

ADULT SOCIAL CARE CABINET COMMITTEE

Wednesday, 4th July, 2018

10.00 am

Darent Room, Sessions House



AGENDA

ADULT SOCIAL CARE CABINET COMMITTEE

Wednesday, 4 July 2018 at 10.00 am
Darent Room, Sessions House

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 I S Chittenden, 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.

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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 meeting held on 18 May 2018 (Pages 7 - 14)
To consider and approve the minutes as a correct record.

- 5 Verbal Updates by Cabinet Member and Corporate Director
To receive verbal updates from the Cabinet Member for Adult Social Care and the Corporate Director of Adult Social Care and Health.
- 6 18/00029 - Positive Behavioural Support Service (Pages 15 - 36)
To receive a report which provides Members with an update on the positive behavioural support service and how personalised care and support for individuals aged 14 years and over who can move from specialist/secure in-patient services into a community setting for delivery of their care, can be delivered.
- 7 18/00030 - Care in Home Service (Pages 37 - 76)
To receive a report which provides Members with an update on care in the home services and the range of services that are commissioned by Kent County Council to provide care and support for people in order that they can safely reside in their own homes or in supported living accommodation.
- 8 18/00031 - Residential Care for people with a Learning Disability, people with a Physical Disability and people with Mental Health Needs (Pages 77 - 100)
To receive a report which informs Members of the intention to establish new contracts for care homes for people with a Learning Disability, people with a Physical Disability and people with Mental Health Needs from April 2019.
- 9 Annual Equality and Diversity Report (Pages 101 - 118)
To receive a report which sets out a position statement for Adult Social Care and Health regarding equality and diversity work and progress on equality objectives for 2017/18.
- 10 Performance Dashboard (Pages 119 - 140)
To receive a report which provides Members with progress against targets set for key performance and activity indicators for April 2018 for Adult Social Care.
- 11 Work Programme 2018/19 (Pages 141 - 144)
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.

KENT COUNTY COUNCIL

ADULT SOCIAL CARE CABINET COMMITTEE

MINUTES of A meeting of the Adult Social Care Cabinet Committee held at on Friday, 18th May, 2018.

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

OTHER MEMBERS: Graham Gibbens

OFFICERS: Melanie Anthony (Commissioning and Development Manager), Clare Maynard (Head of Commissioning Portfolio - Outcome 2 and 3), Jo-Ann Robson (Specialist Teacher - Hearing Impairment at the Goldwyn School), 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

78. Apologies and Substitutes
(Item 2)

Apologies for absence were received from Miss E Dawson, Mr G Koowaree and Mr D Monk.

Mrs R Binks and Mr R Bird attended as substitutes respectively.

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

No declarations of interest were received.

80. Minutes of the meetings held on 9 March 2018
(Item 4)

RESOLVED that the minutes of the meeting held on 9 March 2018 are correctly recorded and they be signed by the Chairman.

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

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

KCC's response to the Joint Communities & Health Committees Inquiry on the long-term funding and provision of Adult Social Care – The inquiry was announced in January 2018 with a submission deadline of 7 March 2018, therefore the submission occurred between Committee dates. As the inquiry was not a government consultation, but a call for evidence, the usual timeframe for responses

to be submitted did not apply. Due to the tight timeframe, Mr Gibbens was unable to bring a draft response to the Committee. Comments from Kent County Council's response to the inquiry had been reported in the national press, an article was published on the Daily Mail Online on 3 April 2018. The Leader of Kent County Council, Mr Carter, was in the process of making the case on the need for a sustainable solution to the funding of adult social care both in Kent and CNN roles, and had been for some time. Last year, Mr Carter asked the policy team with Kent County Council to undertake research into alternative funding models, including international social care insurance arrangements, one of which had been operating in Germany, and this research naturally formed the basis of Kent County Council's response to the inquiry.

- a) In response to a question, Michael Thomas-Sam agreed to circulate further information on the German model to Members of the Committee.
2. Anne Tidmarsh (Director of Older People and Physical Disability) gave a verbal update on the following issues in Penny Southern's absence:

Local Care Implementation Plan – A workshop and conference had taken place recently in relation to local care. The Leader of Kent County Council, Mr Carter was chairing the Local Care Implementation Board for the STP, and the workshop focused on the work of GP's, social care and housing colleagues to propose how the plan would be implemented. The conference focused on multi-disciplinary team working and jointly focusing on the vision and direction of a multi-disciplinary team. The conference was aimed at Kent's practitioners and health professionals, and communications teams within Kent County Council had engaged with the public to gain an insight on their knowledge of multi-disciplinary working.

Dementia Action Week 2018 – Mrs Tidmarsh talked about the range of activities which would be taking place throughout the country at the end of May 2018 to support people living with Dementia.

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

82. Adult Social Care and Health Local Care Implementation Plan (for information only)
(Item 6)

1. Mr Gibbens (Cabinet Member for Adult Social Care) provided an update on the Adult Social Care and Health Local Care Implementation Plan and referred to the report which was presented to the Health Reform and Public Health Cabinet Committee in March 2018.
 - a) In response to a question, Anne Tidmarsh said that there were no set dates in which the pilots would start as the intention of local care was that the model be implemented across the board. She said that there were ongoing discussions in relation to the pilots and whether accelerated delivery would be the best option as opposed to piloting.
 - b) 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.

- c) In response to a question, Anne Tidmarsh said that all the plans for acceleration across the board would be incorporated so that there would be one Local Care Implementation Plan.
- d) In response to a question, Mr Gibbens said that he would work with all Members to ensure that they had all the information that they needed in relation to the Local Care plan.

2. RESOLVED that the update be noted.

83. 17/00074 - Vulnerable Adults Homelessness Service Redesign

(Item 7)

(Clare Maynard (Head of Commissioning Portfolio – Outcome 2 and 3) and Melanie Anthony (Commissioning and Development Manager) were in attendance for this item)

- 1. Clare Maynard introduced the report which provided an update on the commissioning of generic support services for vulnerable homeless adults and the new and emerging legislative change.
 - a) In response to a question, Mel Anthony said that extensive work had been undertaken to understand the diverse needs of vulnerable homeless adults. She said that some of the feedback received suggested that integrating services together to have 1 comprehensive assessment meant that Kent would be able to deliver appropriate services to people at a time of need.
 - b) In response to a question Mel Anthony said that the current arrangements meant that services were not connected. Bringing the services together would better enable information to be shared, and this would also make things easier for the people who need to use them.
 - c) In response to a question, Mel Anthony said that the prevention of homelessness and earliest intervention possible was critical. She said that work with the district and boroughs was ongoing in light of the Homelessness Reduction Act to ensure that any new service complemented rather than duplicated the work of the housing authorities.
 - d) In response to a question, Mel Anthony said that the Voluntary Sector had been given the opportunity to inform, advise and shape proposals.
 - e) In response to a question, Mel Anthony said that there was an agreed county-wide housing protocol for 16-17-year olds which described how the county and districts would interact with one another. She said that young offenders would be supported by the young person's accommodation offer.
 - f) In response to a question, Mel Anthony confirmed that Adult Social Care in Kent had 9 different providers, although many of the providers had several contracts.
 - g) In response to a question, Mel Anthony said that there were ongoing conversations with districts and boroughs in relation to where the areas of demand were for the service. She added that there was a great deal of

homelessness in rural areas, and therefore the offer needed to extend out to rural communities.

- h) In response to a question, Mel Anthony talked about the consultation that had been undertaken for the service and said that a questionnaire had been taken to different environments to ensure that both people that did and did not use the service were able to comment on the proposals.
- i) In response to a question, Mel Anthony said that ex-service personnel represented a high number of the rough-sleeper population. She said that they were included in the provision and creating the service would help them.
- j) In response to a question, Mel Anthony said that a key element of the service was to provide support to individuals to access their rights. She said that it was very difficult for people who had been multiply disadvantaged, and that support service do and would continue to pursue those pathways.
- k) In response to a question, Mel Anthony said that Kent County Council had had conversations with CCG's who were considering a different way to offer GP services to homeless vulnerable adults within the new service.

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

be endorsed.

84. 18/00021 - Commissioning of New Services for Deprivation of Liberty Safeguards Assessments (Non-Priority)
(Item 8)

(Michael Thomas-Sam (Head of Strategy and Business Support) and Clare Maynard (Head of Commissioning Portfolio – Outcome 2 and 3) were in attendance for this item)

1. Michael Thomas-Sam introduced the report which set out the arrangements for commissioning new services for Deprivation of Liberty Safeguards assessments and the plans to reduce the size of the backlog of non-priority applications. He said that the Supreme Court judgement of March 2014 had increased the DOLS applications nationally. Kent County Council had received a total of 4,402 applications yet to be completed since 1 April 2017.

- a) In response to a question, Michael Thomas-Sam said that less than 5% of DOLS applications were refused.
 - b) In response to a question, Michael Thomas-Sam said that the number of DOLS applications included in the backlog would fluctuate.
 - c) In response to a question, Michael Thomas-Sam said that 18% of the DOLS applications received in 2017/18 were from NHS Trusts in Kent.
 - d) In response to a question, Michael Thomas-Sam said that when the additional funding for DOLS was provided by the Government in 2015, the demand for DOLS had since been factored into the budget allocation to local authorities. He added that KCC were responsible for managing the DOLS assessment process irrespective of where the applications came from – care homes or hospitals.
 - e) In response to a question, Michael Thomas-Sam talked about the DOLS acid test and said that an individual who lacked the capacity to consent to the arrangements for their care and was subject to continuous supervision and control and was not free to leave their care setting, was deprived of their liberty and should be the subject of a DOLS application.
 - f) In response to a question, Clare Maynard talked about the benefits of the light-touch procurement process and said that the regime enabled Kent to use a lighter procedure whilst keeping fully compliant with regulations.
 - g) In response to a question, Michael Thomas-Sam said that although the new legislation applied to people aged 18 and over, there were transition issues that may have led to an individual aged 16-17 to go through the assessment. He said that there was no funding from Government in terms of the 16-17-year olds transitioning from children's services to adult services, the funding came from Adult Social Services within KCC.
2. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care, 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,

be endorsed.

85. 18/00022 - Sensory Strategy 2018-2021
(Item 9)

(Beryl Palmer (Manager, Sensory and Autism Services) and Jo-Ann Robson (Specialist Teacher - Hearing Impairment at the Goldwyn School) were in attendance for this item)

1. Beryl Palmer introduced the report which set out the finalised Sensory Strategy for 2018-2021.
 - a) In response to a question, Beryl Palmer said that a Deaf Community Worker had been employed in Thanet to work with Deaf people to empower them and help them understand how things work and get improved access to local services.
 - b) In response to a question, Beryl Palmer said that communication colleagues were working towards improving Kent County Council's website accessibility for people with sensory impairments. A Member suggested that the recommendation be amended to ensure that the accessibility of Kent County Council's website be improved as a priority. Members of the Committee supported this.
 - c) In response to a question, Beryl Palmer said that there were ECLO's (Eye Clinic Liaison Officers) based at Maidstone Hospital and William Harvey Hospital which were currently funded by KAB (Kent Association for the Blind).
 - d) In response to a question, Beryl Palmer said that Hi Kent had expanded the number of lip-reading classes that they provided.
 - e) In response to a question, Beryl Palmer said that Sensory Services were for everybody, regardless of a person's other disabilities. She added that teams would work with colleagues to give advice, and input into an assessment for an individual and ensure that the needs of that person were met.
 - f) In response to a question, Beryl Palmer said that KAB had arranged art clubs and found the classes very helpful and therapeutic for people with sensory impairments, there were opportunities to use The Heritage Arts Company to enhance these services.
 - g) In response to a question, Beryl Palmer said that training courses were available for carers and staff in communication with people living with sensory impairments.
 - h) In response to a question, Beryl Palmer said that technology was making a big impact on sensory-impaired people's lives. Jo-Ann Robson said apps had been introduced in many Kent Schools and children were gaining a better understanding of sensory disabilities and how they affect people. Anne Tidmarsh said that Kent were developing a digital strategy for Adult Social Care, but this would be something that was looked at across the board.
 - i) In response to a question, Beryl Palmer said that KAB had started to provide a counselling service for visually impaired adults.
 - j) In response to a question, an officer confirmed that they would investigate and circulate information to Members of the Committee with regards to whether staff working on the reception desk within Sessions House were trained to communicate with a person who had a sensory impairment.

- k) In response to a question, Beryl Palmer said that several staff within sensory services were deaf and used hearing loops. She said that it was important to ensure that hearing loops were regularly tested and were accessible.

2. RESOLVED that: -

- a) the proposal to end the grants awarded to Hi Kent and KAB and to 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, be noted; and
- b) action be taken to improve the accessibility of KCC's website for sensory impaired users; and
- c) the decision proposed to be taken by the Cabinet Member of Adult Social Care to approve the sensory strategy 2018-2021;

be endorsed.

86. British Deaf Association Charter for British Sign Language
(Item 10)

(Beryl Palmer (Manager, Sensory Disabilities) and Jo-Ann Robson (Specialist Teacher - Hearing Impairment at the Goldwyn School) were in attendance for this item)

- 1. Beryl Palmer introduced the report which set out the five pledges within the British Deaf Association Charter for British Sign Language and identified areas for ongoing and further improvement to improve Deaf people's access to services.
 - a) In response to a question, Anne Tidmarsh said that finding out the exact number of carers that were competent in sign language would be challenging but added that part of the strategy focused on ensuring that other agencies were involved in recruiting staff that could communicate with people with hearing impairments. Beryl Palmer added that KAB had a guide communicator service that was aimed at people who were deafblind. She said that it was important to understand how to stimulate the market to ensure that people with the right BSL skills were in the right area of Kent.
 - b) In response to a question, Jo-Ann Robson said that finding a qualified and appropriately skilled person for a role was challenging, it was to know where the skilled people were and whether they were in a role that was suited to their skill-set.

2. RESOLVED that the report be noted.

87. Work Programme 2018/19
(Item 11)

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

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

To: Adult Social Care Cabinet Committee – 4 July 2018

Decision No: 18/00029

Subject: POSITIVE BEHAVIOURAL SUPPORT SERVICE

Classification: Unrestricted

Past Pathway of Paper Adult Social Care and Health Directorate Management Team - 6 June 2018
Strategic Commissioning Board - 8 June 2018

Future Pathway of Paper: Cabinet Member decision

Electoral Division: All

Summary: The Kent and Medway Transforming Care Partnership seeks to develop bespoke and personalised care and support for individuals aged 14 years and over who can move from specialist/secure in-patient services into a community setting for the delivery of their care.

In March 2018 there were 94 in-patients within the Transforming Care Partnership. The programme is required to reduce this figure to a maximum of 57 by March 2019.

To support this a new model of Positive Behavioural Support Service is required to enable commissioners to work with a small group of providers to develop this specialist provision for people with multiple and complex needs.

Recommendation(s): 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) **UNDERTAKE** a procurement exercise for the provision of a Positive Behavioural Support Service which will commence from September 2018; 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.

1. Introduction

- 1.1 The Council will act as the lead commissioner for the delivery of this framework which supports KCC's strategic aims;
- To develop and rapidly deliver a shared vision for the integration and redesign of health and social care services across Kent
 - Ensure more people receive quality care at home avoiding unnecessary admissions to hospital and care homes
 - The health and social care system works together to deliver high quality community services
- 1.2 The Council is an equal partner with the NHS to a Section 75 agreement to deliver integrated whole system change for learning disability and/or autism. Under the terms of the S75 agreement KCC's Strategic Commissioner is the representative commissioner on behalf the partners of the S75.
- 1.3 The Transforming Care Partnership (TCP) consists of all of Kent's Clinical Commissioning Groups (CCG) in partnership with Kent County Council and Medway Council. The NHS Five Year Forward View sets out a vision for the future of the NHS from 2016/17 to 2020/21. One of the nine "must dos" set out in this guidance is to:

"Deliver actions set out in local plans to transform care for people with learning disabilities (LD), including implementing enhanced community provision, reducing inpatient capacity, and rolling out care and treatment reviews in line with published policy"

- 1.4 To ensure these planned discharges can progress the TCP is seeking to commission a small number of providers to work with it to develop and deliver bespoke and personalised care and support. The TCP team has consulted with other Local Authorities, the Local Government Association and the NHS as well as a range of providers to determine the best contract solution.

2. Strategic Statement and Policy Framework

- 2.1 The proposed decision for a Positive Behavioural Support Service links with the following KCC Strategic Outcomes:
- Outcome 1 - Children and young people in Kent get the best start in life
 - Outcome 2 - Kent communities feel the benefits of economic growth by being in work, healthy and enjoying a good quality of life
 - Outcome 3 - Older and vulnerable residents are safe and supported with choices to live independently
- 2.2 The Positive Behavioural Support Service will support the above strategic outcomes by:
- Supporting those with long term conditions to manage their conditions through access to good quality care and support

- Enabling more people to receive quality care in the community avoiding unnecessary admissions to hospital and care homes
 - Enabling the health and social care system to work together to deliver high quality services
 - Improving physical and mental health by supporting people to take more responsibility for their own health and wellbeing
- 2.3 By supporting older and vulnerable residents in Kent with assessed needs, to remain living independently in their own homes, KCC aims to:
- 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
- 2.4 The Council's Commissioning Success document underpins the strategy for the commissioning of a Positive Behavioural Support Service; improving lives by ensuring every pound spent in Kent is delivering better outcomes for Kent residents, communities and businesses.
- 2.5 Nationally and locally there has been a positive and significant reduction in the reliance on institutional care to support people with a learning disability and/or autism. For a small number of people with multiple and complex needs there is still overreliance on inpatient treatment.

3. Transforming Care Programme Approach

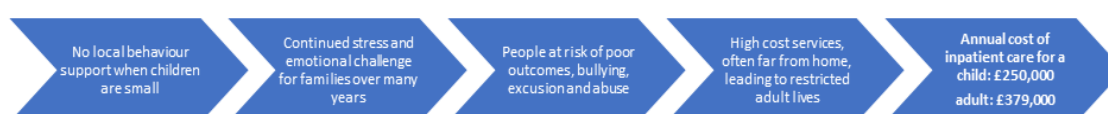
- 3.1 The Kent and Medway TCP aims to help as many people with learning disabilities and/or autism as possible to move from secure settings into supported living in their local communities by working with a small number of providers to develop and deliver bespoke and personalised care and support. This group of providers will need to be highly specialised because of the complexity of the needs of the group of people who require support.
- 3.2 The aim is that these providers will support the individuals, working with enhanced public sector multi-disciplinary teams within the Learning Disability Alliance, through a period of rehabilitation and community reintegration and support them to step down to less intensive support packages provided by the wider social care market. This approach will promote collaboration and partnership working within the market.
- 3.3 The TCP intends to work with providers who have a proven track record of the required specific expertise and experience of delivering personalised packages of support. The essential criteria for these providers being:
- A proven track record of successfully supporting individuals to step down from secure services into the community.

- Experience and knowledge in supporting individuals with learning disabilities and/or autism spectrum conditions.
- Care provided will be based around: personalisation, outcome-focused, positive behaviour support, promoting independence, promoting education, learning and work, community inclusion, partnership approach, safeguarding individuals from abuse, and providing value for money.

4. Options Considered to achieve desired outcomes

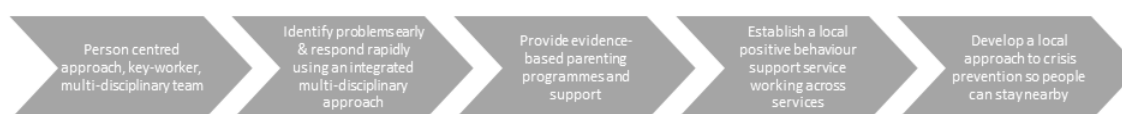
4.1 Research undertaken by the Challenging Behaviour Foundation has described the ‘well-trodden path’ to inpatient care.

The ‘well-trodden’ path



4.2 The research also tells us that it is possible to take a different path that results in better outcomes for the person, their family and services.

A path for better outcomes



- Because of taking a different path
 - Bristol managed to save £1.8 Million over a four-year period and enabled 10 out of 12 children to stay in their local school
 - Ealing managed to enable people to remain in the community. The annual cost of intensive support and follow up for seven young people was £109,337; less than the annual cost of just one inpatient placement
 - In the North East, a Local Authority and a CCG managed to keep a young man out of hospital. An individual service fund was set up initially in 2015 at £222,000. The provider agreed to ‘No Agency’ and built in ‘Standby’ so that they could immediately increase support when needed and decrease again when not needed. Almost three years later the young man is still living in the community and his individual service fund is now reduced to £131,000.

5. Commercial and Procurement Considerations

5.1 The Care Act (2014) introduced new duties for Local Authorities to facilitate and shape a diverse, sustainable and quality market, emphasising the responsibility for promoting the wellbeing of the whole local population, not just those whose care and support they currently fund.

- 5.2 Developing a Positive Behaviour Support partnership is a key way of shaping the market for people with learning disabilities and/or autism with complex needs and/or challenging behaviour.
- 5.3 The procurement can be delivered through a Light Touch Regime process (LTR) as the service can be categorised under Schedule 3 of the Public Contracts Regulations 2015 (PCR 2015) and the value of the service exceeds the higher threshold of €750,000 (£625,050 sterling equivalent).
- 5.4 The Council has undertaken preliminary Market Engagement and has a session planned for 18 July 2018 to finalise the service requirements and further consult with internal and external stakeholders. This will also include an outline of the procurement, including how the solutions will be discussed and formal competitive tendering.

6. Options Appraisal of Procurement Routes

Option	Advantages	Disadvantages	Risk
1 Do nothing and procure support through open market	Access to wider market Initially less time consuming	Maintains status quo and evidence has shown us that very specialist support is needed for the client group and although providers say that can meet needs – they cannot and placements quickly breakdown	Transforming care is one of the 9 NHS five Year Forward View must dos ... not progressing this work would bring significant risk of failure of this programme, and long-term future costs to the NHS and KCC
2 Single Provider	Easy to contract manage consistency of offer across the county	Single point of failure, does not promote market shaping as per the vision of the Kent Sustainability Transformation Partnership (STP) Provider failure / safeguarding or quality issues meaning we are unable to use provision would halt TCP programme	Transforming care is one of the 9 NHS five Year Forward View must dos ... not progressing this work would bring significant risk of failure of this programme, and long-term future costs to the NHS and KCC
3 Dynamic Purchasing System	Increases transparency for suppliers and Small Medium Enterprises (SMEs) and new entrants to the	Does not promote the TCP's vision of working with the sector to develop a range of support options. Providers is the past	Transforming care is one of the 9 NHS five Year Forward View must dos ... not progressing this

	<p>marketplace Creates active competition in real time No time limit in duration for a DPS (frameworks limited to four years)</p>	<p>have said that they can cope with challenging behaviour, only for placements to fail because they don't have the right models of support back up with well trained and supervised staff - the open market will say they can do this history has shown they can't!</p>	<p>work would bring significant risk of failure of this programme, and long-term future costs to the NHS and KCC</p>
<p>4 Framework Agreement (Preferred Option)</p>	<p>Allows us to develop and work with select group of providers who can show their track record of delivery with this highly complex client group. Allows relationships to develop with statutory services and lays foundations for better collaboration and risk sharing in the support of such complex people.</p>	<p>Initially more time consuming. Limited to four years Closed to new providers during that time.</p>	<p>Transforming care is one of the 9 NHS five Year Forward View must dos .. not progressing this work would bring significant risk of failure of this programme</p>

7. Preferred Option Framework Agreement

7.1 A Positive Behavioural Support Framework will provide better long-term solutions for people and ensure services are at the heart of this process. Supporting individuals with complex needs in the community requires true multi-agency working, involving providers, health and care workers, families and commissioners as part of a team.

7.2 The framework will be restricted to a small group of providers who can develop working relationships and establish effective partnerships:

- between providers
- between providers and health and social care teams
- between providers and commissioners.

7.3 High Level Project Milestones

Milestone Activity	Date
Commissioning plan approved at Strategic Commissioning Board	May 2018
Commissioning Plan discussed at Adult Social Care Cabinet Committee	July 2018
Service specification completed and signed off	July 2018
Framework established and commissioned	August/September 2018
Provider mobilisation	September/October 2018
Match in-patients to appropriate providers to begin the placement design and discharge planning process	October/November 2018

8. Financial Implications

- 8.1 The planned framework will run for four years with individual call-offs for each package of need. The expected value of call-offs is approximately £3m per annum, with costs met jointly by TCP partners.

9. Legal Implications

- 9.1 The main legislative frameworks for the Positive Behavioural Support Service are the Care Act 2014 (for adults), the Children Act 1989 (for under 18s), and the principles of Mental Capacity Act 2005. These are all statutory duties and the new service will be compliant with these legislative frameworks.

10. Equality Implications

- 10.1 An Equality Impact Assessment (EQIA) has been completed and will be updated as the work to deliver the new contracts is progressed. The EQIA is attached as Appendix 1.

11. Conclusions

- 11.1 Kent has already made significant improvements in the care pathway for people with a learning disability. This has significantly reduced the use of in-patient services and increased the focus on preventative interventions.
- 11.2 Processes have been established to allow continuous review and adaptation of this care pathway to ensure it delivers improved outcomes including Integrated Commissioning and Locality Collaborative Forums. These include:
- Preventative and proactive interventions to identify and address the needs of children and young people in high risk groups
 - Intensive support for adults at risk of admission to in-patient services

- Co-production of care and support plans and packages of care with people and their families /carers including crisis and contingency plans
- Improved communication and co-operation between services
- Joint working with other agencies to achieve improved outcomes and seamless care
- Removing service gaps at crucial junctures in people lives e.g. transition.

11.2 The new Positive Behavioural Support Service will enable a small group of providers to develop specialist provision for people with multiple and complex needs and deliver services that improve the outcomes for these individuals through a more efficient and collaborative approach.

12. Recommendation(s)

12.1 **Recommendation(s)**: 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) **UNDERTAKE** a procurement exercise for the provision of a Positive Behavioural Support Service which will commence from September 2018; 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.

13. Background Documents

None

14. Contact details

Report Author

Clare Maynard

Head of Commissioning Portfolio – Communities, Adults and Vulnerable People
03000 416449

Clare.Maynard@kent.gov.uk

Relevant Director

Penny Southern

Corporate Director of Adult Social Care and Health
03000 415505

Penny.Southern@kent.gov.uk

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

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

DECISION NO:
18/00029

For publication

Key

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

Subject: POSITIVE BEHAVIOURAL SUPPORT SERVICE

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

- a) **UNDERTAKE** a procurement exercise for the provision of a Positive Behavioural Support Service which will commence from September 2018; 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.

Reason(s) for decision: Kent has already made significant improvements in the care pathway for people with a learning disability. This has significantly reduced the use of in-patient services and increased the focus on preventative interventions. The new Positive Behavioural Support Service will enable a small group of providers to develop specialist provision for people with multiple and complex needs and deliver services that improve the outcomes for these individuals through a more efficient and collaborative approach.

Financial Implications: The planned framework will run for four years with individual call-offs for each package of need. The expected value of call-offs is approximately £3m per annum, with costs met jointly by Transforming Care Partnership partners.

Legal Implications: The main legislative frameworks for the Positive Behavioural Support Service are the Care Act 2014 (for adults), the Children Act 1989 (for under 18s), and the principles of Mental Capacity Act 2005. These are all statutory duties and the new service will be compliant with these legislative frameworks

Equality Implications: An Equality Impact Assessment (EQIA) has been completed and will be updated as the work to deliver the new contracts is progressed

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 4 July 2018 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

The Council has undertaken preliminary Market Engagement and has a session planned for 18 July 2018 to finalise the service requirements and further consult with internal and external stakeholders. This will also include an outline of the procurement, including how the solutions will be discussed and formal competitive tendering.

Any alternatives considered: The other options considered are set out in detail in the recommendation report.

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

.....
signed

.....
date

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

**This document is available in other formats, please contact
Emma.hanson@kent.gov.uk or telephone on 03000 415342**

Directorate: Strategic and Corporate Services

Name of policy, procedure, project or service: Commissioning of a Positive Behavioural Support Service

What is being assessed? Impact of commissioning a Positive Behavioural Support Service

Responsible Owner/ Senior Officer: Emma Hanson, Senior Commissioner

Date of Initial Screening: 07/06/2018

Date of Full EqIA: N/A

Update each revised version below and in the saved document name.

Version	Author	Date	Comment
1	Emma Hanson	07/06/2018	Initial Draft
2	Jimmy Kerrigan	14/06/2018	Reviewed
3	Troy Jones	14/06/2018	Reviewed
4	A Agyepong	20/06/2018	Comments for review

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 offer will be open to all those who are 14 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 age appropriate support, interventions and activities in order to meet the needs of different age groups within this characteristic. The service specification will require the service provider ensure 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 14, with a learning disability, Mental ill health and/or autism.	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. It is expected that the service will meet the communication and access needs of all disabled people, including those with sensory impairments. Those with literacy and/or sight impairments may/will require information in various formats depending on need. 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.

						<p>The service specification has an Equality, Diversity and Accessibility section which highlights all of the characteristics and related requirements.</p> <p>Performance monitoring and reporting will enable us to effectively establish any trends or potential unmet needs.</p>
3	Sex	No	High	Low	a. No, this specific service will be open to all individuals who are assessed as requiring it, who are aged over 14.	<p>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. We will ensure that the service considers specific gender/sex needs.</p>
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 14.	<p>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. Providers will be referred to KCC's Lesbian, Gay, Bisexual and Transgender Support Toolkit.</p> <p>The service specification will have an Equality, Diversity and Accessibility section which highlight all of the characteristics and related requirements and performance monitoring and reporting will enable us to effectively establish any trends or potential unmet needs within the area.</p>
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.	<p>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.</p> <p>Policies and procedures must be in place to deliver appropriate services for example racial harassment.</p> <p>Within the service specification there is an expectation placed on the provider to ensure that documents are available in more than</p>

						<p>one language and interpreters are available for those who English is not their first language.</p> <p>The service specification will have an Equality, Diversity and Accessibility section which highlight all of the characteristics and related requirements.</p> <p>Performance monitoring and reporting will enable us to effectively establish any trends or potential unmet needs within this group.</p>
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.	<p>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.</p> <p>The service specification will have an Equality, Diversity and Accessibility section which highlights all of the characteristics and related requirements and performance monitoring and reporting will enable us to effectively establish any trends or potential unmet needs within this group.</p>
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.	<p>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.</p> <p>The service will be expected to respond appropriately to the needs of people supported from the LGBT community.</p> <p>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.</p>

						The service specification will have an Equality, Diversity and Accessibility section which highlights all of the characteristics and related requirements and 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.	<p>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.</p> <p>The service specification will have an Equality, Diversity and Accessibility section which highlights all the characteristics and related requirements.</p>
9	Marriage & 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.
10	Carers responsibilities	No	High	Unknown	a) Further exploration took place during the public consultation.	<p>No unmet needs for people who are carers and who may have a need for this commissioned service have been identified but this will need to be continually reviewed.</p> <p>The service specification will have an Equality, Diversity and Accessibility section which highlight all the characteristics and related requirements.</p>

Part 1: INITIAL SCREENING

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

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

Low – The Positive Behavioural Support Service is judged to be of Low Risk as there are no negative equality implications.

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

The Kent and Medway Transforming Care Programme (TCP) are aiming to help as many people as possible with learning disabilities and/or autism to move from secure settings into supported living in their local communities. This ambition requires Kent and Medway TCP to invest in community support before closing its inpatient provision so that the right systems are in place to support and care for those people who are currently residing in inpatient settings. This is an extremely diverse group of people and the support they require will be highly individualised: it must be tailored to their particular needs, strengths, interests and in some cases, it must also be tailored to the risks they pose to themselves and others (all of which might change over time).

Aims and Objectives

The Kent and Medway TCP are seeking to develop and deliver bespoke and personalised care and support for individuals aged 14 years and over who are stepping down in to the community from specialist/secure in-patient services; and to offer more robust community placements to those at risk of admission to specialist hospitals.

The development of a new model of Positive Behavioural Support (PBS) including forensic support which will allow commissioners to work with a small group of qualifying providers to develop specialist provision to meet the needs of people with very complex and multiple needs.

Beneficiaries

Individuals with learning disability, mental ill health and/or autism.

Information and Data used to carry out your assessment

The TCP is clear about the profile of the population the programme is aimed at. It includes people with a learning disability and/or autism who display behaviour that challenges, including behaviour which is attributable to a mental health condition. This includes people of all ages and those with autism (including Asperger's syndrome) who do not also have a learning disability and includes those people with a learning disability and/or autism whose behaviour can lead to contact with the criminal justice system.

This is an extremely diverse group of people and the support they require will be highly individualised - tailored to their needs, strengths, interests and in some cases the risks they pose to others. The following groupings help to illustrate some common themes amongst the diversity of this population:

- Children, young people adults with a learning disability and/or autism who have a mental health condition such as severe anxiety, depression, or psychotic illness, and those with personality disorders, which may result in displaying behaviour that challenges.
- Children, young people adults with an (often severe) learning disability and/or autism who display self-interest or aggressive behaviour, not related to severe mental ill health, some of whom have a specific neuro-developmental syndrome and where there may be an increased likelihood of developing behaviour that challenges.
- Children, young people or adults with a learning disability and/or autism who display risky behaviours which may put themselves or others at risk and which could lead to contact with the criminal justice system (this could include things like fire-setting, abusive or aggressive or sexually inappropriate behaviour).
- Children, young people adults with a learning disability and/or autism, often with lower level support needs and who may not traditionally be known to health and social care services, from disadvantaged backgrounds (E. G. Social disadvantage, substance abuse, troubled family backgrounds) who display behaviour that challenges, including behaviours which may lead to contact with the criminal justice system.
- Adults with a learning disability and/or autism who have a mental health condition or display behaviour that challenges who have been in hospital settings for a very long period of time, having not been discharged when NHS campuses or long-stay hospitals were closed.

Set out below are the current estimates of the people who are in hospital care who are expected to move into community care from April 2019 onwards. The total number of people is 30. They all have complex needs and many of them are people on the autistic spectrum. Many also have a forensic history and are

at high risk of reoffending. They have been allocated into five groups, to give an indication of their needs. The groups only include adult patients for whom no current provider has been identified. In addition, the TCP expects that more high-risk patients will be identified who are currently living in the community.

Category 1 – LD and Mental Health In-Patients

- Male
- Mild to Moderate LD
- Mental illness
- History of aggression/ violence
- History of drug and alcohol use
- Legal framework – DoLS, CTO, Guardianship
- Medium to high needs – Up to 1:1 and sleep in, up to 2:1 with waking night

	By April 2019
No. of Placements	2

Category 2 – Male LD Forensic

- Borderline/Mild/Moderate LD
- Autistic Spectrum
- Personality disorder/ or traits
- Numerous placement breakdown – institutionalised
- High functioning - likely to abscond
- Prone to sexual offense / behaviour
- Substance abuse
- High risk to others (children/women)
- Arson
- Medium to high needs – Up to 1:1 and sleep in, up to 2:1 with waking night

	By April 2019
No. of Placements	9

Category 3 – Male LD and Challenging Behaviour

- Mild, moderate LD
- ASC and/or Mental health needs
- History of abuse
- Institutionalised
- Threatening/intimidating behaviour
- Absconion
- Drugs and alcohol
- Medium to high needs – Up to 1:1 and sleep in, up to 2:1 with waking night

	By April 2019
No. of Placements	5

Category 4 – Female in-patients

- Mild / Moderate LD
- Personality disorder
- Aggression and violence
- Challenging behaviour
- Institutionalised

	By April 2019
No. of Placements	7

- Contact with CJS / Forensic needs (arson, harassment)
- Dysfunctional family dynamic / psychological trauma
- High needs – up to 2:1 with waking night

Category 5 – Male Autistic Spectrum Conditions

- Not LD
- Complex co-morbid mental illness
- Drug and alcohol
- Challenging behaviour / Aggression and violence
- Require specific ASC framework approach e.g. TEACCH, SPELL
- High needs – up to 2:1 with waking night

	By April 2019
No. of Placements	7

The most recent analysis of TC cohort for children (under 18) in Kent indicated there were 65 cases, of these 70% were not LD. The largest group being grammar school pupils with exam anxiety and eating disorders who happen to have then been diagnosed as Asperger’s whilst being treated for eating issues.

There are also a cohort of children with LD who are not showing up in the Tier 4 figures because KCC is placing them in Independent Non-Maintained Special Schools with residential care and specialist therapeutic intervention (either 52 weeks or 39 weeks plus respite).

The TCP team is establishing work with colleagues in Education and Children’s and Young People’s Services to establish predictive modelling tools to understand the number of young people who will be coming up through educational services who may fit the TC criteria. Where ever possible the aim is to reduce need by developing preventative service to prevent young people needing TCP support.

Who have you involved and engaged with

Current inpatients, Learning Disability Alliance, Providers, Local Government Association, Practitioners in health and social care teams have been consulted about how to meet the needs of people with a learning disability and/or autism who display behaviour that challenges, including behaviour which is attributable to a mental health condition. Positive Behavioural Support is a tried and tested model of dynamic risk management and therapeutic interventions that have been proven to support the best outcomes for these people with diverse and complex needs. There has been universal support for establishing this model here in Kent.

Potential Impact

The Positive Behavioural Support Service will provide better outcomes for individuals and their families by providing treatment in the community, allowing them to maintain social contacts and preventing re-admission to hospital, which in the past has often led to long periods of detention under the

mental health act. We are anticipating enabling 30 people to leave acute hospital setting and be supported in more appropriate community settings.

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

There is no adverse impact for any group.

Positive Impact

As defined above, the Positive Behavioural Support Service will provide a route to deliver better outcomes for individuals with a learning disability and/or autism who display behaviour that challenges, including behaviour which is attributable to a mental health condition and their families.

JUDGEMENT

Set out below the implications you have found from your assessment for the relevant diversity groups. If any negative impacts can be justified, please clearly explain why.

Option 1 – Screening Sufficient YES

Following this initial screening our judgement is that no further action is required.

Justification: There are no anticipated negative impacts for any diversity groups.

Option 2 – Internal Action Required Yes

There is potential for adverse impact on particular groups and we have found scope to improve the proposal

(Complete the Action Plan at the end of this document)

Monitoring and Review

The EqIA will be monitored in conjunction with the performance of the service. This will be based on usage statistics and anecdotal information about how it performed in terms of meeting people's needs at the time they are experiencing a crisis.

June 2018

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: Emma Hansn

Job Title: Commissioning Manager

Date: 07/06/2018

DMT Member

Signed:

Name: Penny Southern

Job Title: Corporate Director for Adult Social Care and Health

Date: 21/06/2018

Equality Impact Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
Disability	Lack of trend data regarding types of disabilities using services	Ensure performance monitoring reports effectively and in details about nature of disabilities of people accessing support.	Establish any trends or potential unmet needs.	Emma Hanson Senior Commissioner	Sept 2019	None

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

To: Adult Social Care Cabinet Committee – 4 July 2018

Decision No: 18/00030

Subject: **CARE IN THE HOME SERVICE**

Classification: Unrestricted

Past Pathway of Paper: Strategic Commissioning Board – 23 February and 8 June 2018
Adult Social Care and Health Directorate Management Team Meeting – 6 June 2018

Future Pathway of Paper: Cabinet Member decision

Electoral Division: All

Summary: Kent County Council commissions a range of services that are designed to provide care and support for people in order that they can safely reside in their own homes or in supported living accommodation. The scope of these services includes: Home Care Services; Extra Care Support (background hours and care and support); Discharge to Assess Services; Supporting Independence Services (SIS) and Supported Living Services

The Care Act 2014, requires Local Authorities to ‘promote wellbeing’, rather than simply prescribe the type of service a person should receive. Whilst it is acknowledged that there are examples of good practice across the whole provision, there are also areas for improvement, to overcome duplication and to foster greater collaborative working within the provider market, as well as health and social care. This has provided an opportunity to rethink what the Local Authority and the public need from Care in the Home Services and, with approval, commission a new integrated model.

Recommendation(s): 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) **PROCURE** a new integrated Care in the Home Service for adults and children with assessed needs, to commence from April 2019; and
- b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health, or other nominated officer to, to undertake the necessary actions to implement the decision.

1. Introduction

- 1.1 There is a mixed provision of services across Kent for older and vulnerable residents with assessed needs, delivered in the home or in the community. These services are often fragmented and predominantly contracted to external providers, through either formal contracts or spot purchasing arrangements. The scope of these services includes:
 - Home Care Services
 - Extra Care Support (background hours and care and support)
 - Discharge to Assess Services
 - Supporting Independence Services (SIS)
 - Supported Living Services
- 1.2 The services in scope all deliver similar tasks within a person's home. There is a significant opportunity to improve both the consistency and quality of provision across the whole market by bringing these services together through a person-centred outcome focused care model.
- 1.3 Aligning services under one contractual arrangement will enable the Council to take a consistent and equitable approach in shaping the market to focus on the personalisation and outcomes agendas. This is to ensure people's needs are met in the most optimal way and support the Council's strategic outcome that 'older and vulnerable residents are safe and supported with choices to live independently'.
- 1.4 The Care Act 2014 signified a shift from pre-existing duties on Local Authorities to provide particular services, to the concept of 'meeting needs'. This is the core legal entitlement, establishing one clear and consistent set of duties and power for all people who are assessed as needing care and support.
- 1.5 Whenever a Local Authority carries out any care and support functions relating to an individual it must act to promote wellbeing. It should consider all aspects in looking at how to meet a person's unmet needs and support them to achieve their desired outcomes.
- 1.6 The concept of meeting needs recognises that everyone's needs are different and personal to them. Local Authorities must consider how to meet each person's specific needs rather than simply considering what service they will fit into.
- 1.7 There is also a duty to work more collaboratively with health partners. There is overlap between the tasks delivered by Care in the Home Service through the Local Authority and Continuing Health Care support and ancillary nursing services funded by the NHS.
- 1.8 Commissioning a new Care in the Home Service offers an opportunity to consider what the public need, as well as reduce duplication and realise efficiencies through partnership working.

2. Strategic Statement and Policy Framework

2.1 The proposed decision for an integrated Care in the Home Service links with the following KCC Strategic Outcomes:

- Outcome 1 - Children and young people in Kent get the best start in life
- Outcome 2 - Kent communities feel the benefits of economic growth by being in work, healthy and enjoying a good quality of life
- Outcome 3 - Older and vulnerable residents are safe and supported with choices to live independently

2.2 The Care in the Home Service will support the above strategic outcomes by:

- Supporting those with long term conditions to manage their conditions through access to good quality care and support
- Enabling more people to receive quality care at home avoiding unnecessary admissions to hospital and care homes
- Enabling the health and social care system to work together to deliver high quality community services
- Improving physical and mental health by supporting people to take more responsibility for their own health and wellbeing
- Keeping vulnerable families out of crisis and more children and young people out of KCC care
- Supporting Children and young people to have better physical and mental health
- Support Kent businesses through the development of longer term contracts offering greater stability and better workforce opportunities.

2.3 By supporting older and vulnerable residents in Kent with assessed needs, to remain living independently in their own homes, KCC aims to:

- 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

2.4 The service will meet the statutory requirements set out in the Care Act 2014 and Children Act 1989 preventing escalation of need to further statutory provision.

2.5 Across the county, there are a range of different providers in terms of their size, financial health and their capacity and capability. The new contract will seek to address this variation and enable a more stable market, who will be incentivised to accept all packages of care.

2.6 The new contract will, through evaluation and monitoring, seek to address the significant variation in staff training, development, pay, benefits and other relevant factors leading to better quality care. In taking this into consideration, the new contract will underpin and support the need for continuity in care through the recruitment and retention of a suitable and stable workforce.

3. Options Considered

3.1 Option 1 - Do nothing - allow the current commissioned services to terminate, when contracts come to an end by June 2019. The main risks of this approach are:

- The Authority will fail in its duty under the Care Act 2014 in carrying out a care and support function;
- Older and vulnerable residents with assessed needs will be left unsupported, leading to potential safeguarding concerns;
- Judicial Review of the lawfulness of the Authority's decision
- Reputational damage to the Local Authority

3.2 Option 2 - Extend existing services i.e. continue to fund existing contracted and spot purchasing arrangements:

- Duplication of services
- Inconsistency of market – delivery and pricing
- Missed opportunity for cross-referencing of good practice and learning
- Missed opportunity to work collaboratively with Health
- May not be able to cope with future demand on services, without intervention to address a need for increased capacity
- Does not comply with Public Contract Regulations 2015

3.3 Option 3 - Commission services separately:

- Duplication of services
- Fragmented provision
- Missed opportunity to work collaboratively with Health
- May not be able to cope with future demand on service
- Provision specific to particular client groups needs

3.4 Option 4 – Procure a new integrated Care in the Home Service

- This will reduce duplication of service provision across the county
- This will increase consistency of service provision across the county, supporting improved quality of care
- One contractual arrangement will improve performance reporting, contributing towards an improved service offering
- This will enable alignment of the Adult Social Care and Health Transformation programmes, in relation to service provision and local care
- More joined up care in local areas, enabling improved continuity of care and improved workforce conditions
- Better enables the development of an integrated person-centred outcome-based approach to care and support.

- 3.5 Option 4 is the preferred option as the development of an integrated Care in the Home Service will support a greater level of consistency, purchasing rigour and transparency in practice, leading to a better client experience. It will also develop a clearer pathway with less handoffs between services and a subsequent reduction in assessment costs and the need for clients to repeat their story. This will enable a consistent and equitable approach in shaping the market to focus on the personalisation and outcomes agendas so that older and vulnerable residents are safe and supported with choices to live independently.

4. Financial Implications

- 4.1 The planned contract arrangements for the Care in the Home Service is anticipated to run for four years, with an option to extend. The annual value is between £100m and £140m per annum, this variance is due to testing of the transfer of additional responsibilities, such as case holding. The outline business case to be published in late July to appraise these options so that the actual annual value can be finalised prior to contract solution.

5. Legal Implications

- 5.1 The main legislative framework for the Care in The Home Service is the Care Act 2014 (for adults), the Children Act 1989 (for under 18s), and the principles of Mental Capacity Act 2005. These are statutory duties, and the new service will be compliant with both legislation.
- 5.2 Transfer of Undertakings (Protection of Employment) Regulations 2006 as amended by the Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014 (TUPE) is likely to apply, and the Council will ensure in the event of a change of employer, that it will undertake necessary arrangements, within its remit, to provide for the protection of employees' rights.

6. Equality Implications

- 6.1 An Equality Impact Assessment (EQIA) has been completed and will be updated as the work to deliver the new contracts is progressed. The EQIA is attached as Appendix 1.

7. Conclusions

- 7.1 Kent County Council commissions a range of services that are designed to provide care and support for people in order that they can safely reside in their own homes or in supported living accommodation. They will be assessed as eligible and having unmet need(s) in accordance with the Care Act 2014, for adults, and those under 18years, the Children Act 1989.
- 7.2 Each service is currently let to a number of agencies (or 'providers') through a contract arrangement. Contracts are arranged in several ways depending on the type of service provided.

- 7.3 Whilst it is acknowledged that there are examples of good practice across the whole provision, there are also areas for improvement, to overcome duplication and to foster greater collaborative working within the provider market, as well as health and social care.
- 7.4 Aligning services under one contractual arrangement will enable the Council to take a consistent and equitable approach in shaping the market to focus on the personalisation and outcomes agendas. This will support the Council's strategic outcome that 'older and vulnerable residents are safe and supported with choices to live independently'.
- 7.5 All care and support contracts have been aligned to expire at around the same time in May 2019. This is an ideal opportunity to bring together similar services, with improved outcomes for recipients of care and support, and a more efficient and collaborative approach to providing care in the home and community.

8. Recommendation(s)

8.1 Recommendation(s): 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) **PROCURE** a new integrated Care in the Home Service for adults and children with assessed needs, to commence from April 2019; and

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

9. Background Documents

None

10. Contact details

Report Author

Clare Maynard

Head of Commissioning Portfolio – Communities, Adults and Vulnerable People

03000 416449

Clare.Maynard@kent.gov.uk

Relevant Director

Penny Southern

Corporate Director of Adult Social Care and Health

03000 415505

Penny.Southern@kent.gov.uk

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

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

DECISION NO:
18/00030

For publication

Key decision

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

Subject: CARE IN THE HOME SERVICE

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

- a) **PROCURE** a new integrated Care in the Home Service for adults and children with assessed needs, to commence from April 2019; and
- b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health, or other nominated officer to, to undertake the necessary actions to implement the decision.

Reason(s) for decision: There is a mixed economy of Care in the Home Services across Kent for adults and children with assessed needs, predominantly contracted to external Providers and spot purchasing arrangements. The scope of these services includes:

- Home Care Services
- Extra Care Support (background hours and care and support)
- Discharge to Assess Services
- Supporting Independence Services (SIS)
- Supported Living Services

The services in scope deliver very similar tasks in people's homes and there is an opportunity to achieve improved consistency across the market by bringing services together. Additionally, Providers delivering services such as SIS and Discharge to Assess are already delivering within an outcomes-focused approach, whilst the Home Care provision remains time and task focused. Aligning services under one contractual arrangement will enable the Council to take a consistent and equitable approach in shaping the market to focus on the personalisation and outcomes agendas. This will also support the Council's strategic outcome that 'older and vulnerable residents are safe and supported with choices to live independently'.

The new contract will bring together the above services, which have previously been delivered separately, under one contractual arrangement. An integrated Care in the Home Service will support a greater level of consistency, purchasing rigour and transparency in practice. It will also develop a clearer pathway, with less handoffs between services and a subsequent reduction in assessment costs. From a Provider perspective, this will enable better control as to how they manage need. This is in line with the requirements of the Care Act 2014 and Children Act 1989.

Furthermore, there is significant overlap between the tasks delivered by Care in the Home Service delivered by the Local Authority and Continuing Health Care support funded by the NHS. The new contract offers an opportunity to improve understanding of this duplication and realise efficiencies through working more collaboratively with health partners.

This has provided an opportunity to rethink what the Local Authority and the public need from Care in the Home services and, with approval, commission a new integrated model.

Financial Implications: The planned contract arrangements for the Care in the Home Service are anticipated to run for four years, with an option to extend, with a total value between £100m and

£140m per annum, to be determined through contract solution design, currently in progress.

Legal Implications: The main legislative framework for the Care in The Home Service is the Care Act 2014, the Children Act 1989 and the principles of the Mental Capacity Act 2005. These are statutory duties, and the new service will be compliant with this legislation. Transfer of Undertakings (Protection of Employment) Regulations 2006 as amended by the Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014 (TUPE) is likely to apply, and the Council will ensure in the event of a change of employer, that it will undertake necessary arrangements, within its remit, to provide for the protection of employees' rights.

Equality Implications: An Equality Impact Assessment has been completed and will be updated as the work to deliver the new contracts is progressed.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 4 July 2018 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

There will be no public consultations, as the service delivery will remain essentially the same as current provision, in the foreseeable future. Provider market engagement activities will be undertaken to engage with and develop relationships with potential providers, who currently provide or have experience in working with adults and children with assessed support needs in their own homes and within the community. This will be followed up by regular communication via bulletins and information sharing using the council's website. There may be changes to these services within the life of the contract, which may require public consultation.

Any alternatives considered:

1. Do nothing - allow the current commissioned services to terminate, when contracts come to an end in June 2019. The main risks of this approach are;
 - The Authority will fail in its duty under the Care Act 2014 in carrying out a care and support function;
 - Older and vulnerable residents with assessed needs will be left unsupported, leading to potential safeguarding concerns;
 - Judicial review of the lawfulness of the Authority's decision
 - Reputational damage to the Local Authority
2. Extend existing services i.e. continue to fund existing contracted and spot purchasing arrangements.
 - Duplication of services
 - Inconsistency of market – delivery and pricing
 - Missed opportunity for cross-referencing of good practice and learning
 - Missed opportunity to work collaboratively with Health
 - May not be able to cope with future demand on service
 - May be in breach of procurement law
3. Commission separately
 - Duplication of services
 - Fragmented provision
 - Missed opportunity to work collaboratively with Health
 - May not be able to cope with future demand on service

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

.....
signed

.....
date

From: Clare Maynard – Head of Commissioning Portfolio – Outcome Two and Three

To: Strategic Commissioning Board – 8 June 2018

Subject: **Care in the Home services**

Past Pathway of Paper: See Section 2

Care in the Home Services

Appendix – Equality Impact Assessment

Care in the Home Services for:

- People with Learning Disabilities
- People with Physical Disabilities
- People with Mental Health Needs
- Older people

To include the below current Services in the analyse phase:

- Home Care Services
- Extra Care Support (background hours and care and support)
- Discharge to Assess Services
- Supporting Independence Services
- Supported Living Services
- Direct Payments for Older People (Community based), Mental Health, Physical Disabilities, Learning Difficulties
- Kent Enablement and Recovery Service
- Kent Pathways Service
- Kent Enablement at Home

Contract to be effective after April 2019

Authors:
Jack Moss – Senior Commissioner
Lizzie Blockley, Sam Hatton, Dave Harris, Sholeh Soleimanifar, Tracy Veasey – Commissioners

Date:
8 June 2018

**Kent County Council
Equality Analysis/ Impact Assessment (EqIA)**

Directorate/ Service:

Strategic and Corporate Services

Name of decision, policy, procedure, project or service:

Commissioning Care in the Home Services for new contracts from April 2019

Responsible Owner/ Senior Officer:

Jack Moss

Version:

V1.0	04/10/17	Glyn Pallister	Initial draft
V1.1	24/10/17	Glyn Pallister	Updates with supporting statistical data
V1.2	25/10/17	Kerry Turner/Glyn Pallister	Second draft
V1.3	13/11/17	James Lampert/Glyn Pallister	Updates and corrections
V1.4	5/12/17	Glyn Pallister	Updates following E&D Team review
V1.5	12.1.18	Glyn Pallister/Luke Edwards	Updates following meeting with Akua Agyepong 22.12.17
V2.0	1.5.18	James Lampert	Reviewed against revised scope
V2.1	10.5.18	James Lampert	Updated following review by Corporate Lead, Equalities and Diversity
V2.1	16.5.18	James Lampert	Updated following workshop with adult and children's commissioners
V2.2	22.05.18	Jo Harding	DC&YP references & data added

Author:

Glyn Pallister, James Lampert, Jo Harding, Sholeh Soleimanifar – Commissioning Unit

Pathway of Equality Analysis:

- Commissioning Care Models (CCM) Steering Group (to November 2017)
- Care in the Home Working Group (from May 2018)
- ASCH DivMT (OPPD and DCLDMH)
- ASCH DMT
- Strategic Commissioning Board (SCB)

Summary and recommendations of equality analysis/impact assessment.

Context

Kent County Council commissions a range of services that are designed to provide care and support for people in order that they can safely reside in their own homes or in supported living accommodation. They will be assessed as eligible and having unmet need(s) in accordance with the Care Act 2014, for those under 18years Children Act 1989. These services include (list is not exhaustive):

- Home Care
- Extra Care Support
- Supporting Independence Services (SIS and SIS+) – People with a learning disability and with mental health needs
- Supported Living
- Discharge to Assess

Each service is currently let to a number of agencies (or ‘providers’) through a contract arrangement. Contracts are arranged in a number of ways depending on the type of service provided. All care and support contracts have been aligned to expire at around the same time in May 2019 (HRS ends September 2018).

In total, KCC spends approximately £100m on care and support services every year.

These services are utilised by around 7000 Kent residents at any given time:

Home Care	4600
SIS	2000
HRS (LD/Vulnerable Adults)	250
Discharge to Assess	3380
Disabled Children & Young People	191

(See supporting data analysis in appendices for a full demographic break-down of service users according to their protected characteristics).

Aims and Objectives

As part of the Adult’s Social Services “Your Life, Your Wellbeing” modernisation programme and working across all social services disciplines we are developing a model that will drive the future commissioning of care and support services for all client groups and all ages.

KCC’s modernisation programme aims to satisfy the Council’s Strategic Outcomes, and this project impacts on Outcomes 1, 2 and 3:

- Outcome 1 – Children and Young People in Kent get the best start in life
- Outcome 2 - Communities to feel the benefits of economic growth by being in work, healthy and enjoying a good quality of life
- Outcome 3 - Older and vulnerable residents to be safe and supported with choices to live independently

Summary of equality impact

Adverse Equality Impact Rating **Medium**

We have rated this EqIA as medium because we are currently unable to secure information about some protected characteristics and there are some groups who are under-represented compared to the county population profile which KCC needs to be aware of. We will continue to seek this information and update this document accordingly.

Attestation

I have read and paid due regard to the Equality Analysis/Impact Assessment concerning **Commissioning Care in the Home Services for April 2019**. I agree with risk rating and the actions to mitigate any adverse impact(s) that has /have been identified.

Head of Service

Signed:

Name: Penny Southern

Job Title: Corporate Director Adult Social Care and Health

Date:

DMT Member

Signed:

Name: Anne Tidmarsh

Job Title: Director Older People and Physical Disability

Date:

Part 1 Screening

Could this policy, procedure, project or service, or any proposed changes to it, affect any Protected Group (listed below) less favourably (negatively) than others in Kent?

Could this policy, procedure, project or service promote equal opportunities for this group?

Protected Group	Please provide a <u>brief</u> commentary on your findings. Fuller analysis should be undertaken in Part 2.			
	High negative impact EqIA	Medium negative impact Screen	Low negative impact Evidence	High/Medium/Low Positive Impact Evidence
Age	No	No	No	Yes – we anticipate that this model will better match service user needs with the ‘best-fit’ service provider. This will offer a more personalised approach to all service users. Better matching means a stronger likelihood that service users’ needs are met and personal goals are achieved.
Disability	No	No	No	
Gender	No	No	No	Yes - More person centred, outcome based services should have a positive impact on the basis of gender.
Gender identity/ Transgender	No	No We assume there is no impact to this group.	No	Yes - More person centred, outcome based services should have a

		However we have no statistical or anecdotal evidence to support this assumption. We will continue to search for reliable data and seek advice from specialists.		positive impact on the basis of gender identity/ transgender identity.
Race	No	Yes – there is an underrepresentation of BME so further work needs to be done to understand why this is and if changes need to be made, through engagement with local communities.	No	Yes - More person centred, outcome based services should have a positive impact on the basis of race
Religion and Belief	No	No - We assume there is no impact to this group. However we have no statistical or anecdotal evidence to support this assumption. We will ask our current providers to help us collect this information and update this	No	Yes - More person centred, outcome based services should have a positive impact on the basis of religion and belief

		document accordingly.		
Sexual Orientation	No	No We assume there is no impact to this group. However, we have no statistical or anecdotal evidence to support this assumption. We will monitor and react to any issues as they are identified.	No	Yes - More person centred, outcome based services should have a positive impact for older and disabled LGBT people. Service providers should ensure that services are outcomes based, considering people with physical and learning disabilities in the support delivered re: sexuality
Pregnancy and Maternity	No	No	No	People becoming parents could benefit via more outcomes focussed support services
Marriage and Civil Partnerships	N/A	N/A	N/A	N/A
Carer's Responsibilities	No	No	No	Yes – by promoting independence of the individual, this should also have a positive impact for carers too

Part 2

Equality Analysis /Impact Assessment

Protected groups

Age (see below)

Disability (see below)

Race (see below)

Transgender people (unknown impact, see below)

Any unpaid carer.

Information and Data used to carry out your assessment

- Adults Social Services SIS and Home Care data (Adults Social Services Performance Team)
- Disabled Children & Young People Social Work Teams
- Kent Public Health Observatory
- Kent.gov.uk – facts and figures about Kent (Equality and Diversity)
- 2011 Census

Who have you involved consulted and engaged?

- Personalised Care and Support Steering Group and Care in the Home Working Group
- Practitioners and Managers from DCLDMH
- Practitioners and Managers from OPPD
- Practitioners and Managers from Sensory and Autism Services
- Operational Support Unit (Adult Purchasing Team)
- Commissioners
- Newton Europe
- KCC Adults Transformation Managers and Leads
- Strategic Home Care Providers Forum
- DivMTs (OPPD and DCLDMH)
- Disabled Children's Provider Forum
- Kent Parent Carer Forum
- Healthwatch People's Panel

A public consultation is not planned for this tender. If any changes to services, necessitating consultation, are planned to occur during the life of the contract then public engagement and consultation will take place then.

Analysis

We want to move to a position, over time, where care and support services can be better matched to meet service users' need(s) and personal outcomes. Providers will be expected to work with service users to ensure that outcomes are achieved in line with their assessed needs and actively consider their protected characteristics. This will be done in accordance with standard procedures for reviewing care plans.

For all service users receiving this service, an assessment to understand their needs will be undertaken. This assessment will consider their protected characteristics and services will be provided based on their needs.

We are proposing to commission home care and Supporting Independence Services that encourage providers to move toward delivering outcomes, rather than the more traditional “time and task” care delivered now. This change will take some time to achieve and KCC will work alongside providers on this journey. Our social care teams and purchasing functions will be able to match the most appropriate service(s) from a pool of providers to support service users’ to meet their needs and reach their personal goals (outcomes).

An outcome based approach puts the service user and their families at the heart of all discussions and involves them fully in identifying needs and aspirations. They will be able to make choices about what, who, how and when they are supported to live as independently as possible. It may require significant changes for KCC systems*, processes, staff** and services to ensure we are equipped to put services users first in this way.

*we are communicating with the Technology Enable Change Project Team (Servelec Mosaic – the replacement client system due to be implemented January 2019) who will identify any staff implicated by system changes and any impact this has on them.

**work commenced on 15.1.18 in Adult Social Care and Health Directorate to identify type and volume of staff required to manage any changes to service delivery (outcome based care and support). This project (Supporting Independence) will produce an impact assessment. Both change projects are interdependencies and not within the scope of this tender. They will be subject to their own impact assessments.

This new approach also has benefits for care staff. They should be empowered to work with service users in a creative way in order to meet the service user’s personal goals and aspirations.

Partnership working with health services is also essential to make sure that any health concerns are identified early and hospital and/or residential admissions are avoided where possible.

Ultimately, we aim to:

- Improve care and support for our services users by selecting the most appropriate service provider(s) that could meet their needs, this will include consideration to protected groups. This will be monitored via the standard review process.
- Reduce volumes of care and support services required by supporting service users to achieve their goals so that they

realise their full independence and wellbeing potentials. This will be analysed by protected groups.

- Reduce the number of service users who are admitted to acute hospital care and delay the numbers who transfer to residential services. This will be analysed by protected groups.
- Speed up hospital discharges and reduce any waiting lists by making the arrangement of care and support services quicker and better focused
- Simplify the purchasing of care and support so that KCC teams spend less time purchasing care, but are confident that they have arranged the best support and care that they can for their service user
- Give service providers more responsibility for managing the process of delivering care and support and helping service users achieve their goals by evidencing and reviewing their work. This will be done via the principles of person centred planning. In circumstances where someone lacks the capability to participate independently, an independent advocacy service could be used.
- Better connect the range of care and support services (contracted services, carers and family, health services, voluntary sector and community support) by employing better systems and building in accountability for all agencies to do this.

All of these outcomes apply equally to all service users and potential services users and are mindful of specific needs based on protected characteristics.

· **Age**

A majority of current 'home care' recipients (personal care) are over 70 years old (78%). However around 10% are under 50 years old. The reverse is true for SIS services (non-personal care). Disabled Children & Young People make up less than 0.5% of the recipients. See Appendices.

A purchasing tool to help purchasing officers select the right service (either Home Care or SIS) based on 'best-fit' will ensure that the most appropriate service provider is selected to meet service users' needs. This will have a positive effect on age groups characteristics.

· **Disability**

All service users (care and support services) have a disability or long term condition. This is a prerequisite for eligibility to this type of service. We do not consider that this characteristic will be affected adversely, as access to services will be based on need not protected characteristics.

· **Gender**

Male/female recipients of care and support services are roughly in-line with the Kent population split. We do not consider that this

characteristic will be affected adversely, as access to services will be based on need not protected characteristics.

- **Gender Identity/Transgender**

There is no data available concerning gender identity. However we do not consider that this characteristic will be affected adversely, as access to services will be based on need not protected characteristics.

- **Race**

Data collated indicates that some ethnic groups are under-represented as recipients of care and support services compared to Kent, South East and England figures (Indian, Black African, White Irish, Asian Other). This will be reviewed as part of ongoing contract review to ensure any issues highlighted are noted and action plans developed to mitigate/ improve the service offer for this cohort. We do not consider that this characteristic will be affected adversely, as access to services will be based on need not protected characteristics.

Religion and Belief

'None' or 'not recorded' was recorded for approximately 70% of all recipients of care and support services. All religions appear to be under represented compared to national and local figures. However we do not consider that this characteristic will be affected adversely, as access to services will be based on need not protected characteristics.

- **Sexual Orientation**

'Prefer not to say' or 'not recorded' was recorded for approximately 75% of all recipients of care and support services.

There is no national or local data to show comparative numbers of people with this protected characteristic that are in receipt of a care and support service. We do not consider that this characteristic will be affected adversely, as access to services will be based on need not protected characteristics.

Pregnancy and Maternity

We do not consider that this characteristic will be affected adversely, as access to services will be based on need not protected characteristics

- **Carers Responsibilities**

We do not have enough reliable data to tell us how many unpaid carers who have been properly assessed are looking after recipients of care and support services.

Adverse Impact,

The needs assessment used to determine any care and support requirement should thoroughly investigate a person's circumstances where it has relevance. The resulting service should be best matched to take all of these

into consideration. There should be no adverse impact on any protected characteristic when arranging a package of care and support.

Positive Impact:

This project aims to secure provision of Home Care and Supporting Independence Services for the Kent population. Over time, work will be done with provider organisations to refocus the delivery of care to achieving outcomes, rather than simply the delivery of hours of care (“time and task”) to better match the care and support provider with services users’ needs and stated outcomes. Any protected characteristics that are relevant must be considered in the development of outcomes focussed care, with equality information being monitored and action taken as required. The inclusion of Disabled Children & Young People will provide a consistent approach of provision during a period of transition from children’s services to adult services.

JUDGEMENT

There are no identified adverse effects to any protected group by this project. We anticipate that this model will better match service user needs with the ‘best-fit’ service provider, who in time, will have a greater focus on helping people to achieve their goals (outcomes). This will offer a more personalised approach to all service users.

- **No major change** - no potential for discrimination and all opportunities to promote equality have been taken

Internal Action Required Yes

Equality Impact Analysis/Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
Race	Statistically under represented as recipients of care and support services in relation to the general population.	Monitor against baseline and take action as required	Intelligence will inform any further decision making concerning inclusion of these groups	Jack Moss	April 2019 (baseline) April 2020 (monitor)	N/A
Carers	No data available concerning numbers of unpaid carers looking after service users in receipt of a care and support service	Work with Performance Team to determine data. This information has now been picked up and rectified. Action complete	Inform work to better integrated carers support services into packages of care	Jack Moss	June 2018	N/A
Gender Identity/Transgender	No data collected	Consider how to engage throughout the life of the contract	Intelligence will inform any further decision making concerning inclusion of these groups	Jack Moss	June 2018	N/A
All	There is a need to	Consider how equality and	Data to	Jack Moss	Feb 2018	N/A

	measure the impact the new service has had on protected characteristic groups	diversity/ protected characteristics can be monitored through the Key Performance Indicators (<i>this will be actioned when developing the KPIs for the service</i>)	evidence the impact of protected characteristics			
All	Protected characteristics data required for all service users	Ensure new providers are collecting this data as part of their data gathering	Intelligence will inform any further decision	Jack Moss	April 2019 (<i>in line with new contract</i>)	NA
All	As part of the new contract, KCC will give service providers more responsibility for managing the process of delivering care and support; KCC need to ensure provides are not adversely impacting on protected characteristics	Ensure changes are reviewed through regular and effective contract management. Care Managers will consider protected characteristics through the care planning process	Positive impact on service users and more autonomy for providers	Jack Moss	April 2019 (<i>in line with new contract</i>)	NA
Gender Identity/Transgender	No data collected to inform whether this characteristic will be adversely impacted	Share Adult Social Care and Children and Young People's Directorate Transgender guidance to support with provider's knowledge and	Improved awareness for providers	Jack Moss	April 2019 (<i>in line with new contract</i>)	NA

		awareness of this protected characteristic				
All	Supporting Independence Project EqIA	Review the EqIA drafted by the Adult Social Care Supporting Independence Project to ensure impacts and actions are considered	Further opportunities to identify impacts on service users	Jack Moss	Sept 2018	N/A

Have the actions been included in your business/ service plan?

Yes (included in the project plan)

Appendix

Please see additional documents:

1. Adults SIS and Home Care Equalities Data
2. Children and Young People Equalities Data

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

If the activity will be subject to a Cabinet decision, the EqIA must be submitted to committee services along with the relevant Cabinet report. Your EqIA should also be published.

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

Appendices

Data

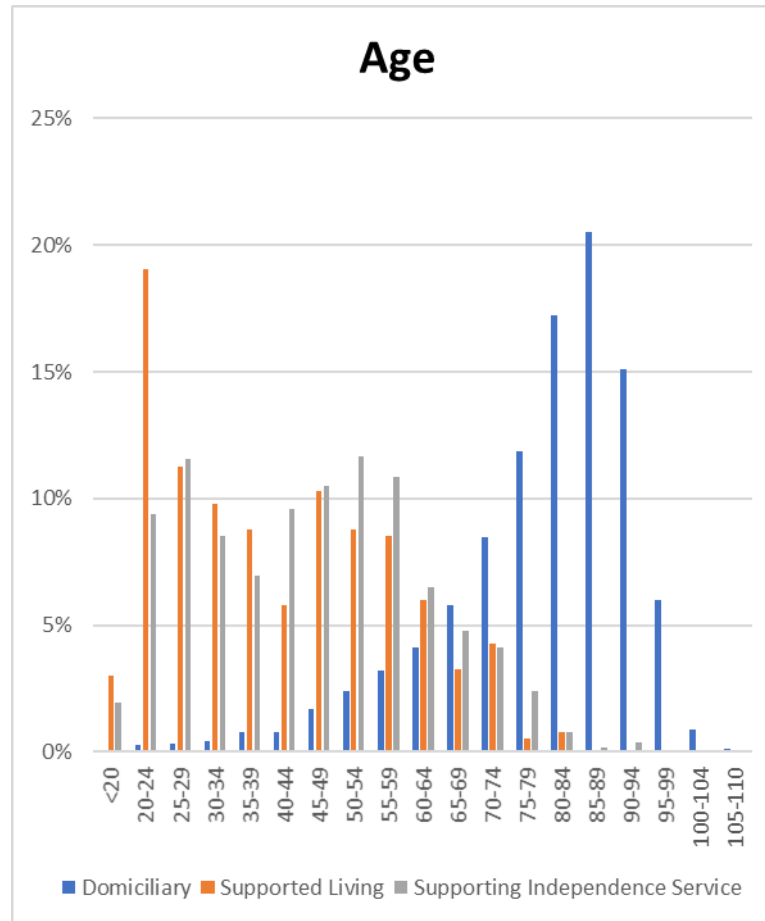
- Disabled Children and Young People - equalities recording (22/5/18)
- Adult Social Care Client Systems (SWIFT) – equalities recording (23/5/18)

Figure 1: Adults – Age of Care in the Home Recipients

Percentage of records with Age recorded 100%

Age

Age	Domiciliary	Supported Living	Supporting Independence Service	Grand Total	Domiciliary	Supported Living	Supporting Independence Service	Grand Total
<20	4	12	38	54	0.1%	3.0%	2.0%	0.6%
20-24	20	76	182	278	0.3%	19.0%	9.4%	3.0%
25-29	21	45	224	290	0.3%	11.3%	11.5%	3.1%
30-34	29	39	165	233	0.4%	9.8%	8.5%	2.5%
35-39	53	35	135	223	0.8%	8.8%	7.0%	2.4%
40-44	53	23	186	262	0.8%	5.8%	9.6%	2.8%
45-49	118	41	204	363	1.7%	10.3%	10.5%	3.9%
50-54	165	35	226	426	2.4%	8.8%	11.6%	4.6%
55-59	223	34	211	468	3.2%	8.5%	10.9%	5.1%
60-64	285	24	126	435	4.1%	6.0%	6.5%	4.7%
65-69	400	13	93	506	5.8%	3.3%	4.8%	5.5%
70-74	587	17	80	684	8.5%	4.3%	4.1%	7.4%
75-79	819	2	47	868	11.8%	0.5%	2.4%	9.4%
80-84	1193	3	15	1211	17.2%	0.8%	0.8%	13.1%
85-89	1419	0	3	1422	20.5%	0.0%	0.2%	15.4%
90-94	1044	0	7	1051	15.1%	0.0%	0.4%	11.4%
95-99	415	0	0	415	6.0%	0.0%	0.0%	4.5%
100-104	62	0	0	62	0.9%	0.0%	0.0%	0.7%
105-110	8	0	0	8	0.1%	0.0%	0.0%	0.1%
Grand Total	6918	399	1942	9259	100%	100%	100%	100%

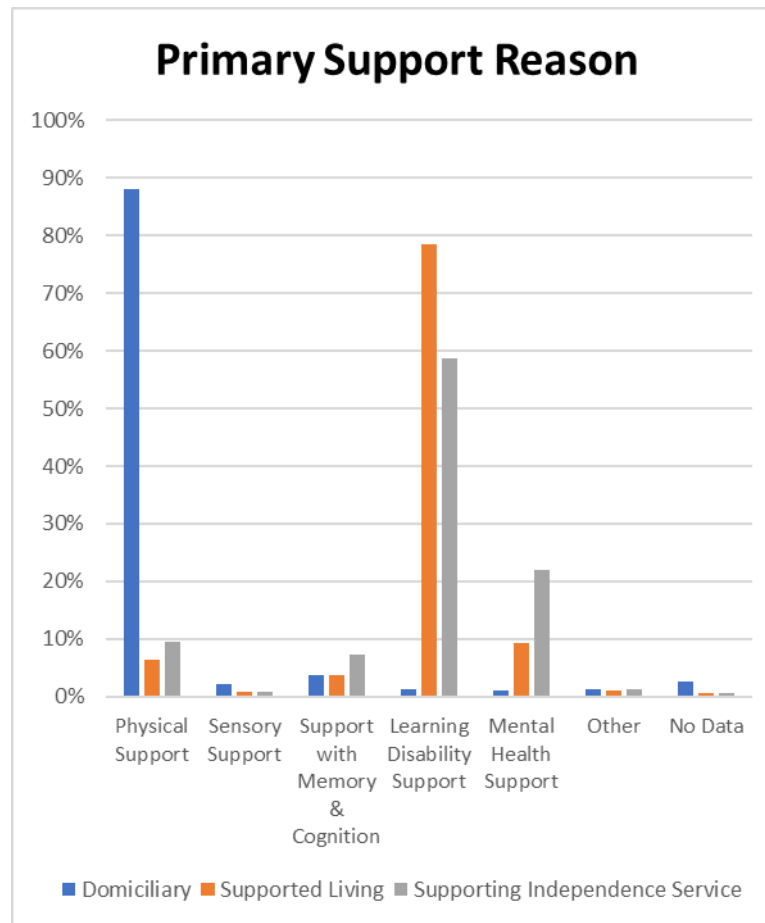


· Figure 2: Adults – Primary Support Reason of Care in the Home Recipients

Primary Support Reason

Percentage of records with PSR recorded 97.99%

Primary Support Reason	Domiciliary	Supported Living	Supporting Independence Service	Grand Total	Domiciliary	Supported Living	Supporting Independence Service	Grand Total
Physical Support	6100	25	183	6308	88.2%	6.3%	9.4%	68.1%
Sensory Support	141	3	14	158	2.0%	0.8%	0.7%	1.7%
Support with Memory & Cognition	259	15	142	416	3.7%	3.8%	7.3%	4.5%
Learning Disability Support	90	313	1139	1542	1.3%	78.4%	58.7%	16.7%
Mental Health Support	67	37	428	532	1.0%	9.3%	22.0%	5.7%
Other	88	4	25	117	1.3%	1.0%	1.3%	1.3%
No Data	173	2	11	186	2.5%	0.5%	0.6%	2.0%
Grand Total	6918	399	1942	9259	100%	100%	100%	100%

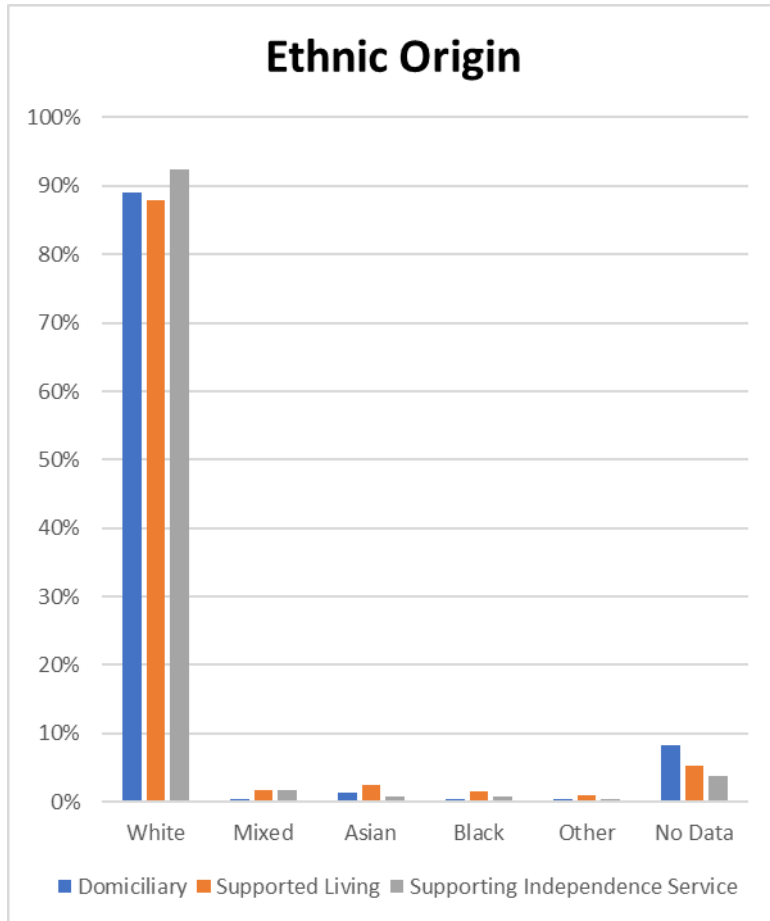


· Figure 3: Adults – Ethnic Origin of Care in the Home Recipients

Ethnic Origin Percentage of records with Ethnic Origin recorded 99.97%

Ethnic Origin	Supported Independence Service			Grand Total	Supported Independence Service			Grand Total
	Domiciliary	Living	Supporting Independence Service		Domiciliary	Living	Supporting Independence Service	
White	6162	351	1793	8306	89.1%	88.0%	92.3%	89.7%
Mixed	25	7	35	67	0.4%	1.8%	1.8%	0.7%
Asian	95	10	17	122	1.4%	2.5%	0.9%	1.3%
Black	27	6	17	50	0.4%	1.5%	0.9%	0.5%
Other	33	4	7	44	0.5%	1.0%	0.4%	0.5%
No Data	576	21	73	670	8.3%	5.3%	3.8%	7.2%
Grand Total	6918	399	1942	9259	100%	100%	100%	100%

Note: No Data includes: - 'Error', 'Info Declined', 'Information Not Yet Obtained', 'Not Recorded', 'Not Stated', 'Refused' and 'Unknown'.

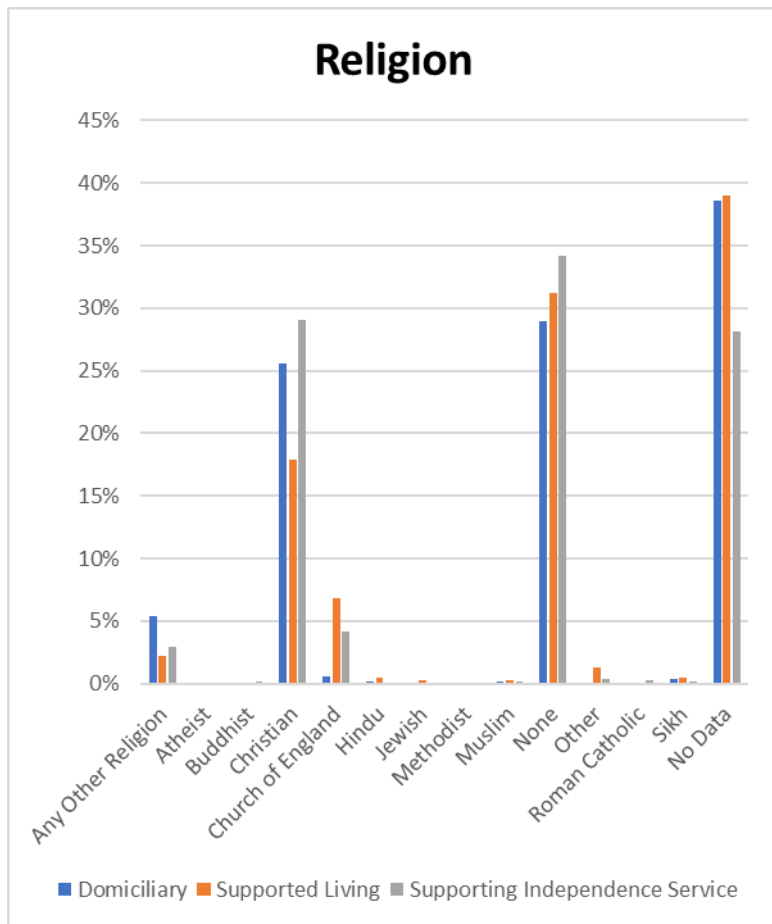


· Figure 4: Adults – Religion of Care in the Home Recipients

Religion Percentage of records with Religion recorded 64.32%

Religion	Domiciliary	Supported Living	Supporting Independence Service	Grand Total	Domiciliary	Supported Living	Supporting Independence Service	Supporting Independence Service
Any Other Religion	370	9	58	437	5.4%	2.3%	3.0%	4.7%
Atheist	0	0	2	2	0.0%	0.0%	0.1%	0.0%
Buddhist	6	0	3	9	0.1%	0.0%	0.2%	0.1%
Christian	1768	71	565	2405	25.6%	17.9%	29.1%	26.0%
Church of England	41	27	81	150	0.6%	6.8%	4.2%	1.6%
Hindu	10	2	2	14	0.1%	0.5%	0.1%	0.2%
Jewish	3	1	1	5	0.0%	0.3%	0.1%	0.1%
Methodist	1	0	0	1	0.0%	0.0%	0.0%	0.0%
Muslim	10	1	4	15	0.1%	0.3%	0.2%	0.2%
None	2005	125	663	2793	29.0%	31.2%	34.1%	30.2%
Other	4	5	7	16	0.1%	1.3%	0.4%	0.2%
Roman Catholic	6	0	5	11	0.1%	0.0%	0.3%	0.1%
Sikh	23	2	4	29	0.3%	0.5%	0.2%	0.3%
No Data	2670	156	547	3372	38.6%	39.0%	28.2%	36.4%
Grand Total	6918	399	1942	9259	100%	100%	100%	100%

Note: No Data includes:
 - 'Declined to Disclose',
 'Lacks Capacity -
 Religion', 'Not Known'
 and 'Not Recorded'.



· Figure 5: Adults – Sexual Orientation of Care in the Home Recipients

Sexual Orientation

Percentage of records with Sexual Orientation recorded 61.09%

Sexual Orientation	Domiciliary	Supported Living	Supporting Independence Service	Grand Total	Domiciliary	Supported Living	Supporting Independence Service	Grand Total
Heterosexual	2084	87	368	2539	30%	22%	19%	27%
Bisexual	0	0	9	9	0%	0%	0%	0%
Gay Man	0	0	7	7	0%	0%	0%	0%
Gay Woman/Lesbian	3	0	1	4	0%	0%	0%	0%
Other	109	7	58	174	2%	2%	3%	2%
No Data	4722	305	1499	6526	68%	76%	77%	70%
Grand Total	6918	399	1942	9259	100%	100%	100%	100%

Note: No Data includes: - 'Lacks Capacity', 'Not Recorded' and 'Prefer Not To Say'.

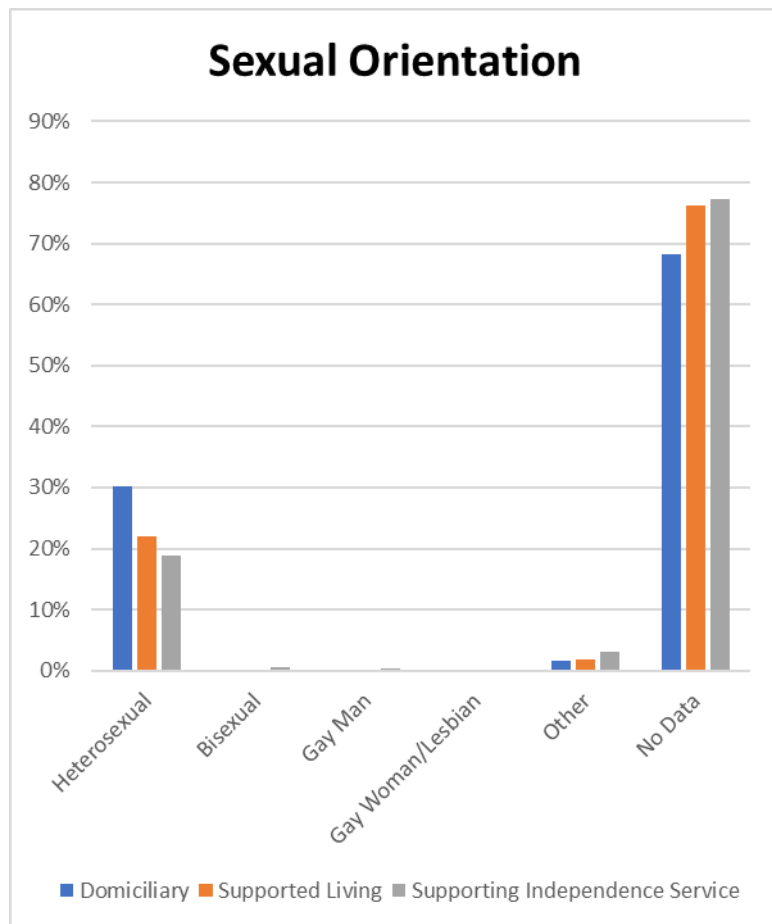


Figure 6 Disabled Children & Young People by Age & Gender – May 2018

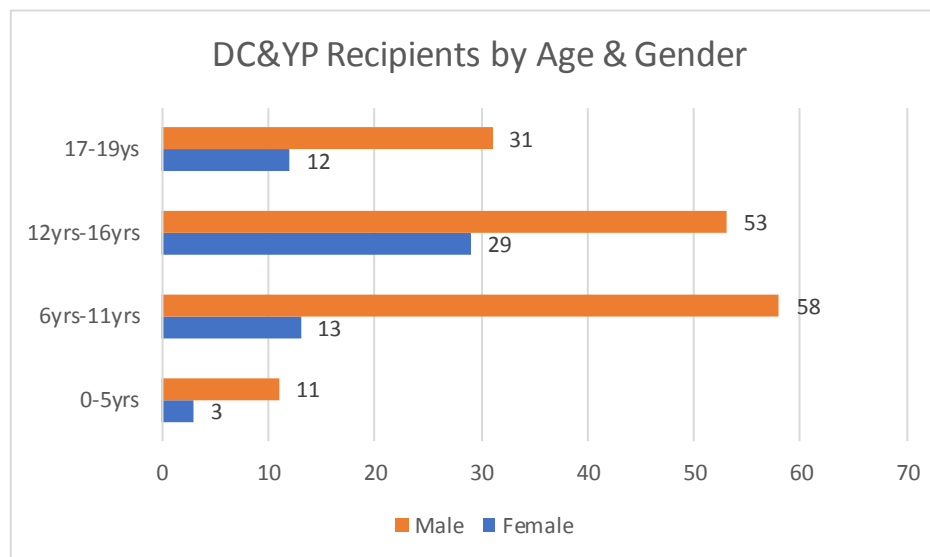


Figure 7 Disabled Children & Young People Recipients by Primary Disability – May 2018

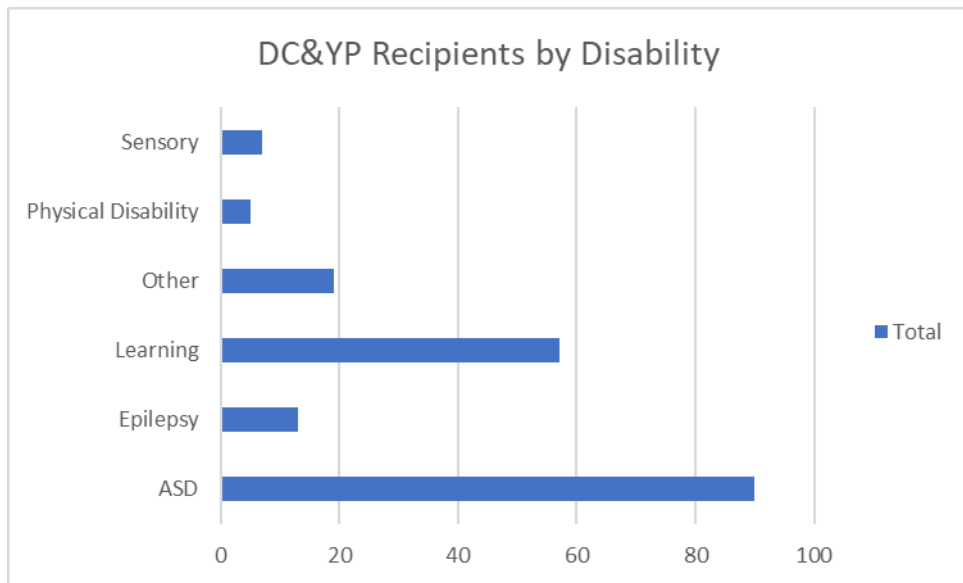


Figure 8 Disabled Children & Young People Recipients by Ethnicity – May 2018

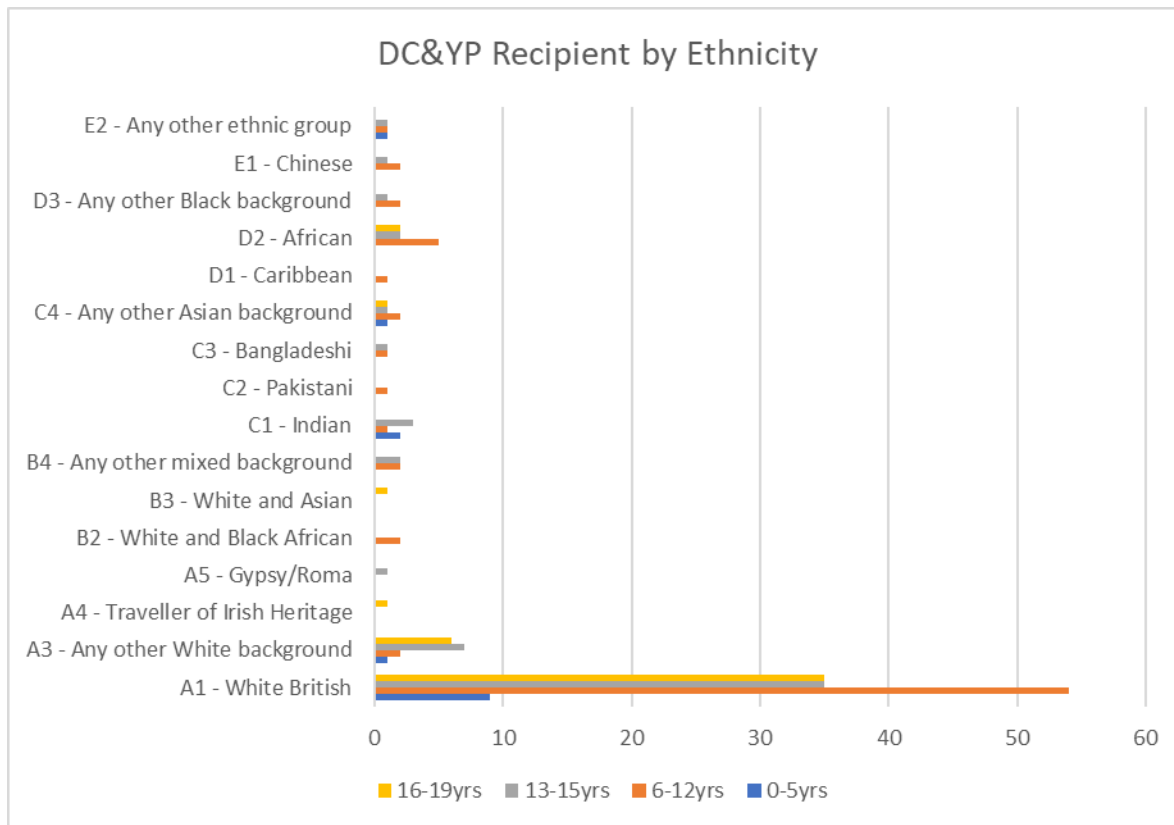
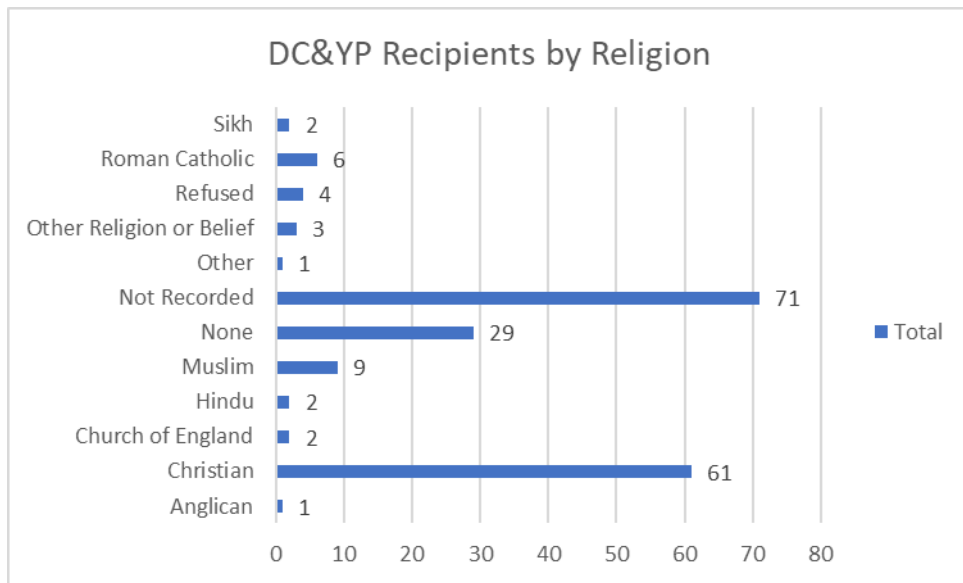


Figure 9 Disabled Children & Young People Recipients by Religion – May 2018



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From: Graham Gibbens, Cabinet Member Adult Social Care
Penny Southern, Corporate Director of Adult Social Care and Health

To: Adult Social Care Cabinet Committee - 4 July 2018

Decision No: 18/00031

Subject: **RESIDENTIAL CARE FOR PEOPLE WITH A LEARNING DISABILITY, PEOPLE WITH A PHYSICAL DISABILITY AND PEOPLE WITH MENTAL HEALTH NEEDS**

Classification: Unrestricted

Past Pathway of Paper: Adult Social Care Directorate Management Team – 6 June 2018
Strategic Commissioning Board - 8 June 2018

Future Pathway of Paper: Cabinet Member decision

Electoral Division: All

Summary: To inform Cabinet Committee of the intention to establish new contracts for care homes for People with a Learning Disability, People with a Physical Disability and People with Mental Health Needs from April 2019.

A key decision will be required for contract award and any price related decisions.

Recommendation(s): 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) enter into market engagement with the aim to **PROCURE** new contracts for care homes for People with a Learning Disability, People with a Physical Disability and People with Mental Health Needs; 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.

1. Introduction

- 1.1 Residential Care contracts for People with a Learning Disability and People with a Physical Disability were last let in 2002 and contracts for People with Mental Health Needs last let in 2004.
- 1.2 Re-letting these contracts comes at a high risk in terms of financial impact, however when balanced with the risk to the Council on the legality of the

existing contracts, it is necessary to understand full exposure of the Council's liability.

- 1.3 This contract covers approximately £90m of spend on care home provision. The resource required to establish a contract with a suitable contractual term is substantial and will include representation from all areas of the business, led by Strategic Commissioning.
- 1.4 The Council has a statutory duty to provide residential care services to Kent residents who are eligible under the Care Act 2014. To maintain sustainability of the residential markets, who support in discharging this duty, the Council needs a greater and deeper understanding of the marketplace, so that decisions that impact the market are measured and commercially astute.
- 1.5 This document provides an overview of the findings to date and is intended to act as the basis for further and ongoing analysis to enable a forward-looking foundation for sustained change. The market activity required to re-let these contracts will mean working with the market, both existing and potential, to encourage new and innovative ideas to ensure a sustainable and buoyant Kent based care economy.
- 1.6 It is recommended that these contracts are re-let with a start date in April 2019 to align with the benefits uplifts and financial reassessments.

2. Key Issues

- 2.1 Existing contracts were last let 14-16 years ago, although some updated Terms and Conditions have been issued with negotiated Cost Models from 2014. However, the majority of placements are linked to contracts with out of date Terms and Conditions. The need to regularise this is high.
- 2.2 The current pricing of placements requires stabilising. Providers that have not agreed Cost Model values have had their tendered prices increased through the years through the annual price review mechanism.
- 2.3 The current Cost Model requires a fundamental review for issuing with the tender pack. The review needs to take into account recent changes to costs such as, payments for Sleep in Shifts and to balance out all the costs to set a fair price for services.
- 2.4 With the development of Supported Accommodation options, reliance on some of the services is reducing and providers are looking more to other local authorities for placements.
- 2.5 It is therefore considered that this will require two contracts. A Framework contract for providers of lower level services that are in ample supply and a Dynamic Purchasing System (DPS) contract for specialist homes. Should a home wish to re-model, they would be able to access a specialist contract through the DPS.

3. Commissioning Strategy

3.1 The commissioning principles underpin all activity to align with the Council's strategic outcomes and the commissioning and delivery of services as required by Adult Social Care and Health. This is Strategic Commissioning's interpretation of the requirements from Adult Social Care and Health.



- **Offer real choice and give control to the users:** Residents and their families will be given choice and good quality information about the types of care homes available to them. This will include transparent and accurate information regarding the cost of the placement and any additional contributions that may be expected of them as well as an indication of the quality of the care home as assessed by the Council and the Care Quality Commission. This principle will be implemented through the Council's Online Care Directory which will be a comprehensive source of information, advice and guidance on all available services, not just those contracted to the Council.
- **Reduction in bureaucracy:** A joint approach to commissioning and contracting for outcomes will lead to a reduction in duplication of effort across health and social care statutory and public agencies. This will mean that these agencies should agree to collect one set of Key Performance Indicators from care home providers and share them across health and social care agencies.
- **Promote dignity and quality:** Providers should have a clearly laid out set of quality expectations in the revised contract that promote the dignity and well-being of all residents.

- **Develop and use an evidence base:** Commissioning will require accurate, up-to-date data on the purchasing patterns for long and short-term care placements across the sector to enable commissioners and providers to easily establish what is being purchased in terms of the level of need of residents being referred for residential care placements, at what price and in which areas of Kent. This management information will be an invaluable tool to inform providers business strategy and planning and for KCC to fulfil its market shaping duty under the Care Act.
- **Coproduce, listen and act:** The Council will listen to the views of those that are using the services i.e. residents of care homes and their families in developing a set of outcomes for residential care in Kent. These will be an integral part of the new service specification and contract from April 2019.
- **Innovate, be bold and think differently:** commissioning for outcomes will need to consider that the model of care and types of provision will need to change during the lifetime of any contract. Therefore, in the contract from April 2019, flexibility will be required to allow providers to deliver new models of care that cross the traditional boundaries. It will not be desirable to set prescriptive and restrictive service specifications or contract terms and conditions that could stifle service innovation.
- **Ensure diversity, sustainability and quality of the market:** The commissioning strategy will support the Council in its Market Shaping Duty under the Care Act 2014
- **Incentivise and pay for results:** The Council will explore with providers a system whereby they can be rewarded for evidence of improved quality during the first year of the new contracts.
- **Ensure Value For Money (VFM) and that 'Every Penny Counts':** The centralised purchasing model will ensure that price is clearly linked to the needs of the individual, families and residents. We will ensure they are given clear information about any financial contribution that is expected of them and that there is a clear auditable process to agree and collect any contributions due to the Council. This system will need to be underpinned by investment in ICT to ensure that there is an efficient and robust Purchase to Pay process to track each individual placement and report on outcomes.

3.2 The commissioning strategy is aligned to the principles of the Council's Commissioning Success and supports Kent's Accommodation Strategy priorities.

4. Strategic Intent

4.1 Kent's Accommodation Strategy, launched in July 2014, sets the direction of travel in relation to future commissioning and, along with the Care in the Home Strategy, the vision for enablement and prevention is clear. The Clinical Commissioning Groups are also investing in community services which will have an impact on the future level of demand for care home placements. This does mean that those requiring care in future will have greater level of need and care homes are required to respond to the needs as well as demand. The

Council has to align all commissioning activity with a distinct recognition on the price of purchasing care. Activity required in this area includes:

- Focused work on the model of care and commissioning activity for Supported Accommodation including an operational focus to redirect people that previously would have required a care home placement
- Forecasting work on the demand making sure that any reduction in need is balanced with the increase in population and requirement of particular types of care
- Workforce strategy to make sure the recruitment and retention of care staff, particularly for positive behavioural support, is reflected in the services that need to be commissioned
- Price profiling against need and market drivers – a Cost Model was introduced in 2006 for services for People with a Learning Disability and was fundamentally reviewed in 2014 for all client groups covered in this report. The Cost Model requires a further review in light of the changes of measured time and the impact on Sleep-in Shifts
- How care homes can be incentivised to promote an individual's independence and to support people to move home with greater independence if in a short-term placement
- Reviewing how quality assurance is incorporated into both contract monitoring and the wider role of safeguarding all of Kent's vulnerable adults

4. Strategic Commissioning Strategy

- 4.1 A Strategic Commissioning Strategy has been developed with four possible options for structuring the contract. These are:
- Do nothing
 - Provider Framework with Cost Model
 - DPS with Cost Model
 - DPS and Framework Agreement with Cost Model
- 4.2 The reason for using the Cost Model in all of these is because other options for pricing have been discounted. These are:
- a) Set Guide Prices for the services – discounted as this is where most challenge is found from the sector and is not suitably flexible for location, size of home and other key factors
 - b) Allow providers to tender their fee – discounted as does not demonstrate the component parts of the fee and providers could build in increases to the front end of the contract in the event they do not receive what they perceive to be the correct level of uplift annually
- 4.3 The new contract will include long and short term residential placements including services for those under the Transforming Care Programme and those with autism and sensory needs.
- 4.4 The tender provides the opportunity to review and update the contract documentation to place more emphasis on, Equality and the minimisation of

discrimination; Protecting the service user's Human Rights; and reinforcing provider responsibility.

- 4.5 The tender also provides an opportunity to raise the quality and standard of service delivery for the benefit of all service users. It is anticipated that there will be a more equitable provision of services across the county and services where gaps in provision have been identified.
- 4.6 In the unlikely event that, following discussions, a home does decide that it will not continue to provide a service for existing (current) residents, the Council will work closely with the resident, their carers and relatives and the home, to ensure there is a smooth transition to a home which meets their needs.

5. Policy Implications

- 5.1 As with all project development activity, Policy colleagues will be part of the working group to make sure that the contract is consistent with policy and practice and that, should any change be required policies and guidance are updated accordingly.
- 5.2 This will include Finance Policy linking in the Direct Payments, should people purchase short term care with these and any future change for use of Direct Payments for long term care.

6. Financial Implications

- 6.1 The significant risk to letting these contracts is the impact on price. With the change of how sleep-in shifts are measured, there will be impact on the overall price paid. The Council currently commissions 180 homes with sleep-in support, the majority is waking support which the current cost model appropriately accounts for.
- 6.2 The review of the Cost Model and engagement with the market will provide the detailed information required to work with finance colleagues to scope the potential financial impact balancing the pressure from providers, good outcomes for service users, legal requirements, transparency of a fair cost of care, artificially inflated price and price levelling of historic and legacy placements.

7. Legal Implications

- 7.1 Strategic Commissioning will enlist the support of Legal Services through the development of the contract specification and terms and conditions, although will be using the standard Care services Terms and Conditions. There will need to be resource allocated at the end point of the tender process for contracts to be signed and sealed and there has to be a separate work-stream to look at how contracts can be awarded, including spot contracts, making sure the most efficient process is undertaken in signing and sealing the contracts.

8. Personnel and Training Implications

- 8.1 The resource for letting the contract will be led by Strategic Commissioning.
- 8.2 Operational teams - support will be required from Care Management and the Operational Support Unit (Adults Placement Team) in ensuring that the contracts can meet their requirements and contributions will be sought to input into the work stream activity.
- 8.3 Finance will be part of the core team to make sure that the role of Budget management, Payments, Assessment and Income are factored in. This forms significant input every April and there may be additional resource required short term to complete the changes to establish the contracts.
- 8.4 ICT will be part of the core project as it will coincide with the introduction of MOSAIC, the new Adult Social Care Management Information System. The proposal is to include a work-stream to move to a regular payments system and it is planned as part of the new system development at Phase 2.
- 8.5 Policy staff will need to ensure that there is consistency with the proposals for the new contract, the legal requirements of the Care Act and translate that back into Policy and roll out to affected staff.
- 8.6 Training will be a key part of the new contract so that an end to end e-learning module can be developed for existing and new care management staff. There will be additional costs to develop this package of training.

9. Equality Impact Assessment

- 9.1 The Equality Impact Assessment (attached as Appendix 1) will be updated as part of the project plan when the changes are proposed and can be fully considered. A Privacy Impact Assessment will also be completed.

10. Conclusion

- 10.1 The Council has a statutory duty to provide residential care services to Kent residents who are eligible under the Care Act 2014.
- 10.2 These contracts were last let in 2002 and 2004. The vast majority of placements are linked to contracts with out of date Terms and Conditions. When balanced with the risk to the Council on the legality of the existing contracts and in order to meet the requirements under the Care Act, it is necessary to re-commission new contracts for People with a Learning Disability, People with a Physical Disability and People with Mental Health Needs

11. Recommendations

11.1 Recommendation(s): 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) enter into market engagement with the aim to **PROCURE** new contracts for care homes for People with a Learning Disability, People with a Physical Disability and People with Mental Health Needs, and
- b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health, or other nominated officer to, to undertake the necessary actions to implement the decision.

12. Background Documents

None

13. Report Author

Clare Maynard

Head of Commissioning Portfolio – Communities, Adults and Vulnerable People

03000 416449

Clare.Maynard@kent.gov.uk

Relevant Director

Penny Southern

Corporate Director of Adult Social Care and Health

03000 415505

Penny.southern@kent.gov.uk

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

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

DECISION NO:
18/00031

For publication

Key decision

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

Subject: RESIDENTIAL CARE FOR PEOPLE WITH A LEARNING DISABILITY, PEOPLE WITH A PHYSICAL DISABILITY AND PEOPLE WITH MENTAL HEALTH NEEDS

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

- a) enter into market engagement with the aim to **PROCURE** new contracts for care homes for People with a Learning Disability, People with a Physical Disability and People with Mental Health Needs; and
- b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, to undertake the actions necessary to implement the decision.

Reason(s) for decision: Residential Care services for People with a Learning Disability, People with a Physical Disability and people with Mental Health Needs last went out to competitive tender in 2002 for the Disability contract and 2004 for the Mental Health contract. The purpose of this tender is to ensure a relevant specification and to update current terms and conditions as well as to show due regards to the fair cost of care. The intention is to establish new contracts for care homes for People with a Learning Disability, People with a Physical Disability and People with Mental Health Needs from April 2019.

A key decision will be required for contract award and any price related decisions.

Financial Implications: The significant risk to letting these contracts is the impact on price. With the change of how sleep-in shifts are measured, there will be impact on the overall price paid. Engagement with the market will provide the detailed information required to work with Finance colleagues to scope the potential financial impact balancing the pressure from providers, good outcomes for service users, legal requirements, transparency of a fair cost of care.

New contract minimum of four years with two, two-year extensions. 4 years approx. value £322m

Legal Implications: Strategic Commissioning will enlist the support of Legal Services through the development of the contract specification and terms and conditions making sure the most efficient process is undertaken in signing and sealing the contracts.

Equality Implications: The Equality Impact Assessment will be updated when the changes are proposed and can be fully considered. A Privacy Impact Assessment will also be completed.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 4 July 2018 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Consultation with all stakeholders, including residential care home providers will take place throughout the procurement process. Questions and queries from providers will be addressed via

the Kent Business Portal.
Any alternatives considered: N/A
Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

.....
signed

.....
date

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

**This document is available in other formats, please contact
Jennie.kennedy@Kent.gov.uk if you require this in another format or telephone
03000 415380.**

Directorate:

Adult Social Care and Health

Name of policy, procedure, project or service

Recommissioning of Residential Care Home services for People with a Learning Disability,
People a Physical Disability and people with Mental Health Needs.

What is being assessed?

This EqIA assesses the impact of the new tendered contract on residents who are living in residential care homes, either on a long or short term basis.

Responsible Owner/ Senior Officer

DMT representative, Penny Southern, Interim Corporate Director
Senior Responsible Officer, Clare Maynard, Head of Commissioning Portfolio– Communities,
Older and Vulnerable People
Commissioning Lead, Paula Watson, Senior Commissioner

Date of Initial Screening

06 June 2018.

Date of Full EqIA: 8 February 2016

Version	Comments/ Author	Date	Comment
1	Paula Watson	06/6/18	First draft
	A Agyepong	20/6/18	Comments for review

Characteristic	Could this policy, procedure, project or service, or any proposed changes to it, affects 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 Page 86	<p>NO,</p> <p>1)The project applies to people with a learning disability, physical disability or people with mental health needs over 18 years and therefore this age group will be the only one which is impacted by the letting of the contract.</p> <p>2) If the current care home provider chooses not to tender or is unsuccessful in their tender or they decide they no longer wish to do business with KCC, they may give notice to current residents. A small number of residents may be required to move to another residential care home. By definition, as this client group have a disability there will be a disproportionate impact on them compared to other residents of the County.</p>	Medium	High for the small number who could be affected. But this will be only in limited cases, if at all.	<p>a) Internal action is required.</p> <p>All providers with existing KCC placements will be encouraged and supported to tender for the new contract.</p> <p>2) Where current providers choose not to tender, negotiation will take place with the provider to agree a service continuity plan. Only in exceptional circumstances will residents be moved. In the event that a move is required, an action plan will be drawn up for each of the residents affected by this decision.</p> <p>The risk of anxiety for residents, relatives and carers will be minimised by providing appropriate assurances and through involving affected residents in action planning.</p> <p>This process will be managed by Care Managers who have a good knowledge of their clients' needs and a dedicated team of purchasers and commissioners who have knowledge and understanding of the average price of care in that area and will know the market. It is not intended that there be any impact on new people going into residential</p>	<p>Yes.</p> <p>1) The intention of the letting the new contract to ensure there is more equitable provision of residential care across Kent at an affordable price. The relet also aims to commission services where there are gaps in current provision for certain specialist needs. Both these actions will result in a positive impact for people over 18 years with disabilities and mental health needs.</p> <p>An online Care Directory has been developed for this purpose and will provide information, advice and guidance on all available services, both those contracted and those who choose not to tender for a contract.</p>

<p style="text-align: center;">Page 87</p>	<p>However, the intention is that moves will only happen in exceptional circumstances, but this could cause anxiety and disruption.</p> <p>No change will arise if the existing residential provider is successful in their bid.</p>			<p>care.</p> <p>This EqIA will be updated if the proposed service is amended in a way that could affect this group.</p> <p>b) No further assessment is required.</p>	<p>Promotion of equality, human rights and equal opportunities will be reflected in the new contract service specification and terms and conditions that will ensure that this group of service users receive services dedicated to their needs.</p> <p>Quality of care and good practice can be monitored and improved through regular monitoring of all care homes.</p> <p>Service users, their families and carers should have better information about the contracted and non-contracted homes being commissioned on their behalf.</p> <p>It is expected that quality will improve through making price reviews more robust and transparent. Price reviews will allow providers to identify financial difficulties and consideration of price reviews will take place when it is clear that quality and cost issues are directly linked.</p> <p>Based on the implementation of the pricing decision the EqIA will be kept under review.</p>
<p>Disability</p>	<p>See above</p>	<p>Medium</p>	<p>Medium</p>	<p>Action will be taken when there are challenges in communicating with family members as well as residents who have learning disabilities, physical disabilities, mental health needs, sensory impairments, appropriate communication methods will be</p>	<p>Yes. It is expected that people with greater physical disability and people with Challenging behaviour are likely to be placed in newer homes or purpose built accommodation. There are a number of care homes that are</p>

				used for all.	converted dwellings which have smaller corridors and stairs/steps and therefore people will struggle to mobilise or use the environment effectively in some of the older care homes. It is also known that the use of specialist equipment in smaller homes is more difficult to use.
Sex	No	Low	Low	The tender will not impact on the availability of services across Sex.	Yes – equalities must be promoted through ensuring that care providers comply with the contract specification for ensuring equality on the basis of Sex.
Gender identity	No.	Low	Low	No.	Yes – equalities must be promoted through ensuring that care providers comply with the contract specification for ensuring equality for all gender groups.
Race	No.	Low	Low	Action will be taken when there are challenges in communicating with people for whom English is not their first language or those whose knowledge of English is limited.	Yes – equalities must be promoted through ensuring that care providers comply with the contract specification for ensuring equality for all races.
Religion or belief	No.	Low	Low	No.	Yes – equalities must be promoted through ensuring that care providers comply with the contract specification for ensuring equality for all religious or belief groups.
Sexual orientation	No.	Low	Low	No.	Yes – equalities must be promoted through ensuring that care providers comply with the contract specification for ensuring equality for all sexual orientations.
Pregnancy and maternity	No.	Low	Low	No.	Not applicable
Marriage and Civil Partnerships	No.	Low	Low	No.	Yes – equalities must be promoted through ensuring that care providers comply with the contract specification for ensuring equality for marriage and civil

					partnerships.
Carer's responsibilities	No	Low	Low		<p>Improved commissioning of residential services across Kent may benefit carers as identifying a home for the cared for should improve and there will be more equitable provision of services across the county.</p> <p>The new contract aims to commission residential respite services which will potentially have a positive impact on carers as it will improve the availability of respite care.</p>

Part 1: INITIAL SCREENING

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

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

State rating & reasons

Medium – because the potential impact for the vast majority of people living in residential care homes will have a limited impact on them. Assessed as medium, as there may be a limited number of cases where discussion and negotiation would need to take place with residential providers who are not awarded a contract or did not tender.

Context

The tender of the Residential Care Contract for people with LDPDMH supports local and national strategies as follows:

The Accommodation Strategy

The Strategy was developed launched in July 2014. It clearly articulates the agreed direction of travel in relation to residential care home provision. The conclusion of the Strategy for people with LDPHMH is to:

- Increase the provision of specialist and specialist plus homes and reduce the provision of standard Mid and high category residential homes.
- Remodel services to be better geared up to accommodating people with specialist needs.

The new tender is in line with the Authority’s responsibilities under the Care Act 2014 and strategic drives as set out the KCC Strategic Vision published in March 2015 in and contributes to one of the key strategic outcomes of ‘Older and vulnerable residents feel socially included, residents have greater choice and control over the health and social care they receive’.

Commissioning were tasked to review these services as part of the Accommodation Strategy.

Aims and Objectives

The aim of this tender is to have the new Residential Care Home contract for People with LDPDMH in place by April 2019, with the objectives of:

- Providing good outcomes for residents.
- Achieving enough capacity and coverage.
- Ensuring a consistent and quality service countywide.
- Delivering value for money.

Beneficiaries

The Residential Care Home service for people with a Learning Disability, people with a Physical Disability and people with Mental Health needs is available to people who are assessed as requiring this type residential care by the local authority.

Carers and families will also benefit from these residential care services by knowing that their family members are well cared for and being able to see far more transparency in the information collected and provided.

Information and Data

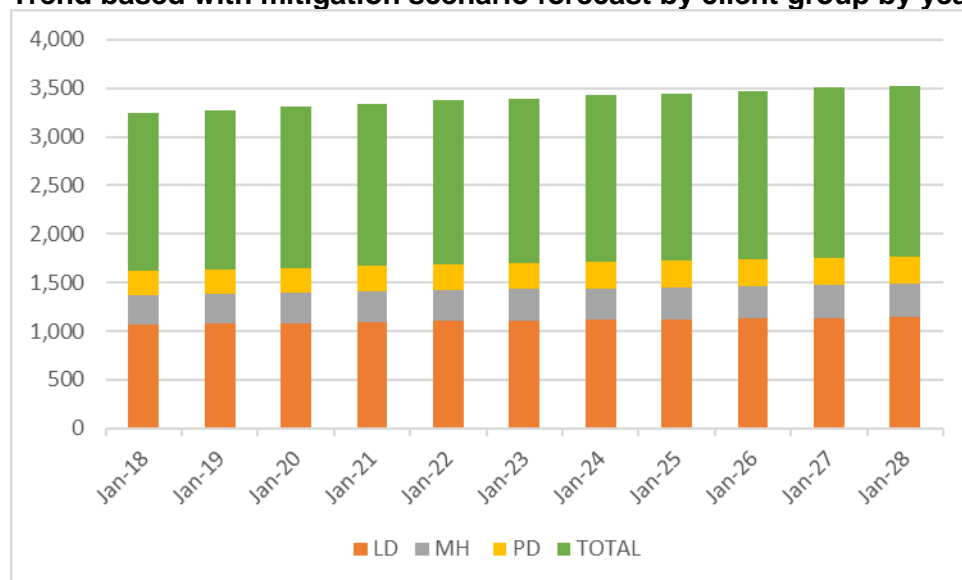
All KCC funded service users must meet the eligibility criteria to receive a residential care service.

Age profile of current placements

Age Range	LD	PD	MH
18-24	70	10	2
25-34	160	20	15
35-44	188	28	29
45-54	260	60	61
55-64	196	100	90
65-74	119	45	71
75Plus	42	17	18
	1035	280	286

Average length of stay in residential services	Years
LD	10
PD	7
MH	6

Trend based with mitigation scenario forecast by client group by year



Increase in overall placements over a 10-year period 139
69 LD, 31 PD, 39 MH

Current number of residential beds available in Kent

	LD	PD	MH	Total
Existing Residential Homes	2038	222	428	2688

The majority of residential care clients are people with a learning disability. There are around 1,600 people with LDPDMH who are in residential care in Kent.

LD clients make up the majority of placements, but as age increases the proportion of clients with physical disability or mental health increases. Some of this movement is a movement of clients from one category to another, with a higher proportion of LD clients aged 55 and over. The number of PD clients in residential care peaks in the age range 55-64 and drops sharply in the age range 65-74.

But also, in line with KCC's strategy, residential care is considered the last resort and the Social Care, Health & Wellbeing Directorate aims is to keep people at home and independent for as long as is possible.

Therefore, in line with KCC's strategy, if the need for residential care placements can reduce through prevention and policies. If future demand by 2028 is 10% less across all client groups and all ages up to age 65. This leads to an increase of 139 overall placements over a 10-year period up to 2028.

Detailed data on the LDPDMH care home market is set out in Kent's Accommodation Strategy. The evidence indicates there is sufficient alternative supply of residential care available across Kent for the homes that may close.

The EQiA for the Accommodation Strategy can be found via the following link:

http://www.kent.gov.uk/_data/assets/pdf_file/0015/14460/Accommodation-Strategy-equality-analysis-impact-assessment.pdf

Scope

The current contracts for residential care services for people with a physical disability, people with learning disabilities and people with mental health needs were last let in 2002 for the Disabilities contract and 2004 for the Mental Health contract.

The market for residential care services within Kent is disparate and as the existing contracts have not been let for over 14 years, the sector may not be familiar with tendering for services within Kent. The introduction of the Care Act 2014 in April 2015 brought a number of historic laws into one Act. Therefore, the contracts are no longer fit for purpose or meet the needs of the Council.

The new contract will procure both long and short term residential care provision and will be in place for a period of 4 years with an option to extend the contract for a further two years and after that, another two years.

Involvement and Engagement

There needs to be a commitment to involving those who use these services in planning, commissioning and delivery. Engagement is required with both internal and external; stakeholders. Those that are internal need to be aware and understand all of the relevant changes to ensure the new contract is implemented efficiently and effectively.

Those that are external and connected to the Council will include the providers of care themselves. It is vital that engagement is conducted prior to the tender exercise for this contract and throughout the contract term. Early engagement will allow providers the time to prepare for the necessary tender submission and ask any questions of the Council to remove all ambiguity. This will also allow the benefits to be promoted to encourage providers to join the contract. Furthermore, feedback can be collected and, if necessary, implemented before anything is formally published.

Strategic Commissioning will hold market events in 2018. These market events will introduce the tender which will include the timescales, expectations and requirements to strengthen the relationship with the market and continue to collaborate on emerging issues.

Service User engagement – plans include service user engagement through; Healthwatch, the Learning Disability Partnership Board and District Partnership Groups. PD and MH forums

To avoid anxiety and concern for current residents, consultation with them will take place when it is appropriate and when the likely impact on residents is known.

During the tender period, residents will continue to receive the same service. Where, as a result of this tender, there is a financial impact on residents, engagement will take place with those affected and their families at the most appropriate time and at a localised level.

Throughout the engagement process where equality issues have been raised they either have or will be added to this EqIA. As it stands, there have been no equality issues raised as part of the engagement process.

Potential Impact

For the vast majority of current residents, this tender will have no material impact on them at all. But it is anticipated that the new contract will have a positive impact and given the population of the residential market it will have a greater impact in relation to Disability groups. This new contract points to KCC's commitment to transform the service over coming years.

Adverse Impact

In very exceptional circumstances a small number of residents may lose continuity of care in the event that their current provider does not tender or is not awarded a contract or refuses to accept the terms and conditions of KCC. A change of this kind and/or an amendment to the contribution that they pay may cause anxiety and disruption to existing relationships. This will be addressed by the development of an individual service continuation plan to help minimise disruption and offer a number of options. It is not expected that this will affect a large number of residents.

In the unlikely event that, following discussions, a home does decide that it will not continue to provide a service for existing (current) residents, KCC will work closely with the resident, their carers and relatives and the home, to ensure there is a smooth transition to a home which meets their needs.

Positive Impact

The tender provides the opportunity to review and update the contract documentation to place more emphasis on:

- Equality and the minimisation of discrimination;

- Protecting the service user's Human Rights; and
- Reinforcing provider responsibility.

These positive impacts will contribute to raise the quality and standard of service delivery to the benefit of all service users.

It is anticipated that there will be a more equitable provision of services across the county and services here gaps in provision have been identified.

The impact will be evidence through performance monitoring through key performance indicators.

JUDGEMENT

Option 2 – Internal Action Required

There is potential for adverse impact on particular groups.

The tender of the Residential Care Home Contracts for people with LDPDMH is not a complete redesign of service and does not directly impact on the protected characteristics of individuals.

Given the population of residential care homes, there will be an impact on people with disabilities and people with mental health needs. There could be some providers choosing to leave the market and in these circumstances, KCC would find the most appropriate alternative care provision for them and following assessment, a different service may be required.

Action Plan

The Action Plan indicates a requirement to develop service continuation plans to minimise any disruption and to offer a choice of options for affected individuals.

Monitoring and Review

The development of an exit strategy has been identified on the Risk Log for this tender and will be built into the implementation timetable to ensure this occurs. Monitoring and review requirements will be developed as part of the exit strategy.

The working group allocated to this project will regularly review this EqIA and agree further actions as required.

Attestation

I have read and paid due regard to the Equality Analysis/Impact Assessment concerning the Recommissioning of Residential Care Home services for People with a Learning Disability, People a Physical Disability and People with Mental Health Needs.

I agree with risk rating and the actions to mitigate any adverse impact(s) that has /have been identified.

Signed:

Name: Clare Maynard

June 2018

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

Date:

DMT Member

Signed:

Name: Penny Southern

Job Title: Interim Corporate Director

Date:

Equality Impact Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
Age, Disability and Race	Current service users <u>may</u> see a change to either their care provider or cost which may cause anxiety and disruption to existing relationships. It is not intended that people will move, however if the provider requests that the individual moves there will be little option	<p>A service continuation plan will be developed for service users affected.</p> <p>Assurances will be provided and impact will be discussed. All service users affected will be fully engaged in any move on plans, as will relatives.</p> <p>Communication will be provided in a range of texts, formats suitable for people with a disability or sensory impairments or for those whose first language is not English or if this is limited.</p>	<p>Work towards minimising disruption to service users.</p> <p>Service users and their family carers will be informed and have the opportunity to influence changes that affect them.</p>	DCALDMH / Assistant Directors	Development is in progress.	<p>Adult Purchasing Team already in place.</p> <p>Care Management time.</p>
Age and Disability	New service users will be better supported to secure	Yes, the purchasing process will offer equal opportunities	It is intended that this process will be managed by a	DCALDMH / Assistant Directors	Development is in progress.	Adult Purchasing Team is already in place.

	residential care placements. This will allay fears and provide support at a difficult time.	for all providers.	dedicated team of purchasers who have knowledge and understanding of the average price of care in that area and will know the market. It is not intended that there be any impact on new people going into residential care.			
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From: Graham Gibbens, Cabinet Member for Adult Social Care
Penny Southern, Corporate Director of Adult Social Care and Health

To: Adult Social Care Cabinet Committee - 4 July 2018

Subject: **ANNUAL EQUALITY AND DIVERSITY REPORT**

Classification: Unrestricted

Past Pathway of Paper: Adult Social Care Directorate Management Team Meeting – 6 June 2018

Future Pathway of Paper: None

Electoral Division: All

Summary: This report sets out a position statement for Adult Social Care and Health regarding equality and diversity work and progress on equality objectives for 2017/18. The report is to provide assurance to Cabinet Committee members that the Directorate can demonstrate it is compliant with the Public-Sector Equality Duty and as a result provides accessible and usable services.

Recommendation(s): The Adult Social Care Cabinet Committee is asked to

- a) **CONSIDER** and **COMMENT** on performance against the equality objectives for 2017/18;
- b) **CONTINUE** to ensure that equality governance is observed in relation to decision making; and
- c) **AGREE** to continue to receive the report annually in order to comply with the Public Sector Equality Duty (PSED) and ensure progress against the Council's objectives.

1. Introduction

- 1.1 Publication of equality and diversity information is compulsory in England for all public authorities, as stipulated in the Public-Sector Equality Duty (PSED) 2010. Proactive publication of equality and diversity information ensures not only compliance with the legal requirements, but also transparency for the public in how this Directorate ensures equality and diversity considerations throughout our work.
- 1.2 The main responsibilities of the Directorate include undertaking individual and population needs assessment, commissioning and arranging services to meet the eligible needs of people and safeguarding vulnerable children and adults. Adult Social Care demonstrates its commitment by embedding equality throughout the organisation to ensure that the needs of all communities are considered in the commissioning and delivery of services.

2. Financial Implications

2.1 There are no financial implications in producing this annual report.

3. Policy Context

3.1 In 2016, Kent County Council published a new Equality and Human Rights Policy and Objectives. The objectives have been set against six domains recognised by the Equality and Human Rights Commission (EHRC) as having a significant impact on the quality of life of individuals. The domains are:

- Education
- Work
- Living standards
- Health
- Justice and Personal Security
- Participation

3.2 Kent County Council Equality Human Rights Objectives, 2016-2020:

- All Members and Officers will be responsible for ensuring that the Public Sector Equality Duty is met in their day to day work and when making decisions
- We will use equality analysis when procuring and commissioning
- We will gather and analyse knowledge and information to get a clear understanding of the protected characteristics of our service users
- We will continue to be an inclusive employer
- We will listen to and engage with employees, communities and partners to inform the way we plan, design, commission and deliver services. Communities can have their say through consultations and engagement
- We will put residents and service users at the heart of all our work by embedding the Public Sector Equality Duty into everything we do so that we can continue to build strong and inclusive communities.

3.3 The Adult Social Care and Health Directorate is working to four equality objectives for the second year running which underpin and guide our work. At the heart of this is strength-based practice, providing meaningful a person-centred approach tailored to the particular characteristics of the person. The four equality priorities are to:

- Safeguard vulnerable adults from harm.
- Improve life chances and outcomes of vulnerable adults through service developments and modernisation.
- Ensure the quality and range of services are improved through increasing engagement with service users and carers.
- Ensure that the number of Black and Ethnic Minority people and women in the mental health system is reduced.

3.4 Details of the actions that will deliver against these objectives have been set out in the Divisional Business Plans. This report will evidence activity against the Directorates objectives and general activity that has been undertaken within the

Directorate to meet the requirements of KCC's Equality and Human Rights policy.

4. How we are working to meet Public Sector Equality Duty (PSED)

4.1 The below table sets out the evidence which demonstrates how the Directorate is progressing against the Directorate objectives for 2017/18.

Objective: Safeguard vulnerable adults from harm

Evidence:

- The Kent Enablement Recovery Service (KERS) – Completed a case file audit on 100 cases. The audit checked that case notes were written in plain, non-discriminatory or oppressive language, Service users views or preferences and feelings were recorded and that Safeguarding issues were recorded on AIS (the Social Care Management Information System) case notes. This informed training sessions on best practice.
- Mental Health teams considers cultural concerns around linking with services. Ensuring that a person can engage in their safety plan that is culturally sensitive and doesn't alienate a person's wider community. Also use services that are from within the wider cultural population. For example – Karma Nirvana, Travelling community. Using alternative buildings to meet authority services such as the police. Support plans are tailored around gender considerations such as using Mankind for men experiencing domestic abuse. When a person who is transgender has been referred to the service, the data is now captured. In West Kent, the team supported a person to start up a Transgender support group as there was a gap in support. There are now dedicated police officers within acute psychiatric settings.
- The Council's Adult Safeguarding Unit worked closely with the Kent and Medway Safeguarding Adults Board (KMSAB) members during 2017/18 to develop and deliver Safeguarding Adults Review (SAR) Lessons Learnt Workshops, following the reviews of the following three cases:
 - Mrs C [Mrs-C-executive-summary-KMSB.pdf](#)
 - Mrs Violet Hughes [Mrs-Violet-Hughes-executive-summary-KMSB.pdf](#)
 - Mrs Beryl Simpson [Beryl-Simpson-executive-summary-KMSAB.pdf](#)These workshops were delivered to ensure that all multi-agency partners were fully informed of the SAR outcomes and recommendations, self-neglect and to disseminate the relevant learning. During these workshops issues relevant to equality are considered.
- During 2017/18 the Vulnerable Adult pathway was rolled out and now being embedded in practice to ensure those that are deemed vulnerable are receiving appropriate support, care and safeguarding. Governance is in place with partners to manage information effectively and Vulnerable Adult leads are working across the County.

Objective: Improve life chances and outcomes of vulnerable adults through service developments and modernisation

Evidence:

- In November 2017, approval was given to implement the New Operating Model from the Strategic Commissioning Board and the Budget Programme and Delivery Board. The New Operating Model will redesign new pathways which have been informed by pilots to deliver more person-centred care and support, keep people safe, help people to have reasonable choice and control, making sure that there are enough care and support services available and that we work in partnership to make better use of our resources.
- The ESTHER programme continued to be rolled out across Kent during 2017/18, 50 coaches and 329 ambassadors were trained in this approach. The ESTHER approach focuses on what is important to the individual and the professionals working as one to address the issues facing the individual. The Kent ESTHER philosophy and way of working gained recognition by national bodies, such as Health Education England and the Department of Health and Social care and was highlighted as a model of good practice within the Lyn Romeo Chief Social Worker Annual Report for 2017/18.
- Delivered an Equality and Human Rights development day to 150 staff to help them understand that one of the values underpinning the work we do in Adult Social Care is adopting a person-centred approach tailored to the person so that they can achieve the things that matter most to them. This means supporting people's own sense of identity and working from a clear diversity perspective so that we acknowledge and celebrate the difference people bring and the impact it can have on their outcomes.
- Kent Supported Employment (KSE) worked with over 350 clients who have learning disabilities, mental health needs, sensory needs or autism, moving them into employment. Over 54% of these clients sustain employment. Other pathways include work placements and voluntary work until clients are ready to progress into paid employment. Key partners are KCC, schools, colleges, the Job Centre and other professionals working with disabled people. However, it was identified that the referral routes for new cases not currently known to Social Care were cumbersome, which caused delay and duplicated processes. Therefore, the Service Specification was updated in order for KSE to assess clients' needs and draw up a person-centred Action Plan. We are encouraging a culture of aspiration, responsibility and independence which links in with the Lifespan Pathway changes as well as KCC's Strategic Outcomes, so we should be empowering clients to have direct access to the support they require, and not draw them into Social Care unnecessarily.
- During 2017/18 a Deaf Community Worker role was introduced to improve wellbeing, promote independence and build community capacity, amongst Deaf adults and children, who use British Sign Language (BSL), in Kent. Outcomes achieved through this post:
 - Issues for Deaf people raised with the East Kent Hospital Diversity Manager and meetings facilitated with the Deaf forum
 - East Kent University Hospital Foundation Trust improved accessibility to hospitals and community health services
 - KCC 'front door' made more accessible for Deaf people

- Deaf user group meetings facilitated with Kent Police
- Deaf accessible 'quit smoking' group
- Deaf accessible Sensory Services Facebook page
- Deaf friendly Sensory Services leaflets

Objective: Ensure the quality and range of services are improved through increasing engagement with service users and carers

Evidence:

- Service users are regularly part of interview panels.
- Over the year we have worked closely with Healthwatch Kent to present various topics to the People Panel events to engage people in the design and implementation in a range of key projects. Topics covered:
 - Integrated Neurodevelopmental (ND) Multidisciplinary (MDT) and Social Care Autistic Spectrum Conditions (ASC) Team Redesign
 - Autism and disabled Children services/mental health Outcomes Based Care project
 - Assessment and Integrated Rehab
 - Overview of Pioneer, the Design and Learning Centre, ESTHER, Medication and Buurtzorg
 - Carers' strategy
 - KCC Core Standards for Social Care
 - Health and Wellbeing Strategy
 - Adults New Operating Model
- We held five ESTHER cafes during 2017/18. An ESTHER Café is an informal meeting place where ESTHERs and all the organisations involved in their care can informally come together. As part of the ESTHER Café, ESTHERs share their experience of care with those in the room so that health and social care providers can hear experiences first hand and from this can seek to work together to make improvements that matter to ESTHER and make best use of resources. An ESTHER café in January 2018, focused on people accessing Mental Health services, outcomes from the café have informed where improvements are required.
- We now have user groups for all client groups with many supported by Healthwatch: Senior Citizens, PD group, Autism Collaborative, LD Partnership Board and Mental Health has several forums.
- Over the past year Adult Social Care and Health has engaged with the public around the provision and content of public information. Focus groups took part with carers, learning disability and older people's groups. Each group were asked to look at, comment and suggest improvements to our public information. This considered content and accessibility of the documents as well as where people sourced their information. Feedback from all the groups was positive around the provision of information and that the content was useful to them. It was raised that information should be provided in other formats, specifically in large print and which can be adapted for those with sight issues. The pamphlets; 'Your guide to accessing adult social care in Kent' and 'What we do for people with a learning disability' have and are being updated following these engagement sessions.

Objective: Ensure that the number of Black and Minority Ethnic (BME) people and women in the mental health system is reduced

- Within KERS - supervision documents include a standard question addressing BME issues. There is also a standard agenda item on the rolling KERS Seniors meeting.
- Mental Health has put benchmarking and data collection in place processes to better understand pathways for women, especially those who have experienced domestic abuse, black men and veterans to help identify gaps.
- During 2017, there were 284 black and minority ethnic people accessing mental health services. This is the benchmark data which will be used to compare the data at the end of 2018 to see if the actions in place around this objective have been effective, as this is the second year that this objective is in place.

4.2 The table below sets out the evidence which demonstrates how the Directorate is meeting the requirements of the KCC's Equality and Human Rights policy

Policy	Evidence
<p>All Members and Officers will be responsible for ensuring that the Public Sector Equality Duty is met in their day to day work and when making decisions</p>	<p>Equality Impact Assessments are carried out for all service developments, projects and decisions relating to services and staff, as a mechanism to ensure all activity is inclusive and responsive to customer needs. During 2017/18, 15 Key Decisions were made in which reports reference EqIA.</p> <p>During 2017/18 Adult Social Care set up an Equality and Human rights steering group which plays a role in ensuring that across Social Care protected groups - staff and the people we support have fairer outcomes.</p>
<p>We will use equality analysis when procuring and commissioning</p>	<p>During 2017/18 analysis was undertaken on services provided in prisons, which identified that the current volume of social care usage, together with access issues inherent in providing services within a prison establishment indicate that KCC commissioning a separate service for social care in prisons was not practical or an attractive proposition for a service provider. Working in partnership with NHS England, a new approach was undertaken, and NHS England took the lead for the procurement of health and social care services in prisons.</p>
<p>We will gather and analyse knowledge and information to get a clear understanding of the protected characteristics of our service users.</p>	<p>The collection of 'About You' information is built in to all assessment and data gathering processes in Social Care and the resulting information is routinely presented to and discussed by Divisional Management Teams to inform business planning, commissioning processes and the production of equality impact assessments.</p> <p>During 2017, detailed analysis was undertaken by Strategic Commissioning to understand the profile of people accessing the Advocacy hub. This informed the funding allocation, identified gaps such as knowledge is particularly poor around carers being entitled to Advocacy and referral rates were low. Therefore, Support Empower Advocate Promote (seAp) has been allocated funding to increase the awareness of advocacy and more resources have been put into advertising the contract over the next year to ensure people know about the service.</p>

	<p>During 2017 Strategic Commissioning and the Kent Public Health Observatory completed work to identify and analyse the profile of Carers, which identified that there were 53,701 adults aged 16+ providing 20 or more hours of care per week. These Carers are those who are eligible and most likely to access the carers support services provided by KCC. There are 19,073 active Carers currently registered with KCC on the SWIFT/AIS (Adult Social Care Management Information) system. This has informed a Carers Commissioning exercise which is due to be completed 2018/19 and highlighted that the Carers Strategy 2009 needed a review. Various engagement workshops with Carers have since taken place to start to shape the new strategy.</p> <p>Appendix 1 sets out the current profile of our service users. Most of the profiles remain unchanged since the 2017 Annual report, apart from a reduction in reporting against unknown/not yet for religion and sexual orientation, which demonstrates that staff are starting to understand the importance in collating and reporting accurately.</p>
<p>We will continue to be an inclusive employer.</p>	<p>During 2017/18 Older People and Physical Disability (OPPD) developed a work experience programme to encourage younger people to consider a career in social care.</p> <p>Action Plans are place and link with the Organisation Development Plan to ensure that trends are reviewed such as reasonable adjustments, to ensure managers and staff are putting the appropriate interventions in place.</p> <p>Fair employment practices are monitored and reported on a regular basis to the Adult Social Care and Health Directorate Management Team (DMT) and the next level down Divisional Management Team meetings (DivMT), to ensure managers are engaged in their responsibilities.</p> <p>Appendix 2 sets out the profile of the Adult Social Care and Health workforce. Through analysing this data, we have identified that Adult Social Care and Health still has the lowest percentage of staff aged 25, which has triggered work with HR and Communications to look at the recruitment and Engagement strategies of younger people</p>

	<p>(predominantly under 25), this includes a work experience programme, attendance at career events and utilising the apprenticeship levy. Along with one other Directorate, Adult Social Care and Health has the highest proportion of workforce aged 50 +, in response to the ageing workforce the Directorate has put in place succession planning.</p>
<p>We will listen to and engage with employees, communities and partners to inform the way we plan, design, commission and deliver services. Communities can have their say through consultations and engagement</p>	<p>Then annual Employment Value Proposition (EVP) survey took place in September - October 2017 with one Adult Social Care team. No equality issues were identified.</p> <p>The Kent Enablement Recovery Service completed a survey with 45 service users during November 2017 - January 2018, there was a 91% response rate. 83% of respondents were very satisfied with the service and 17% fairly satisfied, feedback from the survey has informed where service improvements are required.</p> <p>For another measure of how responsive our services are to customers, complaints are closely monitored with details routinely reported to management teams for their engagement and action. Complaints from service users about discrimination and other prohibited conduct are monitored as part of this process, during 2017/18 there were no complaints received on this subject.</p> <p>During 2017 a Sensory Strategy was 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. The strategy included extensive consultation with individuals with sensory impairments and their Carers. The strategy was updated in the light of feedback from a formal public consultation. The strategy will be launched in Summer 2018.</p>
<p>We will put residents and service users at the heart of all our work by embedding the Public Sector Equality Duty into everything we do so that we can continue to build strong and inclusive communities.</p>	<p>Examples of how this has been achieved are set out in the table under section 4.1.</p>

5. Key Challenges

- 5.1 Demographic changes and resource pressures continue to provide the biggest challenge for Adult Social Care and Health. The people we support have increasingly diverse and complex needs. The population is living longer with complex needs putting further demand on social care, and people want better quality and choice in the services they use.
- 5.2 Reporting under unknown/not yet for religion and sexual orientation is still high. Although over the last year we have seen a small reduction in reporting against this category due to work with staff, ensuring that they understand the importance of accurate data collection. There will be an ongoing need to deliver this training, helping staff understand that they need to be transparent with people as to why they are collecting data and how the data is used. We need to continue to ensure that equality and diversity is *integrated* into mainstream KCC activity by encouraging a culture that supports good practice in service delivery and employment. From June 2018 we have introduced the Adults Principal Social Worker (PSW) role which will work to address this challenge.
- 5.3 Work is underway with the Care Sector to ensure there is an understanding of its duties regarding Equalities. The Care Quality Commission (CQC) has emphasised that there is a real focus on providers demonstrating that there is an understanding and processes are in place to ensure that there is no discrimination within the services they provide.

6. Governance

- 6.1 In 2012 governance arrangements were agreed to ensure compliance with the Public Sector Equality Duty (PSED) following an internal audit. Governance is based on decisions having an EqIA at both Departmental Management Team and Member levels. If decisions are taken without full equality analysis the authority is open to potential Judicial Review.

7. Legal Implications and Risk Management

- 7.1 The Public Sector Equality Duty (Section 149 of the Equality Act 2010) requires the Council to publish its Equality Annual Report each year.
- 7.2 The configuration for the new Adult Social Care system has just begun, and through this design we will be ensuring that we can continue to meet the requirements of the Equality and Human Rights Act to enable us to record and ultimately report in respect of the nine protected characteristics where they are appropriate in Adult Social Care.

8. Equality Implications

- 8.1 There is no requirement to undertake an Equality Impact Assessment because this paper reports performance monitoring on the previous year's work and internal governance arrangements.

9. Conclusion

9.1 The Directorate can demonstrate that it provides accessible and usable services. However, with the changing population, combined with the limits on finances, means that we need to be increasingly creative about how we respond to the needs of residents of Kent which will include promoting preventative strategies, greater independence and resilience for local people. The implementation of the New Operating Model provides an opportunity to address identified inequalities and inconsistencies in service delivery and make the best use of available resources.

10. Recommendation(s)

10.1 Recommendation(s): The Adult Social Care Cabinet Committee is asked to:

- a) **CONSIDER** and **COMMENT** on performance against the equality objectives for 2017/18;
- b) **CONTINUE** to ensure that equality governance is observed in relation to decision making; and
- c) **AGREE** to continue to receive the report annually in order to comply with the Public Sector Equality Duty (PSED) and ensure progress against the Council's objectives.

11. Background Documents

Kent County Council Equality and Diversity page: <http://www.kent.gov.uk/about-the-council/strategies-and-policies/corporate-policies/equality-and-diversity>

Design and Learning Centre: <https://designandlearningcentre.com/>

12. Report Author

Georgina Walton

Executive Support Manager and Design and Learning Centre Programme Manager, Older People and Physical Disability

03000 415535

Georgina.walton@kent.gov.uk

Relevant Director:

Anne Tidmarsh

Director for Older People and Physical Disability

03000 415521

anne.tidmarsh@kent.go.uk

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Profile of Kent Service Users

The Directorate continually works to improve the quality, collection, monitoring and use of equality data as part of the evidence base to inform service design, delivery and policy decisions.

Age Profile as of March 2018 – The Age profile has remained unchanged since the last Annual report in 2017

Age	OPPD	LDMH
<18	0.0%	0.2%
18-24	2.2%	16.2%
25-34	2.6%	20.4%
35-44	3.3%	17.2%
45-54	6.9%	20.9%
55-64	9.3%	15.1%
65-74	15.1%	7.7%
75-84	26.7%	1.9%
85+	33.4%	0.2%
Age Not Provided / Not Recorded	0.5%	0.1%

Gender Profile as of March 2018 – The gender profile has remained unchanged since the last Annual report in 2017.

Gender	OPPD	LDMH
Female	62.7%	46.1%
Male	37.2%	53.8%
Neutral Gender	0.0%	0.0%
Not Known / Not Recorded	0.0%	0.0%

Ethnicity Profile as of March 2018 – The Ethnicity profile has remained unchanged since the last Annual report in 2017

Ethnicity	OPPD	LDMH
Asian / Asian British	1.5%	1.7%
Black / African / Caribbean / Black British	0.5%	0.8%
Mixed / Multiple	0.4%	1.7%
Other Ethnic Group	0.5%	0.9%
Unknown / Refused / Not Yet Obtained	12.7%	7.7%
White	84.4%	87.0%
Lacks Capacity - Ethnicity	0.0%	0.1%

Appendix 1

Religion Profile as of March 2018 – The recording of religion under unknown/not recorded has reduced by around 3% in the year, this indicates staff starting to understand the importance of accurately capturing and recording equalities information.

Religion	OPPD	LDMH
Buddhist	0.1%	0.2%
Christian	22.7%	28.0%
Hindu	0.1%	0.2%
Jewish	0.1%	0.1%
Muslim	0.2%	0.5%
No religion	29.5%	33.6%
Other	4.2%	2.7%
Sikh	0.4%	0.3%
Lacks Capacity - Religion	0.0%	1.8%
Unknown / Refused / Not Yet Obtained	42.7%	32.5%

Sexual Orientation Profile as of March 2018 The recording of sexual orientation under unknown/not recorded has reduced by around 10% in the year, this indicates staff starting to understand the importance of accurately capturing and recording equalities information.

Sexual Orientation	OPPD	LDMH
Bisexual	0.0%	0.1%
Gay Man	0.1%	0.1%
Gay Woman/Lesbian	0.1%	0.1%
Heterosexual	32.3%	12.4%
Other	0.4%	4.1%
Lacks Capacity - Sexual Orientation	0.0%	1.3%
Unknown / Not Recorded	67.1%	81.9%

Primary Support Reason as of March 2018 The profile for primary reason has remained unchanged since the last Annual report in 2017.

Primary Support Reason	OPPD	LDMH
Learning Disability Support	0.2%	59.4%
Mental Health Support	9.2%	33.1%
Physical Support	76.1%	2.5%
Sensory Support	4.2%	0.2%
Social Support	6.2%	2.8%
Vulnerable Adult	2.5%	1.3%
Awaiting Assessment	1.7%	0.8%

Appendix 2

Staffing Data for 2017/18

The Equalities profile summary below, shows how Adult Social Care and Health compares with the diversity of the workforce across KCC and any changes in profile over the last year:

- The number of female employees within Adult Social Care remains the highest across the Council, this profile has remained unchanged over the last three years.
- The BME profile has remained unchanged over the last three years.
- Over the last few years there has been an increase in LGB profile and is the highest across the Council.
- Over the last few years there has been an increase in the number of people that consider themselves as disabled and is the highest across the Council.
- Adult Social Care still has the lowest percentage of staff aged 25, which has triggered work with HR and Communications to look at the recruitment and Engagement strategies of younger people (predominantly under 25), this includes a work experience programme, attendance at career events and utilising the apprenticeship levy. Along with other one other Directorate, Adult Social Care has the highest proportion the workforce aged 50 +, in response to the ageing workforce the Directorate has put in place succession planning which includes an Aspiring Senior Practitioner Programme.
- The Leadership team (staff KR 13 and above) has the highest portion of staff in the female and LGB profile.

Appendix 2

Adult Social Care Equalities Performance Indicators for 2017/18

Equalities Performance Indicators: Directorates								
	Children, Young People and Education (Formerly Education and Young People Services)		Growth, Environment and Transport		Adult Social Care and Health (Formerly Social Care, Health and Wellbeing)		Strategic and Corporate Services	
	Mar-17	Sep-17	Mar-17	Sep-17	Mar-17	Sep-17	Mar-17	Sep-17
% Females	82.1%	83.2%	62.8%	63.4%	85.0%	86.3%	64.0%	64.4%
% BME	6.2%	8.6%	3.5%	3.7%	8.8%	8.7%	7.7%	6.0%
% Considered Disabled	3.6%	3.6%	4.3%	4.2%	3.9%	4.3%	4.1%	3.6%
% Faith	61.3%	60.4%	61.0%	60.2%	63.0%	63.9%	60.8%	54.6%
% LGB	2.3%	2.4%	2.1%	2.2%	2.9%	3.5%	1.9%	1.7%

Adult Social Care Age Performance Indicators for 2017/18

Age Performance Indicators: Directorates								
	Children, Young People and Education (Formerly Education and Young People Services)		Growth, Environment and Transport		Adult Social Care and Health (Formerly Social Care, Health and Wellbeing)		Strategic and Corporate Services	
	Mar-17	Sep-17	Mar-17	Sep-17	Mar-17	Sep-17	Mar-17	Sep-17
% aged 25 and under	9.5%	8.6%	6.9%	7.4%	6.5%	5.6%	12.1%	11.0%
% aged 30 and under	18.9%	18.6%	14.1%	14.7%	15.2%	14.6%	23.6%	21.2%
% aged 50 and over	38.1%	36.2%	45.6%	45.7%	42.0%	45.6%	27.6%	29.3%
% aged 65 and over	1.6%	1.6%	5.2%	5.2%	3.0%	3.2%	0.9%	1.3%

Appendix 2

Adult Social Care Equalities Performance Indicators for Leadership Group for 2017/18 (Leadership Group = staff on KR13 or above and £50,108 minimum salary)

Equalities Performance Indicators: Directorates (Leadership group)				
	Children, Young People and Education (Formerly Education and Young People Services)	Growth, Environment and Transport	Adult Social Care and Health (Formerly Social Care, Health and Wellbeing)	Strategic and Corporate Services
% Females	65.4%	44.2%	71.4%	58.3%
% BME	7.4%	7.7%	6.4%	3.7%
% Considered Disabled	2.1%	0.0%	6.4%	6.4%
% Faith	60.3%	70.6%	70.3%	66.7%
% LGB	5.6%	0.0%	7.9%	2.2%

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

To: Adult Social Care Cabinet Committee – 4 July 2018

Subject: **ADULT SOCIAL CARE PERFORMANCE DASHBOARD**

Classification: Unrestricted

Previous Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: The performance dashboard provides Members with progress against targets set for key performance and activity indicators for April 2018 for Adult Social Care.

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

1. Introduction

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

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

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

2. Performance Report

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

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

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

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

3. Summary of Performance

- 3.1 There are currently 11 measures within the Adult Social Care Performance Dashboard which have a RAG (Red, Amber and Green) rating applied.
- 3.2 For April 2018, eight performance indicators are rated as Green and three as Amber.
- 3.3 In terms of homecare, the numbers of people receiving the service and their hours are increasing. There are more people being supported in their own home and again, the impact of hospital discharges from hospitals means more people with higher packages in home care. Again, this is an area of priority that we are focusing on.
- 3.4 2018-19 targets for the Business Plan and Quarterly Performance Report have been agreed and included within the dashboard for April targets.

4. Delayed Transfers of Care

4.1 Since the minister's statement earlier in the year, national targets have been set which are linked to the Better Care Funding and which require Social Care and Health to work together to reduce Delayed Transfers of Care (DToC) and deliver better outcomes for people.

4.2 The key messages are

- The national target for Kent is 3,544 delayed bed days, unfortunately this was not achieved as Kent experienced 248 more bed days, with a total of 3,792 delayed bed days in April, according to locally collected data.
- This was 10.4 per 100,000 of the population against the national target of 9.3 per 100,000 of the population.
- This reflects the pressures that have resulted over the winter, but the position is now improving with the use of step down beds, daily liaison with health regarding patients' progress and reduced demand.

4.3 More detailed information in respect of Delayed Transfers of Care can be found at Appendix B. This represents locally collected data.

5. Recommendations

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

6. Background Documents

None

7. Report Author

Steph Smith
Head of Performance for Adult Social Care
03000 415501
steph.smith@kent.gov.uk

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Adult Social Care Dashboard

April 2018



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

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

Adult Social Care Indicators

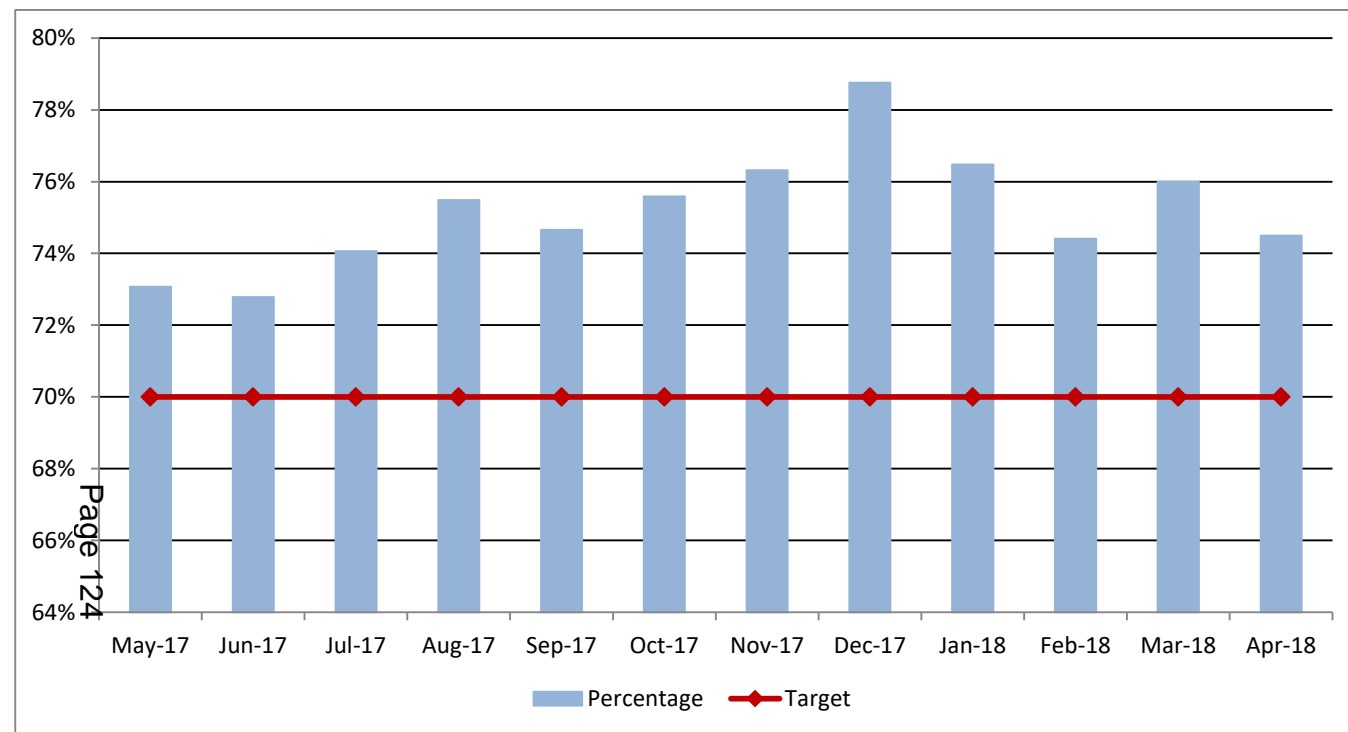
The key Adult Social Care indicators are listed in summary form below, with more detail in the following pages. A subset of these indicators feed into the Quarterly Monitoring Report, for Cabinet. This is clearly labelled on the summary and in the detail.

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

All information is as at the latest month wherever possible.

Indicator Description		DivMT Report	QPR	2017-18 Outturn	Current 2018-19 Target	Current Position	Data Period	RAG
1)	Percentage of contacts resolved at source (ASC01)	Y	Y	76%	70%	74%	Month	GREEN
2)	Number of adult social care clients receiving a Telecare service (ASC02)		Y	7,065	7,100	7,022	Cumulative	AMBER
3)	Referrals to Enablement (ASC03)	Y	Y	894	931	1,074	Month	GREEN
4)	Delayed Transfers of Care			26.7%	30%	22.7%	12M	GREEN
5)	Admissions to permanent residential or nursing care for people aged 65+	Y	Y	143	111	143	Month	AMBER
6)	Number of people aged 65+ in permanent residential care (AS01)	Y	Y	2,136	2,142	2,133	Snapshot	GREEN
7)	Number of people aged 65+ in permanent nursing care (AS02)	Y	Y	1,065	1,078	1,058	Snapshot	GREEN
8)	Number of people receiving homecare (AS03)	Y	Y	4,208	4,215	4,282	Snapshot	AMBER
9)	Number of people receiving direct payments	Y		1,882	2,091	1,886	Snapshot	GREEN
10)	Number of people with a learning disability in residential/nursing care (AS04)		Y	1,036	N/A	1,025	Snapshot	GREEN
11)	Number of people with a learning disability receiving a community service			1,520	N/A	1,520	Snapshot	GREEN

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



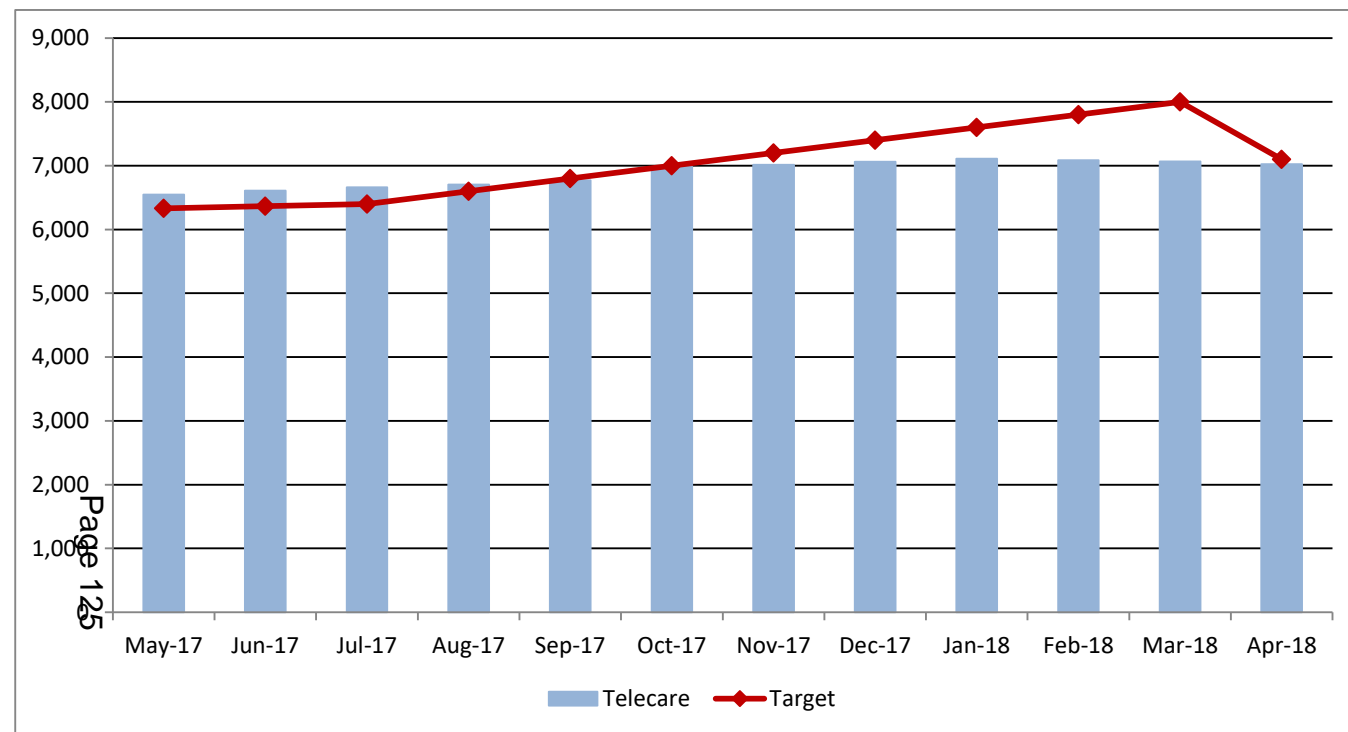
Data Notes
 Data Source: OPPD DivMT Report

Quarterly Performance Report Indicator

	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Target	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%
Percentage	73%	73%	74%	75%	75%	76%	76%	79%	76%	74%	76%	74%
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

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

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



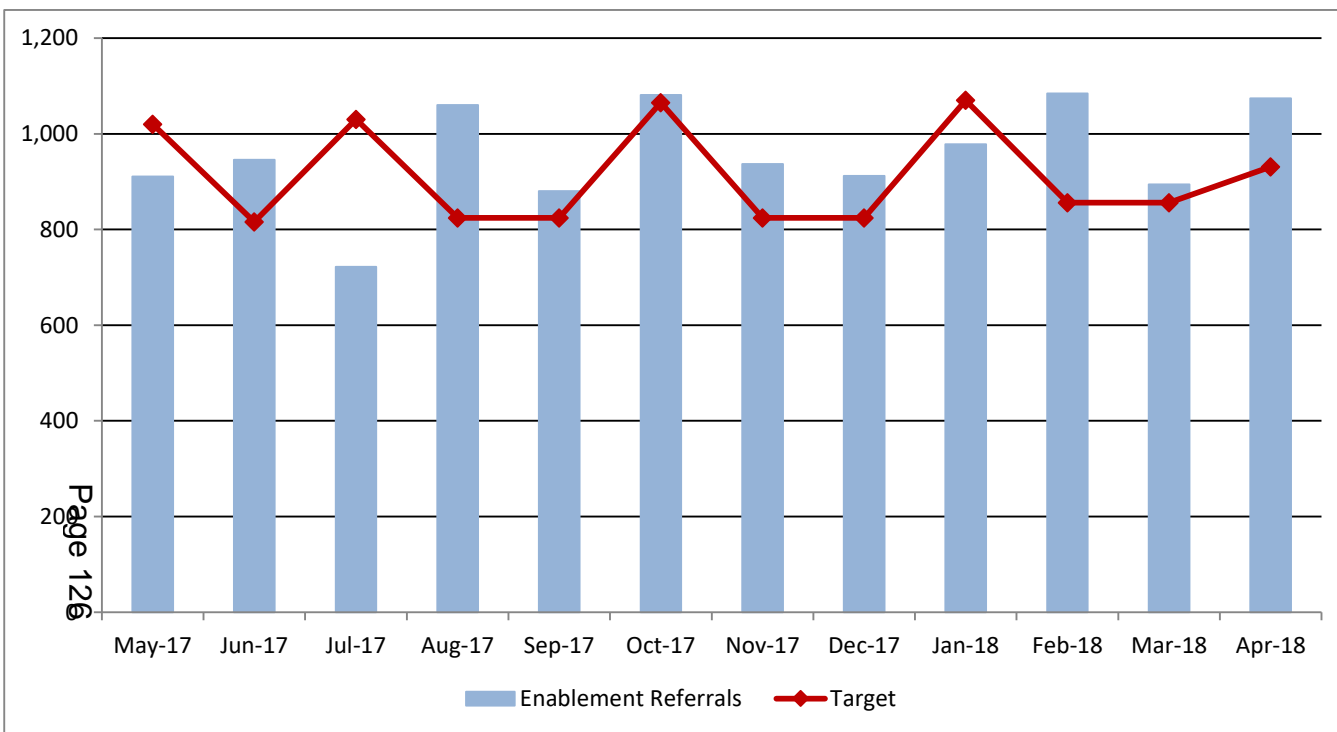
Data Notes
 Unit of Measure: Snapshot with Telecare as at the end of each month
 Data Source: Adult Social Care SWIFT client system

Quarterly Performance Report Indicator

	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Target	6,331	6,365	6,400	6,600	6,800	7,000	7,200	7,400	7,600	7,800	8,000	7,100
Telecare	6,548	6,609	6,663	6,703	6,769	6,981	7,014	7,064	7,109	7,087	7,065	7,022
RAG Rating	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	RED	AMBER

Commentary
 This is the number of people who receive a telecare service. A telecare service reduces the need for support through other services such as homecare and residential care and promotes independence. The 2018-19 target is to maintain the Telecare clients to around 7,100 throughout the year.

3) Referrals to Enablement (ASC03)			GREEN
Cabinet Member	Graham Gibbens	Director	Anne Tidmarsh
Portfolio	Adult Social Care	Division	Older People and Physical Disability



Data Notes
 Unit of Measure: Number of people who had a referral that led to an Enablement service

Data Source: OPPD DivMT Report

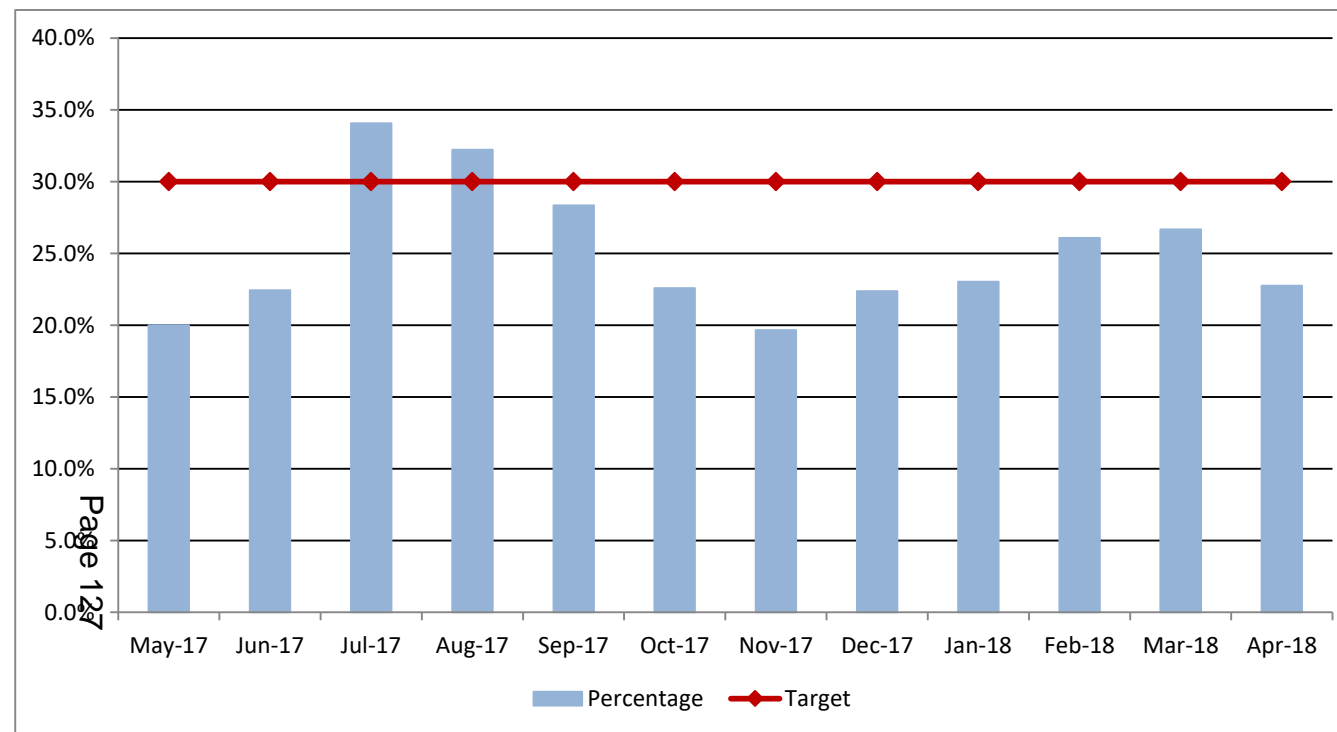
Quarterly Performance Report Indicator

	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Target	1,020	816	1,030	824	824	1,065	824	824	1,070	856	856	931
Enablement Referrals	911	946	722	1,060	880	1,081	937	912	978	1,084	894	1,074
RAG Rating	RED	GREEN	RED	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	GREEN	GREEN	GREEN

Commentary

This the number of referrals to our enablement service which is a specialist service to enable people to live independently and undertake daily tasks without support and is inclusive of referrals to Hilton from August 2017. The overall picture of people being supported in the full range of enabling services is much more positive. A number of other schemes commissioned by KCC, the NHS and CCGs such as Home First, Hilton’s Discharge to Assess and Virgin Care are delivering intermediate care which is enabling people that would have ordinarily have gone through our KEAH service prior to these schemes existence.

4) Delayed Transfers of Care			GREEN
Cabinet Member	Graham Gibbens	Director	Anne Tidmarsh
Portfolio	Adult Social Care	Division	Older People and Physical Disability

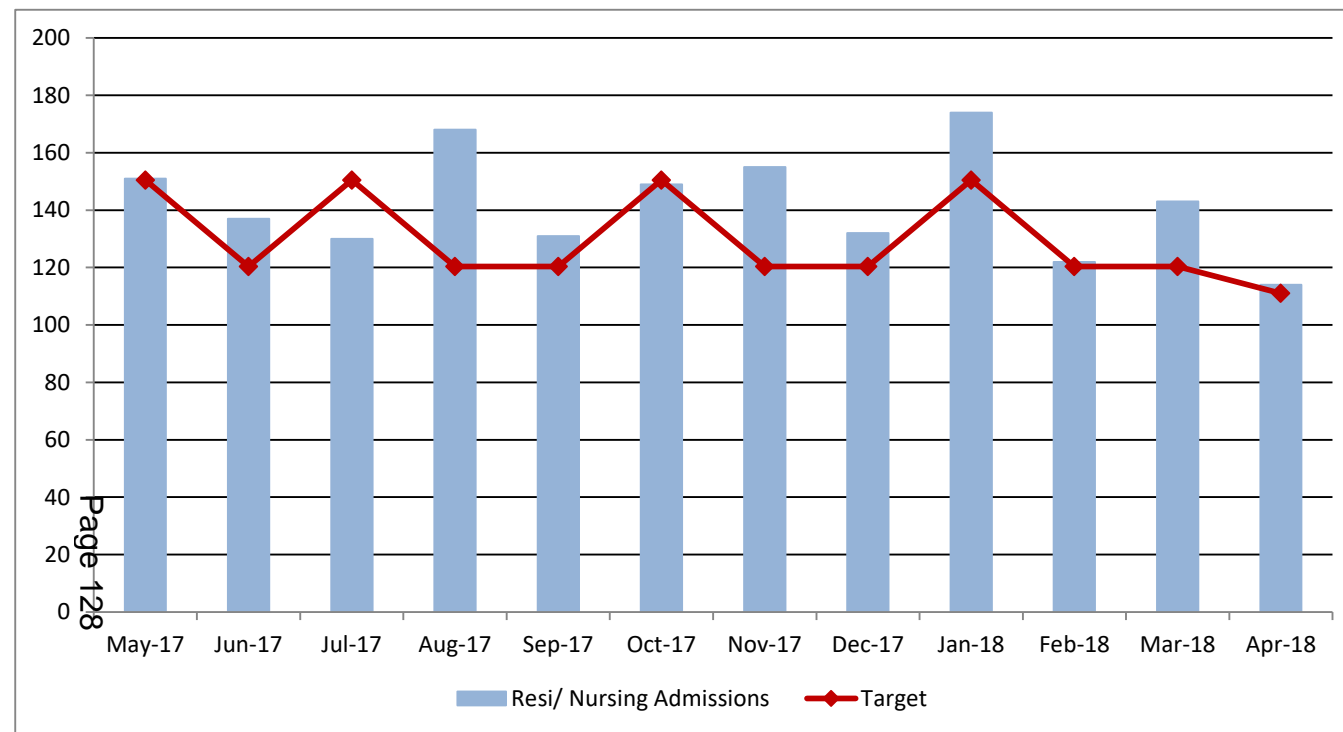


Data Notes
 This indicator represents the percentage of all delays attributable to Adult Social Care or Jointly with the NHS.
 As of April 18, 22.7% of delays are attributable in whole or part to Adult Social Care

	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Target	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
Percentage	20.0%	22.4%	34.1%	32.2%	28.4%	22.6%	19.7%	22.4%	23.0%	26.1%	26.7%	22.7%
RAG Rating	GREEN	GREEN	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary
This is the proportion of delays to discharge from hospital that are attributable to Adult Social Care or Jointly with the NHS. Delay transfers can be affected by many factors, mainly client choice and health based reasons. Whilst there are ongoing pressures to find social care placements, these have been eased with support such as intermediate care and step down beds. Information relating to delayed transfers of care is collected from health on a monthly basis; since April 2017 in response to an ADASS request the calculation method has been adjusted to capture all bed-day delays during the month. As of April 18, 22.7% of delays are attributable in whole or part to Adult Social Care. For Social Care delayed discharges, the three main reasons were: awaiting residential placement, awaiting nursing home placement and awaiting domiciliary care package.

5) Admissions to permanent residential or nursing care for people aged 65+			AMBER
Cabinet Member	Graham Gibbens	Director	Anne Tidmarsh
Portfolio	Adult Social Care	Division	Older People and Physical Disability

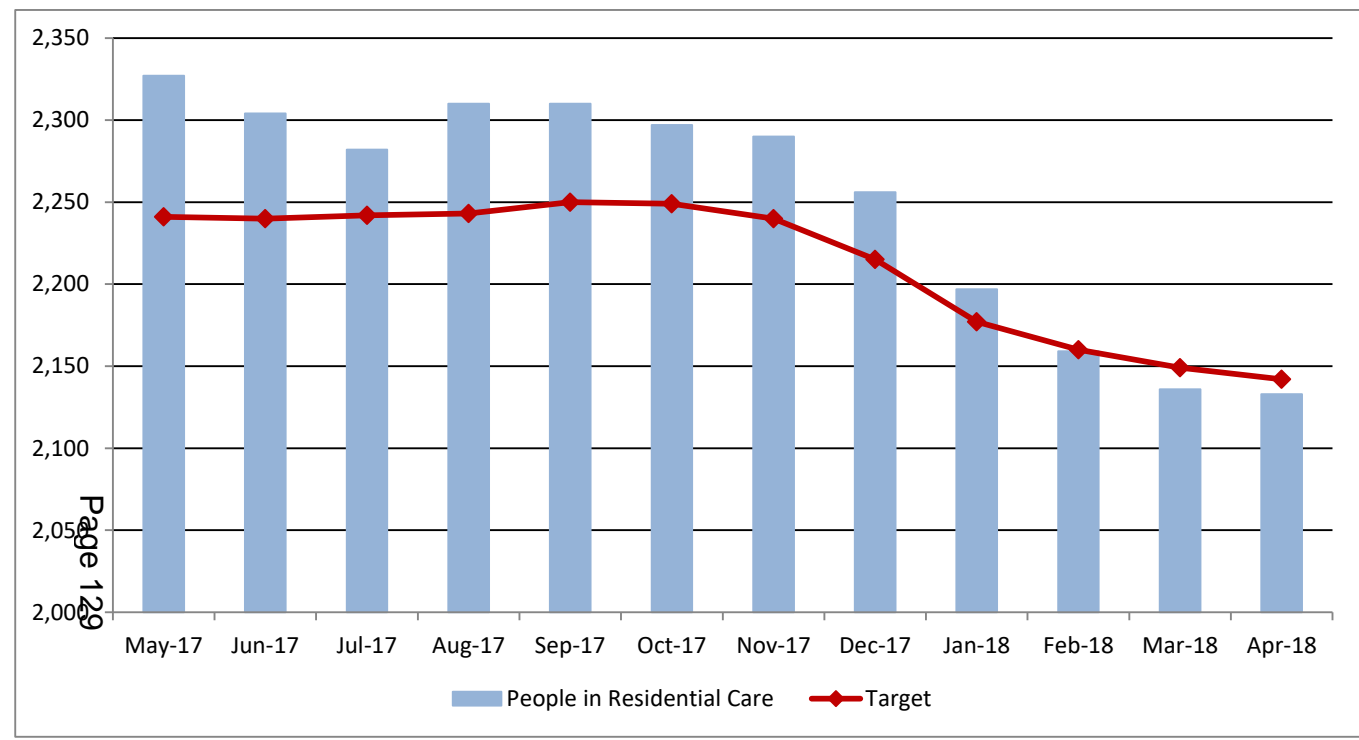


Data Notes
 Unit of Measure: Older people placed into Permanent Residential and Nursing Care per month
 Data Source: OPPD DivMT Report

	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Target	151	120	151	120	120	151	120	120	151	120	120	111
Resi/ Nursing Admissions	151	137	130	168	131	149	155	132	174	122	143	114
RAG Rating	AMBER	RED	GREEN	RED	AMBER	GREEN	RED	AMBER	RED	AMBER	RED	AMBER

Commentary
 This is the number of older people newly placed in a permanent residential/ nursing care home. Please note that figures for the most recent month are likely to increase due to legitimate delays in inputting whilst placement and funding arrangements are agreed. Reducing admissions to permanent residential or nursing care is a clear objective for the Directorate. Many admissions are linked to hospital discharges, specific circumstances or health conditions, breakdown in carer support, falls, incontinence and dementia. Admissions are examined to understand exactly why they have happened on a monthly basis. The objectives of the transformation programme will be to ensure that the right services are in place to ensure that people can self manage with these conditions, and ensure that a falls prevention strategy and support is in place to reduce the need for admission. In the meantime, there are clear targets set for the teams which are monitored on a bi-weekly basis. As of April 2018 the monthly target is for no more than 26 permanent admissions per week for the over 65s to Residential or Nursing Care.

6) Number of people aged 65+ in permanent residential care (AS01)			GREEN
Cabinet Member	Graham Gibbens	Director	Anne Tidmarsh
Portfolio	Adult Social Care	Division	Older People and Physical Disability



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

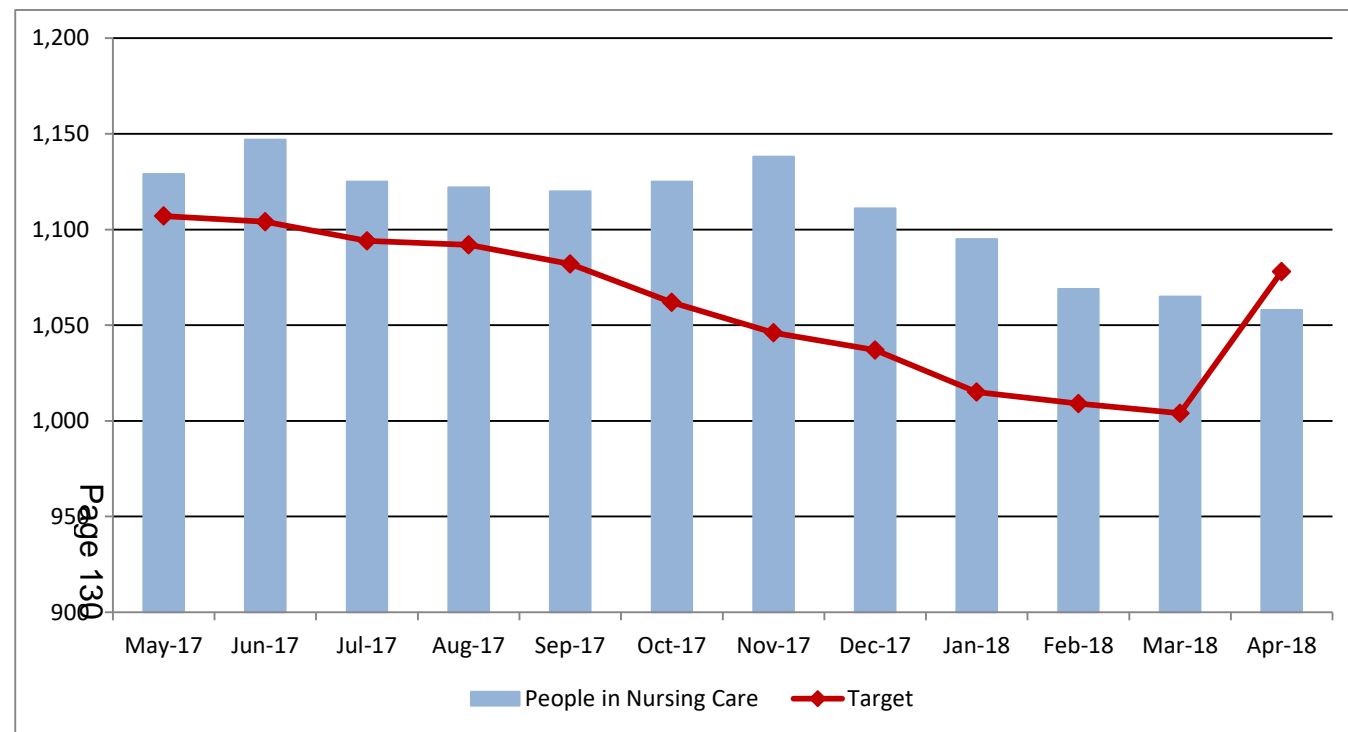
Data Source: OPPD DivMT Report

Quarterly Performance Report Indicator

	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Target	2,241	2,240	2,242	2,243	2,250	2,249	2,240	2,215	2,177	2,160	2,149	2,142
People in Residential Care	2,327	2,304	2,282	2,310	2,310	2,297	2,290	2,256	2,197	2,159	2,136	2,133
RAG Rating	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN

Commentary
 This is the number of people in permanent residential care at the end of the month. The number of people aged 65+ in permanent residential care has declined by 194 people in the past 12 months (8.3% decrease) and is currently 9 within the target for April 2018. There is an end of year target of 2,012 people or fewer to be in permanent residential care by 31st March 2019.

7) Number of people aged 65+ in permanent nursing care (AS02)			GREEN
Cabinet Member	Graham Gibbens	Director	Anne Tidmarsh
Portfolio	Adult Social Care	Division	Older People and Physical Disability



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

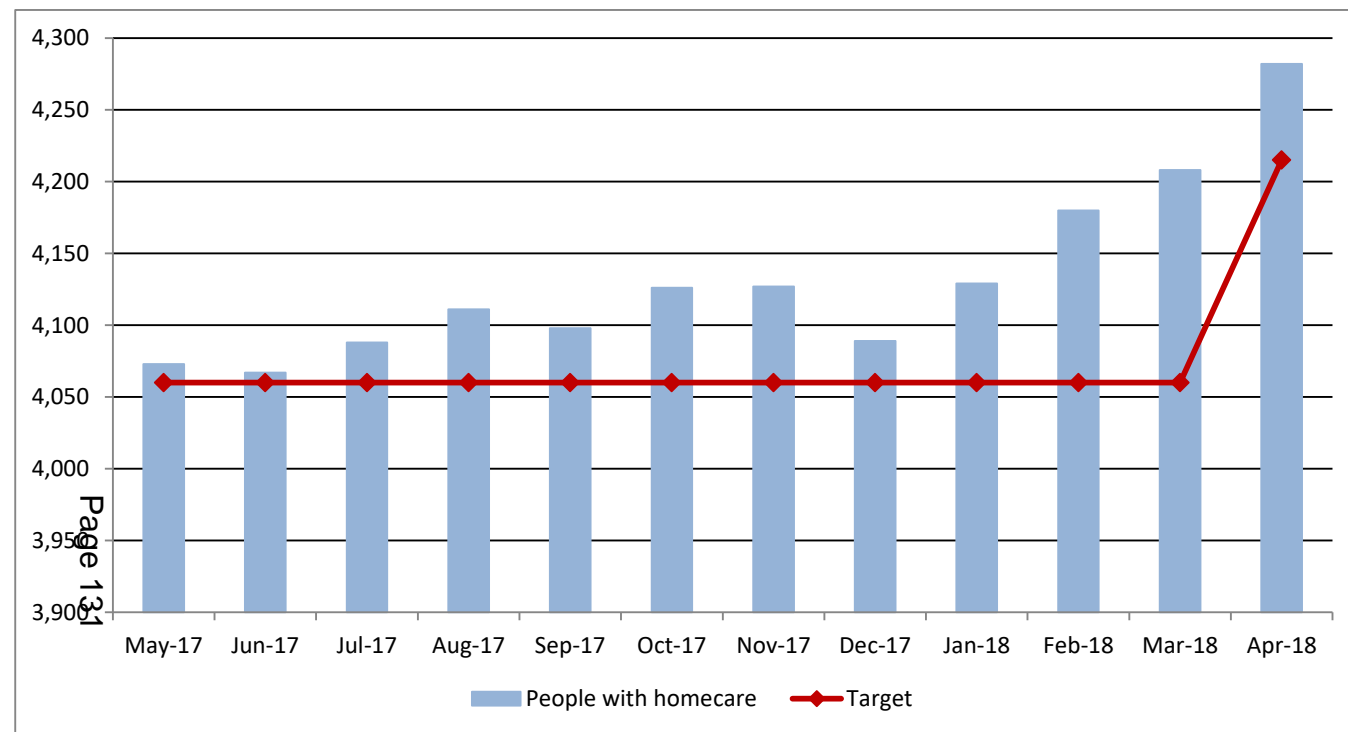
Data Source: OPPD DivMT Report

Quarterly Performance Report Indicator

	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Target	1,107	1,104	1,094	1,092	1,082	1,062	1,046	1,037	1,015	1,009	1,004	1,078
People in Nursing Care	1,129	1,147	1,125	1,122	1,120	1,125	1,138	1,111	1,095	1,069	1,065	1,058
RAG Rating	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN

Commentary
 This is the number of people in permanent nursing care at the end of the month. The number of people aged 65+ in permanent Nursing Care had been decreasing across Kent and is now down 6.3% (71 clients) in the past 12 months. Currently there are 20 less clients than the 2018-19 April target. There is a target of 1,052 people or fewer in Nursing care by 31 March 2019.

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



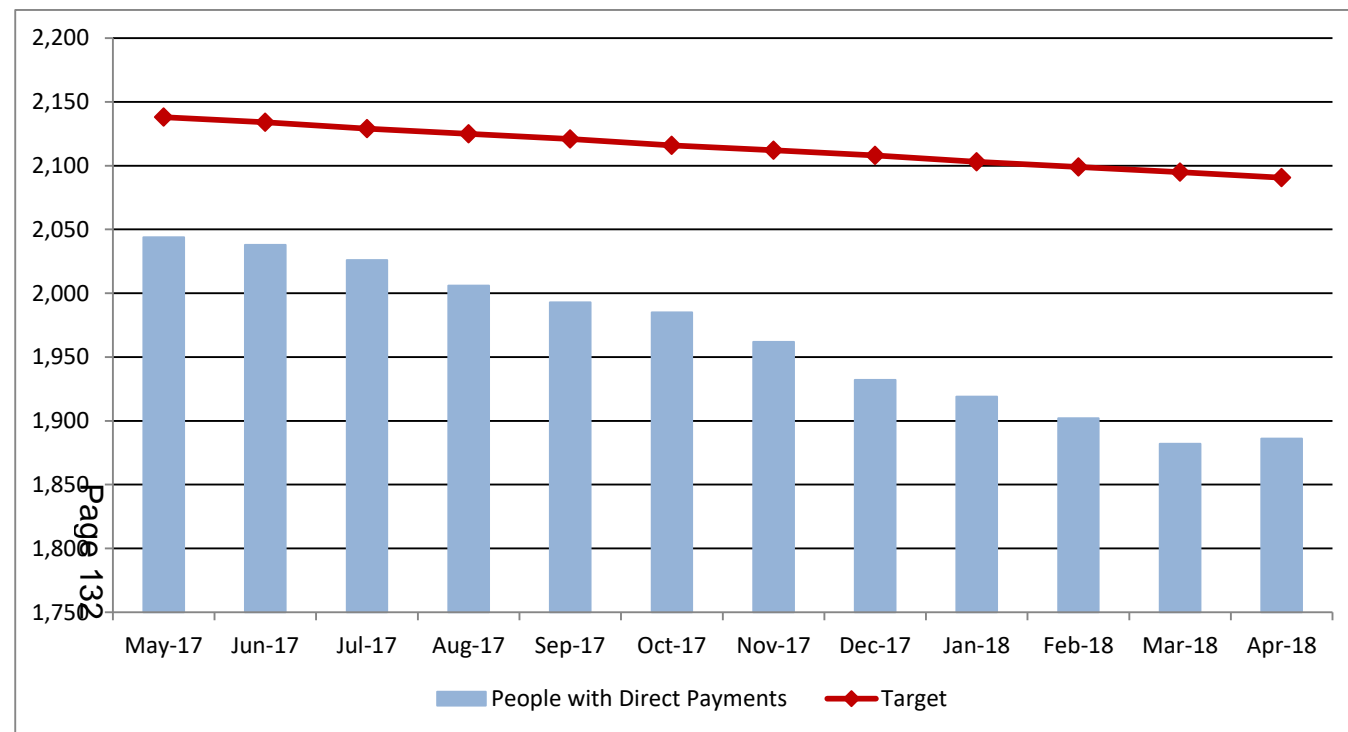
Data Notes
 Unit of Measure: End of month snapshot of the number of people receiving homecare
 Data Source: OPPD DivMT Report

Quarterly Performance Report Indicator

	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Target	4,060	4,060	4,060	4,060	4,060	4,060	4,060	4,060	4,060	4,060	4,060	4,215
People with homecare	4,073	4,067	4,088	4,111	4,098	4,126	4,127	4,089	4,129	4,180	4,208	4,282
RAG Rating	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER

Commentary
 This is the total number of people receiving homecare which has been increasing steadily over the last 12 months (5.1% increase). Overall figures remain above the 2018-19 target (additional 67 people in receipt of Homecare). Homecare is largely delivered to people over the age of 65, with 3,598 people aged 65+ receiving services at the end of April and 684 people aged 18-64 in receipt of a homecare service.
 The average hours per older person per week remains slightly below the 2018-19 target of 10 hours or less per person at 9.86 average hours. The 2018-19 target average hours per person aged 18-64 is 11 hours or less, and current performance is 10.44

9) Number of people receiving direct payments			GREEN
Cabinet Member	Graham Gibbens	Director	Anne Tidmarsh
Portfolio	Adult Social Care	Division	Older People and Physical Disability



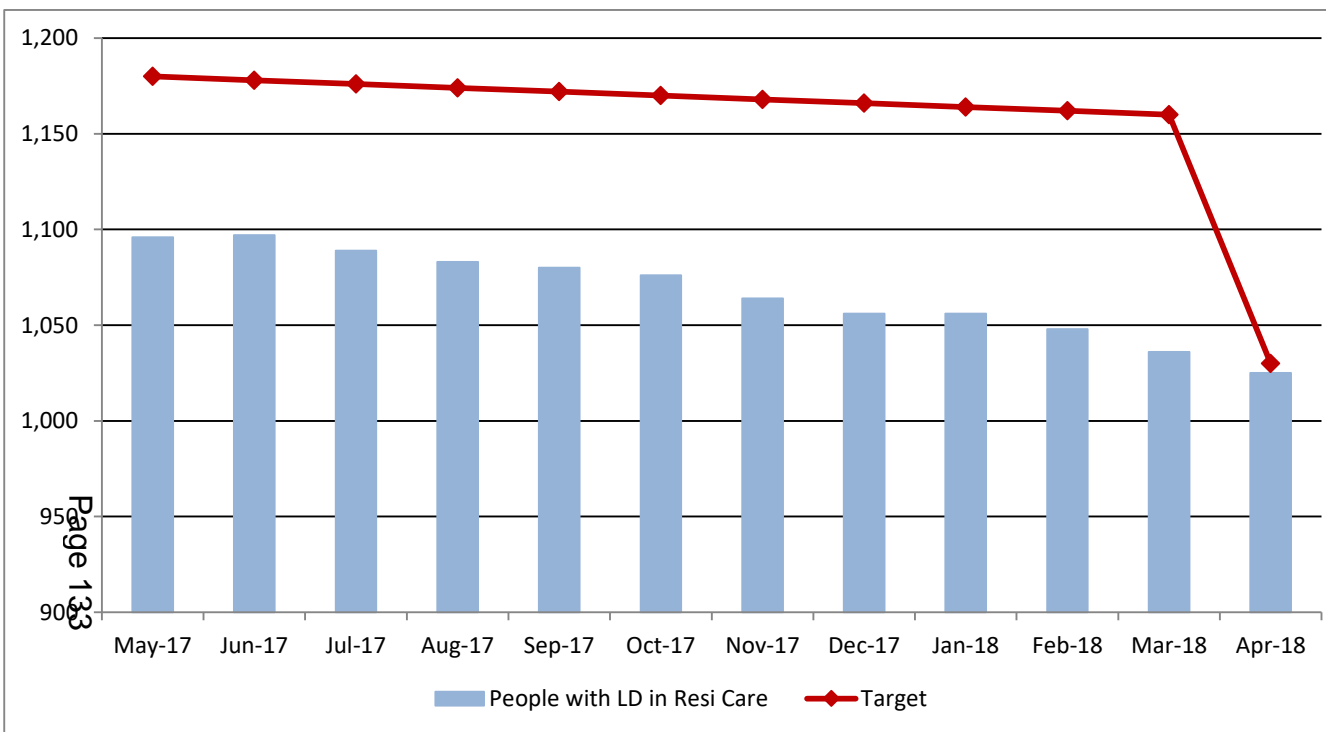
Data Notes
 Unit of Measure: End of month snapshot of the number of people receiving direct payments
 Data Source: OPPD DivMT Report

Quarterly Performance Report Indicator

	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Target	2,138	2,134	2,129	2,125	2,121	2,116	2,112	2,108	2,103	2,099	2,095	2,091
People with Direct Payments	2,044	2,038	2,026	2,006	1,993	1,985	1,962	1,932	1,919	1,902	1,882	1,886
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary
 This the total number of people who have a direct payment and purchase their own care. The total number of people receiving direct payments has been reducing since 2014 when a large number of homecare clients opted for a direct payment when the homecare contract was retendered. As at the 4th of December there were 1,066 people aged 18-64 in receipt of an ongoing Direct Payment, whilst a further 800 ongoing Direct Payments were being made to people aged over 65.

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



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

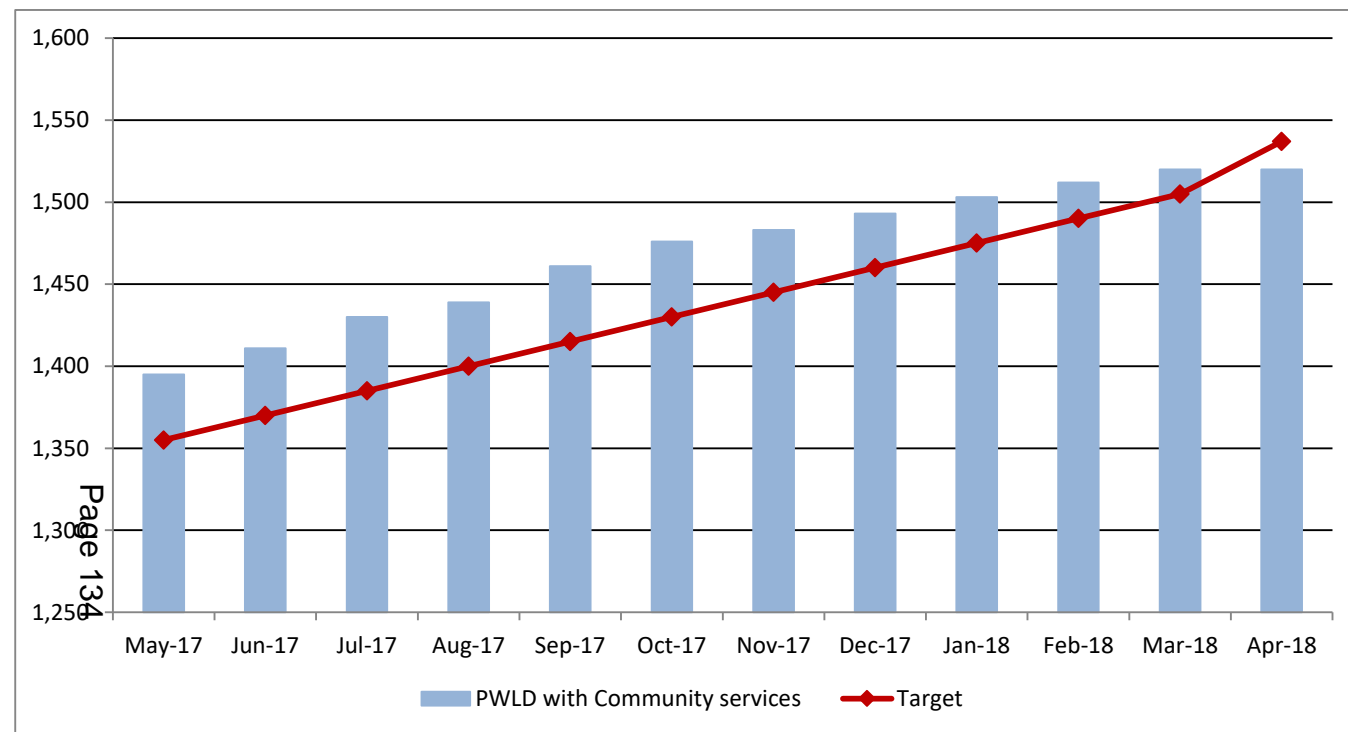
Data Source: LD DivMT Report

Quarterly Performance Report Indicator

	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Target	1,180	1,178	1,176	1,174	1,172	1,170	1,168	1,166	1,164	1,162	1,160	1,030
People with LD in Resi Care	1,096	1,097	1,089	1,083	1,080	1,076	1,064	1,056	1,056	1,048	1,036	1,025
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

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

11) Number of people with a learning disability receiving a community service			GREEN
Cabinet Member	Graham Gibbens	Director	Penny Southern
Portfolio	Adult Social Care	Division	Learning Disability



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

	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Target	1,355	1,370	1,385	1,400	1,415	1,430	1,445	1,460	1,475	1,490	1,505	1,537
PWLD with Community services	1,395	1,411	1,430	1,439	1,461	1,476	1,483	1,493	1,503	1,512	1,520	1,520
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

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

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HEALTH AND SOCIAL CARE DELAYED TRANSFERS OF CARE AS AT APRIL 2018

April 2018 - DToC Days							
	Health	Social Care	Health and Social Care	Total	% Attributable to Social Care	% Attributable to Health	% Attributable to Health and Social Care
Dartford and Gravesham NHS Trust	449	202	0	651	31.0%	69%	0
East Kent Hospital University Foundation Trust	1,605	96	11	1,712	5.6%	93.8%	0.6%
Kent and Medway Partnership Trust	96	101	147	344	29.4%	27.9%	42.7%
Kent Community Health Foundation Trust	149	61	0	210	29.0%	71%	0
Maidstone and Tunbridge Wells Trust	391	170	4	565	30.1%	69.2%	0.7%
Medway Foundation Trust	29	43	28	100	43%	29%	28%
Virgin Care Services	112	91	7	210	43.3%	53.3%	3.4%
Kent Grand Total	2,831	764	197	3,792	20.1%	74.7%	5.2%

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From: Ben Watts, General Counsel
 To: Adult Social Care Cabinet Committee – 4 July 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
04-Jul-18	<ul style="list-style-type: none"> Positive Behavioural Framework Recommissioning of Care at Home Services Recommissioning of Physical and Learning Disability and Mental Health Residential Services 	<ul style="list-style-type: none"> Recommissioning of Infrastructure Support to the Voluntary and Community Sector (16/00051) Performance Dashboard Annual Equality and Diversity Report 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Verbal Updates by Cabinet Member and Corporate Director Work Programme 2018/19
27-Sep-18	<ul style="list-style-type: none"> Wellbeing and resilience: Care navigation and social prescribing Local Account 	<ul style="list-style-type: none"> Kent Community Hot Meals Delivery Service (15/00045) Annual Complaints Report Sensory Strategy Update Integrated Learning Disability Commissioning (15/00101) 	<ul style="list-style-type: none"> Adult Social Care Green Paper 	<ul style="list-style-type: none"> Social Isolation and Loneliness Update Heritage of the arts (specialist arts) 	<ul style="list-style-type: none"> Verbal Updates by Cabinet Member and Corporate Director Work Programme 2018/19
30-Nov-18	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Commissioning of Integrated Domestic Abuse Services(16/00014) Performance Dashboard 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Verbal Updates by Cabinet Member and Corporate Director Work Programme 2018/19
22-Jan-19	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Community Day Services for People with a Learning Disability and/or Physical Disability (16/00089) End of Life Care - Update 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Verbal Updates by Cabinet Member and Corporate Director Work Programme 2018/19

12-Mar-19	<ul style="list-style-type: none"> Adults Rates and Charges 2019/20 	<ul style="list-style-type: none"> Performance Dashboard 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Verbal Updates by Cabinet Member and Corporate Director Work Programme 2018/19
Future items	<ul style="list-style-type: none"> Update on progress against British Deaf Association of British Sign Language Pledges – to come back to Committee in July 2019 				

Updated on: 21 May 2018