ADULT SOCIAL CARE CABINET COMMITTEE

Friday, 18th May, 2018

Darent Room, Sessions House

10.00 am

Kent County Council
kent.gov.uk

AGENDA

ADULT SOCIAL CARE CABINET COMMITTEE

Friday, 18 May 2018 at 10.00 am

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

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

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

UNRESTRICTED ITEMS

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

1 Introduction/Webcasting Announcement

2 Apologies and Substitutes

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

3 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.

4 Minutes of the meetings held on 9 March 2018 (Pages 5 - 14)

To consider and approve the minutes as a correct record.

5 Verbal Updates by Cabinet Member and Interim Corporate Director (Pages 15 - 16)

To receive verbal updates from the Cabinet Member for Adult Social Care and the Interim Corporate Director of Adult Social Care and Health.

6 Adult Social Care and Health Local Care Implementation Plan (for information only) (Pages 17 - 26)

To receive a brief verbal update on the Adult Social Care and Health Local Care Implementation Plan, a report went to the Health Reform and Public Health Cabinet Committee on 13 March 2018 and is provided for reference.

7 17/00074 - Vulnerable Adults Homelessness Service Redesign (Pages 27 - 56)

To receive a report which provides Members with an update on the commissioning of generic support services for vulnerable homeless adults and highlights new and emerging legislative change.

8 18/00021 - Commissioning of New Services for Deprivation of Liberty Safeguards Assessments (Non-Priority) (Pages 57 - 64)

To receive a report which informs Members of the Committee of the new arrangements for commissioning new services for Deprivation of Liberty Safeguards assessments, to reduce the size of the backlog of non-priority assessments.

9 18/00022 - Sensory Strategy 2018-2021 (Pages 65 - 134)

To receive a report which asks the Committee to endorse or make a recommendation to the Cabinet Member on the proposed decision to approve the Sensory Strategy 2018-2021.

10 British Deaf Association Charter for British Sign Language (Pages 135 - 142)

To receive a report on the British Deaf Association Charter for British Sign Language which identifies areas for ongoing and further improvement to improve Deaf people's access to services.

11 Work Programme 2018/19 (Pages 143 - 146)

To receive a report from General Counsel 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)

Benjamin Watts
General Counsel
03000 416814

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.

This page is intentionally left blank

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, 9th March, 2018.

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

OTHER MEMBERS: Graham Gibbens

OFFICERS: Anu Singh (Corporate Director, Adult Social Care and Health), Joanne Empson (Commissioning Manager - Community Support), Michelle Goldsmith (Finance Business Partner), Emma Hanson (Head of Strategic Commissioning Adult Community Support), Anthony Mort (Policy Manager), Steph Smith (Performance Monitoring Manager), Penny Southern (Director, Disabled Children, Learning Disability and Mental Health), Michael Thomas-Sam (Head of Strategy and Business Support), Anne Tidmarsh (Director, Older People and Physical Disability) and Emma West (Democratic Services Officer)

UNRESTRICTED ITEMS

66. Apologies and Substitutes
(Item 2)

Apologies for absence were received from Ms S Hamilton and Mr G Koowaree.

Mr M Balfour and Mr D Daley attended as their substitutes.

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

Mr B H Lewis declared an interest as his wife was employed by Kent County Council.

68. Minutes of the meeting held on 19 January 2018
(Item 4)

RESOLVED that the minutes of the meeting held on 19 January 2018 are correctly recorded and they be signed by the Chairman.

69. Verbal Updates by Cabinet Member and Corporate Director
(Item 5)

a) Graham Gibbens (Cabinet Member for Adult Social Care) gave a verbal update on the following issues:

Homelessness Commissioning – Kent's district and borough councils took statutory responsibility of homelessness under the Homelessness Act 2002.

Services that were provided in Kent for vulnerable homeless people allowed Kent to meet its obligations under the Care Act and support the achievement of strategic outcomes. The services that were provided in Kent were in place to ensure that vulnerable people had the support that they needed to recover from, or avoid crisis and to gain the skills required to achieve and maintain successful and independent lives. Since discussing Homelessness in the Adult Social Care Cabinet Committee meeting in November 2017, Kent had continued to work closely with all sections of the community with an interest in helping to share and plan the future service. As well as 1-1 meetings with individual organisations, over 30 events had taken place to engage with suppliers and stakeholders, including the districts and boroughs, to garner their views on future provision. Events took place in public spaces such as libraries, Gateways, community hubs and day centres across Kent, providing the opportunity to listen to members of the public, community leaders and those who were currently using the services. Care had also been taken to meet with vulnerable homeless people who were not using services, to try to better understand the barriers that they faced. A public consultation had taken place from 22nd January to 4th March and over 265 responses were received. Feedback from the consultation was in the process of being analysed, but it was clear that there was strong support for the Council's proposals to bring services together and for the potential outcomes presented. The results of the work that had been undertaken in Kent were being used to inform the development of service specification and tender documents for the revised service. The item would return to the Committee for a key decision in time to enable the Council to proceed to a robust, procurement process for the newly designed service, which was due to be operational from October 2018.

Loneliness and Social Isolation – On 27 February, Mr Gibbens took part in the Loneliness Action Group which was chaired by the British Red Cross. The Loneliness Action Group focused on exposing the crisis of loneliness and finding ways to overcome it through both service provision and the group itself.

Safeguarding Update – Members were invited to attend safeguarding sessions at the beginning of March, one of which was a visit to the Central Referral Unit in Kroner House, Ashford. The Local Government Association (LGA) had recently published the Councillors Briefing 2015 Safeguarding Adults document which would be circulated to all Members of the Council.

Digital Conference in London – Kent was one of 19 authorities in the country to receive £50,000 through the LGA to focus on digital activity in relation to Social Care. The County Council were asked to present their activity at a shared digital conference in London and the Care App was presented. The app enabled care navigators to feed back responses on the quality of service and the types of service that they received in Social Care. The app received good commendation and Michael Thomas-Sam had been asked to present the Care app again elsewhere.

b) Anu Singh (Corporate Director of Adult Social Care and Health) gave a verbal update on the following issues:

Extreme Weather Conditions in Kent – Anu Singh registered thanks to all the staff within Adult Social Care and also staff throughout the County Council for making such a tremendous effort to keep core services open during gruelling weather conditions.

Phase 3 – Improving Lives and Achieving Better Outcomes – Phase 3 came to the end of its design phase in November 2017, and Kent had now moved from Phase 3 into a new operating model and had started to embed the model as 'business as usual'. Since November 2017, Kent had been working with senior leaders across Adult Social Care and Kent's partners to see how the new operating model would be managed and how development could be encouraged. She discussed the four themes relating to the new model which included organisation, delivering locally, changes to commissioning and delivering strong asset based practice. She said that the item would be brought to the Adult Social Care Cabinet Committee in the future.

Sustainability Transformation Plan update – Kent had eight Clinical Commissioning Groups (CCGs) within the Sustainability Transformation Plan (STP) for Kent and Medway and significant progress had been made. Six out of the eight CCGs had agreed through their formal governance to act as a Committee in Common, this meant that the County Council were able to clearly understand how best to deliver that service across Kent and Medway. Thanet and South Kent Coast CCGs had not adopted this through their formal Committee governance and therefore Kent needed to understand what this meant for the Committee in Common. The leadership of the STP were confident that this would not impact how Kent were operating as a single commissioning arm across Kent and Medway.

a) In response to a question relating to homelessness, Anu Singh said that Kent's primary responsibility for Adult Social Services was the vulnerabilities around homelessness and whether people had eligible care needs. She said that she would liaise with Matt Dunkley (Corporate Director for Children, Young People and Education) to ensure that support was provided to families and work was being done to ensure that families were not separated.

b) In response to a question, Anu Singh said that she would issue a written thanks to staff for their efforts to keep core services open during extreme weather conditions. She said that, whilst contingency plans were in place, extraordinary resources were limited.

1. RESOLVED that the verbal updates by the Cabinet Member and Corporate Director be noted.

70. Commissioned Services for Adult Carers of Vulnerable Adults - Contract Monitoring
(Item 6)

(Jo Empson (Commissioning Manager – Community Support) and Anne Tidmarsh (Director of Older People and Physical Disability) were in attendance for this item)

1. Jo Empson introduced the report and provided Members of the Committee with an update on the commissioning and performance of the Kent Carers' Grants and Contracts.

   a) In response to a question, Jo Empson said that, with pre-set budget for carers' services, it was important for Kent to ensure greater parity of service to ensure as many carers as possible had equal access to services. She said that it was important that Kent continued to show its support for Carers by continuing the commissioning of carers' services to enable carers to

support vulnerable people in Kent. She said that the Kent Integrated Data Set (KIDS) would help Kent to both understand interdependencies and base future commissioning decisions on a sound evidence base. Anne Tidmarsh re-iterated Jo Empson's comments and said that the intelligence would support Kent to focus on areas which required attention and work being undertaken with both NHS and provider organisations. She said that continuing pressure on Local Authority budgets meant that Kent needed to utilise this information to ensure the best outcomes within financial constraints to balance this.

b) In response to a question, Jo Empson said that services were in place to both support Carers and prevent the build-up of need as well as provide carers with access to a statutory carers' assessments. Jo Empson re-iterated that the 'cared for' also had a right to a statutory needs assessment.

c) In response to a question, Anne Tidmarsh said that good progress had been made so far. Carers' support was in place and teams within Adult Social Care had a good understanding of what carers needed and how best to provide for them. Penny Southern re-iterated Anne Tidmarsh's comments and said that significant Learning Disability Mental Health (LDMH) funding had been put in place for carers through these contracts, and that Kent could therefore see how people were being supported. She said that the contract allowed for a stable delivery of a network for carers and had enabled people that were isolated to have opportunities to share and benefit from these additional services.

d) Mr Gibbens invited the Committee to speak to him directly with regards to individual issues or cases that needed to be raised, as each case would be investigated.

e) In response to a question, Anne Tidmarsh said that a more in-depth report could come back to the Committee in the future, once further work had been carried out following the findings of the research included in the report and would contain general population statistics and those of carers for comparison purposes in regard to carers in Kent.

f) In response to a question, Jo Empson said that the new contract would allow Kent to better target the areas where there was under-representation and over-representation to ensure greater parity of access to services. Penny Southern supported this and said that the Kent Community Teams could work locally to seek to contact people that were not accessing the service.

g) In response to a question, Anne Tidmarsh said that Kent provided short breaks in both residential settings and in people's own homes, confirming that on occasions there were waiting lists for carers support in the home.

h) In response to a question, Jo Empson said that reference to emotional wellbeing was included in the category 'mental health'.

i) In response to a question, Jo Empson said that the Carers One-Off Payment service (COOPs) was funded at a particular level and was a demand-driven service which was progressed through the carers' assessment and support organisations. An underspend occurred when demand was lower than

expected and, in these circumstances, not all of the budget was utilised. Kent would continue to look at ways in which the available budget was utilised in the most equitable way possible.

2. RESOLVED that the report be noted.

71. 17/00131 - Interim Contracts for the Provision of Carers' Services
(Item 7)

(Jo Empson (Commissioning Manager – Community Support) was in attendance for this item)

2. Jo Empson introduced the report which set out the proposal to implement interim contracts for the period April 2018 to March 2019 to enable the alignment of carers' Commissioning with broader Wellbeing and Resilience Commissioning.

3. Jo Empson informed the Committee that the recommendation in the report needed to be amended as a contingency measure to allow more time for a mobilisation process, if required. Mr Gibbens (Cabinet Member for Adult Social Care) said he was aware of the amendments to the recommendation and supported the new recommendation.

   a) In response to a question relating to Clinical Commissioning Groups, Jo Empson reassured Members of the Committee that full agreement had been sought from all Clinical Commissioning Groups to continue funding for 2018/19. Anu Singh (Corporate Director of Adult Social Care and Health) said that a lot of work had been carried out to ensure that the funding from CCGs continued.

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

   a) agree the implementation of interim contracts for the provision of carers' services with carers' organisations (Carers' Assessment and Support Organisations and Crossroads) which are jointly commissioned with the seven Kent Clinical Commissioning Groups, for the period 1 April 2018 to 31 March 2019, with the option to extend for up to 6 months at the end of that period, to enable continuation of services to meet statutory requirements and to align the Carers' Offer with the Wellbeing and Resilience Preventative Offer; 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 and, in consultation with the Cabinet Member for Adult Social Care, agree to utilise the option to extend the contract at the appropriate time, should it be necessary for the successful alignment of services,

be endorsed.

72. 17/00136 - Adults Rates and Charges 2018-19
(Item 8)

(Michelle Goldsmith (Finance Business Partner – Social Care, Health and Wellbeing) and Anne Tidmarsh (Director of Older People and Physical Disability) were in attendance for this item)

1. Michelle Goldsmith introduced the report which set out the proposed rates and charges for Adult Social Care Services for the forthcoming financial year.

   a) In response to a question, Michelle Goldsmith said that the consultation rates within the report related to what Kent would charge other local authorities when taking on their work. She said that the consultation rates were what the County Council charged overall, and were not a specific Social Care charge.

   b) In response to a question, Anu Singh (Corporate Director of Adult Social Care and Health) confirmed that the figures in the report were in line with the figures used within other local authorities and said that the scheme was not an income-raising scheme.

   c) In response to a question relating to consultation work, Anne Tidmarsh said that income was not generated for assessments that were carried out within Adult Social Care.

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

   a) approve the proposed changes to the rates payable and charges levied for adult social care services in 2018-19, as detailed in Sections 2.5a, 2.5b, 2.9b,2.10, 2.13, 2.16a, 2.16b, 2.18, 2.20, 2.21, 2.24 and 3 of the report; 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.

73. Loneliness and Social Isolation
(Item 9)

(Emma Hanson (Head of Strategic Commissioning – Community Services) was in attendance for this item)

1. Emma Hanson introduced the report which set out information relating to the prevalence and effects of loneliness and social isolation.

2. A Member suggested that the recommendation be amended to ensure that the Select Committee accommodated all points that had been raised in relation to how Kent were working with others to ensure that vulnerable people received the required support. Members of the Committee supported this.

a) In response to a comment, Emma Hanson reassured the Committee that significant progress had been made. She said that, although there was only one research officer, there was a body of evidence from other areas that the officer could be supported with.

3. Mr Gibbens said that he asked for the original report to be shortened to allow the Select Committee to have a broad remit and not feel restricted when discussing the item. He said he felt it was appropriate for the report to outline key areas only that were being focused on.

   a) In response to a question, Emma Hanson said that Kent had worked with Ageless Thanet and a lot of the learning would feed into the model that Kent would be commissioning for older people. Kent had hoped to have the key elements that had worked well in Ageless Thanet rolled out across the whole of the county.

   b) In response to a question, Anu Singh said that the report to the Select Committee would be about recognising that Kent could do more to organise and invest in preventing loneliness and social isolation.

   c) Mr Gibbens said that he appreciated the commitment and support that Members cross-party had given to the item. He said it was a very important issue and an age-limitless, national problem that Kent needed to give much focus.

   d) In response to comments and questions, Emma Hanson said that transport was a major issue with regards to social isolation.

4. RESOLVED that the report be noted, and that the Select Committee be asked to consider the issues raised by Members in the Adult Social Care Cabinet Committee meeting.

74. Adult Social Care Performance Dashboard
(Item 10)

(Steph Smith (Head of Performance & Information Management) and Anne Tidmarsh (Director of Older People and Physical Disability) were in attendance for this item)

1. Steph Smith introduced the report which set out progress against targets set for key performance and activity indicators for December 2017 for Adult Social Care.

   a) In response to a question, Steph Smith said that employment figures for adults with learning disabilities and mental health needs were still monitored.

   b) Anu Singh said that staff had worked very hard to keep the delayed transfers of care indicator in such a stable position during winter.

   c) In response to a question, Anne Tidmarsh said that the need for enablement was varied and that Kent were not always able to reach their target for this indicator. She said the target was still high for enablement because there were people in Kent who could benefit from enablement, but were not being referred.

2. RESOLVED that the report be noted.

75. Draft Directorate Business Plans
(Item 11)

(Michael Thomas-Sam (Head of Strategy and Business Support) and Anne Tidmarsh (Director of Older People and Physical Disability) were in attendance for this item)

1. Michael Thomas-Sam introduced the report which set out the Adult Social Care and Health Directorate Draft Business Plan for 2018-19 and the high-level priorities for the coming financial year.

   a) In response to a question, Anne Tidmarsh said that Kent had been working with district councils and the NHS to ensure that sufficient work was being undertaken to ensure that hospitals were providing sufficient care in relation to hospital discharge.

   b) In response to a question, Anu Singh said that the aim of the STP was to bring the healthcare system together in Kent and Medway, bring partners together within the healthcare system, and to allow CCGs and providers to work together in a different way. She said that forums had been set up for partners in the voluntary and community sector and social services in Kent and Medway to allow strategic conversations with health providers and the CCG's to take place.

   c) In response to a question, Anu Singh said that efficiencies would be made by working in a different way across all providers and CCGs.

2. RESOLVED that the report be noted.

76. Risk Management - Adult Social Care
(Item 12)

(Anthony Mort (Customer Care and Operations Manager) and Penny Southern (Director of Disabled Children, Adult Learning Disability and Mental Health) were in attendance for this item.)

1. Anthony Mort introduced the report which set out the strategic risks relating to the Adult Social Care and Health Directorate.

   a) In response to a question, Mr Gibbens said that safeguarding was a high risk in Adult Social Care in Kent. He said that the country was facing significant demographic changes with regards to pressures on public sector funding and said that the pressure on finances in strategic authorities would continue to be an issue. He said that Kent needed to work with officers to ensure that the care market was well supported and sustainable.

   b) In response to a question, Penny Southern said that the Deprivation of Liberty Safeguards (DOLS) was a national issue and every local authority had found this a challenge. She said that every assessment would be triaged, and the County Council had a very comprehensive model for DOLS in Kent but required further investment to meet the volume of referrals.

2. Anu Singh said that the risk register was an improvement tool for the Directorate. She said that Kent had invested approximately £3million into both Safeguarding and DOLS to ensure that sufficient mitigating action and controls were put into place.

3. RESOLVED that the report be noted.

77. Work Programme 2018/19
(Item 13)

RESOLVED that the Work Programme for 2018/19 be noted.

This page is intentionally left blank

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

Ms P Southern, Interim Corporate Director of Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 18 May 2018

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

Classification: Unrestricted

To receive a verbal update from the Cabinet Member for Adult Social Care and the Interim Corporate Director of Adult Social Care and Health.

Mr G K Gibbens, Cabinet Member for Adult Social Care –

- KCC's Submission to the Joint Communities & Health Committees Inquiry on the long-term funding and provision of adult social care.
- 14 March – Presented at the LGA & NHS Clinical Commissioners Annual HWB Chairs Summit along with Dr Ribchester regarding Encompass
- 18 April – Attended a roundtable hosted by Tracey Crouch MP on the national strategy for loneliness
- 24 April – Hosted Mental Health Briefing with Penny Southern for Cabinet Committee Members
- 02 May – Visited Bridge Community Hub Operating Centre at Bridge Health Centre
- 15 May – Attended the LGA's "the future of social care" workshop in London

Ms P Southern, Interim Corporate Director of Adult Social Care and Health –

- Update on the Adult Social Care and Health Local Care Implementation Plan (Item 6)

This page is intentionally left blank

From:	Mr G K Gibbens, Cabinet Member for Adult Social Care Ms P Southern, Interim Corporate Director of Adult Social Care and Health
To:	Adult Social Care Cabinet Committee – 18 May 2018
Subject:	**Adult Social Care and Health Local Care Implementation Plan**
Classification:	Unrestricted
Past Pathway:	Health Reform & Public Health Cabinet Committee - 13 March 2018

To receive a brief verbal update on the Adult Social Care and Health Local Care Implementation Plan, a formal report with the latest information will be brought to a future meeting of the Adult Social Care Cabinet Committee.

This page is intentionally left blank

From:	Paul Carter CBE, Leader and Cabinet Member for Traded Services and Health Reform Graham Gibbens, Cabinet Member for Adult Social Care Anu Singh, Corporate Director of Adult Social Care and Health
To:	Health Reform and Public Health Cabinet Committee – 13 March 2018
Subject:	**ADULT SOCIAL CARE AND HEALTH LOCAL CARE IMPLEMENTATION PLAN**
Classification:	Unrestricted
Past Pathway of Paper:	None
Future Pathway of Paper:	Corporate Board – 12 March 2018

Summary: This paper describes the Adult Social Care and Health Local Care implementation plan. The implementation plan delivers the new asset based operating model for Adult Social Care and Health. The operating model provides the basis for how adult social care will work in local Multidisciplinary Teams or hubs, as part of Local Care, which is a central pillar of the integration of health and social care under the Sustainability and Transformation Partnership.

A Sustainability and Transformation Partnership Local Care workshop will be held on 20 March 2018. This will present an opportunity for individual organisations to set out their commitments for taking Local Care forward at scale and pace, through three flagship Local Care pilots.

Recommendation(s): The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the Adult Social Care and Health Local Care Implementation Plan.

1. Introduction

1.1 The Health Reform and Public Health Cabinet Committee received an update from Cabinet Members on the Sustainability and Transformation Partnership (STP) at its meeting on 24 January 2018 and it was agreed that the Corporate Director of Adult Social Care and Health and the Cabinet Member for Adult Social Care, should prepare a detailed report setting out an ideal model of integrated social care, health and public health, to be considered at the Committee's March meeting.

1.2 This report presents the ongoing development of the Adult Social Care and Health (ASCH) Local Care Implementation Plan. The implementation plan sets out how the new ASCH asset based operating model will be delivered. This model builds on a person's strengths and their networks and connects them to the right professionals or universal offer. The model will be used as the basis for joining up health and social care locally with the aim of improving outcomes for residents and to help the Council and the NHS to achieve their respective financial and service objectives. These changes will enable health and social care to support more people to live independent and fulfilling lives, in their own homes and communities and to do so with the same resources or less.

1.3 This report provides the Cabinet Committee with the opportunity to consider details of the ASCH Local Care Implementation Plan and to be updated on how the asset based operating model will be rolled out in practice as part of Local Care. The report also offers the Cabinet Committee the opportunity to discuss the key issues that the Council may wish to raise at the Local Care Workshop on 20 March 2018, in relation to informing the Local Care pilots.

2. Policy context

2.1 Integration of health and social care is a high priority for the Government as stated in key policy documents such as the NHS Mandate and the Five Year Forward View. The integration agenda is also important for the Council as expressed in the its Strategic Statement. ASCH is continuing to play a leading and active role in driving this agenda.

2.2 Summary of the New Operating Model

2.2.1 We are in stage 1 of a managed migration into the new operating model for ASCH. Appendix 1 provides further details of the change activity and the internal change work in place to migrate to the new model.

2.2.2 This model will achieve the following changes:

- **Safeguarding change:** this will improve execution of safeguarding through clearer targeting this skill and specialism
- **Practice change**: this will enable staff to deliver asset or 'strengths' based social care and support
- **Structural change:** this will create locality working in multidisciplinary teams to drive population health
- **Infrastructure change**: this will create new tools and systems for financial and practice management
- **Commissioning change:** this will create a shift into a blended landscape of outcomes focused provision across the Voluntary Community and Social Enterprise (VCSE), Health and commercial sectors

- **Workforce change:** this will create an improvement in the blend and supply of roles needed for future integrated working.

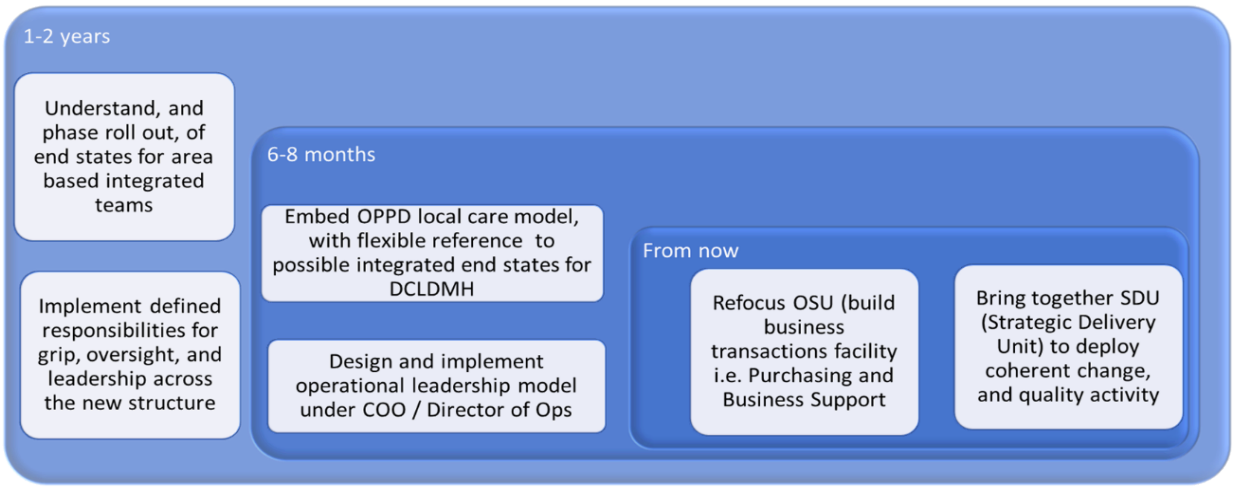
2.3 Implementation Timeline

2.3.1 The following key factors have shaped our implementation timeline:

1. Readiness of staff to absorb and deliver service changes (varying layers of transformation are already in place)
2. Delivery of the £18m savings detailed in the Medium Term Financial Plan (MTFP)
3. Fast track early implementation of two full blown Local Care Pilots in Kent;
4. Roll out of a Multidisciplinary Team (MDT) working Local Care model for 2019/20
5. Implementation of the Adult Social Care new client database (SWIFT) replacement ICT system in April 2019. The new system is known as Mosaic.
6.

2.3.2 These factors have meant that we are twin tracking (a) final design of new operating model with (b) phased early implementation of the new operating model for Older People/People with a Physical Disability (OPPD).

Fig 1
Phasing the change

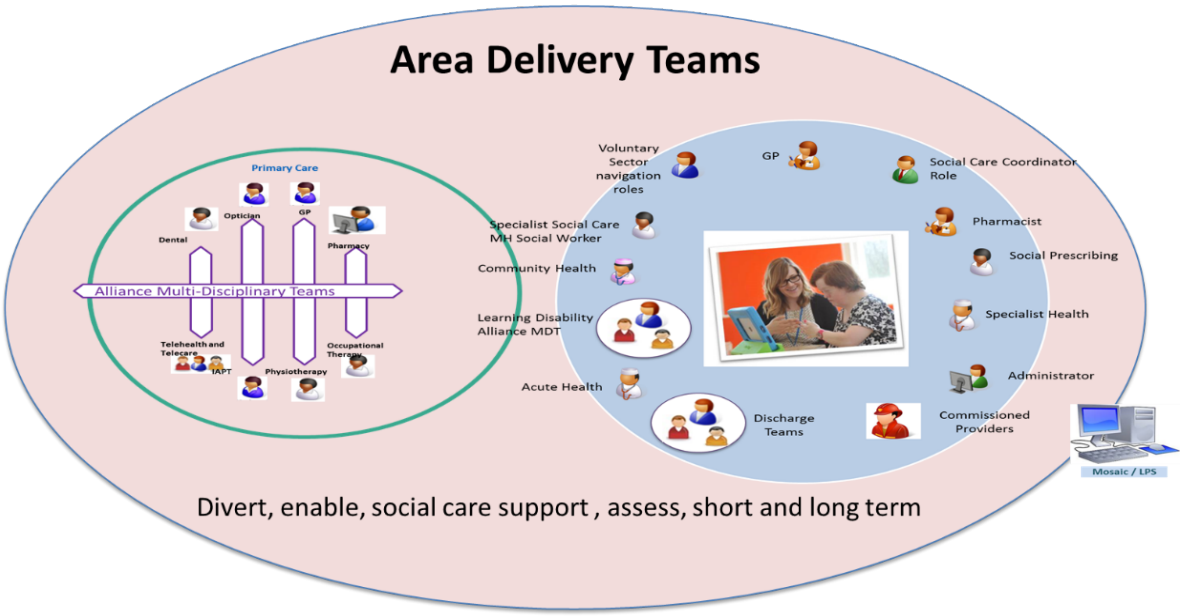


3. Current Transition and End State Operational Models

3.1 Asset based care and support is an approach that builds on what individuals, families and communities can do with the right support. It relies on different approaches such as social prescribing or time banking, and builds on a combination of support networks and community capital. By building on an individuals' strengths and capability, rather than focusing exclusively on their ***needs*** or ***problems***, asset based approaches make a meaningful difference. Under the Care Act the Council has a duty to prevent, delay, or reduce care needs. This approach promotes an individuals' wellbeing; supporting them to live independent and fulfilling lives in their own homes and communities.

3.2 We have been working with NHS colleagues to design the new operating model, along a 6-tier approach that delivers STP Local Care. The cornerstone of the approach is integrated MDTs, as illustrated in fig 2 below. Further detail of the STP Local Care models are attached to this report as Appendix 2.

Fig 2
MDT as developed through our work at Encompass Vanguard



3.3 It is anticipated that the new operating model for ASCH will be in place from August this year for OPPD and April 2019 for Disabled Children, Adult Learning Disability and Mental Health (DCLDMH). For transition purposes we are building a flexible local model, which can be easily locked and unlocked into MDTs as they come on stream, starting with two pilot Local Care sites. Each team will work with clients to focus on promoting independence goals, or work with providers on supporting independence goals and outcomes. Each team will be able to access specialist intervention from Social Work, Safeguarding, Quality Improvement, Mental Health, Sensory and Autism practitioners so the client has access to support required when required. This is a very different model from our current deployment of client specific teams.

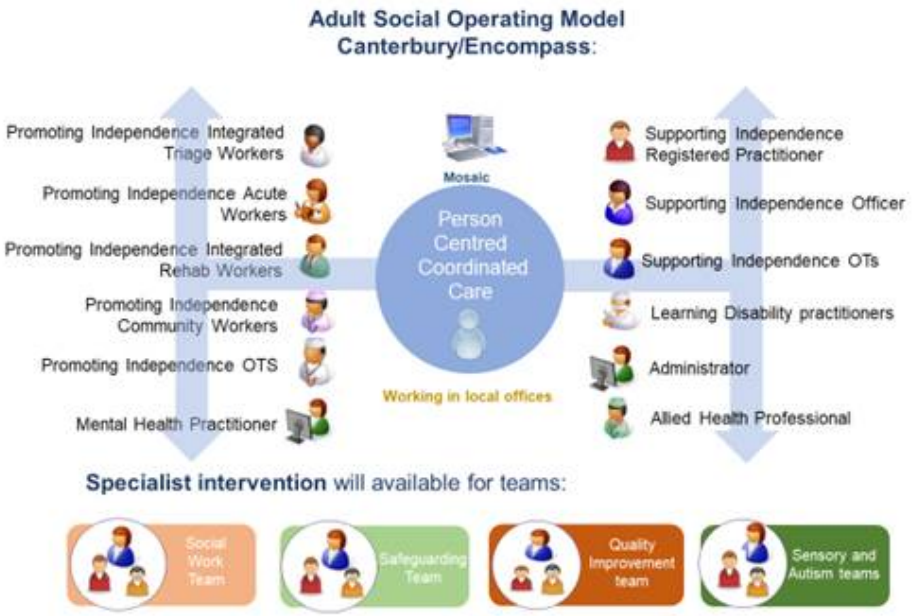
3.4 We have completed the design of the ASCH end state structure. It is envisaged that each team will become part of the emerging Local Care teams when they are set up. Currently we have this operating in shadow form, with named individual workers that attend a range of hub/cluster/multidisciplinary teams - some are based in GP practices and some based in local offices. The image below shows how one segment of this integrated working is unfolding. We are currently testing an Integrated Triage and Integrated Assessment model with Kent Community Health Foundation Trust (KCHFT) in Coxheath in West Kent focusing on Maidstone Central and Malling referrals and rolling this out to the rest of West Kent in the next month.

Fig 3
Integrated Triage and Integrated Assessment model process

3.5 The design we are implementing will work across a minimum of nine locality teams across the county. We will deploy social care staff into MDTs to focus on promoting independence, and provide short-term targeted support that aims to make the most of what people can do for themselves. This will reduce or delay their need for care, and provide the best long-term outcomes for people.

3.6 The ultimate aim is to bring all Adult Social Care teams together to work locally into an overall East and West geographical area – which maps across the emergent health management structures. These will work seamlessly within our new **community assets** work. Below is an example of what this might look like in one local area such as Canterbury.

Fig 4
Canterbury MDT



4. Financial Implications

4.1 ASCH has planned savings targets of £18m in 2018-19 towards the County Council's savings target of £48m in 2018- 19. This level of savings commitment depends on successful implementation of the service changes described in this report.

4.2 The new operating model is profiled to save £9.8m with an investment needed of £4m. The table below outlines where the net £5.8m fits into our total savings plan. We currently have plans for £15m, and plan to draw down £3.1 from reserves.

4.3 Ultimately, achieving integrated working through Local Care will save the Kent system £218m. We do not yet know what the future costs and savings may be for the Council. This is a piece of work that will be completed in three months. The key issues are that

(i) Local Care modelling has been based on the frail elderly population. Costs for ASCH fund other populations such as Mental Health and Learning Disability, and this modelling work is still to be initiated; and

(ii) the original financial modelling for Local Care did not segment out Social Care. Whilst we cover some similar populations, health needs and social care needs are set at different levels. It is possible that maintaining a population below health needs level, will mean more costs for social care. This modelling is critical work, as the Council will need to make an investment case to the STP.

4.4 The high-level savings identified in the Local Care Investment Case are as follows:

- Once in steady state, the gross annual savings are estimated at £218m
- Annual reinvestment costs are estimated at £75m (~35% of gross annual savings). As outlined above, these costs may be greater as social care costs have not yet been costed appropriately.
- Leaving estimated net annual savings of £143m
- Non-recurring investment is required of £39m revenue (for double-running costs etc) and £164m - £190m of up-front capital costs to fund the provision of local hubs (estates) and digital capabilities.

4.5 The gross savings are derived from a reduction in A&E activity, non-elective activity, outpatient activity and bed days. Social care savings or costs have not been modelled. The annual reinvestment costs are largely related to the workforce (annual costs estimated at £52m). This includes the costs of care navigators and care managers across Health and Social Care and approximately 415 generic health and social care workers. Therefore, whilst a proportion of social care costs have been reflected in the Local Care Investment Case, further work is now required to ascertain the full financial implications for Social Care (including income). This work is being progressed through detailed modelling in West Kent and an integrated implementation plan for Local Care has been developed.

4.6 Work is now underway within Health, with input from Social Care, to design, cost and implement individual Local Care models at a locality level i.e. covering populations levels of between 30,000 and 50,000. Working initially with West Kent Clinical Commissioning Group (CCG) the full costs/implications for Social Care are now being identified as part of the West Kent model and will include, but not be limited to changes in workforce costs, supplier costs, estates and digital costs.

5. Legal Implications

5.1 The ASCH Local Care Implementation Plan and the operational arrangements will be taken forward in a way which is consistent with the Council's legal obligations as a council with adult social care responsibilities and these will be discharged accordingly.

5.2 Furthermore, Member decisions about the ASCH Local Care implementation will be informed by the principles outlined in the County Council report titled 'KCC engagement with the Kent and Medway NHS Sustainability and Transformation Plan, 7 December 2017'. Depending on the issue at hand, The General Counsel's legal advice would be sought on necessary matters.

6. Equalities Implications

6.1 All the significant changes will be approached in a manner that respect and adhere to the Council's equalities responsibilities. All appropriate advice will be sought from the Strategy, Policy, Relationships and Corporate Assurance Division. Indeed, the Division has already been engaged for their advice on the initial Equality Impact Assessment

7. Other Corporate Implications

7.1 We can only deliver this ambitious plan with the support of key corporate functions, such as Human Resources, Finance, and Strategic Commissioning.

7.2 The appropriate management oversight and programme board arrangements have been established. These ensure that both ASCH and corporate services can identify issues which impact on respective services to be addressed in the most effective way.

7.3 The assessment of the impact on KCC businesses is an ongoing activity which is kept under regular review.

8. Governance

8.1 The model has been shared with the Council's Corporate Management Team (CMT) and Extended CMT. CMT's endorsement and full engagement with the ASCH Local Care Implementation Plan will continue to be crucial as we move into the phased implementation of the changes.

8.2 We will continue to report to the relevant formal and informal Member meetings regarding decisions about all key changes flowing from the ASCH Local Care Implementation Plan. All such matters will be considered within the framework as set out in the County Council paper of 7 December 2017, included as a background document to this report.

9. Conclusions

9.1 The ASCH Local Care Implementation Plan is a significant change programme providing the Council with a firm foundation for joining up health and social care, in response to the integration agenda.

9.2 There is a strong desire to fast track early of two full blown Local Care pilots. It is expected that the Local Care workshop to take place on 20 March 2018, will give the Council the ideal opportunity to move the system towards a firm decision.

10. Recommendation

10.1 Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the Adult Social Care and Health Local Care Implementation Plan.

11. Background Documents

https://democracy.kent.gov.uk/documents/s81453/STP%20Governance%20Report%20-%20Final.pdf

12. Report Author

Paula Parker
Transformation Programme Lead
03000 415443
Paula.parker@kent.gov.uk

Relevant Director
Anu Singh
Corporate Director of Adult Social Care and Health
03000 421865
Anu.singh@kent.gov.uk

From:	Graham Gibbens, Cabinet Member for Adult Social Care Penny Southern, Interim Corporate Director of Adult Social Care and Health
To:	Adult Social Care Cabinet Committee – 18 May 2018
Subject:	**VULNERABLE ADULTS HOMELESSNESS SERVICE REDESIGN**
Decision Number:	**17/00074**
Classification:	Unrestricted
Past Pathway of Paper	Adult Social Care and Health Directorate Management Team – 23 August 2017 Strategic Commissioning Board – 5 October 2017 Commissioning Advisory Board – 23 October 2017 Adult Social Care Committee - 23 November 2017
Future Pathway of Paper:	Cabinet Member decision
Electoral Division:	All

Summary: This paper provides an update on the commissioning of generic support services for vulnerable homeless adults, highlights new and emerging legislative change and sets out officer recommendations to the Cabinet Member for decision.

Recommendations: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make a **RECOMMENDATION** to the Cabinet Member on the proposed decision (attached at Appendix A) to work with commissioners:
a) **UNDERTAKE** a procurement exercise for the provision of new generic support services contracts for vulnerable homeless adults, which will commence from 1 October 2018;
b) **PROCURE** a new short-term contract for offender-specific services to run from 1 October 2018 to 31 March 2019 at which point this contract will end; and
c) **DELEGATE** authority to the Corporate Director Adult Social Care and Health, or other nominated officer to, implement the decision.

1. Introduction

1.1 The Adult Social Care Cabinet Committee received a report, provided as a background document to this report, regarding the planned recommissioning of Housing Related Support Services for vulnerable homeless adults on 23 November 2017.

1.2 The Committee endorsed the reconfiguration of Housing Related Support Services for vulnerable homeless adults, including offenders, to deliver a

flexible, coherent service, that works alongside the Children and Young People's Housing Related Support Services.

2. Strategic Statement and Policy Framework

2.1 The County Council does not bear the statutory responsibility for homelessness. That responsibility lies with Kent's district and borough councils under the Homelessness Act 2002 and latterly the Homelessness Reduction Act (HRA), which came into effect from 3 April 2018.

2.2 The Act is likely to precipitate an increase in the identification of vulnerable homeless people including those with complex and multiple needs. Without appropriate support, for the neediest there is likely to be a pressure on the council's statutory services including Residential Care, Supporting Independence Services and Home Care.

2.3 HRA introduces a new responsibility upon specified public bodies to notify local housing authorities of existing service recipients who may already be homeless or may become homeless in the 56 days from the identification of need. This is known as the Duty to Refer.

2.4 Work to support the implementation of the HRA in Kent is underway. A small sub group has been pulled together to establish the impact of the Act to advise the county council, this work is being led by the council's Strategy, Policy, Relationships and Corporate Assurance team.

2.5 Although not a statutory duty the provision of Homelessness Support Services for vulnerable people helps prevent the need for statutory provision and aligns with Kent County Council's vision in the following ways:

- Tackle disadvantage
- Reduce avoidable demand on health and social care services
- Focus on improving lives by ensuring that every penny spent in Kent is delivering better outcomes for Kent's residents, communities and businesses
- Enable adults in Kent to lead independent lives, safely in their own community

2.6 These services relate most to Strategic Outcome 2 and 3 by assisting individuals to maintain housing and employment, facilitating better health and quality of life and supporting people to feel safe and supported through the transition from crisis into independent living.

3. Key Considerations

3.1 To support its Corporate Parenting role the focus of provision of Housing Related Support for young people will be to support those to whom it owes a statutory duty (Children in Care and Care Leavers) and homeless 16 and 17 year olds (in accordance with the Southwark Judgement).

3.2 The changes in the Children and Young People's service eligibility are likely to displace the demand for Housing Related Support for vulnerable homeless young adults, aged 18-25. This will result in an increase in demand for vulnerable homeless adults generic services in Adult Social Care.

3.3 Adult Social Care is investing £5.1m into the provision of generic homelessness services to meet the needs of vulnerable adults to help them: -

- recover from or avoid a crisis;
- they can gain the skills they need to achieve and maintain successful and independent lives, behind their own front door, within their own communities without the need for a statutory intervention

3.4 As detailed in the report presented to this Committee in November 2017, the adult and offender services contracts are due to expire at the end of September 2018 and cannot be extended.

3.5 In respect of the offender services the Committee is asked to endorse the proposed decision to procure a new short-term contract for offender specific services. The contract will run for a six-month period from 1 October 2018 to 31 March 2019 at which point it will end.

3.6 Work is currently underway in conjunction with the Kent based Community Rehabilitation Company, Kent Probation Service and the providers of these services to ensure that the needs of this cohort are provided in the best setting.

3.7 An update on the findings of this work will be provided to the Committee at the meeting on 30 November 2018.

4. Financial Implications

4.1 The planned contract arrangements for a generic Vulnerable Homeless Adults Service are anticipated to run for five years with a total value of £25.5m (£5.1 million per annum), with the option to extend for a further two years at a further cost of £10.2 million.

4.2 The maximum value of the six-month short-term offender specific services contracts is £315k.

5. Legal Implications

5.1 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.

5.2 Every resident over the age of 18 and or their representative can contact the local authority and where there is an appearance of need (as defined in the Care Act 2014) can have access to a needs assessment.

5.3 The rehabilitation of offenders is the responsibility of the Community Rehabilitation Company and was created under the Offender Rehabilitation Act

2014. Finding suitable accommodation for prison leavers is one of the metrics against which the Community Rehabilitation Company's performance is measured and rewarded. To ensure the current services for offenders are more appropriately provided the council will work with the Community Rehabilitation Company and the Ministry of Justice, in accordance with this legislation.

6. Consultation

6.1 Since November 2017, the council has continued to work closely with all sections of the community with an interest to help to shape and plan the future service. As well as one to one meetings with individual organisations, over 30 events have been held to engage with suppliers and stakeholders, including the District and Borough Councils, to garner their views on future provision.

6.2 Events have taken place in public spaces such as libraries, Gateways, community hubs and day centres across the county, providing the opportunity to listen to members of the public, community leaders and those who are currently using services. Care has also been taken to meet with vulnerable homeless people who are not using services now, to try to better understand the barriers they face.

6.3 Public consultation was undertaken between 22 January 2018 and 4 March 2018. Over 265 responses were received. There was strong support for the council's proposals to move towards an integrated service. The consultation will be published shortly.

7. Equality Implications

7. To ensure we understand and make reasonable adjustments, a full Equalities Impact Assessment (EQIA) has been undertaken and will continue to be refined as the commissioning and procurement process progresses. The EQIA is attached as Appendix 1.

8 Implementation Proposals

8.1 The commissioning process proposed is intended to ensure an allied transition between service models for young people and adults by 1 October 2018.

9. Recommendation(s)

9.1 Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make a **RECOMMENDATION** to the Cabinet Member on the proposed decision (attached at Appendix A) to:
a) **UNDERTAKE** a procurement exercise for the provision of new generic support services contracts for vulnerable homeless adults, which will commence from 1 October 2018;
b) **PROCURE** a new short-term contract for offender-specific services to run from 1 October 2018 to 31 March 2019 at which point this contract will end; and

c) **DELEGATE** authority to the Corporate Director Adult Social Care and Health, or other nominated officer to, implement the decision.

10. Background Documents

Vulnerable Homelessness Service Redesign report to Adult Social Care Cabinet Committee – 23 November 2017
https://democracy.kent.gov.uk/documents/s80967/Vulnerable%20Homelessness%20Service%20Redesign.pdf

11. Report Author

Clare Maynard
Head of Commissioning Portfolio - Outcome 2 and 3
03000 416449
clare.maynard@kent.gov.uk

Relevant Director

Penny Southern
Interim Corporate Director, Adult Social Care and Health
03000 415505
Penny.Southern@kent.gov.uk

This page is intentionally left blank

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Cabinet Member for Adult Social Care	17/00074

For publication

Key decision

Expenditure of more than £1m

Subject: VULNERABLE ADULTS HOMELESSNESS SERVICE REDESIGN

Decision: As Cabinet Member for Adult Social Care, I propose to work with commissioners to:
a) **UNDERTAKE** a procurement exercise for the provision of new generic support services contracts for vulnerable homeless adults, which will commence from 1 October 2018;
b) **PROCURE** a new short-term contract for offender-specific services from 1 October 2018 to 31 March 2019 at which point this contract will end; and
c) **DELEGATE** authority to the Corporate Director Adult Social Care and Health, or other nominated officer to, implement the decision.

Reason(s) for decision: Homelessness Support Services for vulnerable people helps prevent the need for statutory provision and aligns with Kent County Council's vision in the following ways:

- Tackle disadvantage
- Reduce avoidable demand on health and social care services
- Focus on improving lives by ensuring that every penny spent in Kent is delivering better outcomes for Kent's residents, communities and businesses
- Enable adults in Kent to lead independent lives, safely in their own community

These services relate most to Strategic Outcome 2 and 3 by assisting individuals to maintain housing and employment, facilitating better health and quality of life and supporting people to feel safe and supported through the transition from crisis into independent living.

Financial Implications: The planned contract arrangements for a generic Vulnerable Homeless Adults Service are anticipated to run for five years with a total value of £25.5m (£5.1 million per annum), with the option to extend for a further two years at a further cost of £10.2 million.

The maximum value of the six-month short-term offender specific services contracts is £315k.

Legal Implications: 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.

Every resident over the age of 18 and or their representative can contact the local authority and where there is an appearance of need (as defined in the Care Act 2014) can have access to a needs assessment.

The rehabilitation of offenders is the responsibility of the Community Rehabilitation Company and was created under the Offender Rehabilitation Act 2014. Finding suitable accommodation for prison leavers is one of the metrics against which the Community Rehabilitation Company's performance is measured and rewarded. To ensure the current services for offenders are more appropriately

provided the council will work with the Community Rehabilitation Company and the Ministry of Justice, in accordance with this legislation.

Equality Implications: A full Equalities Impact Assessment (EQIA) has been undertaken and will continue to be refined as the commissioning and procurement process progresses

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 18 May 2018 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Since November, the council has continued to work closely with all sections of the community with an interest to help to shape and plan the future service. As well as one to one meetings with individual organisations, over 30 events have been held to engage with suppliers and stakeholders, including the District and Borough Councils, to garner their views on future provision.

Events have taken place in public spaces such as libraries, Gateways, community hubs and day centres across the county, providing the opportunity to listen to members of the public, community leaders and those who are currently using services. Care has also been taken to meet with vulnerable homeless people who are not using services now, to try to better understand the barriers they face.

Public consultation was undertaken between 22 January 2018 and 4 March 2018. Over 265 responses were received. There was strong support for the council's proposals to move towards an integrated service. The consultation will be published shortly.

Any alternatives considered:

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

....

signed date

KENT COUNTY COUNCIL

EQUALITY IMPACT ASSESSMENT
FINAL VERSION 02 January 2018
UPDATED POST CONSULTATION 02 April 2018 & 03 May 2018

Directorate: Strategic and Corporate Services

Name of policy, procedure, project or service
Adults Homelessness Support Service Commissioning

What is being assessed?
Commissioning Services for Homeless Adults including Supported Housing, Floating Support Services and Rough Sleeper Outreach Services.

Responsible Owner/ Senior Officer
Clare Maynard
Date of Initial Screening

Version	Author	Date	Comment
1	Sarah Peacock	22 July 2017	
2	Sarah Peacock	04 August 2017	Update
3	Sarah Peacock	12 October 2017	Addition of data
4	Sarah Peacock	09 November 2017	Further data added
5	Melanie Anthony	07 December 2017	Melanie Anthony revising
6	Sarah Peacock	03 January 2018	Incorporating Akua Agyepong suggestions
7	Sarah Peacock	03 April 2018	Post consultation amendments
8	Sarah Peacock	01 May 2018	Impact of YP services added
9	Akua Agyepong	03 May 2018	Amendments and comments

Screening Grid

No	Characteristic	Could this policy, procedure, project or service affect this group less favourably than others in Kent? YES/NO If yes how?	Assessment of potential impact HIGH/MEDIUM LOW/NONE UNKNOWN		Provide details: a) Is internal action required? If yes what? b) Is further assessment required? If yes, why?	Could this policy, procedure, project or service promote equal opportunities for this group? YES/NO - Explain how good practice can promote equal opportunities
			Positive	Negative		
1	**Age**	No	High	None	a. No, this specific service will be open to all those who are 18 years old and over. There is no upper age limit. All interventions will be delivered to all individuals who are assessed as requiring it.	Yes. The provider will be expected to deliver a range of interventions and activities in order to meet the needs of various target age groups within this characteristic. The service specification will require the service provider to be particularly mindful of ensuring that the service is accessible both to younger and older people.
2	**Disability**	No	High	Low	a. No, this service will deliver interventions to all individuals who are assessed as requiring it, who are aged over 18 and classed as disabled as described within the Equality Act 2010.	Yes. The provider will be required to offer interventions to all individuals who meet the specified criteria and are assessed as requiring treatment irrespective of disability. The provider will be required to design activities and treatment/support packages that do not marginalise any individual who could be recorded within this characteristic. It is expected that the service will meet the communication and access needs of all disabled people, including those with sensory impairments and those with learning difficulties. Those with literacy and/or sight impairments may/will require

						information in various formats depending on need. There is a broad spectrum of recognised learning difficulties and the service will need to be able to accommodate presenting needs. Some of those with learning difficulties may need information in an easy-read format. Accessibility relates to mobility, physical impairment, mental impairment, hearing and sight impairment, Dyslexia and literacy impairment. Data collected from current service provision demonstrates that 32% of service users considered themselves as living with a disability whilst 80% considered themselves as living with mental health disabilities. KCC aim to ensure that the services commissioned are delivered in premises that are compliant with the Equality Act 2010 (previously the Disability Discrimination Act 2005) where possible. All premises must have a current and up to date Access Audit, along with an action plan if required. The service specification has an Equality, Diversity and Accessibility section which highlights all of the characteristics and related requirements. This characteristic will be assessed within the Equality section of the submitted tenders. Quarterly performance monitoring and reporting will enable us to effectively establish any trends or potential unmet needs within this group.
3	**Gender**	No	High	Low	a. No, this specific service will be open to all individuals who are assessed as requiring it, who are aged over 18.	Yes. The provider will be required to offer interventions to all individuals who meet the specified criteria and are assessed as requiring support irrespective of gender. According to a report published by Homelessness Link 70% of

						people who use homelessness services are men whereas around 30% of people who use homelessness services are women, of these around 32% will be homeless due to domestic violence and 64% are likely to suffer with mental health issues compared to 46% of men in homeless services. Regional data in Kent showed that the numbers of men using adults commissioned services in 14/15 as 79% and women were just 21%. The service specification will have an Equality, Diversity and Accessibility section which highlight all of the characteristics and related requirements. The revised model will require service providers to actively promote the service to people in the community and to tailor the services offered to all who need it ensuring accessibility to women as a greater percentage of women use younger people's services therefore it is likely that more women will use these services. This characteristic will be assessed within the Equality section of the submitted tenders. Quarterly performance monitoring and reporting will enable us to effectively establish any trends or potential unmet needs within this group. Those who are affected by domestic abuse will be directed towards domestic abuse services, which will be able to offer additional support.
4	**Gender identity**	No	High	Unknown	a. No, this specific service will be open to all individuals who are assessed as requiring it, who are aged over 18.	Yes. We aim to ensure that all services we commission are delivered to meet all requirements of the population. We expect all providers to have a skilled and competent workforce. This will ensure that workers will be able to understand this group and be able to offer the interventions which are requested and delivered as required.

						A person who identifies as either male, female or does not wish to identify with a particular gender must be treated as such. It is understood that some individuals do not wish to be identified as a particular gender, not all individuals will necessarily wish to disclose this information and it is our aim that all of our services are engaging to all groups. Community based support will provide appropriate interventions to all individuals meeting the criteria for support, regardless of their gender identity. Accommodation based provision will be required to offer a range of suitable solutions to all of those requiring this intervention. For those individuals undergoing a transitionary process the service will be expected to assess the needs of the individual before placing in accommodation sensitively, and with consideration for any additional needs. This particular group will inevitably be vulnerable through past experiences with other aspects of their lives and we expect this to be respected and understood. The service will be expected to respond sensitively and appropriately to the support needs of this group. The service specification will have an Equality, Diversity and Accessibility section which highlight all of the characteristics and related requirements. This characteristic will be assessed within the Equality section of the submitted tenders. A further ongoing action is included to gain a further understanding. Quarterly performance monitoring and reporting will enable us to effectively establish any trends or potential unmet needs within

						the area.
5	**Race**	No	High	Low	a. No. We aim to ensure that the service provision meets the specific needs of people from different racial backgrounds. We have a multi-racial society and the service will need to show this through its workforce and experience.	Yes. The provider will be required to offer a range of interventions to all individuals who meet the specified criteria and are assessed as requiring treatment irrespective of nationality or ethnicity. Policies and procedures must be in place to deliver appropriate services for example racial harassment. Within the service specification there is an expectation placed on the provider to ensure that documents are available in more than one language and interpreters' are available for those who English is not their first language. The provider will be expected to engage with the Gypsy / Traveller communities,and be able to support victims of honour based violence, forced marriage, FGM and modern slavery together with displaying awareness of the Prevent agenda, identifying and reporting radicalisation and extremism. According to homelessness data collected by the Department of Communities and Local Government (DCLG - P1E data) in the first quarter of last year (2017) 1400 were accepted as homeless and in priority need across Kent of these 86% are white, 1% are other, 1% are mixed, 2% are black and 9% did not state ethnicity this largely matches the demographics of Kent as a whole as per 2011 census data. The sector does have experience of recognising cultural and racial needs, and this work will be built on within the new service offer. The service specification will have an Equality, Diversity and Accessibility section which highlight all of the characteristics and related requirements. This characteristic will be assessed within the Equality section of the submitted tenders. Quarterly performance monitoring and reporting will enable us to effectively establish any trends or potential unmet needs within this group.

6	**Religion or belief**	No	High	Low	a. No. We aim to ensure that those who are assessed as requiring a service intervention will be able to access this service provision and are treated equally irrespective of their religion or belief.	Yes. We aim to ensure that all services we commission are delivered to meet requirements of the population. We expect all providers to have a skilled and competent workforce. This will ensure that workers will be able to understand the potential needs of this group and be able to offer the interventions which are requested and delivered as required. The Equality Act 2010 protects employees as well as people who use the service. The provider will be expected to recognise the different religions and beliefs within their workforce. They will be expected to recognise that different beliefs may require time off for religious festivals / celebrations. The provider will also be expected to recognise the different religions and beliefs within their workforce when designing the building layout to ensure there is a faith/quiet space available for prayer if required. The service specification will have an Equality, Diversity and Accessibility section which highlights all of the characteristics and related requirements. This characteristic will be assessed within the equality section of the submitted tenders. Quarterly performance monitoring and reporting will enable us to effectively establish any trends or potential unmet needs within this group.
7	**Sexual orientation**	No	High	Low	a. No. We aim to ensure that those who are assessed as requiring a service intervention will be able to access this service provision and are treated equally irrespective of their sexual orientation.	Yes. We aim to ensure that all services we commission are delivered to meet requirements of the population. We expect all providers to have a skilled and competent workforce. This will ensure that workers will be able to understand this group and be able to offer the interventions which are requested and delivered as required. The service will be expected to respond appropriately to the needs of people supported from the LGBT community.

						According to Census data collected in 2011 approximately 1.9% of Kent's population is LGBT, this data is considered unreliable by the ONS but is used by KCC as estimation. The service specification will have an Equality, Diversity and Accessibility section which highlights all of the characteristics and related requirements. This characteristic will be assessed within the Equality section of the submitted tenders. Quarterly performance monitoring and reporting will enable us to effectively establish any trends or potential unmet needs within this group.
8	**Pregnancy and maternity**	No	High	Unknown	a. No. We aim to ensure that those who are assessed as requiring a service intervention will be able to access this service provision and are treated equally irrespective of their current/previous or pending parental/maternal/paternal status.	Yes. We aim to ensure that all services we commission are delivered to meet all requirements of the population. We expect all providers to have a skilled and competent workforce. This will ensure that workers will be able to understand this group and be able to offer the interventions which are requested and delivered as required. It is recognised that pregnancy can be a trigger point for domestic abuse to commence or escalate, and also that this time may put victims at elevated risk of homelessness. For example, in Thanet this is the third highest cause of homelessness in the district. Those who are affected by domestic abuse will be directed towards domestic abuse services, which will be able to offer additional support. The service specification will have an Equality, Diversity and Accessibility section which highlights all the characteristics and related requirements. This characteristic will be assessed within the Equality section of

						the submitted tenders.
9	**Marriage and Civil Partnerships**	No	High	Unknown		The service specification will have an Equality, Diversity and Accessibility section which highlight all of the characteristics and related requirements. This characteristic will be assessed within the Equality section of the submitted tenders.
10	**Carers responsibilities**	No	High	Unknown	a) Further exploration took place during the public consultation.	8% of respondents to the public consultation indicated a caring responsibility. No unmet needs for people who are carers who may have a need for this commissioned service have been identified but this will need to be continually reviewed. The service specification will have an Equality, Diversity and Accessibility section which highlight all the characteristics and related requirements. This characteristic will be assessed within the Equality section of the submitted tenders.

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.

Based on the initial screening, the commissioning of an integrated homelessness support service presents a low risk of adverse impact on protected groups. This is because the new service will specify that commissioned providers must take action to make the service accessible to those from protected groups, and tailor support interventions to meet the needs of the diverse range of homeless people. This activity is designed to enhance and extend existing provision, and potential providers will be fully tested during the tender process to ensure a capacity and willingness to deliver effectively to those with protected characteristics.

The service will be accessible to anyone who is homeless or at risk of homelessness, regardless of protected characteristics. Buildings used to deliver services will need to be accessible, and staff will need to be sufficiently trained to meet the needs of those accessing the service.

The proposed model underwent a full, proactive public consultation, after which equalities data was analysed to ensure sufficient responses from individuals with protected characteristics.

The consultation process included proactive elements to ensure the views of those who access the service are taken into consideration, and learning from the consultation is key to developing a final service specification.

Once procured, there will be improvements to equality data collection from delivery partners, to monitor engagement. This will then be managed through performance monitoring to ensure that expected levels are delivered. This improved data collection will also provide a more holistic, reliable basis from which to make future commissioning decisions.

Context

This commissioning work is being undertaken by Strategic Commissioning, in the Strategic and Corporate Services Directorate which is part of Kent County Council. This exercise is being led by commissioning staff who are responsible for commissioning housing related support services for vulnerable adults across Kent.

A specific commissioning framework including Commissioning Success will be followed which has been developed over years of learning and experience. This will lead to improved openness, transparency and consistency in the commissioning process.

This commissioning exercise proposes to bring together a number of existing services within contracts which deliver efficiencies and seamless pathways for homeless people which include supported housing services, generic floating support, BME (black, minority, ethnic) floating support and rough sleeper outreach, see further detail overleaf.

Current services include:
- 20 short term supported housing services, providing 340 bed spaces of accommodation in hostels and shared houses
- 9 offender short term accommodation services providing 80 bed spaces

- 2 generic floating support services delivering community based support to 1,015 households at risk of homelessness
- 2 BME floating support services to support people from a minority or ethnic background and find it more difficult to access services. This is available for up to 42 people at any one time.
- 2 rough sleeper outreach services supporting 74 entrenched rough sleepers.

In relation to housing related support services the council has agreed the following: -

- 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 can prevent the need for people to be placed in residential or institutional care
- Where housing related support can prevent pressure on other budgets e.g. homelessness in vulnerable people and domestic abuse

The changes in Children's and Younger People's service eligibility are likely to displace the demand for housing related support from vulnerable, homeless, young adults aged 18-25. As a result of these changes, commissioners anticipate an increase in demand from these vulnerable homeless people in seeking assistance from Adult Social Care.

Service Provider(s) will work in partnership with Kent County Council (KCC) Commissioned Services to contribute towards the following outcomes and will consider all opportunities to enhance the aims of the service outcomes:

1.1 To support people who are homeless, at risk of homelessness or in temporary accommodation with consideration to;

1.2 Shelter and Accommodation

1.2.1 Improved mental and physical health and wellbeing
1.2.2 Previous trauma suffered (if applicable)
1.2.3 Family, friends and children
1.2.4 Facilitating access to education, skills and employment
1.2.5 Signposting to appropriate agencies surrounding drugs and alcohol
1.2.6 Improved outlook, attitudes, motivation and taking responsibility
1.2.7 Social networks and relationships
1.2.8 Belongings and pets
1.2.9 Self-care and daily living skills
1.2.10 Managing money, personal administration and benefits
1.2.11 Staying safe
1.2.12 Being active
1.2.13 Helping others
1.2.14 Caring for the environment

1.3 Improved capacity to establish and maintain independent living.

1.4 A reduction in the need for interventions by Social Care and Health Services.

1.5 A reduction in level of harm caused to rough sleepers

1.6 A reduction in homelessness/repeat homelessness and placement in temporary/ emergency accommodation.

This Equality Impact Assessment has been completed to ensure that all potential positive or adverse impacts are highlighted and addressed accordingly. These impacts relate directly with the young person's homelessness service, drug and alcohol service specification, live well Kent and the integrated domestic abuse specification.

The service specification will clearly identify the expectations for the homelessness service for vulnerable people which the successful bidder will be required to establish and deliver.

Aims and Objectives

The homelessness service specification intends to bring together supported housing, outreach services and floating support services into one holistic and therapeutic provision.

The integrated service will ensure that homeless people are able to access consistent, high quality support across the county. Every member of society has a range of the protected characteristics and those who are rough sleeping, homeless or at risk of homelessness will be able to benefit equally.
The service will:

- Promote fair access and diversity to existing people who use the service and ensure that services are flexible and accessible to the wider communities.
- Ensure that vulnerable people do not become dependent on support
- Promote involvement of people who use the service and consultation

The service will deliver interventions that will aim to meet the needs of all existing and new service users from within all of the protected characteristic groups.

Beneficiaries

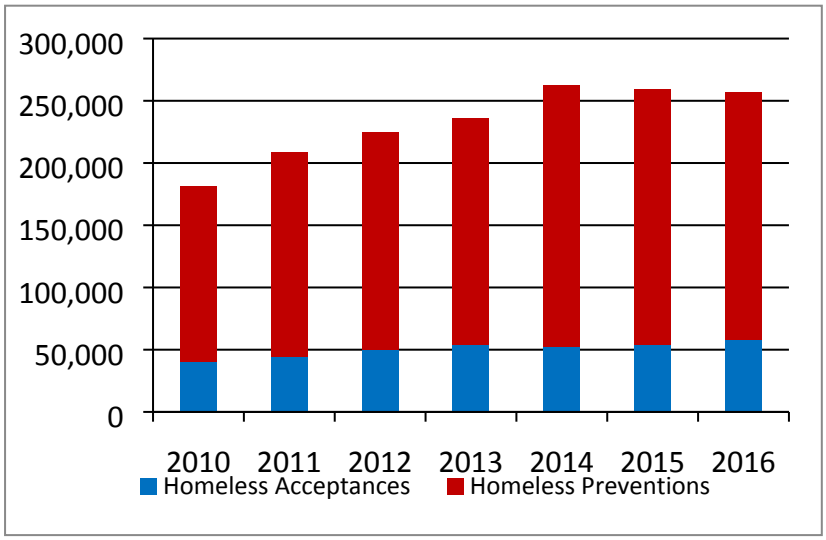
The proposed service will address the needs of socially excluded groups and will apply the principles of equal opportunities and fair access.

The intended beneficiaries of the proposed service are vulnerable homeless people in need of support, advice and guidance who are over 18 and are ordinary resident within the specified area.

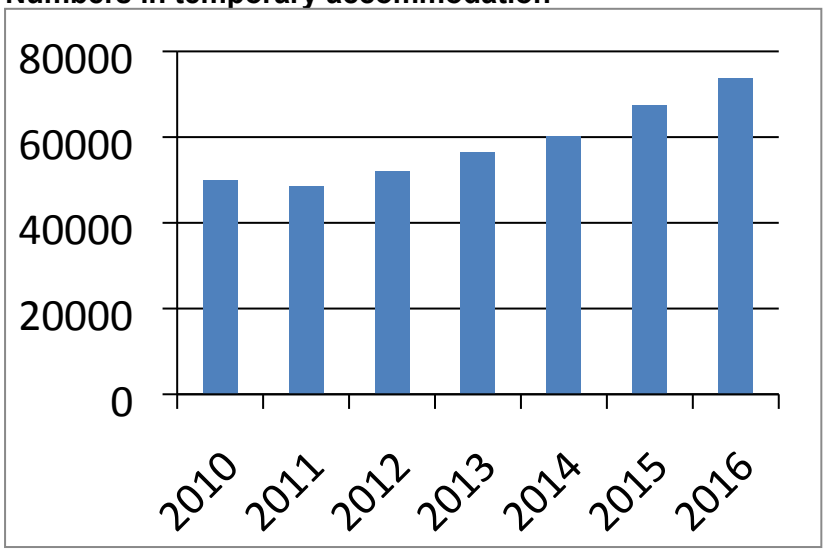
Information and Data used to carry out your assessment

National Context

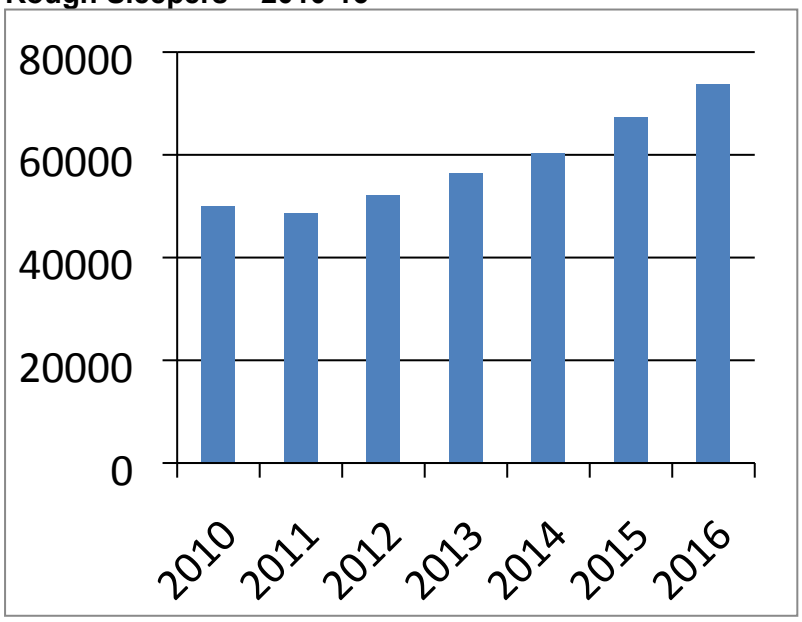
Homelessness levels



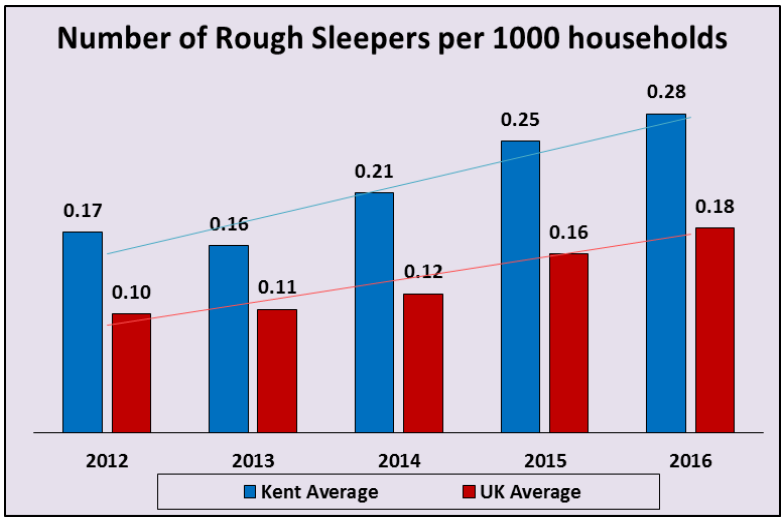
Numbers in temporary accommodation

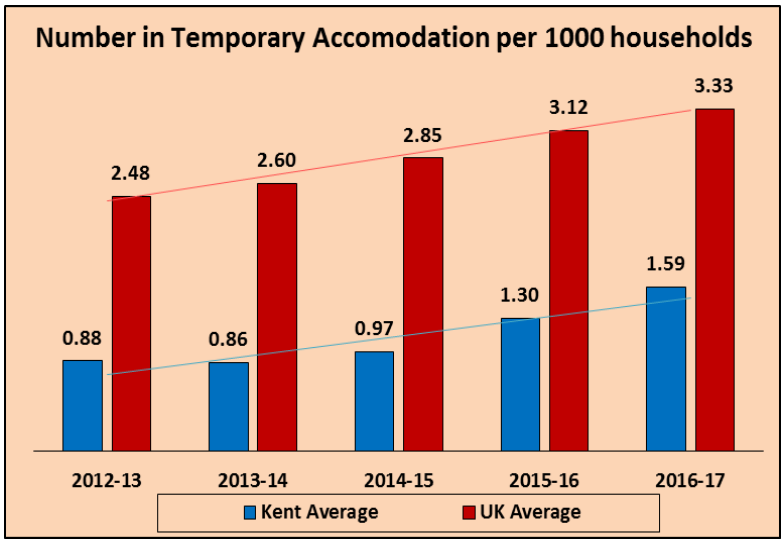


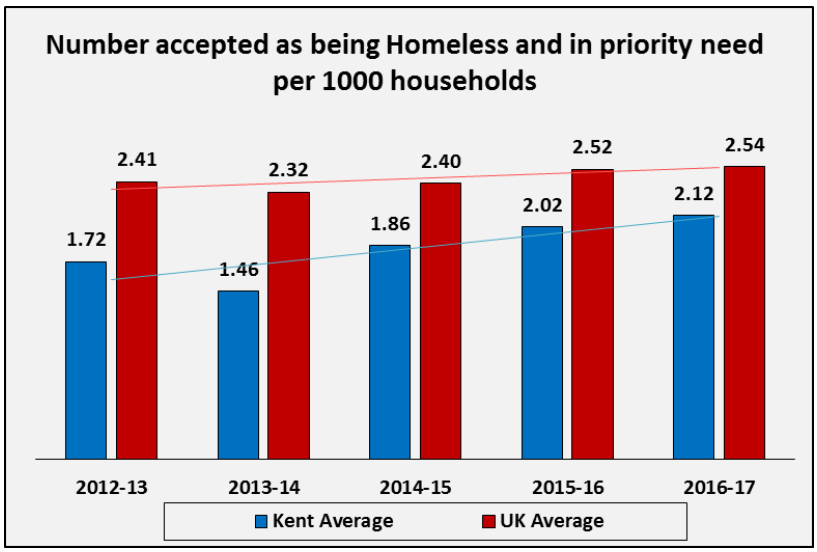
Rough Sleepers – 2010-16



Kent Context







The charts above evidence the growth in homelessness across the Country and are based on DCLG data. The figures demonstrate that rough sleeping in Kent has increased by 40% since 2010, with levels of statutory homelessness cases increasing by 29% in the same period. The 2017 national count of rough sleepers in England gave an estimated total of 4751, of those 222 (4.7%) were in Kent. The data also reveals that Kent has a higher than average number of rough sleepers compared to its population (0.012%) than in the national population (0.007%)

The landscape of service provision for homeless people in Kent is currently disparate, with a number of key interventions delivered using a combination of district and borough schemes, commissioned services by Kent County Council and charitably raised monies. Local housing authorities are required to report numbers of homeless people to the Department of Communities and Local Government which we have utilized to consider appropriately commissioned services; however information regarding those with protected characteristics is limited to race only.

Each local housing authority is required to have in place a homelessness strategy and each authority meets regularly to discuss its rough sleeping population and agree associated actions in partnership with community safety, police and housing officers.

Due to the unavailability of some data on those with protected characteristics (i.e. age, marriage, civil partnership status, carer responsibilities and pregnancy) an under-representation cannot be clearly evidenced within service provision, this will be addressed in the

commissioning of a new support offer, with the consultation on a proposed model targeted specifically at those groups who are not accessing support currently.

Data is not collected currently on all protected characteristics, but was previously collected therefore the information below is taken from 2014/15. In future we will ensure information is collected so that we can make informed commissioning decisions based on intelligence gathered.

The tables below indicate the protected characteristics of people across Kent homelessness support services (adults) from 2014/15.

Age Band	Total Number	%
0-15	0	0%
16-17	16	1%
18-24	320	19%
25-34	414	25%
35-49	534	32%
50-59	230	14%
60-64	67	4%
65-74	45	3%
75-84	22	1%
85+	2	0%

Gender	
Male	79%
Female	21%

Ethnicity	
White: British	92%
Black/Black British: African	3%
Black/Black British: Other	1%
Mixed: White & Black Caribbean	1%
Asian/Asian British: Other	1%
Black/Black British: Caribbean	1%
White: Other	1%

Transgender	
No	99%
Don't Know	0.5%
Yes	0.5%

Religion	
None	48%
Christian (all denominations)	23%
Not Known	15%
Do not wish to disclose	8%
Any Other Religion	3%
Jewish	1%

Muslim	1%
Buddhist	1%

Sexual Orientation	
Heterosexual	92%
Gay man	5%
Bisexual	1%
Does not wish to disclose	1%
Lesbian	1%

Disability	
Mental	59%
Chronic	13%
Mobility	10%
Learning	6%
Autism	4%
Other	4%
Visual	4%
Hearing	0%

The tables below detail some protected characteristics of individuals using services for younger people who will soon be accessing 18+ service provision.

Age

Age	Actual	%
16	23	4.57%
17	74	14.71%
18	106	21.07%
19	85	16.90%
20	69	13.72%
21	58	11.53%
22	37	7.36%
23	30	5.96%
24	21	4.17%
Total	**503**	**100%**

The Housing Related Support Services offer support for 16-25-year olds. The majority of service users are aged 17-21, making up 77.9% of the overall service users. The figures given in the table above include 55 care leavers and homeless 16/17-year olds which would not be accessing adult services. However, vulnerable homeless people aged 18-25 are included in these figures which would be in future unable to access younger persons services and would then need to access adult services therefore services commissioned will need to deliver a range of interventions and activities to meet the needs of various target age groups within this characteristic.

Gender

Gender	Actual	%
Male	225	44.73%
Female	278	55.27%
Total	**503**	**100%**

A slightly higher percentage of females (55.3%) are accessing services than males (44.7%)

From the service users in this cohort, males are underrepresented in Kent (Male 44.7%, Kent 49%), whereas females are overrepresented (Female 55.3%, Kent 51%)[1]. Comparing the table above to the adults' services gender table we can see that a much larger percentage of women access younger persons services therefore service provision for adults will need to ensure that services are fully accessible and appropriate for women.

Race

	Race	Actual	%
White:	White British	460	91.45%
	White Irish	1	0.20%
	Other White Background	6	1.19%
Mixed/Multiple Ethnic Group:	White & Asian	1	0.20%
	White & Black African	4	0.80%
	White & Black Caribbean	9	1.79%
	Other Mixed Background	5	0.99%
Asian/Asian British:	Pakistani	2	0.40%
Black/African/Caribbean/Black British:	African	6	1.19%
	Caribbean	1	0.20%
	Other Black Background	4	0.80%
Other Ethnic Group:	Any other ethnic group	4	0.80%
	Total	**503**	**100%**

The majority of young people accessing a service are White British (91.45%), this is very similar to the cohort accessing adult's services.

White racial groups are slightly underrepresented when compared to the wider Kent population, (Service Users 92.84%, Kent 93.7%)[2]

Black racial groups (Service Users 2.19%, Kent 1.11%) and Mixed (Service Users 3.78%, Kent 1.51%)[3] are both overrepresented when compared with the wider Kent population.

Data collected from current service provision demonstrates that 32% of service users considered themselves as living with a disability of this figure 59% considered themselves as living with a mental health related disability. Studies suggest that the majority of homeless people (85%) have suffered from a form of trauma which may be linked to the status of their mental health. Current service providers have informed KCC that the people they support are more complex and that their need for support is more extensive than previous contractual arrangements had allowed.

Most frequently, homelessness is accompanied by poor physical and mental health. NHS data shows that life expectancy is reduced by on average 30 years when compared with the general population. In a recent survey of homeless people conducted by Crisis, 77% of respondents stated that they had experienced antisocial behaviour and/or crime perpetrated against them in the previous 12 months, with more than half going unreported to police.

[1] Kent.gov.uk Facts & Figures
[2] Kent.gov.uk Facts & Figures and SCS quarterly performance report July 2015
[3] Kent.gov.uk Facts & Figures and SCS quarterly performance report July 2015

The proportion of homeless people from minority ethnic communities is broadly in line with the population demographics of the county, but it is recognised that services could take further steps to ensure that provision meets needs in a culturally sensitive manner. The council will ensure that this requirement is clear throughout the procurement process and clearly documented in the contract specification.

Potential Impact

The integrated service will ensure that vulnerable homeless people will have access to the same level of service across Kent. The service will have an offer applicable to persons with a range of protected characteristics

We have currently assessed that no protected group should be impacted in an adverse way. However, due to the displacement of younger people into adults' services the age profile of people accessing homelessness services is likely to be affected as will the gender profile. At present the majority of people using adult's services are within the 35-49 age bracket (32%), if younger vulnerable people present to current services this may adversely impact older service users who may be unable to access services they need. Eligibility criteria for these services will need to be reviewed considering these facts with reasonable adjustments incorporated for persons with impairments/illnesses. This will need to be agreed and uptake of services monitored.

it is important to note the particular vulnerabilities of homeless women and the additional numbers of younger women projected to come into adult's services who may have previously accessed younger persons services. Women using services tend to have a higher prevalence of mental illness and previous trauma. The council need to ensure that appropriate support is commissioned, and service providers are aware of this and put in place appropriate levels of support.

With the advent of service integration, BME services will be subsumed into more generic provision, it is important to note that currently only 42 people are using this service at any one time, compared to 1015 persons using generic floating support services. The newly commissioned model of support will need to retain the knowledge and expertise to support people who find it difficult to access services based on their race/ ethnicity.

All bids for the new service will be evaluated against the equality expectations we have stipulated in the specification. Bidding providers will have an opportunity to address each of the characteristics separately and prove compliance with legislation in both providing services to individuals and as an employer.

The intention of the proposed commissioning activity is to redesign the landscape of homelessness support provision, bringing services together to deliver holistic pathways for homeless people, driving dynamic strategic change within the life of this contract and ensuring that individuals needs are met regardless of their protected characteristics or not.

Stronger performance expectations and management in relation to data monitoring provide a firm basis for future collection of data, and the ability to inform future commissioning activity to a greater degree. The new offer is expected to be commissioned flexibly to allow for timely response to changing demands, particularly in the case of people with protected characteristics who are considered 'hard to reach' such as entrenched rough sleepers who have traditionally been reluctant to approach or be approached by services.

JUDGEMENT

To date, no negative impacts have been identified because this is a fully inclusive service for homeless people.

Justification:

Internal Action Required YES

The service has been assessed as a major service because it involves significant resources and will affect a significant number of people throughout the community

Although to date, no negative impacts have been identified because this is a fully inclusive service for homeless people, we acknowledge that we need to scrutinise eligibility criteria in view of impacts of more generic service provision and displacement of younger persons into adults' services.

To date the service has been assessed as having no adverse impacts in its delivery, and as the scope of existing delivery is being widened to be more inclusive of those with protected characteristics.

Equality and Diversity Team Comments

Sign Off

I have noted the content of the equality impact assessment and agree the actions to mitigate the adverse impact(s) that have been identified.

Senior Officer

Signed: Name: Clare Maynard

Job Title: Head of Commissioning Portfolio - Communities, Older and Vulnerable People

Date: 09/05/2018

DMT Member

Signed: Penny Southern Name: Penny Southern
Job Title: Interim Corporate Director, Adult Social Care and Health
Date: 09/05/2018

Please forward a final signed electronic copy to the Equality Team by emailing diversityinfo@kent.gov.uk

The original signed hard copy and electronic copy should be kept with your team for audit purposes.

Equality Impact Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected Outcomes	Owner	Timescale	Cost implications
All	Limited data available to measure accessibility and effectiveness of support services to those with protected characteristics.	The new commissioned service to have more robust mechanisms for collecting and reporting equalities data	It is expected that this action will facilitate a more responsive, targeted service, and improved intelligence for future commissioning, and resource allocation purposes.	Sarah Peacock	October 2018 – September 2023	NIL
All	Any issues surrounding under representation or impacts of people with protected characteristics to be analysed post consultation and taken forward.	Update EqIA post consultation. Ensure equality impacts are embedded into the service specification Embedded into reporting and performance management requirements	A service specification which meets the needs of vulnerable homeless adults both with and without protected characteristics.	Sarah Peacock Paul Stephen Melanie Anthony	March 2018 – April 2018	NIL

All	There is a lack of performance data regarding those who use the service and protected characteristics.	Consider the uptake and outcome monitoring of those who use the service by protected characteristics.	Better understanding of effectiveness of commission in relation protected groups Improved service	Chosen service provided		
All	Due to the potential for change age profile/gender profile in existing services eligibility criteria service will need to be reviewed	Eligibility criteria to be reviewed and monitored to ensure fair access and assess impact of changes in service provision	People able to access and use service to ensure the best possible outcomes.	Sarah Peacock Paul Stephen Melanie Anthony	May – July 2018	Nil

This page is intentionally left blank

From:	Graham Gibbens, Cabinet Member for Adult Social Care and Public Health Penny Southern, Interim Corporate Director of Adult Social Care and Health
To:	Adult Social Care Cabinet Committee - 18 May 2018
Decision Number:	18/00021
Subject:	**COMMISSIONING OF NEW SERVICES FOR DEPRIVATION OF LIBERTY SAFEGUARDS ASSESSMENTS (NON-PRIORITY)**
Classification:	Unrestricted
Past Pathway of Paper:	Adult Social Care and Health Directorate Management Team – 21 February 2018 Strategic Commissioning Board 26 March 2018 Commissioning Advisory Board 1 May 2018
Future Pathway of Paper:	Cabinet Member decision
Electoral Division:	All

Summary: This paper sets out the arrangements for commissioning new services for Deprivation of Liberty Safeguards assessments, to reduce the size of the backlog of non-priority assessments, subject to endorsement by the Adult Social Care Cabinet Committee and subsequent Executive Decision being taken by the Cabinet Member for Adult Social Care.

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

a) **COMMISSION** new services for Deprivation of Liberty Safeguards assessments to reduce the size of the backlog of non-priority assessments; and

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

1. Introduction

1.1 The Deprivation of Liberty Safeguards (DOLS) aim to protect people who lack mental capacity, but who need to be deprived of their liberty, so they can be given care and treatment in a hospital or care home. If a person's right to liberty needs to be infringed in either of these settings, authorisation must be obtained from the local authority. The number of DOLS applications received from care homes and hospitals however, has increased to such a volume that the Council

does not have the resources available to process all the DOLS applications it receives each month. This leads to situations where people are being deprived of liberty without the legal safeguards being formally assessed and authorised by the Council.

1.2 The Council currently manages this legal risk by using a nationally recognised tool to prioritise and respond in a timely manner to those requests which have the highest risk. The statutory timeframe for completing applications is 21 days for standard, and up to 14 days for urgent cases (i.e. in an emergency, or in situations where there is no time to go through the assessment process before a health or care provider needs to deprive a person of their liberty). The Council is now meeting the statutory time frame for priority cases. Any DOLS applications that are not assessed as being a high priority however, are currently added to a backlog of non-priority DOLS applications.

1.3 Following the Supreme Court judgement of March 2014, there has been a ten-fold national increase in DOLS applications. In Kent, the total number of DOLS applications has seen an increase from under 300 in 2013/14 to 2866 in 2014/15, 5113 in 2015-16 and 5069 in 2016-17. As of 1 February 2018, the Council has received a total of 4,402 applications since 1 April 2017.

1.4 An additional £1.54m in funding has been allocated to reduce the backlog of non-priority DOLS applications, and therefore ensure that care received in a hospital or care home in Kent, which deprives a person of their liberty, is both appropriate and in their best interests. This paper therefore provides details of the planned commissioning approach.

1.5 The Council's statutory obligations could however be changing within the next few years, due to plans to replace the DOLS with new legislation that may to reduce the volume of DOLS applications received. This paper therefore also considers the potential risk and benefit of continuing to manage the backlog of non-priority DOLS applications as it is.

2. Policy Framework

2.1 The Deprivation of Liberty Safeguards are the legal framework to ensure independent assessment of the best interests of individuals who lack the mental capacity to consent to care arrangements, which involve a restriction on their liberty. In such circumstances, the health or care provider must apply to the Council for authorisation, and the Council must check six assessment criteria:

- age assessment
- mental capacity assessment
- mental health assessment
- no refusal assessment
- eligibility assessment
- best interests assessment

2.2 In March 2014, the Supreme Court issued a judgment that clarified an "acid test" for what constitutes a deprivation of liberty (known as the 'Cheshire West

judgement'). The acid test states that an individual who lacks the capacity to consent to the arrangements for their care and is subject to continuous supervision and control and is not free to leave their care setting, is deprived of their liberty and should be the subject of a DOLS application (where they are in a care home or hospital setting). This decision has had the effect of increasing demand for DOLS very significantly, and has meant that the Council, along with all other local authorities nationally, has started to build up a backlog of unauthorised DOLS applications.

3. Commission of new services for Deprivation of Liberty Safeguards assessments (non-priority)

3.1 On 20 February 2018, Kent County Council agreed a budget for 2018/19 that identifies one-off funding of £1.54m for processing non-prioritised DOLS applications from care homes and hospitals for tackling a significant proportion of the DOLS backlog cases in 2018/19.

3.2 On 26 March 2018, Strategic Commissioning Board approved a recommendation to commission a service for the completion of non-priority DOLS Best Interests Assessments, while leveraging an existing contract for the completion of DOLS Mental Health Assessments (ref. SS15053).

3.3 Strategic Commissioning Board agreed that 12 months was insufficient time to run the required backlog project that could make a meaningful difference to the size of the backlog of non-priority DOLS applications. Given that the £1.54m funding for this project is agreed as a one-off only, it was agreed that 24 months would instead give KCC more time to exploit opportunities to drive cost efficiencies to continuously improve the number of DOLS assessments that could be processed per month, and ultimately decrease the total backlog of non-priority DOLS applications to below current estimates.

3.4 The proposed service model must not put the completion of priority DOLS assessments at risk. The proposed service models therefore ensure that resources are not diverted away from completing high priority DOLS assessments to complete non-priority assessments.

3.5 The Council cannot outsource the authorisation element of a DOLS outcome. The success of this project is therefore dependent on increased in-house capacity for authorising DOLS outcomes. Failure to dedicate more resource to authorise non-priority DOLS outcomes could lead to a new bottleneck situation, where Authorisers do not have capacity to authorise an increased number of DOLS outcomes coming through for authorisation. Work has therefore already started to expand the pool of in-house Authorisers from eight to eighteen, and introduce a new rota that distributes the workload out more effectively

4. Procurement next steps

4.1 As the required service can be categorised under Schedule 3 of the Public Contracts Regulations 2015 and the value of the required service exceeds the higher threshold of €750,000 (£615,278 sterling equivalent), the Council is

obligated to advertise the opportunity on the Official Journal of the European Union ('OJEU'). The Council has the flexibility to use any process or procedure it chooses to run this procurement, as long as the process complies with the Public Contracts Regulations 2015. There is no requirement to use the standard EU procurement procedures (open, restricted etc.) that are available for other types of services; the Council can use these procedures if helpful, or tailor those procedures according to its own needs, or can design its own procedure.

4.2 To minimise procurement timescales, it is therefore proposed that a single-stage **'light touch' procurement process** be used with reduced timescales. The Council has already provided the market with early notification that it is considering going out to tender for this service soon and has already received 19 expressions of interest.

4.3 Set out below is the proposed procurement timetable.

Event	Anticipated Date
Deadline for Requirement Clarifications:	Friday 4 May 2018
Deadline for Tender Responses:	Thursday 10 May 2018
Evaluation of Tenders, and Tender Clarifications:	Friday 11 – Friday 18 May 2018
Pre-Award Meeting with Preferred Supplier:	Wednesday 23 May 2018
Approval of Award Recommendation	Tuesday 29 May 2018
Contract Award Decision:	Tuesday 29 May 2018
Standstill:	10 Calendar Days
Contract Award:	Monday 11 June 2018
Implementation:	c. 4 Weeks
Contract Commencement:	Monday 9 July 2018

5. Equality Impact Assessment

5.1 An Equalities Impact Assessment is being completed and will be included in the Executive Decision paperwork. This will ensure that the Council's equalities responsibilities as set out the Equality and Diversity Strategy and Policy Statement is followed within the commissioning arrangements, thus ensuring that the authority can discharge its statutory duties as defined in the Equality Act 2010.

6. Financial Implications

6.1 The proposed backlog project will run for two years, and the timescales for this project will run over three financial years (i.e. from July 2018 until July 2020). The Council will need to ensure that the £1.54m funding is therefore managed effectively over these three financial years.

7. Legal Implications

7.1 The main legal risk of continuing to have a backlog of DOLS applications, where people are being deprived of their liberty with no legal safeguard/authorisation and where the state is directly responsible for those arrangements, is that someone could bring a claim under the Human Rights Act 1998 on the basis that their Article 5 ECHR right to liberty, and possibly their right to a private family life under Article 8, has been breached. This means a claim could be brought against the Council and the Court could make a declaration that the Council has unlawfully deprived someone of their liberty, and, where necessary to give just satisfaction, damages could be awarded. Depending on whether the breach is a procedural breach (where the Council's failure to secure authority for a deprivation of liberty or provide a review of detention would have made no difference to the person's living or care arrangements) or substantive (the person would not have been detained if the Council had acted lawfully, which has more serious consequences for the person) will depend on what damages are considered.

7.2 The risk of exposure to legal repercussions for failing to meet statutory obligations under the DOLS (i.e. claim under the Human Rights Act 1998) is reduced significantly by the Council undertaking the proposed backlog project. Otherwise, regular data cleansing and sifting through the backlog to identify 'medium risk' cases, and dealing with these as appropriate may reduce the legal risk (to a lesser extent).

7.3 The procurement process will comply with the Council's policy on Spending the Council's Money, along with the Public Contracts Regulations (PCR) 2015.

7.4 The Council shall undertake due diligence as part of procurement process to safeguard against compliance risk, by ensuring all potential suppliers meet mandatory (and discretionary) selection criteria.

7.5 Data protection clauses will be included in the terms of the contract(s) awarded for the required service to protect personal data in accordance with the General Data Protection Regulation.

8. Conclusion

8.1 The risk of continuing not to authorise non-priority DOLS applications is twofold, affecting both the Council, in terms of potential consequences of failure to deliver a statutory service, and to the vulnerable adults themselves, in terms of failure to provide legal safeguards for them.

8.2 While Central Government is committed to making changes to "increasingly unsustainable" DOLS system, no timetable for this has been given and it is unlikely that the changes could be implemented any earlier than 2020 and potentially may be later. Meanwhile, the extent to which legislative changes will have a significant downward impact on volume of DOLS applications remains difficult to determine.

8.3 Commissioning a service for the completion of non-priority DOLS Best Interests Assessments, while leveraging an existing contract for the completion of DOLS

Mental Health Assessments, has been determined as the best option for managing legal risks, as well as safeguarding vulnerable people who are being deprived of their liberty. Officers will provide Members with regular progress reporting as project gets underway.

9. Recommendations

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

a) **COMMISSION** new services for Deprivation of Liberty Safeguards assessments to reduce the size of the backlog of non-priority assessments; and

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

10. Background documents

Deprivation of liberty safeguards: Supreme Court judgments
https://www.gov.uk/government/publications/deprivation-of-liberty-safeguards-supreme-court-judgments

11. Report authors

Hayley Bradbury
Commercial Officer
03000 415566
Hayley.bradbury@kent.gov.uk

Annie Ho
Acting Head of Adult Safeguarding
03000 415355
Annie.ho@kent.gov.uk

Relevant Director
Michael Thomas-Sam
Head of Strategy and Business Support
03000 417238
Michael.thomas-sam@kent.gov.uk

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Cabinet Member for Adult Social Care	18/00021

For publication

Key decision

Affects more than 2 Electoral Divisions and expenditure of more than £1m.

Subject: COMMISSIONINING OF NEW SERVICES FOR DEPRIVATION OF LIBERTY SAFEGUARDS ASSESSMENTS (NON-PRIORITY)

Decision: As Cabinet Member for Adult Social Care, I propose to:
a) **COMMISSION** new services for Deprivation of Liberty Safeguards (DOLS) assessments to reduce size of the backlog of non-priority assessments; and
b) **DELEGATE** authority to the Interim Corporate Director of Adult Social Care and Health, or other nominated officer, to undertake the necessary actions to implement the decision.

Reason(s) for decision: The total number of Deprivation of Liberty Safeguards (DOLS) applications has increase from under 300 in 2013/14 to 2866 in 2014/15, 5113 in 2015-16 and 5069 in 2016-17. As of 1 February 2018, KCC has received a total of 4,402 applications since 1 April 2017. It is necessary for additional capacity to be sourced to help reduce size of the Deprivation of Liberty Safeguards applications yet to be completed which make up the backlog of non-priority assessments.

Financial Implications: On 20 February 2018, Kent County Council agreed a budget for 2018/19 that identifies an additional funding of £1.54m for processing non-prioritised DOLS applications from care homes and hospitals.

Legal Implications: The Deprivation of Liberty Safeguards are the legal framework to ensure independent assessment of the best interests of individuals who lack the mental capacity to consent to care arrangements, which involve a restriction on their liberty. The Council has a statutory responsibility to complete assessments for Deprivation of Liberty Safeguards applications for relevant people living in its area.

The risk of exposure to legal repercussions for failing to meet statutory obligations under the Deprivation of Liberty Safeguards that is claim under the Human Rights Act 1998 is reduced significantly by the Council undertaking the proposed backlog project.

Equality Implications: An equalities impact assessment is being completed and will be included in Executive Decision paperwork

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 18 May 2018, and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered:

- Recruit dedicated in-house resource on fixed term contract;
- Leverage local IBIAs, and temporarily increase in-house support;
- Commission new service for non-priority DOLS assessments (excluding mental health

assessment), while leveraging the contract with current provider for non-priority mental health assessments;
- Commission new service for non-priority DOLS assessments (including mental health assessment); and
- Do nothing, managing risk using the ADASS prioritisation tool.

....

signed date

From:	Graham Gibbens, Cabinet Member for Adult Social Care Penny Southern, Interim Corporate Director of Adult Social Care and Health
To:	Adult Social Care Cabinet Committee – 18 May 2018
Decision Number:	18/00022
Subject:	**SENSORY STRATEGY 2018-2021**
Classification:	Unrestricted
Past Pathway of Paper:	Adult Social Care and Health Core Directorate Management Team Meeting – 18 April 2018
Future Pathway of Paper:	Cabinet member decision
Electoral Division:	All

Summary: The Sensory Strategy 2018-2021 has been finalised following public consultation and this report seeks Adult Social Care Cabinet approval of the strategy. As part of the implementation of the strategy it is proposed to end the grants awarded to Hi Kent and KAB and re-let these as strategic grants for a year, during which time a new Sensory Contract/s will be tendered and awarded to begin in April 2019. In parallel with this re-commissioning, work will be carried out on the development of an all-age pathway for people with sensory impairments and the in-house sensory teams redesigned.

Recommendation: The Adult Social Care Cabinet Committee is asked to:
a) **CONSIDER** and **ENDORSE** or make a **RECOMMENDATION** to the Cabinet Member for Adult Social Care on the proposed decision (attached as Appendix A) to approve the Sensory Strategy 2018-2021; and
b) **NOTE** the proposal to end the grants awarded to Hi Kent and KAB and relet these as strategic grants for one year, during which time a new Sensory contract/s will be tendered and awarded to begin in April 2019.

1. Introduction and Policy Background

1.1 A Sensory Strategy has been produced with the vision of supporting d/Deaf, deafblind and sight impaired people of all ages to be independent, to have choice and control and to participate fully in society (see Appendix 1). The strategy included extensive consultation with individuals with sensory impairments and their carers. The strategy has been updated in the light of feedback from a formal public consultation.

1.2 The grants currently awarded to KAB and Hi Kent are not compliant with the VCS policy and they need to be awarded as either strategic grants or contract(s).

2. The Sensory Strategy

2.1 The development of the Sensory Strategy involved extensive consultation with individuals with sensory impairment and their families and carers. The aims of consulting with sensory impaired service users were to:

- Review current services, identify gaps and describe service user pathways
- Explore their priorities within health and social care
- Gather personal views and experiences
- Explore how information, advice and guidance is received and how it could be improved.

2.2 A number of different methods were used to engage including online surveys, distribution of questionnaires, semi structured interviews, service user focus groups and attendance at regular groups of sight impaired, hard of hearing and deafblind people. In total, 258 service users contributed their views and opinions on services.This included ideas for new approaches and services..

2.3 The analysis of this engagement helped inform the vision, principles, outcomes and commitments of the strategy. People told us our services must be:

- *Responsive* - addressing the needs of individuals in a timely way
- *Approprate* – providing specialist sensory knowledge
- *Accessible* – community based services which take into account communication and accessibility requirements of people
- *Connected* – ensuring service pathways within and between social care, health and education work together
- *Informative* – providing information, advice and guidance at every step along someone's journey
- *Inclusive* – children and adults with sensory impairment have the same access to a range of opportunities as those without impairments.

2.4 The development of the Sensory Strategy was also guifded by a Consultative Group made up of representatives from Health, KCC, and the voluntary sector. Information on national policy, research, and Best Practice from across the UK was analysed and informed the strategy. A Sensory Joint Needs Assessment was co-produced in collaboration with Public Health which considered prevalence and needs. A discrete piece of work was also carried out to consider the needs of people with sensory impairments and learning disabilities. A separate report of this work was produced and key recommendations for people with learning disabilities were included in the Sensory Strategy in Outcome Seven.

2.5 The responses to the strategy through the public consultation were analysed by the KCC Business Intelligence Unit. (Full details of the analysis of the consultation by the Business Intelligence Unit are included as a background document to this report). They identified some common themes but there were also many varied individual comments made. Generally the response to the strategy was positive and supportive with the majority of the respondents expressing the view that the outcomes identified were complete and there was little missing. When all responses were viewed as a whole the following issues were most prominent:

- Accessibility for those with sensory impairments
- Awareness of sensory impairments amongst the public and professionals
- More widespread teaching and use of British Sign Language
- Greater consideration of, and working with Education setings to improve the experience of those with sensory impairments.

2.6 Similarly the top three areas identified for improvement overall were:

- Raising awareness/providing information around sensory impairment
- Education for children with sensory impairments
- Accessibility for people with sensory impairments.

2.7 The strategy has been updated in the light of the feedback from the public consultation and refreshed to reflect changes in national and local policy.(See changes in the document 'You Said, We Did' attached as Appendix 2).

2.8 Ongoing engagement has taken place with local sensory impaired people since the formal consultation exercise was carried out. This has taken several formats. The in-house Sensory Services team have established a Deaf Community Worker role, who has set up a local forum of Deaf people (British Sign Language users) and developed a KCC Sensory Services Face Book page to provide information to the local Deaf community and seek feedback and views. Education's Specialist Teaching and Learning Service for sensory impaired children have been holding roadshows in Kent to seek the views of parents on services. KAB run service user forums two or three times a year in each area of Kent and use a variety of other methods to ensure ongoing feedback and engagement with service users. Hi Kent also use a variety of means to consult regularly with deaf and hard of hearing people.

3. The Way Forward – the Establishment of a Sensory Collaborative

3.1 It is proposed that a Sensory Collaborative is now established along a similar model to that established for autism and dementia to develop and take forward an implementation plan for the strategy. It is proposed that this meeting will be chaired by the Assistant Director for Specialist Services, meet quarterly and comprise stakeholders from KCC, Health, the voluntary sector as well as service users and carers.

4. Current Sensory Developments

4.1 The Development of an All Age Sensory Pathway

4.1.1 Work has commenced between adult and children's commissioning on developing an All Age Sensory Pathway. Current services have been mapped and issues and gaps identified.

4.1.2 Work has begun with Health Commissioners and the Local Eye Health Network exploring opportunities for more integrated services and joint commissioning opportunities.

4.2 Redesign of the in-house sensory teams

4.2.1 A Change Implementation Officer (Sensory Redesign) has commenced work on redesigning the in-house sensory teams.

4.3 Recommissioning of services provided by KAB and Hi Kent

4.3.1 As part of the implementation of the strategy it is proposed to end the grants awarded to Hi Kent and KAB and re-let these as strategic grants for one year, during which time a new sensory contract/s will be tendered and awarded to begin in April 2019.

4.3.2 There will be ongoing engagement with sensory impaired people, families and carers and wider stakeholders in the recommissioning and redesign of sensory services, building on the work already undertaken. Presentations have been given to the Health Watch panel and “Ester cafes” are currently being planned where local sensory impaired people will be given the opportunity to express their views.

5. Financial Implications

5.1 Grants 2017-18:

- KAB: £818,877 (and £81,000 from Education and Children’s Social Care)
- Hi Kent: £282,867

5.2 A 1.84% saving will be applied to the grant in 2018/19.

6. Legal Implications

6.1 There are no legal implications associated with this decision.

7. Equality Implications

7.1 An Equality Impact Assessment has been completed and is attached as Appendix 3.

8. Recommendations

8.1 Recommendation: The Adult Social Care Cabinet Committee is asked to:
a) **CONSIDER** and **ENDORSE** or make a **RECOMMENDATION** to the Cabinet Member for Adult Social Care on the proposed decision (attached as Appendix A) to approve the Sensory Strategy 2018-2021; and
b) **NOTE** the proposal to end the grants awarded to Hi Kent and KAB and relet these as strategic grants for one year, during which time a new Sensory contract/s will be tendered and awarded to begin in April 2019.

9. Background Documents

Sensory Strategy Consultation
https://consultations.kent.gov.uk/consult.ti/SensoryStrategy/consultationHome

Consultation Analysis for Kent Sensory Strategy
https://democracy.kent.gov.uk/ecCatDisplay.aspx?sch=doc&cat=14799

10. Lead Officer

Beryl Palmer
Manager Sensory and Autism Services
03000 415440
Beryl.palmer@kent.gov.uk

Lead Director
Anne Tidmarsh
Director, Older People and Physical Disability
03000 415521
Anne.tidmarsh@kent.gov.uk

This page is intentionally left blank

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Cabinet Member for Adult Social Care	18/00022

For publication

Non-Key
Affects more than 2 Electoral Divisions

Subject: SENSORY STRATEGY 2018-2021

Decision: As Cabinet Member for Adult Social Care, I propose to:
APPROVE the Sensory Strategy 2018-2021

Reason(s) for decision: Supports the Strategic Outcome to ensure vulnerable residents are safe and supported with choices to live independently.

Financial Implications: None

Legal Implications: None

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 18 May 2018 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

This page is intentionally left blank

Sensory Strategy 2018 - 2021

Kent County Council
kent.gov.uk

CONTENTS

1. Introduction

1.1 Executive Summary

A UK Vision Strategy was developed in 2008 and set out a strategic framework for improving the UK's eye health and outcomes for people with visual impairment. A national project was established (EPIC) to help develop localised strategies across the country. Kent became one of the pilot projects in 2011 and decided to develop a wider sensory impairment strategy including deafness and deafblindness and covering both children and adults.

The strategy development was led by a Project Board including Commissioners and Managers from Health, Social Care and Education and supported by other appropriate stakeholders who formed a Consultative group. There was extensive engagement with sensory impaired people to ensure the strategy was well grounded in their experience and views.

The work also involved the development of a Sensory Needs Assessment. Research was carried out to consider national policy and guidance, prevalence and needs, and Best Practice elsewhere in the UK. It was also decided to delay the finalisation of the strategy to carry out a separate piece of work focusing on people with sensory impairments and learning disabilities who are known to be a high risk group.

The strategy addresses all three outcomes of the national UK Vision Strategy: public health, health and social care services and access to universal services but the main focus was on Outcome Two improving social care and health services. 258 service users contributed their experiences and views. The resulting analysis informed the development of a vision, a set of underpinning principles and eleven key outcomes to be delivered.

The Sensory Strategy was subject to a formal three-month consultation process and in 2017 the strategy was amended in the light of this feedback and updated to reflect national and local policy developments.

A separate implementation plan will outline how the actions to deliver the outcomes are to be taken forward.

1.2 Overview

This strategy looks at what services are required to meet the health and social care needs of children and adults who are d/Deaf, deafblind and sight impaired within Kent. It covers a three-year period from 2018 - 2021 and is deliberately written in a succinct and accessible style. A more detailed document, the Sensory Needs Assessment (JNA)

accompanies this strategy and is available at www.kmpho.nhs.uk/jsna/sensory-impairment. The Sensory Needs Assessment looks in detail at the numbers and needs of sensory impaired children and adults in Kent, and considers national policy, best practice and research. A more detailed separate document has also been produced by the sub group addressing the needs of people with sensory impairments and learning disabilities.

The term sight impairment refers to someone who is blind or partially sighted. It does not refer to someone who is short-sighted or long-sighted.

d/Deaf refers to someone who is Deaf, deafened or hard of hearing. The term d/Deaf will be used throughout to include people who are Deaf (British Sign Language users), who were either born deaf or became deaf in early childhood and use BSL as their first or preferred language. The focus of this term is on the 'D' in Deaf to indicate that they have their own language and culture.

Deafblindness is regarded as a separate unique disability. Persons are regarded as deafblind if their combined sight and hearing impairment causes difficulties with communication, access to information and mobility.

1.3 National and Local Policy Context

1.3.1 National Policy

There is a wealth of government policy and initiatives which support disabled and vulnerable adults, including those with sensory impairments and details can be found on the Department of Health website (www.dh.gov.uk).

The Government is aiming to transform the way public services are planned, commissioned and delivered. A new Care Act was implemented in April 2014 which aims to make services more preventative, personalised and to deliver better outcomes for people who use services. More emphasis is to be given to supporting carers of disabled people. The Care Act can be accessed here: http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

The Care Act places some specific duties on Local Authorities to improve services for deafblind people including ensuring that they are assessed by skilled and trained specialists. It also requires the continuation of the sight impairment registration process.

The Children and Families Act 2014 and its supporting document, The Special Educational Needs and Disability Code of Practice require Education, Health and Care Plans for children and young people to fully take account of the implications of sensory impairment for

teaching and learning on the child's development. The Children and Families Act can be accessed here:
http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted

Children and young people with Special Educational Needs and Disabilities may have an assessment for an Education, Health and Care Plan and a personal budget. The assessment process will include advice from a teacher with a Mandatory Qualification for sensory impairment. The entitlement to a plan will continue until the age of 25 years, should the young person remain in education.

The Equality Act 2010 is also very significant for sensory impaired people. It requires all organisations that provide a service to the public to make reasonable adjustments to those services to ensure they are accessible to everyone. The Equality Act can be accessed here:
http://www.legislation.gov.uk/ukpga/2010/15/contents

The Public Health Outcomes Framework has a specific indicator related to preventable blindness including the rate of sight impairment certifications. The Public Health Outcomes Framework can be accessed here:
http://www.phoutcomes.info/

The UK Vision Strategy was developed in 2008 and set out a strategic framework for improving the UK's eye health and outcomes for people with sight impairment. It was reviewed in 2012 and subsequently a revised strategy developed for 2013-2018. The UK Vision Strategy can be accessed here:
http://ukvisionstrategy.org.uk/strategy-2013-2018

In 2014 NHS England established a Call to Action for visual impairment with the aim of developing a long term sustainable plan to improve eye health and reduce sight loss. The focus is on developing preventative services in the community. Information on NHS England's Call to Action for visual impairment is here:
https://www.england.nhs.uk/wp-content/uploads/2014/06/eye-cta-pack.pdf

Accessible Information Standard (2016)
From 1st August 2016 onwards, all organisations which provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand and are provided with support so they can communicate effectively with health and social care services. The Accessible Information Standard Specification and Guidance can be found here:
https://www.england.nhs.uk/ourwork/accessibleinfo/

Seeing it my Way 2013-18
This initiative is rooted in the work of the UK Vision Strategy. This is a partnership of organisations formed to transform eye health and sight loss services. The 10 outcomes of Seeing it my Way, which are all equal in value, are set out under the following conditions.

That I:

- understand my eye condition and the registration process
- have someone to talk to
- can look after myself, my health, my home and my family
- receive statutory benefits and information and support that I need
- can make the best use of the sight I have
- can access information making the most of the advantages that technology brings
- can get out and about
- have the tools, skills and confidence to communicate
- have equal access to education and lifelong learning
- can work and volunteer.

1.3.2 Local Policy

The Kent Health and Wellbeing Strategy
The Kent Health and Well Being Board have oversight of all health, social care and public health activity across Kent. A Joint Health and Well Being Strategy has been developed for Kent with a vision to: "Improve health outcomes, deliver better coordinated care, improve the public's experience of integrated health and social care services, and ensure that the individual is involved and at the heart of everything we do."
The Kent Joint Health and Wellbeing Strategy can be found here:
http://www.kent.gov.uk/__data/assets/pdf_file/0014/12407/Joint-Health-and-Wellbeing-Strategy.pdf

KCC Strategic Statement – our outcomes
In 2015 KCC developed a 5 year vision to improve outcomes for the people of Kent. These outcomes include ensuring children and young people get the best start in life and that older and vulnerable people are safe and supported with choices to live independently. This vision includes putting the customer at the heart of everything and ensuring that services reflect their needs and priorities.
The KCC Strategic Statement can be found here:
http://www.kent.gov.uk/__data/assets/pdf_file/0005/29786/Kent-County-Council-Strategic-Statement.pdf

Kent Integration Pioneer
The Government wants to see services being delivered in a more joined up way and Kent has been selected as a national "Pioneer" to lead the way in health and social care integration.
Information on the Kent Integrated Pioneer can be found here:

http://www.kent.gov.uk/about-the-council/strategies-and-policies/health-policies/kent-integration-pioneer

Transformation: Facing the Challenge
Local authorities are facing severe reductions in government funding at a time of increased demand due to life expectancy increases and rising customer expectations. KCC has developed a plan to address these challenges by transforming services. This includes redesigning services, increasing efficiencies and a greater focus on improved outcomes for service users.
Information on Facing the Challenge can be found here:
http://www.kent.gov.uk/about-the-council/strategies-and-policies/corporate-policies/facing-the-challenge

Draft Health and Social Care Sustainability and Transformation Plan (2016)
The draft sets out in broad terms what we need to do to bring about better health and wellbeing, better standards of care, and better use of staff and funds, to meet the changing needs of local people for decades to come. The Draft Health and Social Care Sustainability and Transformation Plan can be found here:
http://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/transforming-health-and-social-care-in-kent-and-medway

Kent and Medway Safeguarding Adults Board
The Kent and Medway Safeguarding Adults Board (SAB) is a statutory service which exists to make sure that all member agencies are working together to help keep Kent and Medway's adults safe from harm and protect their rights.
Information on Safeguarding adults can be found here:
http://www.kent.gov.uk/about-the-council/partnerships/kent-and-medway-safeguarding-adults-board

Kent Safeguarding Children Board (KSCB)
The Board sets the performance, policy and strategic priorities for KSCB. It is responsible for ensuring that statutory requirements are met and resources are in place to meet these. Its membership comprises senior representatives from all agencies responsible for child protection arrangements in Kent.
Information on Safeguarding children can be found here:
http://www.kscb.org.uk/

Accommodation Strategy for Adult Social Care
This strategy identifies how the provision, demand and aspiration for housing, care and support services will be met for adult social care clients should they need to move to access care.
The Accommodation Strategy for Adult Social Care can be found here:
http://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/accommodation-strategy-for-adult-social-care

Kent Adult Carers' Strategy
This strategy sets out KCC's vision for carers across Kent. It will build on the progress established through the carers grant funding and use the framework set out in the National Carers Strategy. In Kent we have committed to deliver the national strategy in five years rather the suggested ten.
The Kent Adult Carers' Strategy can be found here:
http://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/kent-adult-carers-strategy

Kent's Strategy for Children and Young People with Special Educational Needs and Disabilities
The vision in Kent is to have a well-planned continuum of provision from birth to age 25 that meets the needs of children and young people with SEND and their families. This means integrated services across education, health and social care which work closely with parents and carers and which ensure that individual needs are met without unnecessary bureaucracy or delay. It also means a strong commitment to early intervention and prevention so that early help is provided in a timely way and children's and young people's needs do not increase.

1.4 What we have done

Kent has been part of the Department of Health's programme to develop Local Vision Strategies under the umbrella of the UK Vision Strategy.

In looking at the development of a Local Vision Strategy it was agreed that a Strategy was required for all sensory services in Kent, one that would address the needs of d/Deaf and deafblind people as well as sight impaired people.

A framework based on the national UK Vision Strategy was drawn up to look at what improvements for sensory impaired people were needed in:

1. Public Health
2. Health and Social Care, and
3. Social Inclusion

A Project Board comprising Commissioners and Senior Managers from Health, and Kent County Council (Education, Children's and Adults Social Care) was established to lead the development of the Needs Assessment and Strategy.

This was supported by a Consultative Group made up of community, voluntary sector and other health and KCC representatives. A wide ranging consultation exercise was also carried out with the public and staff through face to face meetings, questionnaires and feedback

forms. We also considered information on prevalence and needs, national policy, research, and Best Practice from across the UK.

In 2013 it was decided that a sub group of the Project Board should be set up to look at the specific needs of people with learning disabilities and sensory impairments. The same outcome framework document was used but adapted to address the specific issues for people with learning disabilities. The group reported to the health and social care integrated Learning Disabilities and Mental Health Management team.

The strategy has been updated in the light of feedback from the public consultation and changes in national and local policy and guidance in May 2017.

2. What we know

2.1 What service users and families say?

Service user forums were implemented for sight impaired, hard of hearing and d/Deaf service users across East and West Kent. For deafblind service users, discussions were held at current service user groups. In addition, discussions were held with sight impaired and hard of hearing service user groups.

An online questionnaire and service feedback forms were also provided to engage with the public. The main focus of the engagement was people's experience of health and social care services (Outcome Two of the national UK Vision Strategy) In total, 258 service users contributed their views and opinions on services.

Full details of all user engagement is in Appendix One. The key themes for sensory impaired adults were:

- Poor experience in health settings, this was not just relating to sensory services but all services
- Poor access to low vision services - it can take up to 3 months
- A lack of information, advice and guidance, particularly when newly diagnosed. Once issued with hearing aids, they were "written off" and for sight impaired service users there was "nothing else that could be done"
- A failure to provide joined up services and support for Eye Clinic Liaison Officers. The need for a similar model for d/Deaf and deafblind people to improve information and advice at point of diagnosis
- The real value of equipment provision, but a need to check that people know how to use the equipment they have been given and some concerns over the lack of opportunities to trial complex equipment for deafblind people
- The need for emotional support and peer support, particularly for those who are suddenly or traumatically deafened or sight impaired
- A concern that services should not always be about those who are newly diagnosed. Many people who are born blind still have the same need for assistance
- Deafblind people experience duplication in assessment
- Support for local clinics within the community, such as at GP surgeries or community centres. It means services are more local to service users and provided under one roof
- The need for flexibility in the provision of services – courses and programmes to be provided in the evening and at weekends
- The need for increased public awareness of sensory impairment
- The need for support to access local facilities.

The user forums also had many ideas for development of new services:

- Small groups for learning kitchen skills or technology demonstrations would be ideal for sight impaired service users
- Tailored training for carers and families on living with a sensory impairment to improve knowledge and understanding
- The need for integrated deaf and sight impaired clinics, so deafblind service users avoid going across various professionals and services
- The provision of clinics within community venues such as GP surgeries and community centres
- Access to sensory awareness training for personal assistants.

The key themes for sensory impaired children and their families were:

- A need for improved communication between agencies and better information, advice and guidance
- Difficulties accessing specialist Speech and Language Therapy
- Parental concerns about accessing the curriculum
- Difficulties in using after schools clubs due to transport issues
- Events are too far away
- Parents finding the challenge of raising a child with sensory impairment to be great and require more support
- A lack of emotional support and counselling
- A lack of support regarding appropriate behaviour management advice
- Concerns re access to short breaks and direct payments
- Lack of understanding of the statutory assessment process
- Lack of awareness regarding sensory impairment in schools in general.

2.2 What we know about local needs

Sight Impairment

The numbers of people with sight impairment will increase. National figures indicate that between 2010 and 2030 the number of adults with sight impairment will increase by 64%.

By 2021, nationally 40% of the population will be over 50 – a significant proportion of sight impairment is related to age. Over 80% of sight impairment occurs in people over 60. As this population is set to increase by 21% nationally by 2020, there will be a significant increase in the number of people with sight impairment.

Older People within Kent

Within Kent, Thanet, Canterbury and Maidstone have the highest populations of over 75s and are therefore more likely to have a larger population of people with a sight impairment.

The number of older people in Kent is projected to increase by 67% by 2033. The largest increases will be in Dartford (32%) and Ashford (31%). However, east Kent coastal districts Shepway, Dover and Thanet will continue to have the largest proportion of older people in their population.

It is often expected that sight will deteriorate with age and therefore, people just 'accept' their sight is failing (UK Vision Strategy).

Registrations

There is a significant gap in the numbers of people registered as sight impaired and those who are predicted to have sight impairment. This will mean that services linked to registration are not being received by all those that could be eligible for them.

Hearing Impairment

Approximately 5% of over 85's in Kent will have a profound hearing impairment. The number of people aged over 85 with a moderate or severe hearing impairment in Kent is set to increase by 110% between 2010 and 2030.

By 2030 the number of people with a profound hearing impairment in the KCC area will have increased by 42% for those aged 65-74 and 59.7 % for those aged 75-84.

Between 2010 and 2030 there will be a 56.5% increase in the number of people aged 18 and over with a moderate or severe hearing impairment in the KCC area.

Of the 2,243 people in Kent with Down's syndrome, (Learning Disabilities Needs Assessment 2010) 1,570 have hearing problems.

Deafblind Numbers Known to Services

There is a gap of between 1,379 and 6,518 between those who are currently known to service providers and those who could be deafblind and living in Kent.

Increase in Numbers

There will be a significant increase in the numbers of people, particularly older people, who are deafblind by 2030. Sense forecast

this to be 86% for those who are severely deafblind and 60% for those who have any hearing and sight impairment.

Learning Disabilities

Kent's population of people with learning disabilities is estimated at 26,000, of which up to 8,000 people may have significant sight difficulties and 9,620 may have some degree of deafness. A significant number of these are likely to have a dual sensory impairment.

Additional information from the Sensory Needs Assessment is available in Appendix Two, including the recommendations for commissioning.

3. What we will deliver

3.1 Our vision

Our vision is to support d/Deaf, deafblind and sight impaired people of all ages to be independent, to have choice and control and to participate fully in society.

Based on what people have told us our services must be:

- Responsive – addressing the needs of individuals in a timely way
- Appropriate – providing specialist sensory knowledge
- Accessible – community based services which take in to account communication and accessibility requirements of people
- Connected – ensuring service pathways within and between social care, health and education work together
- Informative – providing information, advice and guidance at every step along someone's journey
- Inclusive – children and adults with sensory impairment have the same access to a range of opportunities as those without impairments.

3.2 Our principles

These will be supported by the following principles:

i) to ensure early intervention and prevention (including identification of sensory impairments and screening)
ii) to deliver improved outcomes
iii) to improve the quality of services
iv) to ensure equity of access (for example through the use of BSL, translators and lip reading and promotion of the accessible information standard)
v) to seek innovative improvements to service performance
vi) to deliver value for money

vii) to regularly engage with and seek feedback from individuals with sensory impairments and their families and carers
viii) to co-produce services with service users and carers as well as with the voluntary and community sector
ix) to increase the understanding of sensory impairment

3.3 Our outcomes

The Strategy is establishing the types of services we think are important to deliver within Kent over the next three years. It is informed by:

- What you have told us
- A consideration of policy, research and best practice
- Our own review of how services are delivered
- The Sensory Needs Assessment's recommendations for commissioning priorities (See Appendix Two)
- The need to redesign services to create efficiencies, improve outcomes and reduce costs in line with KCC's Transformation agenda
- The need to improve health and social care integration

From all these sources, eleven key outcomes have been identified as our priorities until 2021.

Linked to each outcome are details of why it was chosen and a statement as to our current position in relation to the outcome. Finally we identify the key actions we are going to take to deliver it.

3.3.1 Outcome 1

The needs of sensory impaired children and adults are included and addressed within the public health and prevention agenda.

Case Study
My adult son is profoundly Deaf; we had no idea that when he developed diabetes he may lose his sight as well. It's so hard as we don't understand the messages being given to us about his health. I think lots of Deaf people won't understand about diabetes and it is so difficult if you lose your sight as well.

Case Study
Emma is a nine year old girl who was struggling to read regular sized print. Her school referred her to the Specialist Teachers for Sensory Impairment. Emma lived in an area of the county which does not have vision screening for four year olds. A visit to a High Street Optometrist resulted in glasses but Emma's vision remained poor. The Optometrist referred her to an Ophthalmic consultant who diagnosed an underlying condition affecting her eyesight. Specialist advice has now been provided to her school to support Emma's access to books.

We are committed to this because:
- It is important to prevent avoidable sight loss, deafness or deafblindness
- Early diagnosis leads to improved outcomes for individuals.

Where we are now:
- Kent has a Joint Strategic Needs Assessment which reflects the needs of all residents in Kent and is in turn used to develop the Health and Wellbeing Strategy.
- A Sensory Needs Assessment has been developed which considers the needs of d/Deaf, deafblind and sight impaired people in Kent.
- A Local Professional Eye Health Network has been established in Kent by NHS England.

The following actions will be delivered:
1. Carry out health promotion campaigns to raise awareness of eye and ear health and the need for regular sight and hearing tests (particularly targeting those at high risk such as older people, those with diabetes and those exposed to loud noise)
2. Incorporate the message that unhealthy behaviours can impact eye health within other health promotion programmes, e.g. stop smoking and healthy eating programmes.

3. Ensure that all children receive a sight test, as part of an Orthoptist led vision screening programme for four year olds.
4. Deliver sensory impairment awareness training for health, education and social care staff to increase their awareness of:
    - Signs of possible impaired sight or hearing
    - The need for sight and hearing tests and early identification
    - Systems for referral onto appropriate services
    - (professionals in contact with children and adults with one or more risk factor will be prioritised)
5. Ensure all individuals aged over 12 years with diabetes receive a screening test, and barriers to attending screening are addressed.
6. Review current practice amongst health professionals regarding certifications of visual impairment, and ensure consistency of approach.
7. Ensure the needs of d/Deaf, deafblind and sight impaired children and adults are reflected in the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy.
8. Ensure that sensory impairment is included in the Risk Stratification system which enables the targeting of integrated care.

3.3.2 Outcome 2

Individuals are well informed about services, resources and information available; information is provided in line with the Accessible Information Standard

Case Study
Sarah had been having problems with her hearing for a while when she went to her Doctor. Her GP referred her to the local hospital for an appointment with an audiologist. She had a hearing assessment which diagnosed her deafness and she had a hearing aid fitted, but there were long waits between appointments. Staff she saw were often dismissive of her feelings and didn't understand what she was going through.

After Sarah was issued her hearing aid she felt 'written off.' She wasn't given any information about what would happen during the process or told about the long waiting times between appointments. There wasn't enough information on her condition and she would have appreciated a detailed printout on her deafness. She felt hopeless in this situation and did not know where to go for further support and advice.

We are committed to this because:
- Information is power, power to direct your own support and power to ensure you receive those services that are appropriate.
- Service users told us that they do not feel informed about their condition, or services and options available to them.

Where we are now:
- We recognise that we need to improve our provision of information, advice and guidance.
- There are gaps in the way services work together and who provides information, leading to a lack of information.
- There are positive outcomes from providing additional specialist support, e.g. Specialist Teachers, ECLOs, etc., so that children, families and adults feel more informed at the start of their journey.

The following actions will be delivered:
1. Improve the provision of information, advice and guidance to service users and families and carers, including ensuring it is timely (for example provided at diagnosis) and provided in key locations.
2. Improve the information available on the KCC website including the Local Offer and work with partner agencies to develop a seamless all age pathway describing the resources available and ensure there are appropriate links on the website.

3. Ensure that all information is provided in a range of media and in accessible formats.
4. Improve the information available to health, education and social care staff on sensory impairment services.
5. Continue to provide and further develop "drop in" services.

3.3.3 Outcome 3

Children and adults are supported and enabled to be as independent as possible.

Case Study
Quite a lot of sensory impaired people are isolated especially in more rural areas – it's hard to know of other people with similar conditions especially if you don't use the internet. There needs to be some sort of network where people can get in touch with someone going through the same experience – even if it's to meet up for a drink every couple of months. It's good to get out and meet people similar to you – then you don't feel so alone.

We are committed to this because:

- Adults with sensory impairment are acknowledged as experts in their own sensory impairment.
- Where support is given to maintain independence people achieve better outcomes.
- Some sensory impaired people experience significant social isolation.
- Children and young people should be supported to gain independence and self-help skills to achieve the best outcomes.

Where we are now:

- KCC provides an enablement programme for service users but this is not always inclusive of those who are d/Deaf, deafblind or sight impaired.
- Several self-management and peer support pilot programmes have taken place in partnership with voluntary agencies such as Hearing Link, Kent Association for the Blind, Sense, Kent Deaf Children's Society and Guide Dogs for the Blind Association.
- Specialist programmes are delivered to children and young people to help them understand their sensory impairment and improve their independence.
- Family Days and Short Break opportunities have been provided to develop resilience and independence for young people and their families.

The following actions will be delivered:

1. Continue to develop self-management and peer support and mentoring programmes.
2. Continue to support Telecare and Telehealth provision, working to improve the accessibility and increase usage by d/Deaf, deafblind and sight impaired adults.
3. Ensure enablement services receive training in sensory impairment and improve links with specialist Sensory Services.

3.3.4 Outcome 4

d/Deaf, deafblind and sight impaired children and adults receive skills training (habilitation and rehabilitation) and equipment to increase their independence.

Case Study
David came to a meeting as he thought it was about equipment. He had been registered many years ago but his vision had deteriorated and he wanted more information on assistive technology. David was unaware he may be entitled to a re-assessment and possibly have his Certificate of Visual Impairment updated. He was also unaware of what equipment was available to help him maintain his independence, and had become reliant on family members doing things for him.

We are committed to this because:
- Rehabilitation and the provision of equipment can help ensure a person remains independent and does not require ongoing support.

Where we are now:
- Sensory Services currently provides rehabilitation service to d/Deaf, deafblind and sight impaired people through KAB, Sensory Services and Hi Kent.
- Service users told us that they can find it confusing that there are two assessors and providers of deaf equipment (Hi Kent for people over 65 years and Sensory Services for people under 65 years and all British Sign Language users).
- Rehabilitation for deafblind adults also takes place in two organisations and can be confusing
- Habilitation for visually impaired children needs to have a wider focus including daily living skills
- Service users want easy access to view up to date equipment.
- Communication Aids are provided to further assist those with more complex needs.
- A local Hearing Aid Maintenance Service is appreciated by service users; there are inconsistencies in funding.

The following actions will be delivered:
1. Improve provision of habilitation and rehabilitation services for d/Deaf, deafblind and sight impaired children and adults through new contracts.
2. Improve provision of equipment services.
3. Continue to provide Communication Aids.
4. Provide opportunities for trialling equipment, particularly for more bespoke pieces of equipment and for deafblind children and adults.

5. Support children and adults to access training in Information Technology.
6. Review the provision of low vision aids in Kent.
7. Ensure the ongoing provision of a local hearing aid maintenance service.

3.3.5 Outcome 5

Services are responsive and personalised enabling children and adults to access opportunities appropriate to their needs.

Case Study
My hearing is getting worse and it would be useful for me to start lip-reading classes. But, they run during the day when I work, so trying to get regular time off is difficult. It would be useful if some classes ran during the evening or over the weekend so it will be easier for me and working deaf people to attend.

We are committed to this because:

- Personalised services give children and adults with sensory impairment choice and control.
- There are unique needs relating to sensory impairment which require specialist intervention.
- Service reconfiguration recognises the need to do things differently whilst ensuring the provision of appropriate services.

Where we are now:

- Personal budgets and direct payments are available for those who are eligible.
- There is often a problem in recruiting appropriate Personal Assistants for those with a sensory impairment. Work has taken place through volunteer projects but there are still improvements to be made.
- KAB provides a Guide Communicator service and Sight Support Worker service and there are only a limited number of other specialist providers in Kent.
- Sensory Services run weekly “drop in” and “pop up” clinics across Kent for Deaf, BSL service users which achieve good outcomes.
- Currently there are specialist Case Managers for Deaf and Deafblind people who undertake complex casework, personal budgets, transition and safeguarding; there is a service gap with no equivalent for sight impaired people.
- Specialist advocacy services have been commissioned for Deaf, deafblind and sight impaired people who understand their needs and can communicate with them.
- There is a specialist Sensory Services team for all d/Deaf, deafblind and sight impaired children based alongside the Adults Sensory Services team.
- Specialist Teachers with additional qualifications in sensory impairment provide personalised support to children, families and schools.

The following actions will be delivered:

1. All agencies to be encouraged to provide services in a flexible manner and at a time that meets people's needs.
2. Continue to provide services delivered by staff trained and skilled in working with d/Deaf, deafblind and sight impaired children and adults.
3. Expand the remit of the current case management service for d/Deaf and deafblind adults to include adults whose prime needs are sight impairment.
4. Develop and implement a specialist competency framework to ensure staff have the appropriate knowledge and skills.
5. Continue the development of Gateway Clinics to provide local services and explore other possible ways of delivering community clinics.
6. Work to stimulate the market to develop appropriate Personal Assistants and specialist support services.
7. Work to develop the Personal Budgets which will cover Education, Health and Social Care.

3.3.6 Outcome 6

Individuals with sensory impairments have access to emotional support programmes and appropriate mental health services.

Case Study
I lost my hearing at 25 and had a negative experience at the hospital. The consultant seemed reluctant to give me any help and I felt helpless. This had a real impact on me emotionally and I felt depressed. It wasn't until I was at a really low point that someone at the RNID told me I could access hearing therapy at the hospital.

We are committed to this because:
- Losing your sight or hearing can be traumatic.
- Living with sensory impairment especially a deteriorating sensory impairment can have a negative impact on your emotional wellbeing and lead to mental health difficulties.
- There is a need for specialist provision of mental health services for children and adults with all types of sensory impairment.

Where we are now:
- Delivering specialist mental health services in British Sign Language, in partnership with Deaf Children, Young People and Family Services (South East Coastal Outreach team).
- Piloting the provision of Eye Clinic Liaison Officer Posts in Eye Clinics in East and West Kent hospitals to provide emotional support at the point of diagnosis.
- Piloting self-management programmes for those who are traumatically deafened, hard of hearing or who lose their sight.

The following actions will be delivered:
1. Continue to support the provision of specialist d/Deaf mental health services.
2. Improve access to counselling and mental health services for sight impaired and deafblind children and adults and their families and carers.
3. Continue to provide and further develop self-management and peer support programmes and ensure they reflect the need for emotional support.

3.3.7 Outcome 7

Appropriate specialist services are provided for children and adults with learning disabilities.

Case Study
I worked with a young man with learning disabilities who was presenting some very challenging behaviour around meal times. Following an assessment by Sensory Services a new meal time routine was put in place. He now knows when he will be eating and can have choice over whether he eats or not. This has significantly reduced his challenging behaviour.

We are committed to this because:

- It is important to recognise that children and adults with learning disabilities are an "at risk" group with regard to sensory impairments.
- Sensory impairments will impact on their daily life causing difficulties in mobility, communication and accessing information.
- Children and adults with learning disabilities and sensory impairment require access to specialist services and may require support to access universal services.

Where we are now:

- People with learning disabilities and their families and carers may be unaware they have a sensory impairment.
- Improvements are required to eye and ear health services to make them more accessible.
- Specialist sensory services are provided for people with learning disabilities by a number of different agencies including Kent Community Health Foundation Trust (KCHFT), Sensory Services, KAB and there is some duplication and overlap.
- Access to Specialist Teachers with a Mandatory Qualification in Sensory Impairment is provided to all children who require that level of intervention.
- Intervenor support for deafblind children and young people is available to all.
- Social care services for children and young people with learning disabilities and sensory impairment is provided by the most appropriate team to meet the needs of the family.

The following actions will be delivered:

1. Raise the awareness of sensory impairment amongst children and adults with learning disabilities, their families, carers and professionals, including provision of Easy Read information..

2. Provide reasonable adjustments and staff training to ensure accessible eye and ear health care.
3. Develop an integrated care pathway and provide countywide specialist assessment and habilitation/rehabilitation services
4. Ensure learning disability services are accessible and meet the needs of d/Deaf, sight impaired and deafblind children and adults.
5. Develop sensory link professionals in each Special School for Profound, Severe and Complex Needs as a means of improving the dissemination of strategies to support pupils with sensory impairment.
6. Develop a protocol for working with Deafblind adults.

3.3.8 Outcome 8

Seamless all age, lifespan pathways are developed for sensory impairment leading to better outcomes for children, young people and adults; these are aligned to other relevant pathways.

Case Study
I initially went to my GP for a Certificate of Visual Impairment and I was referred onto Maidstone Hospital. When I arrived for my appointment I was met by a lady (an Eye Clinic Liaison Officer ECLO) who knew my name and nature of appointment. After my appointment with my ophthalmologist, I spoke with the ECLO. It was great, everything was done for me. Within 2-3 weeks the Blind Veterans' Society contacted me for further support and I was contacted by the Kent Association for the Blind. The system is so efficient, everything just flowed.

We are committed to this because:

- Every child and adult should be able to access appropriate services to meet their needs.
- It is important that all agencies work closely together to create clear pathways for children, families and adults.
- When services work together it leads to improvements in the health, wellbeing and educational outcomes for sensory impaired children and adults.

Where we are now:

- There is evidence of poor links between services, meaning that children and adults can experience long delays and poorer outcomes.
- There is confusion over what services are available and where to direct people.
- Services for sensory impaired people can be marginalised and connections with other social care services could be improved.
- Workshops have taken place to begin to develop sight impairment and deafness integrated pathways between health and social care (See Appendix Three)
- The transitions which take place in young adulthood are not as smooth and coordinated as they could be and no specialist Case Managers exist for sight impaired young people.
- Pathways developed for other services often fail to take account of sensory impairment.
- Parents are reporting some improvements in services such as the development over the last three years of the MSI Intervenor Service to families.

The following actions will be delivered:

1. Develop integrated lifespan pathways for sight impairment, deafness and deafblindness and publish these on kent.gov. Ensure the ongoing provision of Eye Clinic Liaison Officer posts in eye clinics.
2. Ensure that the needs of sensory impaired children and adults are included in the development of other care pathways.
3. Ensure there are improved links between Education, Sensory Services and other mainstream services, such as area Older People and Physical Disability teams, Learning Disabilities and Mental Health services.
4. Ensure the needs of young people who are d/Deaf, deafblind and sight impaired are fully considered in the development of new pathways and services.
5. Consider improvements in appointments for clinics for deafblind children and adults.
6. Continue to provide additional support for some children and adults at specialist appointments.
7. Develop an equivalent of the ECLO role for hearing impaired individuals.

3.3.9 Outcome 9

Reasonable adjustments are made to services to ensure that sensory impaired individuals have equal access to mainstream services.

Case Study

A Deaf man who used sign language had been experiencing severe leg pain and he went to see his GP. No interpreter was provided and he was left ignorant of the Doctor's advice to keep mobile and walk around; instead he went home and rested in bed for 3 weeks.

His situation deteriorated and he was admitted to the Medway Maritime Hospital for an emergency amputation of his right leg above the knee due to complications from Deep Vein Thrombosis. No one informed him that this was to happen and following the operation, the service user was very shocked to find his leg missing. He was traumatised and in considerable pain. No interpreter was available, and he had to rely on a parent and sister, neither of whom have any signing ability.

During his stay in hospital, which was several months, his biggest frustration was not the recovery process, but the communication barriers and isolation as there was no communication support. He was not able to make himself understood or to understand any of the daily and brief discussions regarding his treatment and care by nurses and health professionals.

We are committed to this because:

- This is enshrined in the Equality Act 2010.
- It is vital that all services health, social care and education provide are accessible.
- Accessibility needs to be embedded in all that we do.
- This is not just about the formats that children and adults receive information in but also about how we provide services.

Where we are now:

- We acknowledge the feedback from service users regarding the variable experience they have in accessing services.
- Deaf BSL users report particularly poor experiences in accessing health services.
- The Kent d/Deaf and Deafblind Interpreting Service provides interpreting services as a public partnership.
- The experiences of d/Deaf, deafblind and sight impaired people can be improved if service providers have an awareness of their needs through training.
- A Black and Minority Ethnic (BME) project has been carried out to improve sensory impairment services for these communities.

The following actions will be delivered:

1. Continue to provide access to quality interpreting services and communication support for d/Deaf and deafblind people and develop video interpreting services.
2. Improve access for d/Deaf people using primary and secondary health care such as booking appointments and obtaining communication support.
3. Improve the provision of information, advice and guidance in accessible formats.
4. Develop and provide training for all health and social care professionals working with children and adults with sensory impairment in order to improve access and have a positive impact on their experience of services.
5. All sensory specialists in children's social care services and education to receive training on MSI/deafblindness.
6. Involve service users in delivering training to professionals.
7. Ensure generic services provided or commissioned by KCC meet the needs of d/Deaf, deafblind and sight impaired children and adults.
8. Continue to provide appropriate services and outreach work with BME communities.
9. Ensure health and social care environments are 'sensory friendly' and provide information and advice to others regarding 'sensory friendly' environments.

3.3.10 Outcome 10

Children and adults with sensory impairments experience equality of opportunity and feel fully included in their community.

Case Study
David was made redundant from his job. He had severe sight impairment and a hearing loss. He had previously tried to hide his disability and had been reluctant to use a white cane. However he had a number of mobility lessons from KAB and his confidence grew. He eventually got a job and KAB assisted him in learning new routes and advised his employer about ensuring a safe and accessible environment.

We are committed to this because:

- We recognise that children and adults with sensory impairment do not just have health, social care and education needs. Ensuring that someone has access to education, employment, leisure or transport is vital.

Where we are now:

- KAB currently provides Assistive Technology support workers to adults to assist in working with information technology.
- Specialist equipment and training is provided to children with sensory impairment who require assistive technology.
- The focus of Short Breaks for children with sensory impairment has seen the improvement of independence skills and their participation in community activities.
- Universal services such as employment, transport and leisure facilities do not always take account of the needs of d/Deaf, deafblind and sight impaired people

The following actions will be delivered:

1. Improve the information, advice and guidance that is given by all professionals to inform children and adults of appropriate information technology and other communication support that could improve their independence.
2. Ensure the provision of training in information technology is available to d/Deaf, deafblind and sight impaired people.
3. Health, social care and education to use ICT to signpost universal providers to information, advice and guidance on working with children and adults with sensory impairment.
4. Continue to support individuals in accessing benefits, employment, education, leisure activities and transport.

5. Review existing sensory impairment user groups and develop effective mechanisms for ongoing service user engagement; facilitate the engagement of these groups with universal services to improve their provision for people with sensory impairments.
6. Improve d/Deaf and deafblind people's participation in and access to universal services in Kent through the further development and extension of the Deaf Community Worker role.
7. Develop appropriate peer support and mentoring schemes for individuals with sensory impairments.

3.3.11 Outcome 11

Families and carers of sensory impaired receive help and support in their caring role and their own needs as carers are addressed.

Case Study
Jane was supporting her parents, Bill and Mary, who live independently in the community. Bill is profoundly Deaf, aged 72 years and has some heart/mobility issues. Mary is also profoundly Deaf and has a visual impairment causing her difficulties in dealing with paperwork, communicating with others and getting out and about. Jane contacted KCC saying she felt at breaking point as she was supporting her parents every day to manage their paperwork, shopping and medical appointments. Bill and Mary had become completely dependent on Jane and appeared to be unable to make any decisions or take any action without first referring to their daughter. Jane explained this situation had been the same all her life, where she felt she needed to support her parents, even as a child making phone calls etc. on their behalf. The pressures had increased to a point where Jane was feeling over stretched and resentful that she was not able to spend quality time with her parents and was purely a care provider. She also felt guilty that she had reduced time for her own husband and children. Sensory Services offered a carers assessment which resulted in the provision of a Guide Communicator. This Support Worker provided support to Mary, her deafblind mother whilst at the same time providing Jane with a break from caring and relief from some of her caring responsibilities.

Case Study
In a survey in 2008, of parents of deafblind children, they reported they felt very isolated and knew no other parents of deafblind children. “You are so shocked by what has come your way that you need the help.”

Families with deafblind children can now access Family Days. These events bring together families and provide supported experiences of community activities. Freya is a young deafblind girl whose parents bring her along to the Family Days. They were not able to attend a recent Family Day at a children’s theatre production, however, they were empowered by attending the group so they booked tickets for another day so their daughter could experience the show. This was their first independent trip to the theatre with Freya.

We are committed to this because:

- It is important to work with the wider support network and ensure that people with sensory impairment have access to appropriate support.

- Living with a child or adult with a sensory impairment and providing regular support can at times be very stressful and demanding and there needs to be better emotional/psychological support for the whole family.
- Families and carers living with someone with sensory impairment may need help to support the disabled person and/or support to manage their own needs as carers.

Where we are now:

- Improvements could be made in the provision of information and support to carers of sensory impaired children and adults.
- A significant number of children and adults with sensory impairment use Information and Communication Technology to access information and maintain contact with their wider network of family and friends.

The following actions will be delivered:

1. Provide information, advice and training to parents, families and carers of children and adults with sensory impairments to help them in their caring role.
2. Ensure all specialist sensory services are appropriately addressing the needs of carers and signposting onto carer's organisations.
3. Ensure the needs of child carers are addressed.
4. Develop appropriate peer support for families and carers with sensory impairments.
5. Ensure organisations working with carers have awareness and understanding of sensory impairment and the resources available.

4. Next Steps

How we will monitor progress

Within this strategy we have outlined our vision, the 11 outcomes we will deliver on and the actions we will take to deliver these outcomes. This strategy will form the commissioning intentions for services for sensory impaired people for the period 2018-21.

A separate prioritised Implementation plan will be developed. As part of the action plan we will look to establish a set of key performance indicators linked to the delivery of the action plan. We will also develop processes that identify the risks to service delivery and quality as part of ongoing governance for the delivery of the action plan

Some of the actions within the strategy are currently being implemented. There will be opportunities for elements of the strategy to be actioned through the recommissioning of services for sensory impaired children and adults and the redesign of in the in-house specialist teams planned for 2017-19. Work on the development of all age lifespan pathways for sensory impairment is also planned during this period.

There will also be opportunities for service improvements in line with the Sensory Strategy within wider transformation changes currently taking place within KCC Adult and Children's services and through increased integration with Health.

Careful consideration will be given to the governance required to take forward the implementation of the strategy and measure its success. Key will be a multi-agency approach involving service users and carers.

5. Appendices

Appendix One - The Development of the Strategy

Sensory Strategy Stakeholder and Service User Engagement

Project Board
A multi-agency project board comprising health (PCT), social care and education commissioners and managers set the overall strategic direction and steered the development of the strategy.

Stakeholder Consultative Group
Specialist providers, including KAB, Hi Kent, Royal Association for Deaf People, Guide Dogs for the Blind, Kent Deaf Children's Society, other voluntary and community organisations, KCC and health staff, formed a consultative group who met quarterly and advised on the formation of the strategy.

Wider stakeholder engagement
Wider stakeholders were identified and kept informed via regular bulletins.

Service user engagement
The aims of consulting with service users were to:

- Explore the priorities within health and social care for sensory impaired people
- Gather personal views and experiences
- Review current services, identify service user gaps and service user pathways
- Explore how information, advice and guidance (IAG) is received and how it could be improved.

A number of different qualitative approaches were used including semi structured interviews, questionnaires and focus groups.

Individual feedback
This was gathered via:

- An online survey for sensory impaired adults
- An online survey for parents
- Distribution of questionnaires by staff working for specialist sensory services in KCC (adults and children), KAB and Hi Kent
- Completion of questionnaires at Hi Kent hearing aid maintenance clinics and KAB exhibition
- Interviews with Deaf, British Sign Language users at Gateway clinics.

The total number of adult service users who responded via the above methods was 109.

The total number of parents who responded was 24.

Service User Focus Groups

The aims of consulting with service user groups were the same as outlined above but an additional aim was included to:
Review the Sensory JNA recommendations

Separate service user focus groups were set up across Kent for sight impaired, hard of hearing and Deaf service users. In addition discussions were held with existing ongoing sight impaired, hard of hearing and deafblind user groups.
In total 11 focus groups were held, engaging with 125 service users.
Total number of service users involved in the development of the strategy was 258

Staff Engagement

Staff working with sensory impaired adults and children in KCC, KAB and Hi Kent were sent questionnaires.
68 questionnaires were sent out to those working with adults and 51 were returned - a response rate of 75%.

Appendix Two - Recommendations for Commissioning from JNA Sensory Impairment, Chapter Refresh June 2017:

Special emphasis on whole systems approach

In policy terms the outcome of this needs assessment will be the development of a joint strategy and plan. This will include a detailed action plan which will provide a framework to implement the recommendations listed below:

- Ensure consideration of sensory impairment issues and services in DH long-term conditions agenda, including risk stratification and integrated health and social care teams.
- As part of a Sensory Public Health Improvement Strategy carry out health promotion campaigns aimed at raising people's awareness of the need for regular sight and hearing tests, targeted particularly at risk groups e.g. older people, diabetics, young people at risk of hearing impairment from the effects of loud music and noise in the workplace.
- Improve the provision of information on services and the support available; ensuring it is available at key locations and in accessible formats.
- Develop and implement clearer pathways for accessing services; and improve processes for joined up assessment and delivery of services, for example eye clinic liaison officer posts.
- Carry out sensory impairment awareness training of health and social care staff to help them identify individuals with sight and hearing impairments and refer onto appropriate services.
- Transform services by developing new ways of working e.g. clinic approach for equipment assessment and provision to achieve efficiencies and meet increasing demand.
- Ensure sensory environmental audits are carried out to improve access for those with sight or hearing impairments e.g. colour contrast and loop system.
- Establish on an ongoing basis self-management and peer support programmes for sensory impaired people.
- Continue to develop personalised services for sensory impaired people, maximising opportunities for choice and control.
- Ensure sensory impaired people benefit from the opportunities to be gained from new technologies including Telecare and communication aids.
- Ensure the development of appropriate health and social care services to meet the specific needs of people with learning disabilities who have sensory impairments.
- Ensure the development of appropriate emotional support and mental health services for sight impaired, D/deaf and deafblind people, particularly at the point of diagnosis.
- Ensure consistent availability of communication support for D/deaf and deafblind people across all health settings.
- Ensure effective joint working between health and social care services for sight impaired people and D/deaf people for those with a dual sensory impairment.

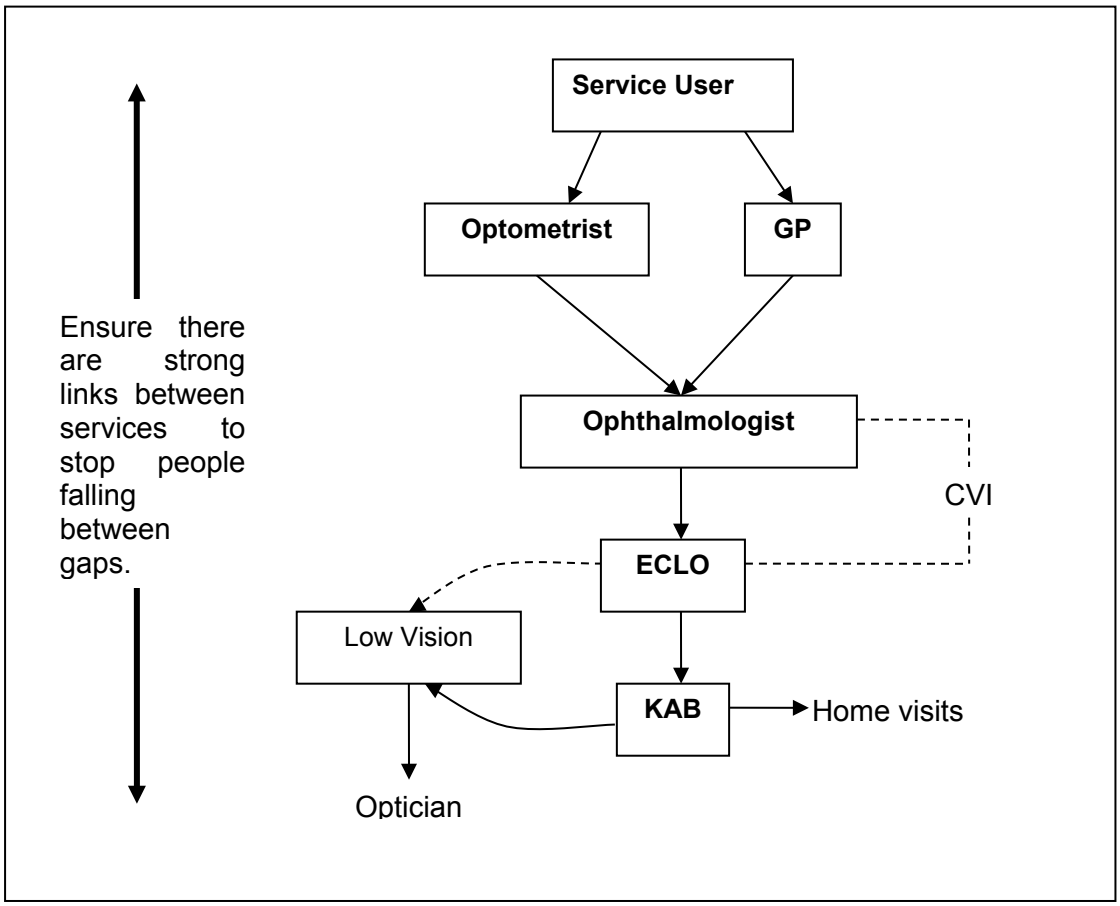
- Ensure an effective low vision service for sight impaired adults and children.
- Establish child centred clinics, with a multi-disciplinary approach facilitating access to a range of services.
- Develop consistent vision screening for children in schools.
- Further work to be carried out on locality prevalence rates, service mapping, current levels of activity, pathways and the identification of additional unmet needs and gaps in services.
- Wider engagement with service users and other stakeholders.
- Development of a Sensory Commissioning Strategy and Implementation Plan.
- Closer working with the falls service to better understand the impact that sensory impairment has upon falls prevalence.
- Ensure the impact and burden of glaucoma care is managed with appropriate use of step down care to primary care practitioners / optometrists. Ensure equitable consistent and timely access to care for glaucoma.
- Ensure the burden of age related macular degeneration care is managed with appropriate use of step down care to primary care practitioners / optometrists. Ensure equitable consistent and timely access to care for macular degeneration care.
- Ensure the burden to the health economy is minimized when commissioning services for age related macular degeneration using safe and effective therapies.
- Ensure equitable consistent and timely access to care for cataract services with appropriate use of step down care to primary care practitioners / optometrists for pre and post-operative assessments.
- Health and Social Care partners to support any current plan(s) developed by the diabetic eye screening service commissioners and providers so as to reduce DNA rates.

Data on the Sensory Impairment, Chapter Refresh for June 2017 is available at the following link:

http://www.kpho.org.uk/__data/assets/pdf_file/0008/72386/Sensory-Impairment-2017.pdf

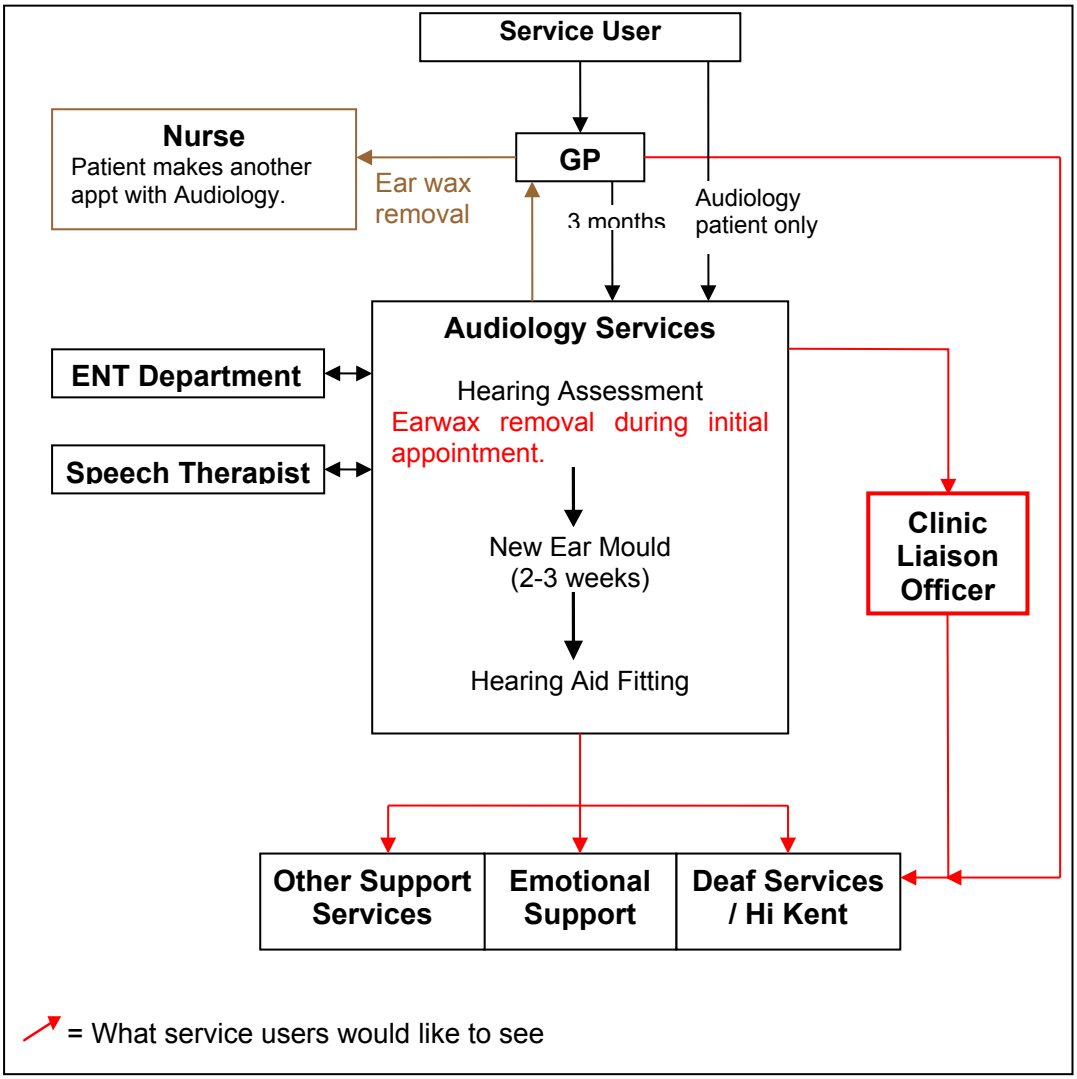
Appendix Three: Integrated Pathways for Health and Social Care

Vision Impairment



Source KCC Sensory and Autism Services 2018

Deafness



Source KCC Sensory and Autism Services 2018

This page is intentionally left blank

Sensory Strategy

'You Said, We Did'

April 2018

You Said	We Did	Where in the Strategy or Action
There were things missing from the list of principles	Added another 4 principles to the list	Page 12
The strategy needs to reflect the 0-25 Lifespan Pathway	Amended Commitment 8 to Outcome 8: *There is a seamless lifespan sensory impairment pathway established leading to better outcomes for children and adults.* This pathway will be aligned with the lifespan pathway plan for individuals with complex learning and physical disabilities	Outcome 8, page 27
Need to raise awareness of sensory impairments	Ensured an action to develop and provide staff training involving service users in sharing and delivering training to all health and social care staff	To be addressed in Sensory Impairment Action Plan and is one of the principles under pinning the strategy
The commitments are too vague and lack detail	Produced a more detailed action plan with SMART actions	To be addressed in Sensory Impairment Action Plan
Lack of detail around children in education	Produced a more detailed action plan with SMART actions. Also added Outcome 8 re: designing and publishing a lifespan sensory impairment pathway	To be addressed in Sensory Impairment Action Plan
Need to improve access for sensory impaired individuals in terms of information, facilities, transport etc. including those with LD and sensory impairment	Added an action to outcome 9 regarding 'sensory friendly' environments	Page 30

You Said	We Did	Where in the Strategy or Action
Improve the links between education and social care	**Added education to action 4 in outcome 7**	**Page 26**
Improve closer working relationships between health, social care and other existing services	Added an action to outcome 7 regarding an equivalent to the ECLO role for hearing impaired individuals. This will also be part of the lifespan sensory impairment pathway	Page 26
There should be a hearing impairment equivalent of ECLOs	Added an action to outcome 7 regarding an equivalent role for hearing impaired individuals. Explore ways of better joining health and social care at the point of diagnosis	Page 26
Need to address issues of social isolation	Added an action to outcome 11 to develop appropriate peer support	Page 33
Need for measurable and targeted outcomes	Produced a more detailed action plan with SMART actions with clear measures of success. Also commitments in the strategy have been re-worded into outcomes	To be addressed in Sensory Impairment Action Plan
There needs to be better emotional / psychological support for whole family.	Include families and carers in the actions in outcome 5 - *Develop emotional support programmes and appropriate mental health services.* A separate outcome section has been added addressing the needs of families and carers	Page 22 and Outcome 10

KENT COUNTY COUNCIL
EQUALITY ANALYSIS / IMPACT ASSESSMENT (EqIA)

This document is available in other formats, Please contact
Lisa.blumson@Kent.gov.uk **or telephone on** 03000 410 294

Directorate:
SC – OPPD – Sensory and Autism Services

Name of policy, procedure, project or service
Sensory Strategy

What is being assessed?
Sensory Strategy – All age

Responsible Owner/ Senior Officer
Beryl Palmer, Manager Sensory and Autism Services

Date of Initial Screening
17 June 2015

Version	Author	Date	Comment
v.1.3	Guy Offord	30/1/18	Revision following public consultation and review by Diversity Team

Characteristic	Could this policy, procedure, project or service, or any proposed changes to it, affect this group less favourably than others in Kent? YES/NO If yes how?	Assessment of potential impact HIGH/MEDIUM LOW/NONE UNKNOWN		Provide details: a) Is internal action required? If yes what? b) Is further assessment required? If yes, why?	Could this policy, procedure, project or service promote equal opportunities for this group? YES/NO - Explain how good practice can promote equal opportunities
		Positive	Negative	Internal action must be included in Action Plan	If yes you must provide detail
Age	NO	HIGH			The Sensory Strategy document and the contributing Joint Needs Assessment (JNA) describe a demographic where a disproportionately higher percentage of people with sight impairment, hearing impairment or both (dual impairment) are older. The Strategy sets out recommendations for better information, prevention and access to services for all age groups, including children and the expectation is that any targeted implementation will be specifically tailored for age groups.
Disability	NO	HIGH			The purpose of the Sensory Strategy is to improve information and services for people of all ages who have a sensory impairment. The Strategy acknowledges that people who have a learning disability are statistically more likely to also have a sensory impairment. The Strategy also acknowledges that people with other additionally disabilities, alongside a sensory impairment, may be exponentially disadvantaged or

					vulnerable (i.e. people with a physical disability plus sight impairment may be particularly vulnerable to falls). The purpose of the Strategy is to encourage Kent agencies to work together to improve information and services for these groups. Statistically it is likely that there are many people in Kent with a sensory impairment, or likely to be diagnosed with a sensory impairment, that do not receive a currently available service, nor are they aware of it. Professionals have told us that they do not always have enough information to improve access, services and pathways for people with sensory impairments
Gender	NO		NONE	Gender should have no impact on the implementation of any of the recommendations made in the Sensory Strategy. However they may be instances of services that are biased towards one sex.	
Gender identity	NO		NONE		It is assumed that gender identity should have no impact on the implementation of any of the recommendations made in the Sensory Strategy. However this will be monitored during the implementation of the strategy.
Race	YES		LOW	It is acknowledged that some ethnic groups may be harder to reach than others. This should be factored into any planning ahead of implementation of the recommendations made in the Sensory Strategy.	
Religion or	NO		NONE		Religion or belief should have no impact on the implementation of any of

belief					the recommendations made in the Sensory Strategy.
Sexual orientation	NO		NONE		Sexual orientation should have no impact on the implementation of any of the recommendations made in the Sensory Strategy.
Pregnancy and maternity	NO		NONE		Pregnancy or maternity should have no impact on the implementation of any of the recommendations made in the Sensory Strategy.
Marriage and Civil Partnerships	N/A	N/A	N/A		
Carer's responsibilities	NO	HIGH			The purpose of the Sensory Strategy is to improve information and services for people of all ages who have a sensory impairment. Implementation of the recommendations laid out in the Strategy should support and ease carer's who care for people with sensory impairments or support carers who have sensory impairments themselves.

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

Low risk of adverse impact but high relevance directly to disability and indirectly to age:

The purpose of the Sensory Strategy is to improve information and services for people of all ages who have a sensory impairment. The Strategy acknowledges that people who are older or who have a learning disability are statistically more likely to also have a sensory impairment. It also acknowledges that people with other additionally disabilities, alongside a sensory impairment, may be exponentially disadvantaged or vulnerable (i.e. physical disability plus sight loss may be particularly vulnerable to falls). The purpose of the Strategy is to encourage Kent agencies to work together to improve information and services for these groups.

Context
Statistically it is likely that there are many people in Kent with a sensory impairment, or likely to be diagnosed with a sensory impairment, that do not receive a currently available service, nor are they aware of it.

Sight Impairment

Older People within Kent
The number of older people in Kent is projected to increase by 67% by 2033. The largest increases will be in Dartford (32%) and Ashford (31%). However, east Kent coastal districts Shepway, Dover and Thanet will continue to have the largest proportion of older people in their population.

It is often expected that sight will deteriorate with age and therefore, people just ‘accept’ their sight is failing (UK Vision Strategy).

ESTIMATES REGARDING CHILDREN IN KENT:

Projected number of children in the Kent aged 0 -19 with visual impairment (2.4 in every 1000) 0-19 Kent pop = 367,402 (ONS)	882
Actual number of children in Kent aged 0-19 with moderate, severe or profound visual impairment (November 2016) (an additional 28 under assessment) (child level data is not collected on mild visual impairment)	407

Hearing Impairment

Deafness
This refers to those who are those who are Deaf, deafened or hard of hearing and there are two main types of hearing impairment – conductive and sensorineural. Age is the biggest single cause of hearing impairment. According to Action on Hearing Loss, 50% of people over the age of 60 have some degree of hearing impairment. 71.1% of over 70 year-olds and 41.7% of over 50 year-olds have some kind of hearing impairment.

Numbers of Clients on Hearing Impairment Register by Category			
HI Register Category	**18-64**	**65+**	**Total**
Deaf without Speech	332	127	459
Deaf with speech post lingual	625	1998	2623
Deaf with speech pre lingual	497	83	580
Hard Of Hearing	557	5431	5988
Total	**2011**	**7639**	**9650**

Deafblind

Level of Need in the Population – Kent Statistics

The Sense and Centre for Disability Research (CeDR) report identifies an upper and a lower estimate for prevalence in dual sensory impairment.

The lower estimate includes only those with a severe sight and hearing impairment. The upper estimate includes all those with any impairment in both hearing and sight (as defined by the Annual Population Survey).

Using Sense and the CeDR prevalence rates it is estimated that there are around 3,026 people in Kent that have a more severe impairment of both hearing and sight.

THE TOTAL DEAFBLIND POPULATION WITHIN KENT (CCG POPULATIONS) USING THESE FIGURES

Mid-year population estimate	Total population	Population divided by 100,000	Cases per 100,000	Total number of cases
2015	1,524,719	15.25	572 212 (severe)	8,723 3,233
2030	1,678,600	16.79	806 343 (severe)	13,529 5,757

There will be a need to raise awareness of sensory impairments when commissioning services for these client groups as well as having access to specialist sensory services. Also there needs to be reasonable adjustments written into specifications for other commissioned services e.g. public health.

Currently available services in Kent are geographically patchy and pathways between services are poor. Some groups (i.e. people with learning disabilities) cannot access these services easily, or at all.

People with Sensory Impairments have told us that there are some services that they would like that are currently unavailable. It is planned to commission a new co-produced sensory contract by April 2019.

Professionals have told us that they do not always have enough information to improve access, services and pathways for people with sensory impairments.

People with Learning Disabilities
There is a significant population of people with learning disabilities in Kent who are statistically more likely to have sight impairment.

The Sensory Joint Needs Assessment and Strategy Recommendations for Commissioning are contained in Appendix 1.

The Kent and Medway Public Health Observatory Joint Needs Assessment chapter concerning sensory impairment can be found:
http://www.kpho.org.uk/joint-strategic-needs-assessment/jsna-population-groups/jsna-sensory-impairment

Aims and Objectives
The Kent Sensory Strategy aims to bring together all Kent agencies and organisations involved with the support and care of people with sensory impairments, with a common agreed set of priorities that will inform collective

decision making for the next few years. These priorities have been drawn from several sources, including consultations with Kent D/deaf, deafblind and sight impaired people, their carers and families.

Beneficiaries
People with sensory impairments in Kent, their carers and families.

Information and Data
The [Sensory] Joint Needs Assessment (JNA) describes the national and local picture in relation to prevalence of sensory disabilities and also the local support and services that are currently available.

The Sensory Strategy uses the JNA data but also reflects the views and feedback of services users, their families and carers, plus professionals and agencies working with people with sensory impairments. A series of six underpinning principles and eleven broad outcomes are made (see appendix 2), leading to a number of suggestion actions for implementation of each commitment. For example the consultation feedback highlighted the issue of the lack of close links between education and social care for children and their families. This resulted in added actions to outcome 8.

Involvement and Engagement
In developing the draft Sensory Strategy we engaged with:
Consultative group of professionals (meetings)
Consultative sub-group (Learning disability) of professionals (meetings)
Relevant agencies and organisations staff (questionnaire)
Existing customer groups (i.e. Deaf Clubs, VI groups and Deafblind Forum) – (questionnaire and meetings)
Ad-hoc invited customer groups – (questionnaire and meetings)

We were able to better map the current landscape and identify good practice, and also gaps in support and services, both in terms of geography and also in terms of what people told us they want. The main outcomes for protected groups

Potential Impact
The adoption and implementation of the Sensory Strategy will improve information, services and pathways for Kent people with Sensory Impairments, their carers and families.

Adverse Impact:
It is imperative that this impact assessment is followed in order that people with sensory impairments and/or learning disabilities have full access to the consultation and discussions, and are able to understand and give their views. It is planned to hold ESTHER cafés to engage with people with sensory impairments and/or learning disabilities and feedback on the consultation in March 2018. Also the results of the consultation will be published on Kent.gov.

Positive Impact:
See potential impact.

JUDGEMENT

Option 1 – Screening Sufficient NO
The Sensory Strategy has no adverse impact on any group with protected characteristics.

Option 2 – Internal Action Required YES

Option 3 – Full Impact Assessment YES

Action Plan
There is a need make sure when commissioning that the any new all age service is responsive to all the different age groups. Any new sensory contracts needs to ensure that there is sufficient marketing of the service to make sure as many people with sensory impairments are aware of the service.
During the implementation of the strategy any gender, gender identity, religion and belief, sexual orientation and carer's responsibilities differences or impacts will be monitored and changes made to the equality assessment as required.

Monitoring and Review
Monitoring and review
We will continue to consult with services users, their families and carers and also professionals and agencies to check that the strategy is bringing the expected benefits.

Sign Off

I have noted the content of the equality impact assessment and agree the actions to mitigate the adverse impact(s) that have been identified.

Senior Officer

Signed: **Name:** Beryl Palmer

Job Title: Manager Sensory and Autism Services **Date:**

DMT Member

Signed: **Name:** Anne Tidmarsh

Job Title: Director Older People and Physical Disability **Date:**

Equality Impact Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale
Age	Any new commissioned all age service is responsive to all the different age groups.	Ensure there is a seamless lifespan sensory impairment pathway established leading to better outcomes for children and adults. This pathway will be aligned with the lifespan pathway plan for individuals with complex learning and physical disabilities.	Services are responsive to the needs all age groups.	Beryl Palmer	April 2019
Disability	Possible cumulative impacts of multiple impairments.	The Strategy does not set out to detail solutions for these groups but instead outlines recommendations that are intended to provoke further discussion and decision making amongst relevant Kent Public Sector	People with multiple impairments are recognised, considered and catered for.	Beryl Palmer	April 2019

		agencies. Next steps: engage with relevant public sector agencies and develop an action plan.			
Disability	Statistically it is likely that there are many people in Kent with a sensory impairment, or likely to be diagnosed with a sensory impairment, that do not receive a currently available service, nor are they aware of it.	The Strategy's recommendations are focused on improving awareness and prevention. Task group(s) should develop an action plan that encompasses these recommendations and improves service coverage	More people with a sensory impairment are made aware of and utilise services	Beryl Palmer	April 2019
Disability	Professionals have told us that they do not always have enough information to improve access, services and pathways for people with sensory impairments	Develop action(s) within the action plan that focus on improving the volume and quality of information for professionals on various platforms and in multiple	Information for professionals is easily and readily accessible from a variety of sources and is current and relevant	Beryl Palmer	April 2019

		formats			
Gender	Possible bias by services towards one sex.	Task group(s) to investigate/determine whether there is any bias towards one sex in existing and potential new services	No bias towards one sex from any services	Beryl Palmer	April 2019
Race	Some ethnic groups may be harder to reach.	When developing actions, task group(s) to consider the cultural differences of all ethnic groups and plan accordingly, making sure that a range of solutions are made available	A concerted effort is made to engage with all ethnic groups, and feedback is sought, reviewed and acted upon	Beryl Palmer	April 2019
Carers	Consider the needs of people with Sensory Impairments who are themselves carers.	When developing actions, consider the needs of carers who have sensory impairments and make relevant provision	Carers who have sensory impairments are treated fairly and equitably	Beryl Palmer	April 2019

Appendix 1

Sensory Joint Needs Assessment and Strategy Recommendations for Commissioning

- Ensure consideration of sensory impairment issues and services in DH Long Terms Condition agenda, including the Kent Integrated Dataset, risk stratification and integrated health and social care teams.

- As part of a Sensory Public Health Improvement Strategy carry out health promotion campaigns aimed at raising people's awareness of the need for regular sight and hearing tests, targeted particularly at risk group's e.g. older people, diabetics, young people at risk of hearing impairment from the effects of loud music and noise in the workplace.

- Improve the provision of information on services and support available, ensuring it is available at key locations and is available in accessible formats.

- Develop and implement clearer pathways for accessing services; and improve processes for joined up assessment and delivery of services, for example Eye Clinic Liaison Officer posts.

- Carry out sensory impairment awareness training of health and social care staff to help identify individuals with sight and hearing impairments and refer onto appropriate services.

- Transform services by developing new ways of working e.g. clinic approach for equipment assessment and provision to achieve efficiencies and meet increasing demand.

- Ensure sensory environmental audits are carried out to improve access for those with sight or hearing impairments e.g. colour contrast and loop system.

- Establish on an ongoing basis self-management and peer support programmes for sensory impaired people.

- Continue to develop personalised services for sensory impaired people, maximising opportunities for choice and control.

- Ensure sensory impaired people benefit from the opportunities to be gained from new technologies including Telecare and communication aids.

- Ensure the development of appropriate health and social care services to meet the specific needs of people with learning disabilities who have sensory impairments.

- Ensure the development of appropriate emotional support and mental health services for sight impaired, d/Deaf and deafblind people, particularly at the point of diagnosis.

- Ensure consistent availability of communication support for d/Deaf and deafblind people across all health settings.

- Ensure effective joint working between health and social care services for sight impaired people and d/Deaf people for those with a dual sensory impairment.

- Ensure an effective low vision service for sight impaired adults and children.

- Establish child centred clinics, with a multi-disciplinary approach facilitating access to a range of services.

- Develop consistent vision screening for children in schools.

- Further work to be carried out on locality prevalence rates, service mapping, current levels of activity, pathways and the identification of additional unmet needs and gaps in services.

- Wider engagement with service users and other stakeholders.

- Development of a Sensory Commissioning Strategy and Implementation Plan.

- Closer working with the Falls Service to better understand the impact that sensory impairment has upon falls prevalence.

- Ensure the impact and burden of glaucoma care is managed with appropriate use of step down care to primary care practitioners / optometrists. Ensure equitable consistent and timely access to care for glaucoma.

- Ensure the burden of age related macular degeneration care is managed with appropriate use of step down care to primary care practitioners / optometrists. Ensure equitable consistent and timely access to care for macular degeneration care.

- Ensure the burden to the health economy is minimized when commissioning services for age related macular degeneration using safe and effective therapies.

- Ensure equitable consistent and timely access to care for cataract services with appropriate use of step down care to primary care practitioners / optometrists for pre and post-operative assessments

- Health and Social Care partners to support any current plan(s) developed by the diabetic eye screening service Commissioners and Providers so as to reduce DNA rates.

Appendix 2

Unpinning Principles:

i) to ensure early intervention and prevention (including identification of sensory impairments and screening)
ii) to deliver improved outcomes
iii) to improve the quality of services
iv) to ensure equity of access (for example through the use of BSL, translators and lip reading and promotion of the accessible information standard)
v) to seek innovative improvements to service performance
vi) to deliver value for money
vii) to regularly engage with and seek feedback from individuals with sensory impairments and their families and carers
viii) to co-produce services with service users and carers as well as with the voluntary and community sector
ix) to increase the understanding of sensory impairment

11 Outcomes in Strategy:

1. The needs of sensory impaired children and adults are included and addressed within the public health and prevention agenda.
2. Individuals are well informed about services, resources and information available; information is provided in line with the Accessible Information Standard.
3. Children and adults are supported and enabled to be as independent as possible.
4. d/Deaf, deafblind and sight impaired children and adults receive skills training (habilitation and rehabilitation) and equipment to increase their independence.
5. Services are responsive and personalised enabling children and adults to access opportunities appropriate to their needs.
6. Individuals with sensory impairments have access to emotional support programmes and appropriate mental health services.
7. Appropriate specialist services are provided for children and adults with learning disabilities.
8. Seamless all age, lifespan pathways are developed for sensory impairment leading to better outcomes for children, young people and adults; these are aligned to other relevant pathways.
9. Reasonable adjustments are made to services to ensure that sensory impaired individuals have equal access to mainstream services.

10. Children and adults with sensory impairments are able to access universal services and feel fully included in their community.
11. Families and carers of sensory impaired receive help and support in their caring role and their own needs as carers are addressed.

From:	Graham Gibbens, Cabinet Member for Adult Social Care Penny Southern, Interim Corporate Director, Adult Social Care and Health
To:	Adult Social Care Cabinet Committee – 18 May 2018
Subject:	**BRITISH DEAF ASSOCIATION CHARTER FOR BRITISH SIGN LANGUAGE**
Classification:	Unrestricted
Past Pathway of Paper:	Adult Social Care and Health Core Directorate Management Team Meeting – 18 April 2018
Future Pathway of Paper:	None
Electoral Division:	All

Summary: This report has been written in response to a time limited debate on the British Deaf Association Charter for British Sign Language at a KCC County Council meeting in December 2016. It presents evidence of how the Council is currently meeting the five pledges within the Charter and identifies areas for ongoing and further improvement to improve Deaf people's access to services. Whilst the Council is doing much to deliver on the pledges it concludes that elements remain aspirational at this time.

Recommendation: The Adult Social Care Cabinet Committee is asked to:
a) **CONSIDER** and **COMMENT** on the progress made on implementing the British Deaf Association pledges;
b) **NOTE** the recommendations for improvement and the plan for them to be included within the work of the Sensory Collaborative and Sensory Strategy Implementation Plan; and
c) **NOTE** an update report on progress against the British Deaf Association pledges will be presented to the Adult Social Care Cabinet Committee by July 2019.

1. Introduction

1.1 The Deaf community is recognised as a cultural and linguistic minority group with its own language, British Sign Language (BSL). In 2003 the Government officially recognised BSL as a language in its own right and as an indigenous language used in the UK.

1.2 The British Deaf Association (BDA) is asking local and national services across the UK, in the public, private and voluntary sectors to sign up to their Charter for British Sign Language. The Charter sets out several key pledges which aim to promote better access to public services for Deaf communities.

1.3 In Kent a motion was put forward for a time limited debate at the County Council meeting on 8 December 2016:

*"This Council fully supports the aspirations behind the British Deaf Association's Charter of British Sign Language (BSL) and agrees to sign up to the Charter and to implement their five pledges to improve access and rights for the Deaf BSL users. "*The following was resolved: *"That this Council fully supports the aspirations behind the British Deaf Association's Charter of British Sign Language (BSL) and agrees to investigate the implications of both signing up to the Charter and to implementing their five pledges to improve access and rights for Deaf BSL users. Further, the appropriate Cabinet Member is requested to submit a report to Adult Social Care and Health Cabinet Committee within 12 months on progress made with implementing the pledges."*

1.4 This report presents the evidence of how the Council currently meets the standards and the work being undertaken to improve access and rights for Deaf BSL users. It also makes recommendations where appropriate for further ongoing or further improvements to meet the pledges.

1.5 A meeting was held with the Chief Executive of the BDA and an agreement made to set up a Partnership Working Group to look at the pledges and work with the local Deaf community. The BDA were subsequently unable to provide a member of staff to assist with this work. The local Sensory Services social care team has consulted with the local Deaf community and their feedback has been included in Appendix One.

2. The Pledges

2.1 <u>Consult with the local Deaf Community on a regular basis</u>

Pledge 1: Deaf people should have the right to be consulted on services or changes to services that affect them and to have input into consultations alongside other forums and groups.

2.1.2 When public consultations are held organisers are able to access the Council's BSL interpreting service and can seek advice on the best way to support Deaf people who may be attending events.

2.1.3 The Council has undertaken a number of consultation events over the years with local Deaf people including for example a "We Share You Share" event to enable Deaf people to raise issues with local public services and engagement with local Deaf people in the development of the Sensory Strategy.

2.1.4 The Education Department's Specialist Teaching and Learning Service (STLS) Sensory Service sends service users an annual questionnaire to gain service user views and has recently been holding consultation events for families.

2.1.5 A new pilot project the Deaf Well Being and Access project was established in April 2017 and this has resulted in the establishment of a Deaf forum and

significant engagement with local Deaf people in Thanet, including in partnership with Health. As part of this work a Sensory Services Facebook page has been developed which has promoted two-way communication and given a platform to advertise consultations.

2.1.6 A Deaf Community Worker has been employed part time to work with the Deaf community in Thanet where there is a high number of Deaf people. This role has been to work to empower the local Deaf community and to work alongside them to improve their access to services. The Deaf Community Worker supported by a Deaf forum and has run a number of workshops in conjunction with other public services. The project has been running for a year and has recently been evaluated and found to be successfully delivering change.

"The Deaf Community Worker has helped us to be stronger and more confident." (service user comment)

2.1.7 It has recently been agreed that this project will be extended to cover the whole of Kent, with the employment of a full-time post.

2.1.8 **Recommendation One** To continue to build on the work of the Deaf Community Worker on a county wide basis in terms of involving Deaf people meaningfully in improving and developing services.

2.2 Ensure access for Deaf People to information and services

Pledge 2: Deaf people will get the same quality of provision, information and standards, on a par with others in the wider community.

2.2.1 Deaf people can face significant barriers when trying to access information or services such as language barriers and lack of awareness. Many Deaf people are often unable to access written information.

2.2.2 The Council has developed clear policy and guidance for staff to ensure it meets the new Accessible Information Standard which requires health and social care to provide information in a range of formats to meet the needs of disabled people, including BSL.

2.2.3 The Council's Sensory and Autism Services Unit manage a public partnership contract for sign language interpreting for Deaf and deafblind people on behalf of other public bodies in Kent including Kent Police, Kent Fire and Rescue, Kent and Medway NHS and Social Care Partnership Trust, Kent Community Health Foundation Trust and Dover District Council. The interpreting service is provided by the Royal Association of Deaf People (RAD) and only qualified and registered interpreters are used. This contract is held up nationally as an example of Best Practice. All council services have access to this contract including Kent schools so that Deaf people can have equal access to services.

2.2.4 New technologies are being explored as a way to meet the information and access needs of Deaf people including video interpreting and the use of Skype.

The Sensory Services Facebook page provides information for Deaf people in BSL.

2.2.5 Gateway “drop ins” are run across the county by Sensory Services where Deaf people can be assisted to understand information or gain access to services with the help of practitioners skilled in BSL. These are highly valued by the Deaf community. A specialist advocacy service provided by RAD has also been commissioned which provides Deaf people with independent access to services.

2.2.6 Deaf people do still experience limited access to general KCC public information which is not provided in BSL. Videos produced by the Council generally do not have subtitles or have BSL interpretation. There is a need to improve in this area.

2.2.7 Another area for further development is ensuring staff receive BSL Awareness /Deaf Equality training, including information about how to communicate with Deaf people. Some training is provided by the Council. For example, the STLS Sensory Service provides Deaf Awareness training in schools with deaf children and the Social Care Sensory Services teams provide some awareness training but this is limited.

2.2.8 **Recommendation Two**: To continue to work with the Council’s Marketing and Digital team to improve access to information and services for Deaf people including sign video, use of sub titles on videos, and BSL video clips. Earlier this year, Sensory Services met with the Communications Team to discuss the BDA Charter and look at how the Council can continue to improve its Digital Accessibility. Several work streams were identified, and it was agreed that work on compiling a library of BSL clips for the KCC website would be undertaken. Sensory Services will identify some priority areas to start with and will work with the Communications and Marketing Team to produce the videos. Work on commissioning Video Interpreting is also underway, and we will work closely with the Communications Team to ensure there is a suitable platform for this, and it doesn’t breach the Council’s firewalls or regulations. Various ways of how this could work have been discussed and details of how other Local Authorities are managing this have been sent to the Communications Manager. In addition, the Communications Team will continue to use subtitles on all films which are produced by the Council and uploaded onto our platforms.

2.2.9 **Recommendation Three:** To continue to develop the Council’s Interpreting Service and raise awareness across services of their responsibility to ensure meetings and contact with Deaf people is accessible.

2.2.10 **Recommendation Four**: To ensure all contracts involving the provision of Information and services ensure equality of access for Deaf people who use BSL.

2.3 Support for Deaf Children and Families

Pledge 3: At the point of diagnosis of deafness, health and education providers will offer parents genuinely informed choices, including a bilingual/bicultural approach.

2.3.1 Deaf children and their families require good communication from when the diagnosis of deafness is made. The BDA believes that the majority of Deaf children will realise their potential through a bilingual/bicultural approach to using BSL and English.

2.3.2 The STLS Sensory Service works closely with health colleagues in responding to New-born Hearing Screening referrals. Interventions, advice, support and information is provided in line with the level of hearing impairment and information is provided on the complete range of communication options including BSL. The STLS support families in learning to sign and provide a course called Let's Communicate for families of very young deaf children which explores communication options including BSL. The team also runs National Deaf Children's Society (NDCS) "Family Sign Language" groups.

2.3.3 Teachers of hearing impaired children hold BSL qualifications, as do other staff working with deaf children and young people in schools such as Communication Support Workers and Teaching Assistants. Deaf children and young people are encouraged and supported to develop their skills in BSL on a daily basis and signing groups are held in some primary and secondary schools.

2.3.4 Opportunities are provided for deaf children to meet together and to meet with older deaf role models such as after school activities, Think Right Feel Good/Healthy Minds sessions, "Deaf Expo", the National Deaf Children's Society (NDCS) and Kent Deaf Children Society (KDCS) activities.

2.3.5 Kent is one of the few Local Authorities in the country who have a specific Sensory Children and Families team who are skilled in working with Deaf families and are qualified in BSL. The team is held up nationally as a Best Practice example. Qualified Social Workers work closely in partnership with Education and Health colleagues and the voluntary sector to address the needs of deaf children and their families, including addressing safeguarding concerns.

2.3.6 **Recommendation Five:** STLS to build further opportunities for BSL training in their programme of Continuing Professional Development and consider wider roll out of the Think Right Feel Good or Healthy Minds approach.

2.4 Ensure staff working with Deaf people can communicate effectively in BSL.

Pledge 4: Customer facing staff will have basic BSL skills. Specialist staff will have higher level BSL skill so that they can deliver good services to Deaf people without the need for interpreters.

2.4.1 The Council has two well established specialist Sensory Services teams in social care for both children and adults who comprise staff skilled in BSL and with a good understanding of the Deaf community and Deaf culture. Practitioners have a minimum of BSL level 2 and several have higher levels. Staff are given regular opportunities to further develop their skills. The team has a long history of proactively recruiting d/Deaf staff and assisting them to qualify as Social Workers.

2.4.2 d/Deaf refers to someone who is Deaf, deafened or hard of hearing. The term d/Deaf will be used throughout to include people who are Deaf (British Sign Language users), who were either born deaf or became deaf in early childhood and use BSL as their first or preferred language. The focus of this term is on the 'D' in Deaf to indicate that they have their own language and culture.

2.4.3 Hi Kent, provides a specialist assessment service for equipment for deaf older people and several of their staff are also qualified in BSL.

2.4.4 BSL interpreters are available through the Council's contract for other staff needing to communicate with Deaf people.

2.4.4 There is a need to improve the communication skills and Deaf awareness of frontline staff and as stated above improve access at the point of contact for Deaf people through Skype, Facetime or video relay service.

2.4.6 As stated above under Pledge 3 relevant staff within Education have BSL skills and there are opportunities for preschool, school and STLS staff to access the Council's BSL courses level 1 and 2.

2.5 Promote learning and high-quality teaching of British Sign Language

Pledge 5: Family members, guardians and carers of deaf children and Deaf young people and local authority/public service employees will have access to BSL lessons from suitable qualified teachers.

2.5.1 There is a need for more BSL courses in order that more people have the opportunity to learn BSL.

2.5.2 The Council fund BSL training courses each year for parents of and professionals working with pupils who use BSL to access the curriculum. These are organised by the STLS Sensory Service. The BSL tutors are all Signature qualified and are fluent in BSL, two of whom are native users.

2.5.3 Adult Education commission BSL courses and parents/families and relatives are entitled to a 50% reduction fee on BSL courses.

2.5.4 Hi Kent, provide both Deaf Awareness courses and BSL Level 1 and 2 courses. These are provided on a regular and ongoing basis.

2.5.5 Recommendation Six: To further develop Deaf Awareness courses for council staff and ensure ongoing access to BSL skills training**.**

3. Conclusion

3.1 This report evidences good progress being made in implementing the BDA Charter's pledges. The Council can evidence some Best Practice examples including the Kent Public Partnership Interpreting contract for Deaf and Deafblind people, the provision of a specialist Children's Sensory Services team and the Deaf Well Being and Access project. The new Deaf Community Worker role, shortly to become a county wide post will be key in empowering the local Deaf community and continuing to improve their access to services.

3.2 However, there are a number of areas that require ongoing improvement which have been outlined within the six recommendations above. It is proposed that these recommendations for action are considered by the newly established Sensory Collaborative and built into the Sensory Strategy Implementation plan. Whilst the Council is fully supportive of the Charter and doing much to deliver on the pledges, elements remain aspirational at this time, particularly in a time of financial constraints.

4. Recommendations

4.1 Recommendation: The Adult Social Care Cabinet Committee is asked to:
a) **CONSIDER** and **COMMENT** on the progress made on implementing the British Deaf Association pledges;
b) **NOTE** the recommendations for improvement and the plan for them to be included within the work of the Sensory Collaborative and Sensory Strategy Implementation Plan; and
c) **NOTE** that an update report on progress against the British Deaf Association pledges will be presented to the Adult Social Care Cabinet Committee by July 2019.

5. Background Documents

None

6. Lead Officer

Beryl Palmer
Sensory and Autism Services Manager
03000 415440
beryl.palmer@kent.gov.uk

Lead Director

Anne Tidmarsh
Director Older People and Physical Disability
03000 415521
Anne.tidmarsh@kent.gov.uk

This page is intentionally left blank

From: Ben Watts, General Counsel

To: Adult Social Care Cabinet Committee – 18 May 2018

Subject: **Work Programme 2018/19**

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 2018/19.

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 2018/19

3.1 An agenda setting meeting was held 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 2018/19.

6. Background Documents

None.

7. Contact details

Report Author:
Emma West
Democratic Services Officer
03000 412421
emma.west2@kent.gov.uk

Lead Officer:
Ben Watts
General Counsel
03000 416814
benjamin.watts@kent.gov.uk

Adult Social Care Cabinet Committee
Work Programme 2018/19

ASC Cabinet Committee meeting dates	Key Decisions	Commissioning Items/Contract Monitoring	Developing Issues	Members' interests/suggestions	Standing Items
18-May-18	• 18/00022 - Sensory Strategy • 18/00021 - Commissioning of New Services for Deprivation of Liberty Safeguards Assessments (Non-Priority) • 17/00074 - Vulnerable Adults Homelessness Service Redesign	• Update on progress against British Deaf Association of British Sign Language Pledges • Adult Social Care and Health Local Care Implementation Plan (for information only)	•	•	• Verbal Updates by Cabinet Member and Corporate Director • Work Programme 2018/19
04-Jul-18	•	• Integrated Learning Disability Commissioning (15/00101) • Recommissioning of Infrastructure Support to the Voluntary and Community Sector (16/00051) • Performance Dashboard • Annual Equality and Diversity Report • Framework Contract and Dynamic Purchasing System for Community living for people with a learning disability and/or autism	•	•	• Verbal Updates by Cabinet Member and Corporate Director • Work Programme 2018/19
18-Sep-18	•	• Kent Community Hot Meals Delivery Service (15/00045) • Annual Complaints Report	• Adult Social Care Green Paper	• Social Isolation and Loneliness Update	• Verbal Updates by Cabinet Member and Corporate Director • Work Programme 2018/19
30-Nov-18	•	• Commissioning of Integrated Domestic Abuse Services(16/00014) • Performance Dashboard	•	•	• Verbal Updates by Cabinet Member and Corporate Director • Work Programme 2018/19

22-Jan-19	•	• Community Day Services for People with a Learning Disability and/or Physical Disability (16/00089) • End of Life Care - Update	•	•	• Verbal Updates by Cabinet Member and Corporate Director • Work Programme 2018/19
12-Mar-19	• Adults Rates and Charges 2019/20	• Performance Dashboard	•	•	• Verbal Updates by Cabinet Member and Corporate Director • Work Programme 2018/19

Updated on: 10 May 2018