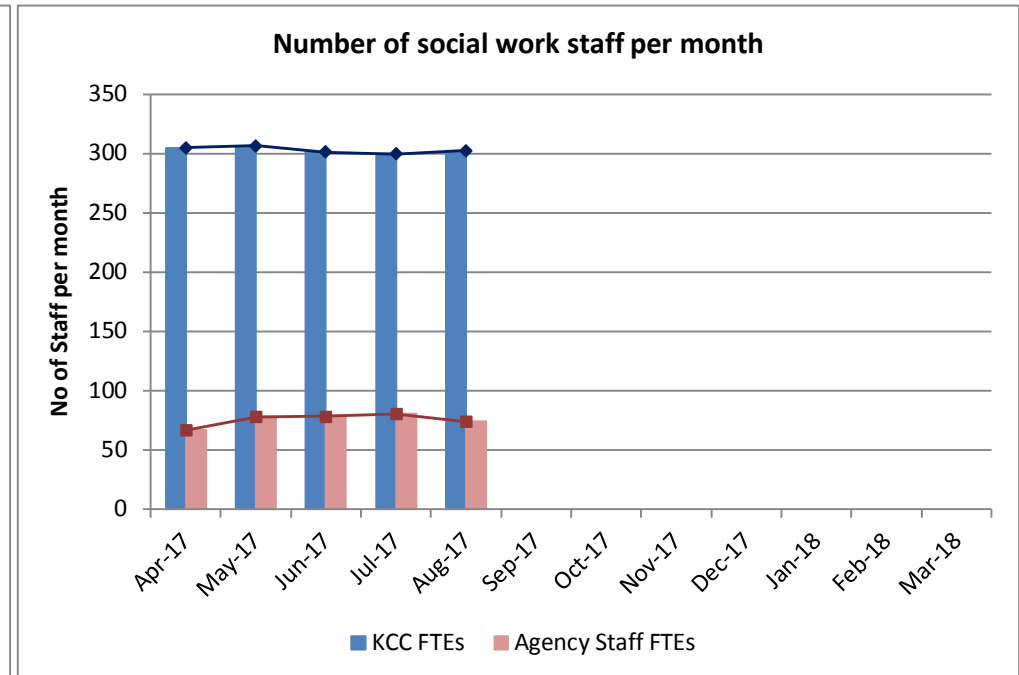
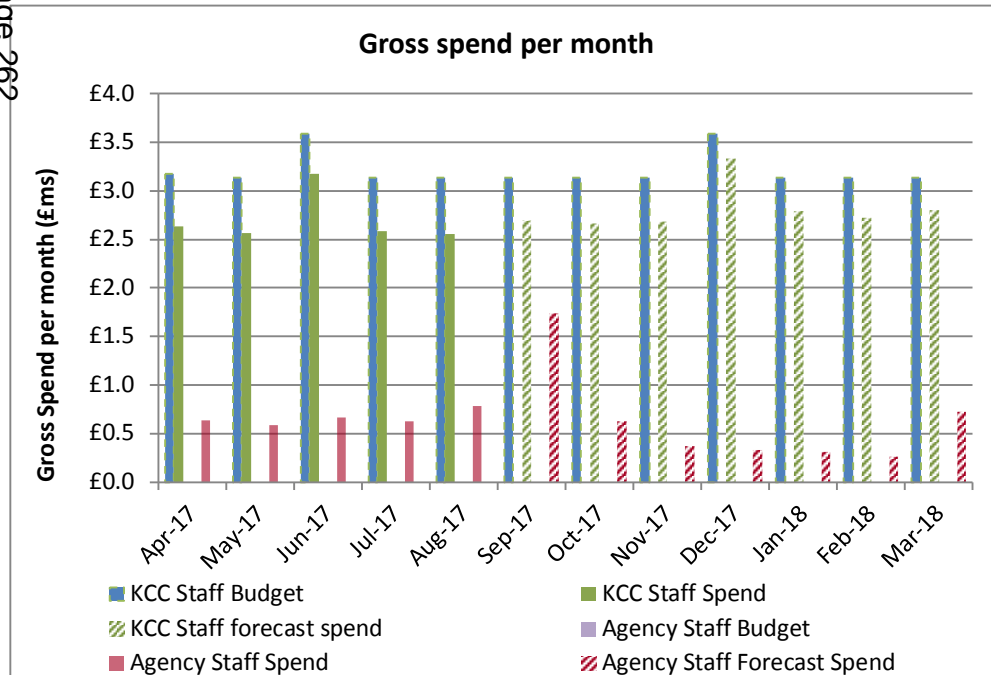
2017-18 Forecast	KCC £m	Agency £m	Gross £m
Budget	£38.6	£0.0	£38.6
Forecast	£33.2	£7.7	£40.8
Variance	-£5.4	£7.7	£2.2

as at 31/08/17	KCC £m	Agency £m	Gross £m
YTD Budget	£16.2	£0.0	£16.2
YTD Spend	£13.5	£3.3	£16.8
YTD Variance	-£2.7	£3.3	£0.6

Staff numbers	KCC FTEs	Agency Nos
as at 31/03/17	307.0	65.4
as at 31/08/17	302.5	74.0
YTD Movement	-4.5	8.6

MAIN REASONS FOR FORECAST VARIANCE:

This measure focusses on the level of social workers & senior practitioners rather than the overall staffing level within this budget. The budget assumes that CSC Staffing will be met using salaried workers, so every agency worker (who are more expensive than salaried staff) results in a pressure on this budget. This measure shows the extent of the vacancies within CSC that are currently covered by agency workers which contributes to the £1m net pressure reported against Children's Assessment staffing in Appendix 1. The £2.2m staffing pressure identified above is net against -£1.2m additional income, predominately relating to the recharging of the Duty Asylum team to the Asylum service, to produce the overall £1m pressure reported.



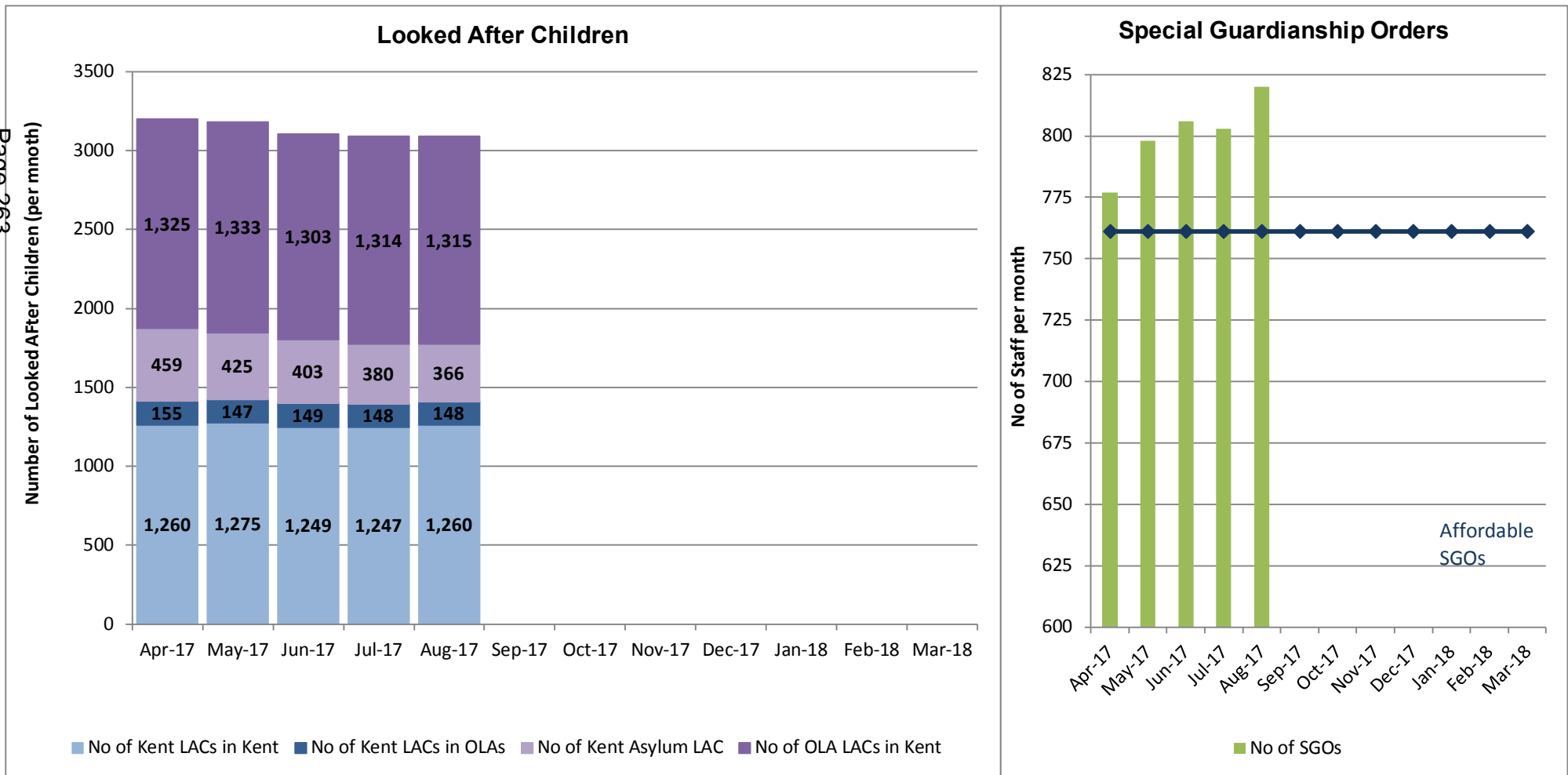
Appendix 2.11: Number of Looked After Children and Number of Special Guardianship Orders (SGOs) with Costs

The left-hand graph shows a snapshot of the number of children designated as looked after at the end of each month (including those currently missing), it is not the total number of looked after children during the period. The OLA LAC information has a confidence rating of 33% and is completely reliant on Other Local Authorities keeping KCC informed of which children are placed within Kent. The Management Information Unit (MIU) regularly contact these OLAs for up to date information, but replies are not always forthcoming.

There is an overall forecast pressure on both the Specialist Children's Services and Disabled Children's Services budget, with key parts of this relating to the LAC headings of Residential Care and Foster Care and non-LAC headings such as Social Care Staffing, Adoption & other permanent care arrangements (including Special Guardianship Orders (SGOs)), and Leaving Care.

The right hand graph shows the number of SGOs incurring costs, which are approved by the courts. These children are either former LAC or may have become LAC if an SGO was not granted.

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Appendix 2.12: Transport Services - Concessionary fares

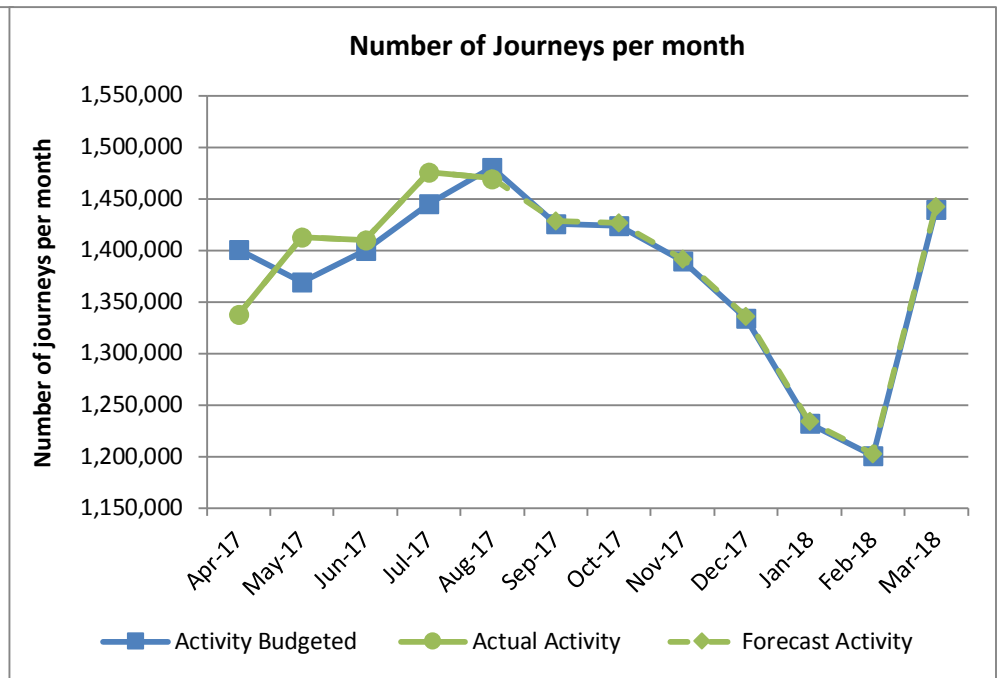
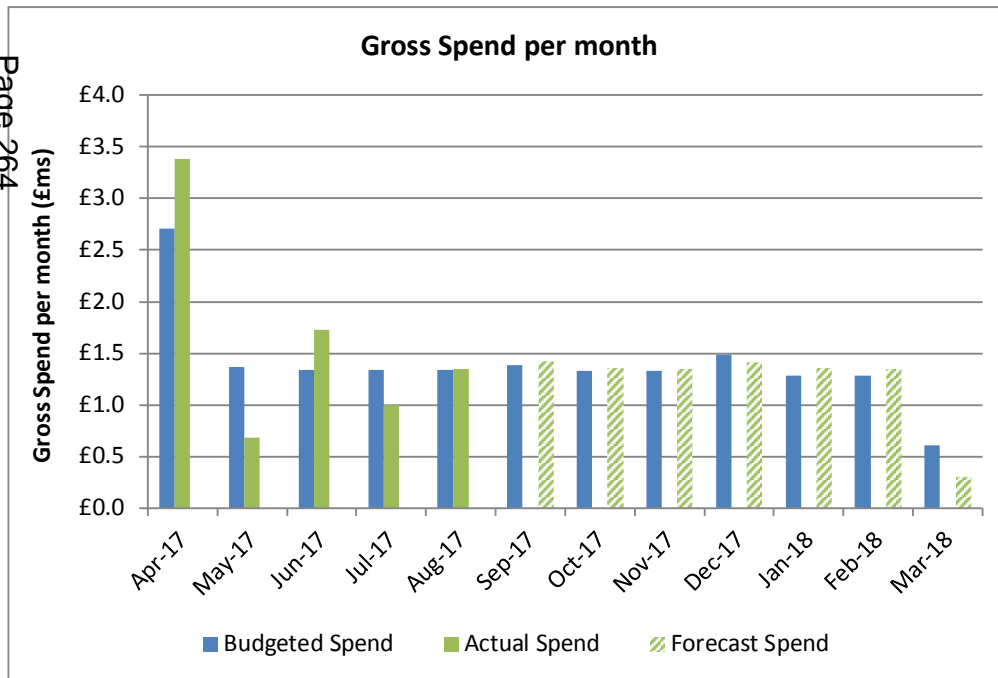
2017-18 Forecast	Gross £m	Income £m	Net £m	No of journeys to 31/03/2018
Budget	£16.8	-£0.0	£16.8	16,542,000
Actual	£16.7	-£0.0	£16.7	16,568,099
Variance	-£0.1	-£0.0	-£0.1	26,099

Position as at 31st August 2017	Gross £m	No of journeys to 31/08/2017
Budget: Spend/Activity Year to Date	£8.1	7,095,270
Actual: Spend/Activity Year to Date	£8.1	7,106,464
Variance as at 31st Aug 2017	£0.0	11,194

MAIN REASONS FOR FORECAST VARIANCE:

Currently there is no material variance relating either to number of journeys or price per journey with only a small underspend forecast on non activity headings (-£0.1m). The forecast is based on actual activity for April to August, with estimates for the remaining months. These estimates will continue to be reviewed in light of the actuals and the potential impact of any adverse weather on demand for journeys.

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Appendix 2.13: Transport Services - Home to School / College Transport (Special Education Needs)

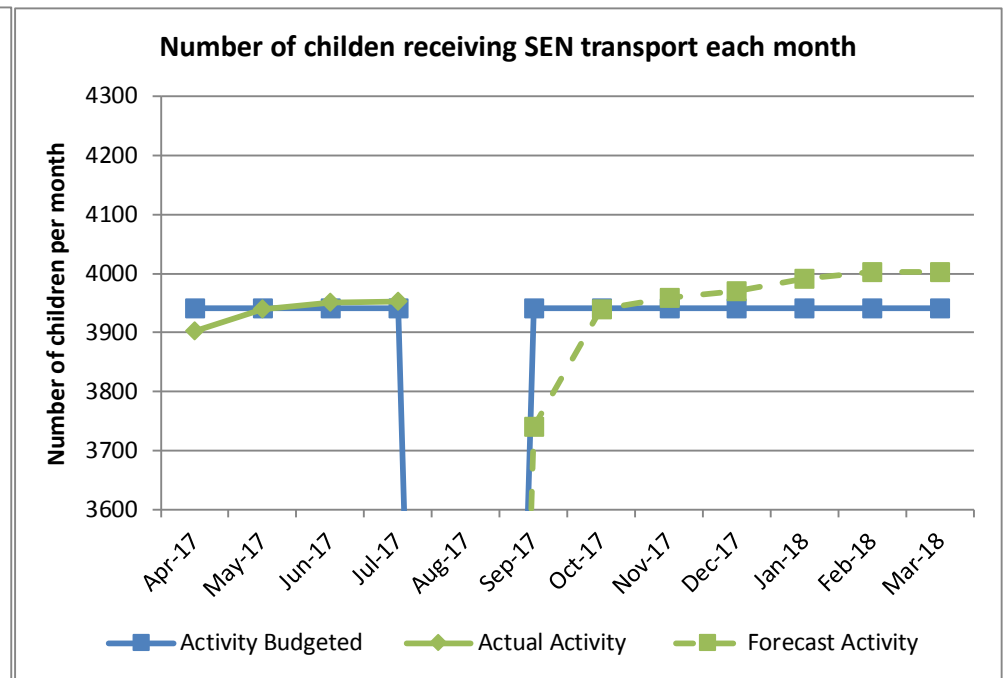
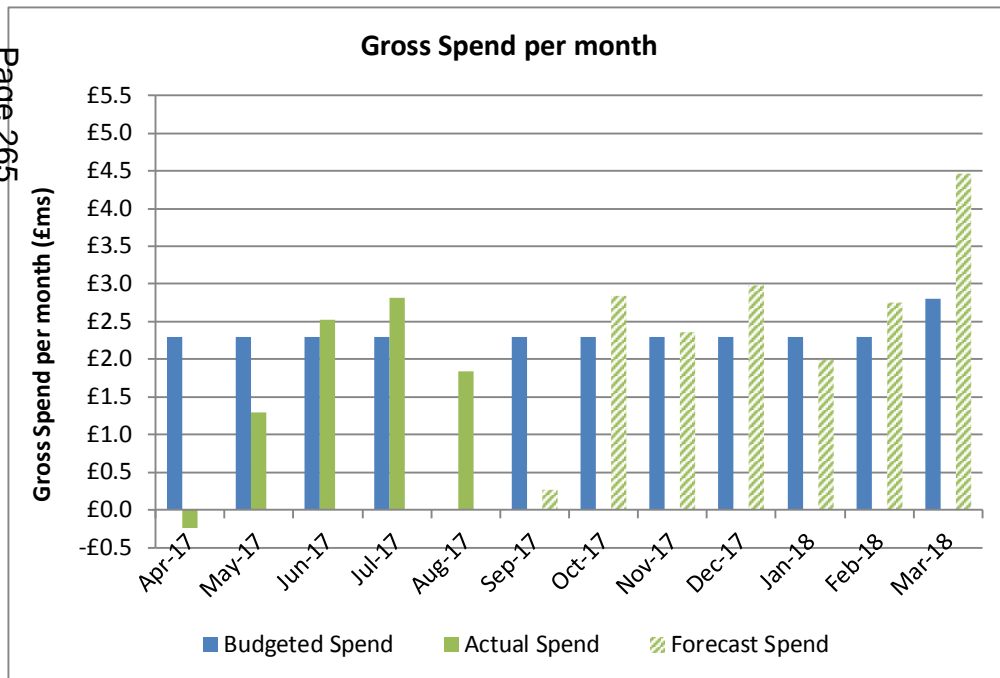
2017-18 Total Forecast	Gross £m	Income £m	Net £m	No of pupils as at 31/03/2018
Budget	£25.8	-£0.8	£25.0	3,941
Forecast	£25.9	-£0.8	£25.1	4,003
Variance	£0.1	-£0.0	£0.1	62

Position as at 31st August 2017	Gross £m	No of pupils as at 31/08/2017
Budget: Spend/Activity Year to Date	£9.2	0
Actual: Spend/Activity Year to Date	£8.2	0
Variance as at 31st August 2017	-£1.0	0

MAIN REASONS FOR FORECAST VARIANCE:

The SEN transport position should be looked at in conjunction with the Home to School Mainstream transport and 16+ Kent Travel card forecast. An overall breakeven position is currently being forecast for these services until the October 2017 monitoring report (reported to Cabinet in November 2017) when the forecasts for these budgets will be fully reviewed. These forecasts are heavily dependent on the September pupil numbers which will not be known until the end of September 17. At which time, there will also be further clarity on the impact of the recent procurement exercises.

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Appendix 2.14: Treatment and disposal of residual waste

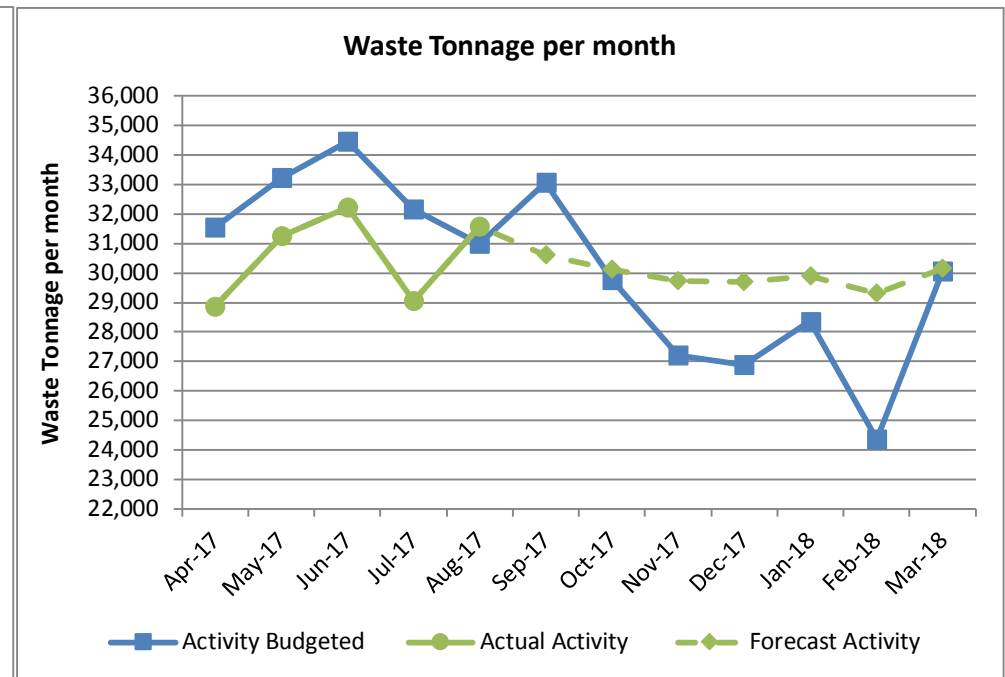
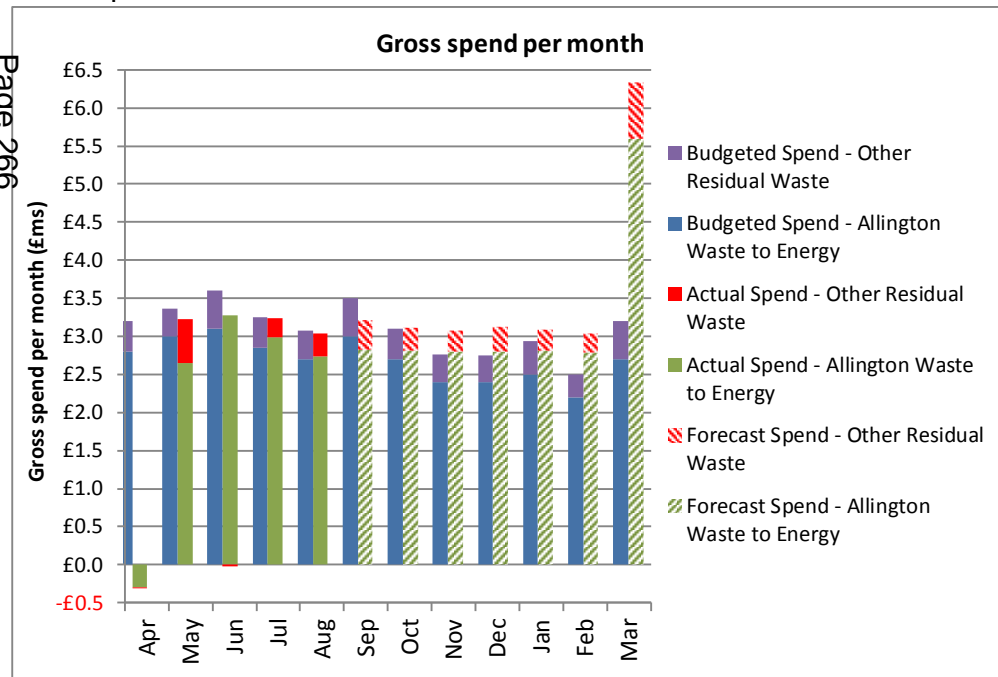
2017-18 Forecast	Gross £m	Income £m	Net £m	Waste Tonnage to 31/03/2018
Budget	£37.4	£0.0	£37.4	362,047
Actual	£37.7	-£0.2	£37.4	362,505
Variance	£0.3	-£0.2	£0.1	458

Position as at 31st August 2017	Gross £m	Waste Tonnage to 31/08/2017
Budget: Spend/Activity Year to Date	£16.8	162,387
Actual: Spend/Activity Year to Date	£12.4	152,998
Variance as at 31st August 2017	-£4.4	-9,389

MAIN REASONS FOR FORECAST VARIANCE:

The gross pressure of +£0.3m is due to a price variance (+£0.4m), offset by a volume variance of +458 tonnes (-£0.1m). Although tonnes are over budget an underspend is being forecast because a large number of tonnes are being redirected from Waste Treatment Final Disposal contracts into Waste to Energy at a cheaper rate. Pressure is also offset by higher than expected income (-£0.2m), from trade waste tonnes, leading to a net pressure of +£0.1m. The -£4.4m underspend to date shown in the table above is due to no monthly payment being made in April; this is forecast to catch up in March as shown in the chart below.

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Appendix 2.15: Waste Processing

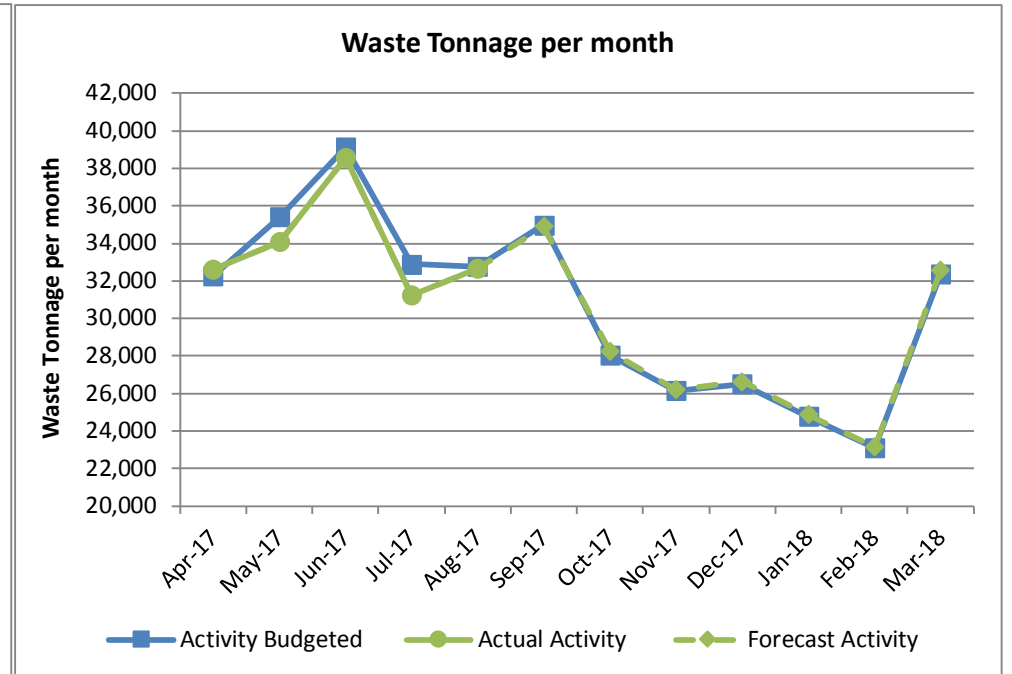
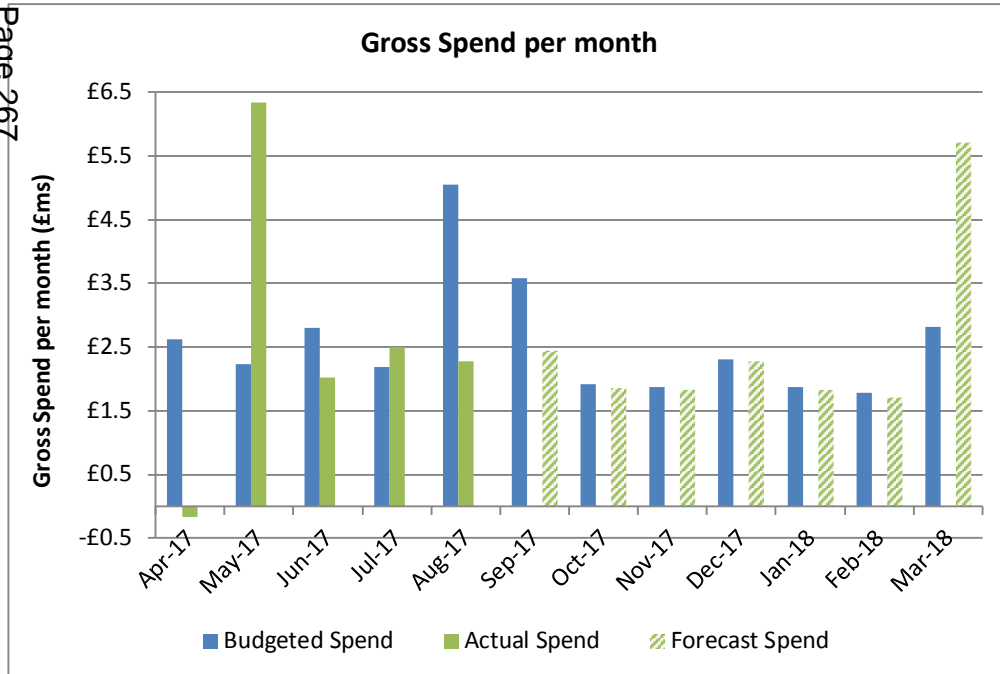
2017-18 Forecast	Gross £m	Income £m	Net £m	Waste Tonnage to 31/03/2018
Budget	£31.0	-£1.9	£29.2	368,245
Actual	£30.6	-£1.8	£28.9	365,593
Variance	-£0.4	£0.1	-£0.3	-2,652

Position as at 31st August 2017	Gross £m	Waste Tonnage to 31/08/2017
Budget: Spend/Activity Year to Date	£14.9	172,387
Actual: Spend/Activity Year to Date	£13.0	169,110
Variance as at 31st August 2017	-£1.9	-3,277

MAIN REASONS FOR FORECAST VARIANCE:

The gross underspend of (-£0.4m) is due to tonnage price variances (-£0.4m) primarily for Soil/Hardcore and Materials Recycling Facilities where contracts have been successfully retendered; there is also a small pressure within income due to a volume variance of -2,081 tonnes (+£0.1m). Variations in tonnes may not always impact on the financial position as not all changes in waste types attract an additional cost. The high spend in May is due to Enabling Payments which were budgeted to be paid in August/September therefore the variance is just a timing issue.

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Appendix 2.16: All Staffing Budgets (excluding schools)

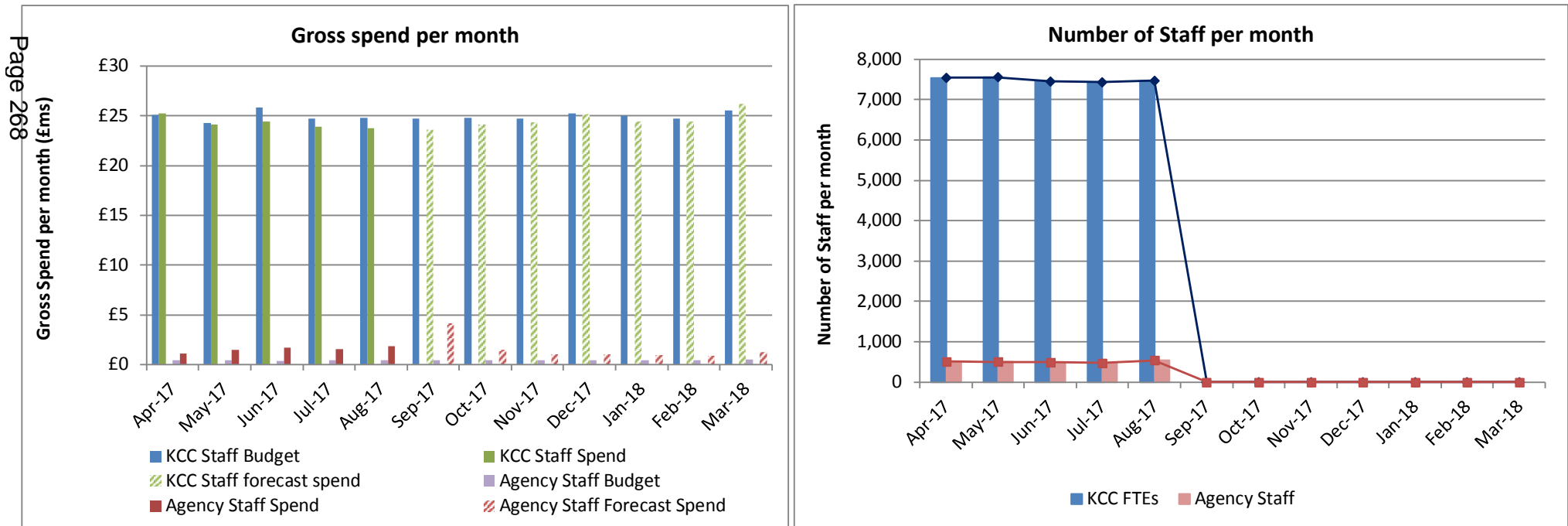
2017-18	KCC	Agency	Gross
Outturn	£m	£m	£m
Budget	£299.6	£5.1	£304.7
Outturn	£293.7	£18.4	£312.1
Variance	-£5.9	£13.3	£7.4

as at 31	KCC	Agency	Gross
August 2017	£m	£m	£m
YTD Budget	£124.8	£2.0	£126.8
YTD Spend	£121.4	£7.7	£129.0
YTD Variance	-£3.4	£5.6	£2.2

Staff numbers	KCC	Agency
	FTEs	Nos
as at 31 Mar 2017	7,609.36	445
as at 31 August 2017	7,470.32	543
Annual Movement	-139.04	98

MAIN REASONS FOR VARIANCE:

There is a significant underspend against KCC staff budgets but this is being negated by an overspend on agency staff. Vacancies are being held pending the outcome of restructuring and the uncertainty around budget cuts, which is contributing to the underspend against the KCC staff budgets. The majority of the overspend on agency staff relates to Children's Social Care Staff - see Appendix 2.10. The staffing numbers provided are a snapshot position at the end of the month.



Unaccompanied Asylum Seeking Children (UASC)**1. Position compared to budget by age category**

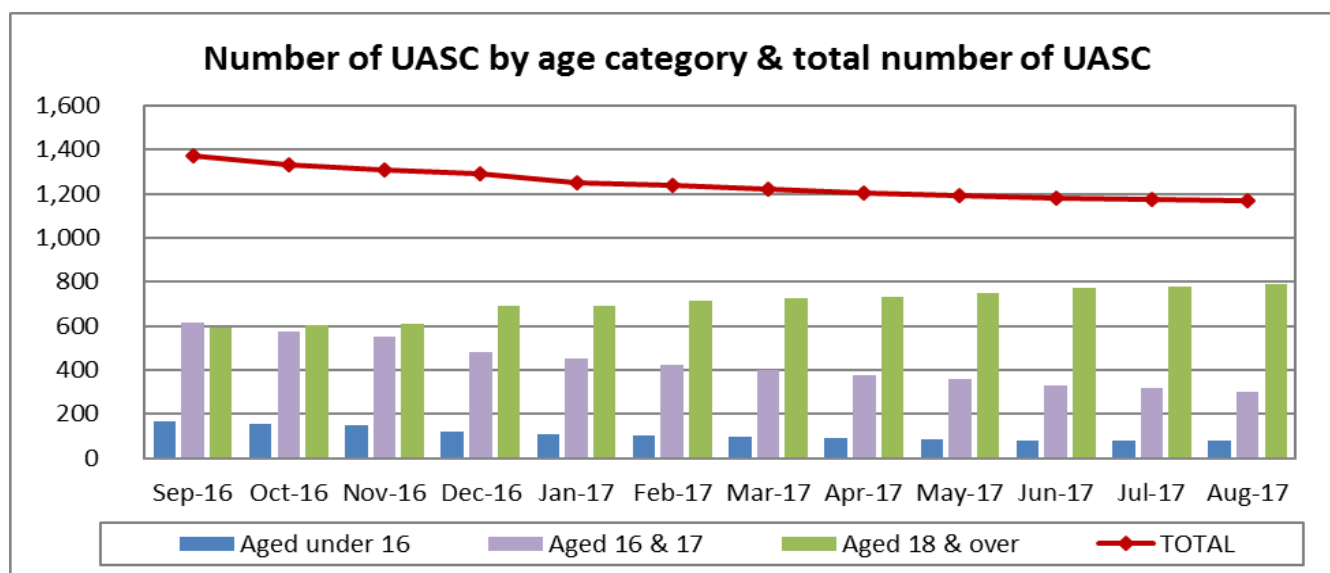
The outturn position is an overspend of £3.9m as detailed below:

	Cash Limit			Forecast Variance		
	Gross £m	Income £m	Net £m	Gross £m	Income £m	Net £m
Aged under 16	4.4	-4.4	0.0	-1.1	0.8	-0.3
Aged 16 & 17	10.5	-10.5	0.0	0.6	1.5	2.1
Aged 18 & over (care leavers)	8.7	-8.2	0.6	1.0	1.1	2.1
	23.6	-23.1	0.6	0.5	3.4	3.9

The following tables exclude individuals being reunited with family under the Dublin III regulation who are awaiting pick up by relatives and are not Asylum seekers (so are not eligible under grant rules), but we are recharging for the time they use the Authority's services, so the authority should not face net costs.

2. Number of UASC & Care Leavers by age category

	Aged under 16	Aged 16 & 17	Aged 18 & over	TOTAL
Sep-16	167	613	594	1,374
Oct-16	155	573	601	1,329
Nov-16	147	553	610	1,310
Dec-16	117	481	693	1,291
Jan-17	109	451	691	1,251
Feb-17	101	425	714	1,240
Mar-17	99	398	725	1,222
Apr-17	93	376	732	1,201
May-17	85	356	750	1,191
Jun-17	80	331	771	1,182
Jul-17	78	316	778	1,172
Aug-17	80	301	790	1,171



The number of Asylum LAC shown in Appendix 2.11 (LAC numbers) is different to the total number of under 18 UASC clients shown within this indicator, due to UASC under 18 clients including both Looked After Children and 16 and 17 year old Care Leavers.

3. Number of Eligible & Ineligible Clients incl All Rights of appeal Exhausted (ARE) clients at the end of each month

2017/18	Eligible Clients	of which AREs	Ineligible Clients	of which AREs	Total Clients	Total AREs
At year end 2016/17	1,008	7	214	38	1222	45
April	982	3	219	42	1,201	45
May	972	3	220	33	1,192	36
June	965	8	217	35	1,182	43
July	967	4	205	32	1,172	36
August	954	21	217	32	1,171	53

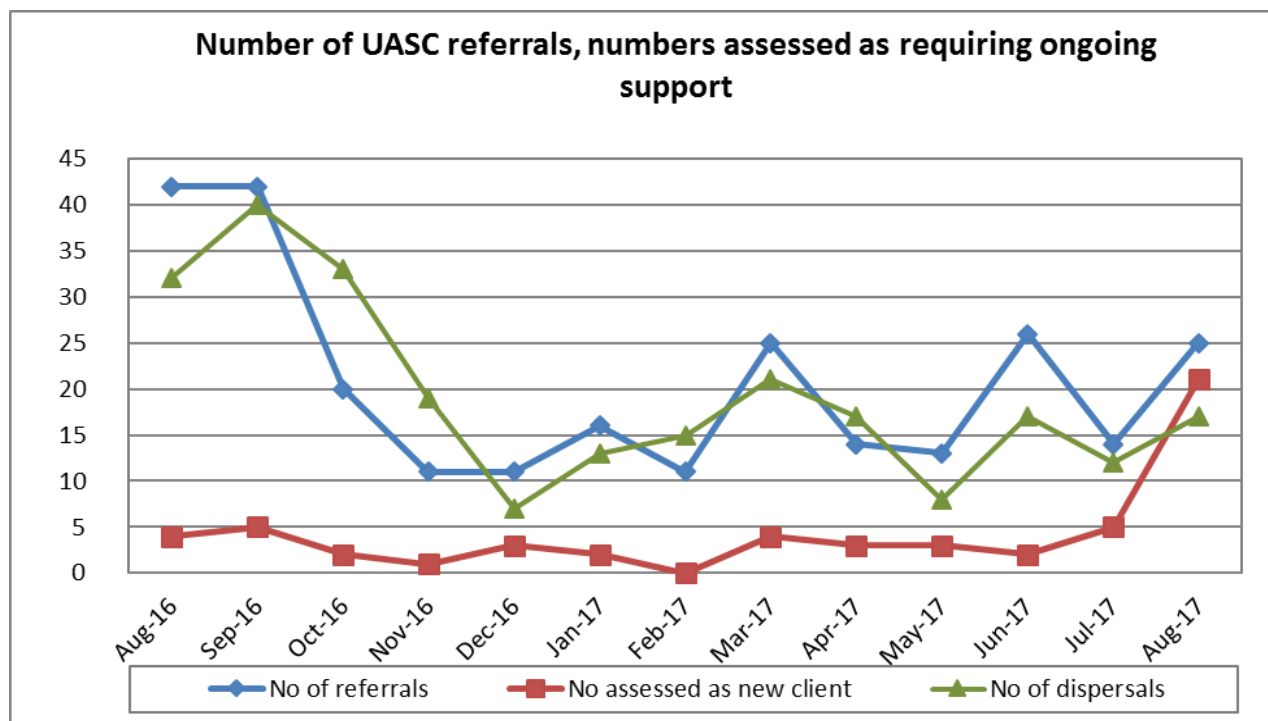
Eligible Clients are those who do meet the Home Office grant rules criteria. Appeal Rights Exhausted (ARE) clients are eligible for the first 13 weeks providing a human rights assessment is completed. There is a sharp rise in the number of new ARE clients within the 13 weeks of service, this is due to the Home Office clearing a backlog of asylum decisions, coupled with a long delay in receiving data match information in relation to the grant claim.

Ineligible clients are those who do not meet the Home Office grant rules criteria. For young people (under 18), this includes accompanied minors and long term absences (e.g. hospital or prison). For care leavers, there is an additional level of eligibility as the young person must have leave to remain or "continued in time" appeal applications to be classed as an eligible client.

4. Numbers of UASC referrals, assessed as requiring ongoing support

	No of referrals	No assessed as new client	%	No of dispersals
Jul-16	47	5	11%	25
Aug-16	42	4	10%	32
Sep-16	42	5	12%	40
Oct-16	20	2	10%	33
Nov-16	11	1	9%	19
Dec-16	11	3	27%	7
Jan-17	16	2	13%	13
Feb-17	11	0	0%	15
Mar-17	25	4	16%	21
Apr-17	14	3	21%	17
May-17	13	3	23%	8
Jun-17	26	2	8%	17

	No of referrals	No assessed as new client	%	No of dispersals
Jul-17	14	5	36%	12
Aug-17	25	21	84%	17



5. Total number of dispersals – new referrals & existing UASC

Duration	Arrivals who have been dispersed post new Government Dispersal Scheme (w.e.f 01 July 16)	Former Kent UASC who have been dispersed (entry prior to 01 July 16)	TOTAL
Jul-16	14	11	25
Aug-16	31	1	32
Sep-16	30	10	40
Oct-16	33	0	33
Nov-16	17	2	19
Dec-16	7	0	7
Jan-17	8	5	13
Feb-17	15	0	15
Mar-17	16	5	21
Apr-17	14	3	17
May-17	7	1	8
Jun-17	16	1	17
Jul-17	12	0	12
Aug-17	17	0	17

In total there have been 276 new arrivals that have been dispersed since July 2016. These are included within the referrals in table 4. This also includes arrivals since 01 July 16 dispersed to London Boroughs, who are not participating in the transfer scheme.

The dispersal process has been slower than expected and has resulted in Kent becoming involved in some of the work or assessment for these clients prior to their dispersal and are therefore counting as a referral. It is expected that we will get to the point where clients are dispersed more quickly and therefore will not be included in the referral numbers.

Please note numbers have been amended for previous months to reflect more up-to-date information.

From: John Lynch, Head of Democratic Services

To: Adult Social Care Cabinet Committee – 23 November 2017

Subject: **Work Programme 2018**

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 Cabinet Committee.

Recommendation: The Adult Social Care Cabinet Committee is asked to consider and note its work programme for 2018.

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'*.

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 2017/18

3.1 An agenda setting meeting was held on 20 July 2017, 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 Cabinet Committee is asked to consider and note its work programme for 2018.

6. Background Documents

None.

7. Contact details

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WORK PROGRAMME – 2018

Adult Social Care Cabinet Committee

19 January 2018
<ul style="list-style-type: none"> • Update on Progress against British Deaf Association Charter of British Sign Language • Adult Safeguarding – <i>as separate item or part of transformation update? (GG/MTS to discuss)</i> • Pledges <i>(action from the time limited motion debate at County Council on 8 Dec 2016)</i> • Social isolation and loneliness <i>(requested by David Monk, 20.07.17)</i> • Respite Care Service <i>(requested by Barry Lewis, 20.07.17)</i> • Personal Health Budget s.75 Agreement • Adult Social Care – Government green paper <i>(moved from Sept agenda)</i> • End of Life Action Plan – <i>(added at 29 Sept meeting - agenda item 13)</i> • Care Quality Commission inspection of local authority commissioning function TIMING TBC, depending on the timing of tranches <i>(moved from Nov agenda as Kent is not in Tranche 2)</i> • 2018/19 Budget and Medium Term Financial Plan • Social Impact Bonds <i>(added by LS, email 25.10.17 deferred from Nov meeting)</i> • Verbal updates by the Cabinet Member and Corporate Director • Budget Monitoring report <i>(added by Leader's Group 12.06.17 as regular item)</i> • Contract Monitoring <i>(regular item, requested by Leader)</i> • Work Programme 2018
9 March 2018
<ul style="list-style-type: none"> • Draft Directorate Business Plan • Adult Social Care Performance Dashboards <i>(to go to every other meeting)</i> • Risk Management report (with RAG ratings) • Transformation Update <i>(six-monthly)</i> • Verbal updates by the Cabinet Member and Corporate Director • Budget Monitoring report <i>(added by Leader's Group 12.06.17 as regular item)</i> • Contract Monitoring in MARCH, Domestic Abuse Service and CVS Infrastructure and Support <i>(regular item, requested by Leader)</i> • Work Programme 2018

Pattern of items appearing annually or six monthly	
Meeting	Item
January	Budget and Medium Term Financial Plan
March	Draft Directorate Business Plan Risk Management report (with RAG ratings) Transformation Update (six-monthly) Adult Social Care Performance Dashboards to alternate meetings

June / July	Annual Equality and Diversity Report
September	Annual Complaints Report Transformation Update (six-monthly) Adult Social Care Performance Dashboards to alternate meetings
November / December	

Last updated on: 07 November 2017