

ADULT SOCIAL CARE CABINET COMMITTEE

Tuesday, 22nd January, 2019

10.00 am

Darent Room - Sessions House



AGENDA

ADULT SOCIAL CARE CABINET COMMITTEE

Tuesday, 22 January 2019 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 C Bell, Mrs P M Beresford,
Mrs S Chandler, Ms S Hamilton, Mr P J Homewood, Mrs L Hurst,
Mr D D Monk and Mr R A Pascoe

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

Labour (1) Dr L Sullivan

Webcasting Notice

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UNRESTRICTED ITEMS

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

- 1 Introduction/Webcasting Announcement
- 2 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 30 November 2018 (Pages 7 - 14)
To consider and approve the minutes as a correct record.
- 5 Verbal Updates by Cabinet Member and Corporate Director (Pages 15 - 16)
To receive verbal updates from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Adult Social Care and Health.
- 6 18/00054 - Adult Social Care and Health Being Digital Strategy 2019-2021 (Pages 17 - 70)
To receive a report which provides an overview of Kent County Council's Adult Social Care and Health Being Digital Strategy and a summary of the implementation plan that will allow the vision set out in the strategy to be delivered.
- 7 19/00005 - Assessment and Rehabilitation Services for People with Sensory Impairments (Pages 71 - 100)
To receive a report which outlines the proposal to implement a single assessment and rehabilitation service for people with sensory impairment in Kent.
- 8 19/00004 - Managed Service for Interpreting Services for d/Deaf and Deafblind People (Pages 101 - 140)
To receive a report which sets out the proposed re-provision of interpreting, translation and transcription services for d/Deaf and deafblind people.
- 9 Capital Programme 2019-22, Revenue Budget 2019-20 and Medium-Term Financial Plan 2019-22 (Pages 141 - 150)
To receive a report which provides Members with an opportunity to comment on the draft budget proposals and make recommendations to the Cabinet Member as part of this process.
- 10 Safeguarding Adults Update (Pages 151 - 156)
To receive a report which provides Members with an update on Adult Safeguarding activity in Kent, for the period April to September 2018.
- 11 End of Life Care in Kent (Pages 157 - 174)
To receive a report which provides Members with an update on End of Life Care in Kent, a revised action plan setting out current achievements and developments, on-going work, areas for improvement, gaps that have been identified and how they will be addressed.

12 Work Programme 2019/2020 (Pages 175 - 180)

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

Monday, 14 January 2019

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.

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KENT COUNTY COUNCIL**ADULT SOCIAL CARE CABINET COMMITTEE**

MINUTES of a meeting of the Adult Social Care Cabinet Committee held at Council Chamber - Sessions House on Friday, 30th November, 2018.

PRESENT: Mrs P T Cole (Chairman), Ms D Marsh (Vice-Chairman), Mrs A D Allen, MBE, Mr M A C Balfour (Substitute for Mr D D Monk), Mrs C Bell, Mr R H Bird (Substitute for Mr S J G Koowaree), Ms S Hamilton, Mr P J Homewood, Mrs L Hurst, Ida Linfield, Mr R A Pascoe and Dr L Sullivan

ALSO PRESENT: Mr G Gibbens

IN ATTENDANCE: Mrs P Southern (Corporate Director, Adult Social Care and Health), Ms M Anthony (Commissioning and Development Manager), Ms J Frazer (ASCH STP Lead), Ms H Gillivan (Transformation Programme Lead (DCALDMH)), Ms C Maynard (Head of Commissioning Portfolio - Outcome 2 and 3), Ms P Parker (Transformation Lead), Mr M Thomas-Sam (Strategic Business Adviser, Social Care) and Mr M Walker (Assistant Director for Disabled Children and Young People)

UNRESTRICTED ITEMS**112. Membership**

(Item. 2)

The Chairman announced that Dr Sullivan had replaced Mr Lewis and Mrs Hurst had replaced Miss Dawson as Members of the Committee.

113. Apologies and Substitutes

(Item. 3)

1. Apologies had been received from Mr Monk, Mr Koowaree and Mrs Chandler.
2. Mr Balfour attended as a substitute for Mr Monk, and Mr Bird attended as a substitute for Mr Koowaree.

114. Declarations of Interest by Members in items on the agenda

(Item. 4)

1. Mrs Allen declared an interest as a Co-Chairman of a Partnership Group for Adults with Learning Disabilities.
2. Dr Sullivan declared an interest as her husband was employed by the County Council in the Early Help and Prevention Team.

115. Minutes of the Adult Social Care Cabinet Committee meeting held on 27 September 2018

(Item. 5)

RESOLVED that the minutes of the meeting of the Adult Social Care Cabinet Committee held on 27 September 2018 are correctly recorded and that they be signed by the Chairman.

116. Adult Social Care Cabinet Committee Meeting Dates for 2019/20 - For Information Only
(Item. 6)

RESOLVED that the Adult Social Care Cabinet Committee meeting dates for 2019/20 as set out below, be noted:

- 22nd January 2019
- 12th March 2019
- 17th May 2019
- 12th July 2019
- 27th September 2019
- 27th November 2019
- 16th January 2020
- 27th March 2020
- 22nd May 2020

117. Verbal Updates by Cabinet Member and Corporate Director
(Item. 7)

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

a) Sustainability and Transformation Partnership – Key Developments

Simon Perks, former Canterbury and Coastal Clinical Commissioning Group's Accountable Officer, had been appointed as Director for System Transformation. He would be undertaking work to develop an integrated commissioning and one Kent and Medway Clinical Commissioning Group. In relation to the Winter Pressure Plan for Kent and Medway, Ivor Duffy had been appointed as the Operations Manager. The Kent and Medway care record was in the process of moving to phase 2 of the project. This would be a new umbrella database which would draw information from all existing systems and ensure that the information was available to everyone that needed it. Two 'deep dives' would be taking place throughout November and December 2018 in relation to Local Care which would review the current plans. The CCGs had confirmed that £32 million would be spent on supporting local care and there would be more accountability on local implementation through the Senior Leadership Group which was chaired by the Leader of the Council.

b) Recent Events

(i) On 8 October 2018, a local authority 'round table' event on Integrated Care Providers had taken place which provided local authorities with the opportunity to compare experience, issues and successes in relation to integrated care

(ii) World Mental Health Day had taken place on 10 October 2018, Mr Gibbens had visited the early discharge team at Priority House to support good mental health in and out of the workplace.

(iii) Mr Gibbens had attended the National Children and Adult Services Conference in November. This event was aimed at all those from local and central government, voluntary organisations and the private sector with an interest in the provision of effective services for children, young people, their families and vulnerable adults, including health, social care and education.

(iv) Mr Gibbens referred to a Public Health session in Southwark which he had attended. This had been led by the Director of Public Health.

(v) On 22 October, Mr Gibbens had attended Guru Nanak and Milan Day Centres 25th Anniversary in Gravesend. Kent County Council were working with the community to seek ways in which Dartford and Gravesend's communities could be better supported.

2. In response to a question, Mr Gibbens and Ms Frazer confirmed that the Local Care deep dives would take place on 23 November and 11 December 2018.

3. Mr Gibbens and Ms Maynard answered questions of clarification from Members of the Committee in relation to Allied Healthcare contracts.

4. Penny Southern (Corporate Director of Adult Social Care and Health) gave a verbal update on the following issues:

a) *The Future of Adult Social Care and Health*

A Staff Engagement Day had taken place on 23 November in Ashford to celebrate the transition into Kent's new operating model. Over 300 members of staff had attended, and the event had been very positive and uplifting.

b) *Staff Survey*

2,472 staff within Adult Social Care and Health had completed the Staff Survey. Mrs Southern said that the survey provided all of the staff within Kent County Council with the opportunity to voice their opinions. Human Resources were analysing the results of the survey which would be fed back to future Cabinet Committee meetings to ensure that success was celebrated, and challenges were addressed.

c) *'Because of You' Staff Award*

The Because of You staff award had been presented to Kent County Council's fostering placement team on 14 November 2018. The Chairman of Kent County Council, Mr Angell, had commended their outstanding work and presented each member of the team with a certificate, trophy and hamper.

d) *British Association for Supported Employment Awards*

The British Association for Supported Employment Awards, which recognised and celebrated outstanding practice in the field of supported employment in the United Kingdom had been held on the 27th November

2018. Mr Mitchell (Kent Supported Employment) had been awarded Practitioner of the Year.

e) Social Worker of the Year Awards

The Social Worker of the Year Awards, which recognised and celebrated the achievements of social workers, promoted social work and incentivised individuals and teams in the social work profession to achieve excellence, would take place on 30 November 2018. Kerri Davies, a Care Manager based in Brook House, had been nominated for Newly Qualified Social Worker of the Year and had been invited to attend an exclusive ceremony in London in recognition of her professionalism and hard work.

5. Mrs Southern responded to a question in relation to the awaited staff survey feedback, which was still in the process of being collated by Human Resources.
6. RESOLVED that the verbal updates be noted.

118. Adult Social Care and Health (including the Lifespan Pathway Service) New Operating Model

(Item. 8)

Mr Thomas-Sam (Strategic Business Adviser, Social Care), Ms Maynard (Head of Commissioning Portfolio - Outcome 2 and 3), Ms Parker (Transformation Lead), Ms Frazer (ASCH STP Lead), Mr Walker (Assistant Director for Disabled Children and Young People) and Ms Gillivan (Transformation Programme Lead (DCALDMH)) were in attendance for this item.

1. Mr Gibbens (Cabinet Member for Adult Social Care and Public Health) referred to the Delayed Transfers of Care (DTC) report which would be discussed at Cabinet in December 2018. He stated that since government had announced the introduction of £240 million nationally, which would be used primarily to reduce delayed transfers of care, an additional investment would be invested into adult social care to reduce pressures on the NHS and local authorities by getting patients home quicker and freeing up hospital beds across England. A discussion would take place at the Cabinet Meeting in December 2018 in relation to DTC.
2. Mrs Southern introduced the report which set out the new Adult Social Care and Health Operating Model, including the Lifespan Pathway Service.
3. Mrs Southern, Mr Thomas-Sam, Mr Walker, Ms Parker, Ms Maynard, Ms Frazer and Ms Gillivan presented a set of slides which set out the design and implementation of the new operating models across all service divisions within the Adult Social Care directorate.

Officers then responded to comments and questions from Members, including the following:

- a) Ms Maynard confirmed that there were currently 900 individual extra care units in Kent.
- b) Ms Parker said that telecare was provided to Kent residents by Centra. She added that in relation to telecare, Agilisys were the main point of

contact for Kent's residents. However, if an individual required care and support, they would be referred to the area referral management service.

- c) Mrs Southern referred to the implementation of the MOSAIC system. Colleagues were working hard to ensure that the challenges and risks around configuration for purchasing, client billing and payments were mitigated, to ensure minimum disruption to clients and staff.
 - d) Mr Walker provided clarification on the Agilisys contract and staff retention rates within the service.
 - e) In relation to the Lifespan Pathway Service, Mr Walker stated that disabled children that met the eligibility criteria would remain on the pathway, unless the services were no longer required.
 - f) Ms Parker said that all phone calls received by Agilisys were monitored. She added that colleagues were actively seeking ways to support people at an earlier stage, before they reached crisis point.
 - g) Mrs Southern referred to the future commissioning of the many effective adult social care and health models that were already in place across Kent. It was important that each of the models were evaluated frequently to best meet the needs of the service users.
 - h) Mrs Southern expressed her views on the importance of the work that was undertaken by the voluntary sector within Kent. She acknowledged that the voluntary sector was a vital part of the delivery of the services within adult social care and health. Ms Parker added that Kent's voluntary sector colleagues had provided a significant amount of support in relation to the DTOC report that would be discussed at Cabinet in December 2018.
 - i) Mrs Southern referred to the figures within Appendix 1 to the report and answered questions from Members.
 - j) Mrs Southern informed Members about the vast amount of internal and external training opportunities that were available to staff within adult social care and health in Kent.
 - k) Mr Thomas-Sam and Ms Frazer referred to the financial assessments and legislative changes that were undertaken by Kent County Council and answered questions from Members on the subject.
4. Mr Gibbens reassured Members of the Committee that they could contact him directly if there was an issue relating specifically to their local area.
5. RESOLVED that the report be noted.

119. Commissioning of Integrated Domestic Abuse Services Update
(Item. 9)

Ms Anthony (Senior Commissioner) was in attendance for this item.

1. Ms Anthony introduced the report which set out progress and developments within the Kent Integrated Domestic Abuse Support Services, which had been commissioned in April 2017.

Ms Anthony then responded to comments and questions from Members, including the following: -

- a) Ms Anthony confirmed that Kent's Integrated Domestic Abuse Services followed the government's definition of domestic abuse, as opposed to solely focusing on domestic violence alone.
- b) Ms Anthony said that regular meetings with Kent's contractors took place to review contractual arrangements that were in place, levels of engagement and the outcomes that had been achieved.
- c) Ms Anthony clarified that the Domestic Abuse Services contract was a five-year contract with two periods of opportunity for extension.
- d) Ms Anthony referred to the vast amounts of activity that had taken place in Canterbury and East Kent in relation to networking and supporting individuals experiencing domestic abuse.
- e) Ms Anthony confirmed that refuge services were offered to the most vulnerable, high-risk individuals and the busiest time of year for the service was at Christmas.
- f) Ms Anthony said that prior to commissioning the Domestic Abuse Services contract, colleagues had engaged with communities from each of Kent's districts to assess the level of need within each area of Kent.
- g) Ms Anthony informed Members that the Domestic Abuse Support in Kent website was being redesigned to ensure that individuals from all gender groups, and of all abilities were supported and could use the website with ease.
- h) Ms Anthony referred to tackling the behaviour of perpetrators of Domestic Abuse and said that Kent County Council's Children's Services were working closely with Kent schools to deliver sessions to children concerning healthy and unhealthy relationships and how to identify the differences between the two.

2. RESOLVED that the report be noted.

120. Update on Kent Integrated Homelessness Support Services (Item. 10)

Ms Anthony (Senior Commissioner) was in attendance for this item.

1. Ms Anthony introduced the report which updated the Committee on the outcome of the recent procurement, to re-commission support services for vulnerable homeless people (decision no: 17/00074).

Ms Anthony then responded to comments and questions from Members, including the following: -

- a) Ms Anthony acknowledged that a large proportion of the rough-sleep population in Kent were ex-service personnel. She said that the recommissioned service enabled a much stronger, more coordinated response to rough sleeping which was led by the needs of the most vulnerable individuals.
- b) Ms Anthony said that loneliness and social isolation within the rough-sleep community had been considered at the time of commissioning the support services for vulnerable homeless people contract. She confirmed that having a rigorous approach towards addressing the needs of complex individuals was key.
- c) Ms Anthony referred to Appendix 1 to the report and answered questions from Members in relation to secondary contractors.
- d) Ms Anthony said that ex-prisoners required specialist intervention which was provided under a separate contract. Kent County Council had undertaken work with the Community Rehabilitation Companies and the National Probation Service in relation to the future of supported housing schemes for ex-prisoners.

2. RESOLVED that the report be noted.

121. Adult Social Care Performance Dashboard
(Item. 11)

1. Mrs Southern introduced the report which set out progress against targets for key performance and activity indicators for September 2018 for Adult Social Care.
2. Mrs Southern answered questions from Members of the Committee in relation to the figures and ratings within the dashboard.
3. RESOLVED that the report be noted.

122. Work Programme 2019/20
(Item. 12)

RESOLVED that the work programme for 2019/20 as set out in the report, be noted.

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From: **Graham Gibbens, Cabinet Member for Adult Social Care and Public Health**

Penny Southern, Corporate Director of Adult Social Care and Health

To: **Adult Social Care Cabinet Committee – 22 January 2019**

Subject: Verbal update by the Cabinet Member and Corporate Director

Classification: Unrestricted

Electoral Divisions: All

The Cabinet Member and Corporate Director will verbally update Members of the Committee on: -

- 19 December 2018 – Chairman’s Tour (visited St Martin’s Hospital, Canterbury, ASC staff at Brook House, Whitstable and King Edward Court Extra Care Housing in Herne Bay.
- 28 February 2019, 2.00-4.00pm in the Cabinet Room – will be holding a Safeguarding Briefing for all members as agreed at full council meeting in December.

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

To: Adult Social Care Cabinet Committee – 22 January 2019

Decision No: 18/00054

Subject: **Adult Social Care and Health Being Digital Strategy 2019-2021**

Classification: Unrestricted

Past Pathway of Paper: Adult Social Care and Health Directorate Management Team – 19 September 2018

Future Pathway of Paper: Cabinet Member decision

Electoral Division: All

Summary: This report provides an overview of Kent County Council’s Adult Social Care and Health Being Digital Strategy and a summary of the implementation plan that will allow the vision set out in the strategy to be delivered.

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

- a) **APPROVE** the Adult Social Care and Health Being Digital Strategy 2019-2021 and the high-level implementation plan; and
- b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, to undertake the necessary actions to implement the decision; and
- c) **NOTE** that an update will be presented to the Adult Social Care Cabinet Committee in September 2019 with a revised implementation plan and details on the financial implications including savings and investment.

1. Introduction

- 1.1 The Adult Social Care and Health Being Digital Strategy 2019 – 2021 has been developed to set out the strategic direction for, and help to enable the delivery of, digital innovation and technology to transform and support the new adult social care operating models. The Being Digital Strategy is attached as Appendix 1.

- 1.2 The vision as set out in the Being Digital Strategy is to help people to achieve the best possible health and well-being outcomes, living independent and fulfilling lives in their own homes and communities by using digital innovation and technology.
- 1.3 The high level aims of the strategy are:
- **Enabled Service Users:** embedding intelligent information and new technologies that promote individual health and wellbeing to empower people to self-manage and allow them to effectively access services
 - **Empowered Workforce:** developing a more productive, competent and confident workforce in the Council and in the care sector to use the tools and information they need to provide high quality care and support
 - **Improved Partnerships:** working closely with key partners across the county to ensure we seek opportunities to collaborate, innovate and share information to delivery better outcomes
- 1.4 There is an expectation that taking advantage of digital technology can help address some of the challenges the health and social care sector faces. These challenges include the increase in demand for services alongside less resources available to pay for services. As well as these challenges, the expectation of people who use services, and those who work in the health and social care sector is shifting towards being more digital. The Being Digital Strategy describes the changes that will be put in place over the next few years to overcome these challenges and meet expectations.
- 1.5 The Being Digital Strategy is built around five themes, and on completion of the strategy in 2021, Adult Social Care and Health will have made significant progress in achieving the following themes:
- **People;** enabling people to do more for themselves and make use of intelligent information, tools and apps to increase their independence and improve their quality of life
 - **Place;** transforming the way services are delivered across all settings by improving connectivity and using innovative technology.
 - **Practice;** developing a more productive, capable and confident workforce by ensuring employees have the right digital tools and information and can work flexibly
 - **Product;** empowering and enabling service users to live more fulfilling and independent lives by utilising more advanced and innovative products where appropriate
 - **Partnership;** delivering better outcomes for people by enabling key partners to more easily collaborate, innovate and share information.

2. Strategic Statement and Strategy Alignment

- 2.1 Successful delivery of the Being Digital Strategy will help to realise the objectives within the Adult Social Care and Health Your Life, Your Wellbeing Strategy 2016-2021. The strategy refers to utilising digital technology and innovation to support the new adult social care operating models, to help people

to live as independently as possible and to provide them with more choice around how they access the right support.

- 2.2 The Being Digital Strategy supports the Council's strategic outcomes by supporting older and vulnerable residents to be safe and have choices to live independently.
- 2.3 The strategy also aligns to the Kent and Medway Sustainability and Transformation Partnership (STP) by considering how health and social care services could be delivered more effectively in the future to improve health and wellbeing, improve the standards of care and make better use of resources.
- 2.4 The Being Digital Strategy and high-level implementation plan recognise that work is already underway within the STP and the necessary links between the STP Digital Workstream and the Being Digital Strategy have been made. This is to ensure duplication is avoided and the best solutions can be delivered.

3. Strategy and Implementation Plan Development

- 3.1 In developing the Being Digital Strategy engagement with service users and staff through innovation workshops to explore how people use technology and the gaps, has been undertaken. Work has also been undertaken with partners such as the Academic Health Science Network (AHSN) and Skills for Care in shaping the strategy.
- 3.2 The Being Digital Strategy presents the Adult Social Care and Health digital offer which will form an important part of the way services are delivered going forward. It is recognised that the aims of the strategy will need to be delivered through different platforms, both internally and externally, for example through the STP, the way services are commissioned and the new adult social care system case management system (MOSAIC).
- 3.2 The high-level implementation plan for the strategy is being developed with support from the Council's strategic technology partners, Microsoft. The plan outlines several new digital projects to be explored, alongside several existing projects, with the aim of bringing about benefits for the people of Kent, our internal and external workforce, and our partnerships.
- 3.5 The development of the strategy and implementation plan has been overseen by the Adult Social Care Being Digital Board, chaired by the Director of Adult Social Care and Health - Partnerships. The Board informally signed off the Being Digital Strategy in September 2018 and has overseen the creation of the high-level implementation plan.
- 3.4 Further work has been planned for 2019 with partners to support the care sector and service users with emerging technology. This includes a digital showcase event with Kent Integrated Care Alliance (KiCA) in February 2019 and a Kent and Medway Expo with AHSN later in the year. The project team will also explore how Engaging Kent and Healthwatch can support with engaging service users.

4. Implementation Planning

4.1 An implementation plan is being shaped, focusing on the five themes within the strategy. In summary, it is proposed that the following projects and activities be explored to support the achievement of the strategy. Some of these projects or activities are already underway or being delivered externally to the Council.

Project Title	Description	Proposed Activities to be explored
Digital Front Door	Providing residents of Kent with better choice over how they access social care, improving information, advice and guidance and allowing service users to self-manage.	<ul style="list-style-type: none"> • ASCH web-platform • web-chat and bot-chat • instant messaging • digital health and social care directory of services • digital market place • online self-assessments • digital appointment management
Digitally Enabled Service Delivery	Developing new digital tools to support and enhance the way services are delivered.	<ul style="list-style-type: none"> • digital scheduling and rostering • remote updates to records using dictation • electronic call monitoring and lone working • electronic signatures • digital outcome and goal monitoring • in-house electronic care and support plan development
Technology Enabled Care	Building on TEC Phase 1 to increase access, interoperability and remote working.	<ul style="list-style-type: none"> • implementation of portals • remote working app • service user app • increased access to the system • interoperability with other systems • electronic provider payments
Exploring Assistive Technology	Understanding how assistive technology can be better used to support service users	<ul style="list-style-type: none"> • development of an assistive technology strategy • horizon scanning and testing of apps and assistive technology • recommissioning of assistive technology service
Improving Performance Reporting and Analytics	Improving the use of performance reporting and analytics to support better decision making.	<ul style="list-style-type: none"> • implementation of new performance reports • implementation of predictive analytics
Sustainability and Transformation Programme	Implementing a range of digital projects to improve the delivery of health and social care services.	<ul style="list-style-type: none"> • Kent and Medway Shared Care Record with service user access • carers app • electronic discharge notices • shared health and care analytics • virtual Multi-Disciplinary Teams • digital shared care and support plan

4.2 Enablers such as digital skills, connectivity and equipment will also be looked at alongside the above projects.

- 4.3 If the strategy and high-level implementation plan ideas are endorsed, the project team will develop an outline business case for the new proposed projects to identify opportunities and benefits, investment and delivery options. The delivery of the implementation plan will continue to be overseen by the Being Digital Board, and individual project progression will be monitored to evidence successful delivery of the strategy.

5. Financial Implications

- 5.1 There have been no financial implications in developing the strategy; however, potential financial implications including both savings and investment will be apparent throughout implementation. The potential savings opportunities and required investment for the new digital solutions will be explored through the development of an outline business case following endorsement by the Cabinet Committee. The project team will return to this Cabinet Committee in September 2019 to present details on the financial implications of the proposed projects.
- 5.2 The Design and Learning Centre continues to undertake horizon scanning for financial bidding opportunities; throughout the implementation of the digital strategy, the project team will take advantage of funding opportunities.

6. Legal Implications

- 6.1 There are no legal implications associated with developing the strategy, however potential legal implications during implementation could include the Government Digital Inclusion Strategy.
- 6.2 The Government Digital Inclusion Strategy was launched to set out objectives for government and partners to reduce digital exclusion by looking at digital accessibility, connectivity and skills. This was introduced as part of the Equality Act 2010.

7. Equality Implications

- 7.1 An Equality Impact Assessment has been undertaken to ensure potential negative impact on protected characteristics can be minimised. Analysis suggests that there is a low risk of negative impact, particularly around digital inclusion, to the following protected characteristic groups; age, disability, gender and race. The Equality Impact Assessment is available at Appendix 2.
- 7.2 To ensure any potential negative impact can be reduced, a digital inclusion maturity matrix tool has been developed to ensure Adult Social Care and Health can demonstrate digital inclusion through three themes; digital skills; connectivity and accessibility. This aligns to the Government Digital Inclusion Strategy.

8. Conclusions

- 8.1 The Adult Social Care and Health Being Digital Strategy 2019-2021 has been developed to set out the strategic direction for, and help to enable the delivery of, digital innovation and technology to transform and support the new operating models. It is built around five themes; people, place, practice, products and partnerships.
- 8.2 The implementation plan for the strategy will outline several new digital projects to be further explored, alongside several existing projects, with the aim of bringing about benefits for the people of Kent, our internal and external workforce, and our partnerships.
- 8.3 If the strategy and high-level implementation plan ideas are endorsed, the project team will develop an outline business case for the new proposed projects to identify opportunities and benefits, investment and delivery options.

9. Recommendation(s)

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

- a) **APPROVE** the Adult Social Care and Health Being Digital Strategy 2019-2021 and the high-level implementation plan; and
- b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, to undertake the necessary actions to implement the decision; and
- c) **NOTE** that an update will be presented to the Adult Social Care Cabinet Committee in September 2019 with a revised implementation plan and details on the financial implications including savings and investment.

10. Background Documents

Digital Inclusion Strategy

<https://www.gov.uk/government/publications/government-digital-inclusion-strategy>

11. Report Author

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Project Manager

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Relevant Director

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Director Adult Social Care and Health Partnerships

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Cabinet Member for Adult Social Care and Public Health

DECISION NO:

18/00054

For publication
Key decision Affects more than 2 Electoral Divisions

Subject: ADULT SOCIAL CARE AND HEALTH BEING DIGITAL STRATEGY 2019-2021
Decision: As Cabinet Member for Adult Social Care, I propose to:

- a) **APPROVE** the Adult Social Care and Health Being Digital Strategy 2019-2021; 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: The Adult Social Care and Health Being Digital Strategy 2019 – 2021 has been developed to set out the strategic direction for, and help to enable the delivery of, digital innovation and technology to transform and support the new adult social care operating models. Successful delivery of the Being Digital Strategy will help to realise the objectives within the Adult Social Care and Health Your Life, Your Wellbeing Strategy 2016-2021. The strategy supports the Council's strategic outcomes by supporting older and vulnerable residents to be safe and have choices to live independently.

Financial Implications: There have been no financial implications in developing the strategy; however, potential financial implications including both savings and investment will be apparent throughout implementation. The potential savings opportunities and required investment for the new digital solutions will be explored through the development of an outline business case

Legal Implications: There are no legal implications associated with developing the strategy, however potential legal implications during implementation could include the Government Digital Inclusion Strategy. The Government Digital Inclusion Strategy was launched to set out objectives for government and partners to reduce digital exclusion by looking at digital accessibility, connectivity and skills. This was introduced as part of the Equality Act 2010.

Equality Implications: An Equality Impact Assessment has been undertaken.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 22 January 2019 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered: None

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

 signed

 date

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Being Digital Strategy

Our strategy for being digital and how we deliver it 2019 - 2021

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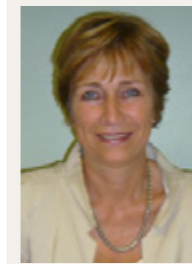


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Effective digital services are built on trust and confidence. It is important that people feel their personal data is secure and only used in ways that are lawful and transparent. In accordance with the General Data Protection Regulation (GDPR) and Data Protection Act 2018, we will assess the potential impact of new digital services on individual rights and freedoms and apply the principles of privacy by design and by default from the outset. It is important to us that we uphold the highest standards of data security and protection and respond promptly and courteously to enquiries about the way we handle and share personal information.

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Foreword



By Anne Tidmarsh,
 Director of Partnerships

Having effective digital capabilities which complement traditional care and support services, is fundamental to delivering the ambitions set out in our Corporate and Adult Social Care and Health strategic plans.

We recognise that to continue to succeed, we must use all the resources available to us including those described in this Being Digital strategy. This strategy sets out our vision and ambitions for transforming the end-to-end care and support pathways which complement the delivery of services and supports the new operating models in Adult Social Care.

Our intention is to continue to improve the experience of people who use services and for staff.

We will do so through the effective implementation of key service changes and related projects during the lifetime of this strategy.

The innovations described in this Being Digital document, together with the objectives of the NHS Sustainability and Transformation Partnership emphasise the strategic importance of closer working between health and social care organisations in Kent. We aim to integrate health and social care services wherever such integration has the potential to deliver better benefits and improve outcomes for people.

The digital innovations which we promoted in this Being Digital strategy, are resolutely driven by our determination to put the needs of the

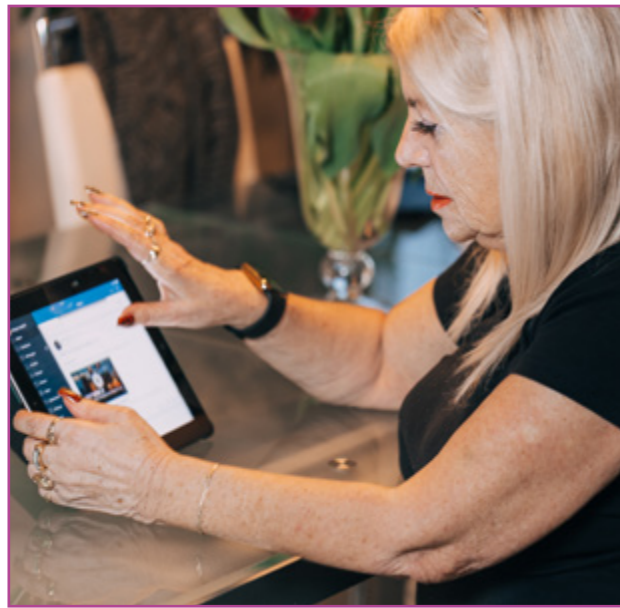
person at the heart of everything we do. This is best summed up in the philosophy and the principles which underpin the 'ESTHER' way of working, which is increasingly being adopted across the county and exemplified by the Kent Enablement Recovery Service online evaluation facility. This uses iPhones to gather views of people who use our services and aims to make improvements based on their feedback and measure the outcomes which matter to them. Our In-house 'Inspiring Lives' services have developed models of person centred support planning in a similar way.

I am thrilled that the plans we have developed and are taking forward with our key partners will very much complement other forms of care and support and can bring about the maximum benefits to all.

"To help people to achieve the best possible health and well-being outcomes, living independent and fulfilling lives in their own homes and communities by using digital innovation and technology for people of all ages in the organisation and delivery of care and support". We have high expectation that taking advantage of digital technology can help us address some of the challenges the care system faces. Whether the challenge be workforce recruitment, retention and development issues, or assist in tackling loneliness and social isolation or indeed, enabling better approaches to prevention and planning early by people with care and support needs."

Our vision

Introduction



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Harnessing the benefits that digital technology and innovation can contribute in the delivery of services, is not regarded as something incidental, but an important part of the resources that all forward-thinking adult social care organisations rely on.

The pressures from tighter budgetary resources which all local authorities have, and continue to face, have forced the pace of change and the range of digital innovations being introduced across the health and care system. Alongside the financial pressures, councils have also seen significant increase in demand for services, especially demand associated with the number of people with multiple or complex needs that local authorities support. Adult Social Care in Kent is no different in this context.

However, whilst many areas can be seen to have adopted a more rapid and wide-ranging application of newer forms of digital technology, embedded as a core part of the mainstream services, we have not done the same in terms of keeping pace with the use of digital technology to bolster support services which work with all the main groups of people who use services.

At the same time, we know that changing expectation of people who use services is shifting dramatically. A phenomenon that mirrors changing expectation we see in the rest of the public at large. The spread, and the ease of use of digital technology as part of the normal aspect of care and support provision is growing and the Being Digital strategy describes the changes which will be put in place over the next few years.

Our vision is “to help people to achieve the best possible health and well-being outcomes, living independent and fulfilling lives in their own homes and communities by using digital innovation and technology for people of all ages in the organisation and delivery of care and support”. We have high expectation that taking advantage of digital technology can help us address some of the challenges the care system faces. Whether the challenge be workforce recruitment, retention and development issues, or assist in tackling loneliness and social isolation or indeed, enabling better approaches to prevention and planning early by people with care and support needs.

We stand a better chance of realising the objectives of Your life, your well-being - a vision and strategy for Adult Social Care 2016 – 2021, by turning the ideas in the Being Digital strategy into reality.

The five themes

The strategy is built around five themes of People, Place, Product, Practice and Partnership. We expect that:

<p>1 People</p>	<p>People – Empowered and supported to do more for themselves through online self-service, including needs and financial assessments and real-time information about services. People will experience the benefit of having to tell their story once rather than multiple times, as services will be better connected through improved information sharing.</p>
<p>2 Place</p>	<p>Place – Home, Community and Residential care providers using technology to change the way services are delivered, improving efficiency and reducing errors, travel time and risks. Secure WiFi across the estates that will enable staff to get the information they need wherever they work.</p>
<p>3 Practice</p>	<p>Practice – we will see the spread of the use of digital tools (such as smarter mobile working, electronic work-flow to manage tasks and real-time decision making, much reduced or no double data entry). This will enable effective Multi-Disciplinary Teams (MDTs), or virtual variations, and ensure all staff including those working for providers are supported, involved and benefit from the application of digital tools including, increased staff productivity, cost savings, faster or automation of processing and dashboards that enable the entire care pathways to be viewed much more easily by managers and staff. The focus to ‘always do what matters to ESTHER’ will drive culture-change.</p>
<p>4 Product</p>	<p>Product – Evaluating and testing digital services and technology products, we aim to work with industry and colleagues in other parts of the country to find what works to improve outcomes for service users and the productivity of staff.</p>
<p>5 Partnership</p>	<p>Partnership – Health and social care services achieve better outcomes when they work together. The Kent and Medway Sustainable Transformation Partnership (STP) has a key role in setting out a common vision and purpose. Being Digital sets out our vision for digital social care services that closely align with STP digital ambitions and makes full use of shared technology investment. In partnership with the Care Sector, Academic Health Science Network, Skills for Care, Design and Learning Centre, the NHS and people we aim to discover, evaluate and implement what works.</p>

Policy Context

Your Life, Your Well-being is Kent's vision to help people to improve or maintain their well-being and to live as independently as possible. It details Kent County Council's vision for the future of adult social care over the next three years. Your Life, Your Well-being and the Being Digital contribute to achieving the KCC Strategic Statement outcomes.

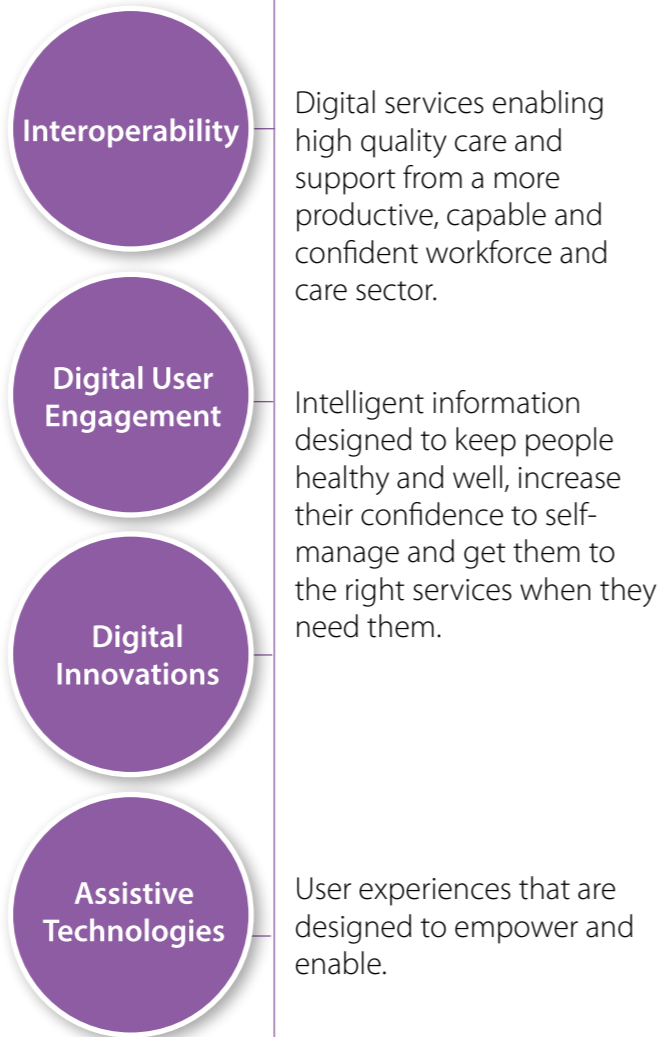
Within this vision is a digital offer to enable service users and staff to better navigate the health and social care system and access the network of voluntary services. This includes a digital catalogue of support and the use of Telecare and assisted living technology. The key aims are to promote well-being, promote independence and support independence by improving care and support planning, move to outcomes-based homecare, and providing ways to support self-care.

The Kent and Medway Sustainable Transformation Partnership includes a Digital work-stream to deliver the infrastructure needed for digital technologies. This is supplemented by a programme of work to improve digital maturity across health and social care.

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Our aims are:



Our Principles are:

- Tell us once and we'll remember you. Information recorded once and used multiple times.
- Digital information security by design and by default.
- Systems that exchange information.
- Access to information when and where it's needed.
- To enable people to access support through digital channels anytime, anywhere and from a broad range of devices.

Strategy on a page





Outcomes

1 People What can they expect?

- Digital services that remember them and securely share their information with others involved in their care so they do not have to repeat their stories.
- Online services that intelligently advise and guide their care and service enquiries and involve them in decisions about the planning and management of their care.
- Self-service eligibility and financial assessments that allow them to make informed decisions quickly and which offer alternative options via an e-market place or access to further information.
- Systems for people, their families and carers to communicate with us in ways that work best for them; for example,

- email, apps, online conferencing, instant messaging and where appropriate virtual visits.
- Apps that improve the control people have over their care, so they feel actively engaged and can connect to friends, families, carers, health and care professionals.
 - A choice of apps, online social networks and other activities such as ESTHER cafés designed to reduce social isolation, give more control over care and improve cooperation between people and services.
 - Assistive Technology that works with our systems to discreetly monitor vulnerable, frail and elderly people so they have the confidence needed to remain independent whilst providing alerts and updates when needed to those involved in their care and support or in the event of an emergency.

2 Place Home Care, Close to Home, Residential Care

Assistive Technologies are becoming cheaper, more innovative and intelligent and we are on the cusp of a revolution in affordable home health and care technologies. It is essential that we exploit these trends and discover how they can be used to empower self-care, support carers and improve care. Assistive Technologies can provide alerts to remind people to eat, drink and take medication as well as reassuring them and keeping them in contact with friends, family and carers as they support their needs.

Online Medication Administration Records (MARs) can provide consistency, improve quality and reduce some of the risks associated with home and community care. Medical devices can deliver treatments in the home to reduce or remove the need for travel or admission to hospital. The use of digital services and technology by Homecare providers offers an opportunity to transform how they deliver care, with the potential to improve efficiency, reduce errors, travel and risks and manage limited resources more effectively. We will work with them to deliver high-quality person-centred care. Video and online communication tools make it easy for people to keep in touch with their families, friends and carers, and offer new opportunities to improve their care, keeping them independent and at home longer.



Kent Care Record (KMCR)

The Kent and Medway Care Record (KMCR) aims to deliver a significant transformational change for the health and social care system in Kent and Medway. It will create a single patient record for each resident from the separate records currently held by different providers. This means that a health or social care professional involved in an individual's care will be able in near real-time to see the treatment and medications provided by others so they can make better diagnosis and treatment decisions. The project is a key deliverable of the Kent and Medway Sustainability and Transformation Plan (STP).

Health and social care organisations have a legal obligation to ensure the records they hold about their patients and service-users are available to all of those involved in their care, whether they work for them or not. This project aims to deliver that obligation. It is anticipated that an individual's KMCR will be accessed through a secure portal, with professionals only able to view the relevant part of the record. The current plan is to procure the system during 2018 with implementation starting during Summer 2019.

Creating a shared health and care record on this scale is challenging and ambitious, and we are learning from other implementations across the country. The outcome however will be a better quality of care for patients, who will spend less time repeating themselves as they move between providers.



Practice

Digital services support improve and enhance the way frontline services are delivered.

We will support Multi-Disciplinary Teams (MDTs) to ensure they have the tools and access to information they need to communicate effectively with each other and co-ordinate care. This will include video conferencing, instant messaging, Apps and digital services that reduce travel and associated costs. Mobile devices are already being used to ensure care workers have access to real time information and updates. Smart scheduling and rostering systems can take the pain out of managing people and resources and ensure an appropriately skilled care worker is allocated to meet an individual's needs. Shared care records will bring a view of the person and their 'whole' journey to our workforce, reducing duplication, and improving productivity and workflow. A connected workforce will feel more engaged, better supported and less isolated.

This will improve handovers of care and improve outcomes for our service-users. Our workforce is in the process of being equipped for mobile working, with wi-fi being rolled out across the public sector estate. Our replacement social care case management system will allow speedy data capture and support staff in new ways of working, with access to the information they need when they need it. Online financial and needs assessments will complement conventional methods and automate some of the back-office processes needed to get people the care they need.

The technology will be in place to eliminate multiple logins and devices. The workforce will be able to access their services using their mobile device using a single login.

Case study

Our In House Learning Disability Services going digital

Learning Disability In-House services have created person centred support plans, and outcome focussed documents, which are in a digital format. These will be used across all of the learning disability In-house services, and now exploring if we can licence these in the future to other social care providers.

Case study

Apps that Empower People and Support the Workforce

There is a national library of public and personal health and well-being apps, and there are commercial apps for specific lifestyle and medical needs. Social care is not as well served, so we have been working to identify and develop apps that meet specific needs.

Care Navigator App

Care Navigators work in the community or at hospital sites and help those over 50 who want to stay independent and in their own home. They can help them manage money and benefits, find the right sort of home or adapt one to their needs, plan support, fill in forms or help as they go through the assessment process. They are based with local voluntary organisations around Kent.

In July 2017, Kent successfully bid for Local Government Association (LGA) funding to develop an app for Care Navigators through

their Local Investment Programme. Work on the app commenced in May 2018 and focuses on the use of digital technology to improve the delivery of social care. The app has now been developed and is being tested as part of a pilot.

Carers App

Clinical Commissioning Groups in Kent commenced development of an app for Carers in June 2018. Based on the STOP-LOOK-CARE booklet published by Brighton and Hove it provides useful information for carers, and family and friends with caring responsibilities.

The product will be simple to use so carers can quickly refer to the app for advice on all aspects of care, as well as signposting local support services.



Deaf Community Worker

Following a Deaf Well Being and Access pilot project, in April 2017, a Deaf Community Worker was appointed in Thanet which has a high number of Deaf people. This has been extended to cover the whole of Kent, with the employment of a full-time post. The role aims to improve well-being, promote independence and build community capacity, amongst Deaf adults and children, who use British Sign Language (BSL), in Kent.

The key objectives of the role are to:

- 1) Promote independence & well-being.
- 2) Improve accessibility to services with a reduction in barriers.
- 3) Improve access to information, advice and guidance. Using technology the role improved Access to Services through:

- Reviewing the KCC 'front door' and made it more accessible for Deaf people
- Deaf accessible Sensory Services Facebook page
- NGT Lite – Deaf text relay telephone service for Deaf people
- Improved accessibility to a range of Apps for staff and people using services
- Sensory Services Facebook page statistics: By February 2018 there were 208 'Likes' on the page; BSL videos have between 66 and 2.2K views and a typical comment from a service user rates 5 stars and provides the following feedback ' Brilliant information here and very useful'.

4 Product Digital Services and Technologies

As Adult Social Care implements its new outcomes focused operating model, we will take the opportunity to use technology to focus on positive outcomes for people rather than delivery of a service.

The market for home and assistive living technologies is developing rapidly, far beyond the simple personal alarm and creates new opportunities for innovative services to support carers, families, friends and care workers, as well as enriching the lives of those they care for.

Commissioners will be able to use and link anonymously collected information generated by these systems and services to gain insight into and be able to assess and manage need and supply and support effective budget management.

5 Partnership Encouraging and Supporting Collaboration

Care homes and domiciliary care services face funding challenges and experience difficulties in recruiting. We will work with the care sector to innovate and utilise technology.

This will include access to information, advice and guidance and opportunities to train and learn.

We are co-ordinating activities with partners such as Accademic Health Science Network (AHSN), Skills for Care, Design and Learning Centre, Health and people to explore, design, test and implement new solutions and to secure funding to allow us to rapidly adopt what works well.

The Design and Learning Centre (DLC) for Clinical and Social Innovation will play a key role in exploring, testing and implementing innovative solutions across Health and Social Care.



Our key outcome objectives are:

Digitally-enabled People

- Improved information advice and guidance
- Intelligent online systems to support self-referrals and assessments
- More advanced and wider range of assistive technologies
- Apps and tools to support and connect people

Digitally-enabled Place

- Support the care sector in utilising technologies
- Improved range of technologies available

Digitally-enabled Practice

- Flexible and mobile working enabled
- Making systems and tools work for practitioners
- Improved digital skills and abilities
- Improved data and analytics to inform decision making

Digitally-enabled Products

- Efficient and cost-effective assistive technologies

Digitally-enabled Partnerships

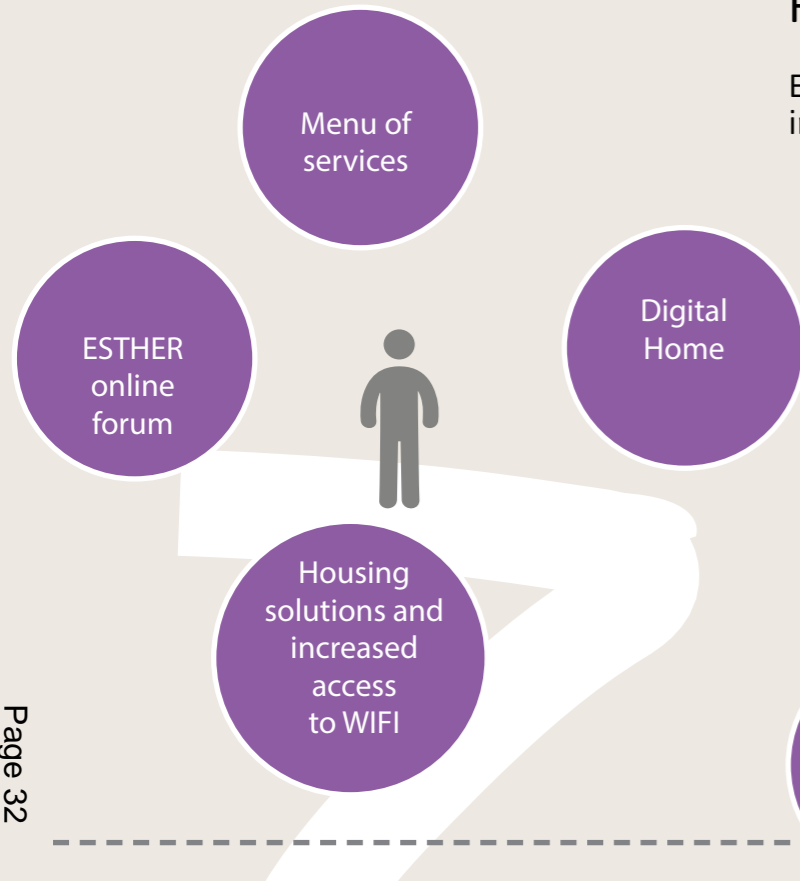
- Improved health and social care connectivity
- Utilising Innovation facilities to drive technologies
- In collaboration explore, test and implement digital solutions

The Digital Pathway

ESTHERs Journey

Promoting well-being

Enabling people to connect and access information.



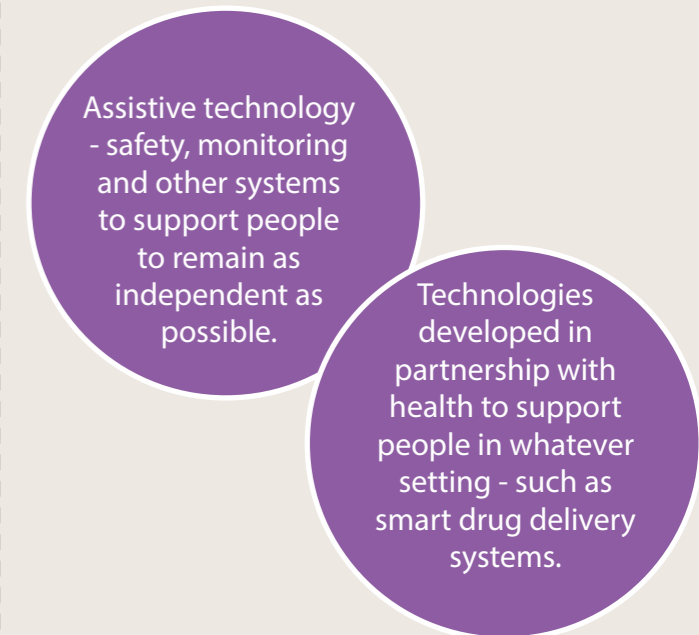
Promoting independence

Assessment processes.

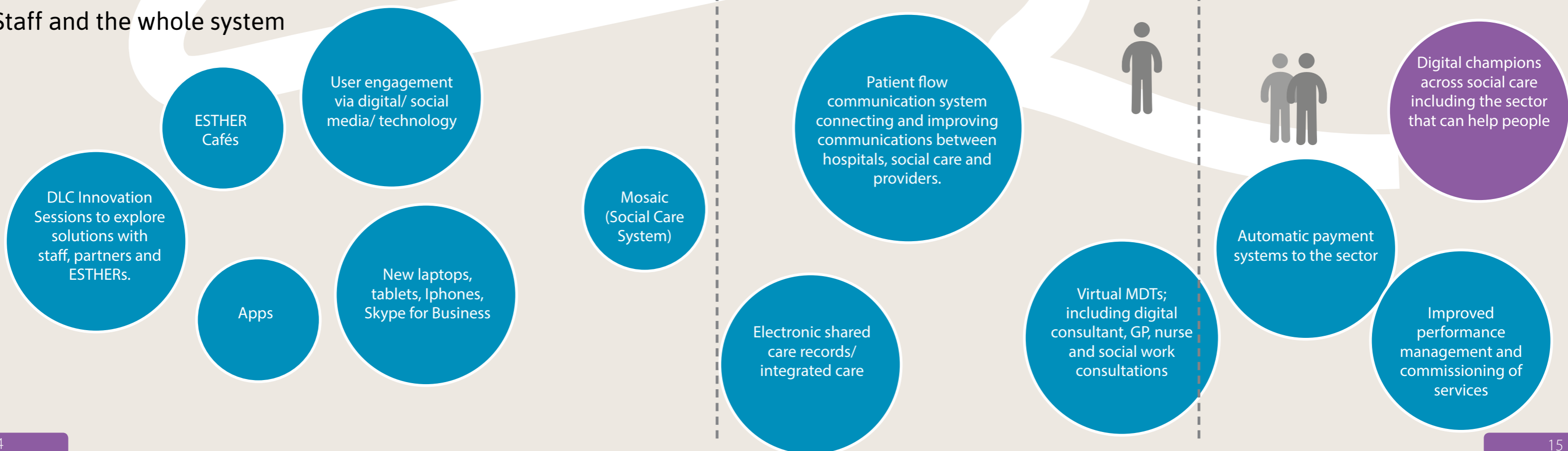


Supporting independence

Solutions to enable and support people in whatever setting.



Staff and the whole system





Case study

ESTHER

The ESTHER Model was created in Jönköping region in Sweden in 1997 and is based around the experience of an emergency referral to hospital of a frail and elderly Swedish patient “ESTHER” by her GP. During her admission, she retold her story to 36 clinicians before being admitted and receiving treatment.

The model has two main aims. The first is to create smoother and safer pathways for ESTHER, and the second to use resources more efficiently. The communal goal is to ‘always do what matters to ESTHER’. The model is a catalyst for a culture change to enable the workforce to adapt to the person with social care needs.

This is achieved on four levels:

- 1) The citizen (ESTHER) involved in their care and listened to ‘what matters to ESTHER’
- 2) Training and supporting the social care workforce and care sector to create a social care movement to promote the ESTHER culture.
- 3) Multi-disciplinary team meetings ask the question ‘what matters to ESTHER’
- 4) The system by empowering ESTHER Cafes owned by communities to listen to the stories of people (ESTHERs) who have

gone through the system, discussing how their experience could be improved and feeding back the conclusions and recommendations for improvement to commissioners and organisations.

This innovative model implements a person-centred approach and uses technology to support effective delivery. The Kent ESTHER philosophy and way of working is recognised by national bodies, such as Health Education England and the Department of Health and Social Care.

A virtual network of ESTHERs, ambassadors and coaches communicate and share good practice. We are exploring an ESTHER app to continue to support the ESTHER network and have developed an ESTHER e-learning training programme to help health and social care staff understand the ESTHER model.

Conclusion

This strategy sets out our ambitions for the next three years. We shall implement this strategy and achieve our vision through a range of projects, learning from others and working in partnership. This is an exciting time to implement this strategy as there are many opportunities that allow us to maximise the benefits that information and technology can play in the delivery of care. We have set up facilities such as the Design and Learning Centre for Clinical and Social Innovation which will help us to innovate through exploring, testing and implementing new ideas. Technology will not be a replacement for care, however it can bring improvements in efficiency, effectiveness and help improve the overall quality of care.

How we will deliver the strategy

Aim	Met through
1 People	Development of online referral and assessment systems Improved online information and guidance Making a range of apps available to support people
2 Place	Develop a digital model and framework for the social care sector that sets out the journey and practical steps to better use digital technology
3 Practice	Improve the use of digital technologies by working with suppliers to configure digital services that meet the needs of social care
4 Product	Implement new adult social care recording system by 2019 Develop practitioner skills through digital champions Ensuring practitioners have the right tools Working with the NHS to implement integrated services and systems
5 Partnership	Working with the Design and Learning Centre to explore, test and implement innovative solutions across Health and Social Care: www.designandlearningcentre.com Engage people and organisations through Innovation workshops and ESTHER cafés to co-produce solutions

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

Directorate/ Service: Adult Social Care and Health

Name of decision, policy, procedure, project or service: Kent County Council's Adult Social Care and Health Being Digital Strategy

Responsible Owner/ Senior Officer: Anne Tidmarsh, Director Adult Social Care and Health Partnerships

Version: Version 2

Author: Rachael Letchford, Project Manager

Pathway of Equality Analysis:

Version	Author	Date	Comment
1	Rachael Letchford	November 2018	First Draft
1.1	Akua Agyepong	December 2018	Comments on First Draft
2	Rachael Letchford	December 2018	Second Draft

Summary and recommendations of equality analysis/impact assessment.

Context

Adult Social Care's Being Digital Strategy will set the strategic direction for, and help to enable the delivery of, digital innovation and technology for the social care sector including the workforce and service users.

The pressures from a reduction of funding and a significant increase in demand for services has forced the pace of change and the range of digital innovations being introduced across the health and care system. As well as this, the expectation of people who use services, and those who work in the health and care sector is shifting dramatically to being more digital.

There is a view that taking advantage of digital technology can help address some of the challenges the health and care system faces. The Being Digital strategy describes the changes which will be put in place over the next few years.

The Being Digital Strategy also aligns to Kent County Council's Your Life, Your Wellbeing strategy and the Kent and Medway Sustainability and Transformation Plan.

Aims and Objectives

This strategy's vision is to help people to achieve the best possible health and wellbeing outcomes, living independent and fulfilling lives in their own homes and communities by using digital innovation and technology for people of all ages in the organisation and delivery of care and support.

The Being Digital Strategy is built around five themes, and on completion of the strategy in 2021, Adult Social Care and Health will have made significant progress in achieving the following themes:

Updated 14/01/2019

- People; enabling people to do more for themselves and make use of intelligent information, tools and apps to increase their independence and improve their quality of life
- Place; transforming the way services are delivered across all settings by improving connectivity and using innovative technology.
- Practice; developing a more productive, capable and confident workforce by ensuring employees have the right digital tools and information and can work flexibly
- Product; empowering and enabling service users to live more fulfilling and independent lives by utilising more advanced and innovative products where appropriate
- Partnership; delivering better outcomes for people by enabling key partners to more easily collaborate, innovate and share information.

The strategy recognises that technology will not be a replacement for care, however it can bring improvements in efficiency, effectiveness and help improve the overall quality of care.

Summary of equality impact

Analysis suggests that there is a low risk of negative impact to the protected characteristic groups; negative impact will be mitigated as outlined in the action plan in this document. It is anticipated that the proposed changes will have a mainly positive impact on service users given that the strategy aims to ensure that people accessing services continue to receive the same quality services but also benefit from alternative ways to access and navigate their way through the social care system. There will also be increased access to new technologies and the workforce will be more effective and efficient. Services and support will continue to be designed with the person at the centre, and a strong focus on choice, regardless of protected characteristics.

However, KCC should consider the following groups to ensure the service is mindful of: age, disability, gender and race; as these have been identified as having a potential low negative impact particularly around accessibility and digital inclusion.

The central government digital inclusion agenda will help KCC to ensure that all protected characteristics are considered when designing and implementing digital solutions. A digital inclusion maturity matrix has been developed and progress against this will be assessed on a frequent basis.

Adverse Equality Impact Rating Low

Attestation

I have read and paid due regard to the Equality Analysis/Impact Assessment concerning **Kent's Adult Social Care Being Digital Strategy**. I agree with risk rating and the actions to mitigate any adverse impact(s) that has /have been identified.

Head of Service

Signed:

Name: Paula Parker

Job Title: Programme Lead, Adult Social Care

Date: January 2019

DMT Member

Signed:

A handwritten signature in black ink, appearing to read 'Anne Tidmarsh', is written over a light grey rectangular background.

Name: Anne Tidmarsh

Job Title: Director ASCH Partnerships

Date: January 2019

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 brief commentary on your findings. Fuller analysis should be undertaken in Part 2.			
	High negative impact EqlA	Medium negative impact Screen	Low negative impact Evidence	High/Medium/Low Positive Impact Evidence
Age			<p>Evidence from the national audit office's study on internet use and access showed that in 2018, 8.4% of adults had never used the internet. Of these, nearly half were aged 75 and over. Also, 99% of adults aged 16 to 34 years were recent internet users in 2018, compared with 44% of adults aged 75 years and over.</p> <p>This statistic should be considered when implementing the strategy to focus on how older people can be supported to make use of digital technology.</p> <p>As part of the central government's digital inclusion agenda, KCC will be required to evidence how digital solutions are accessible for all cohorts. A maturity matrix will be developed for the strategy to measure KCC's</p>	<p>Medium - The strategy will focus all service users utilising or eligible to utilise adult social care services, including the lifespan pathway. 57% of service users utilising adult social care services are aged 65+; this protected characteristic is over represented when compared to Kent's 65+ population (20%).</p> <p>The strategy states that digital solutions will not be a replacement for care, instead people will have more choice about how they access services and information. For example, older people accessing adult social care services will still be able to access services and information through telephone or in person. Whereas some of the younger adult social care service users might prefer to use the internet.</p> <p>The strategy ensures that KCC can meet the changing, and varied expectations for the different age groups in the adult social care service user population.</p>

			progress and consideration against inclusion.	
Disability		<p>Evidence from the national audit office's study on internet use and access showed that 20% of disabled adults had never used the internet in 2018, down from 22% in 2017.</p> <p>KCC support people with a breadth of disabilities and the digital solutions implemented as part of the strategy will need to be accessible for all cohorts of people KCC support.</p> <p>If digital inclusion is not achieved, there could be adverse impacts for these protected characteristics.</p> <p>However, as part of the central government's digital inclusion agenda, KCC will be required to evidence how digital solutions are accessible for all cohorts. A maturity matrix will be developed for the strategy to measure KCC's progress and</p>		<p>Medium – 98% adult social care service users have recorded having a disability with the largest proportions reporting a physical disability or learning disability related. This is compared to 17.6% of Kent residents reporting to have a disability.</p> <p>The strategy states that digital solutions will not be a replacement for care, instead people will have more choice about how they access services and information.</p> <p>The strategy will ensure increased access to equipment and technology, and the workforce will be more efficient and effective.</p>

		consideration against inclusion.		
Sex			<p>Evidence from the national audit office's study on internet use and access showed that fewer women use the internet than men. In 2018, 51% of men aged 75 years and over were recent internet users, compared with 38% of women in this age group.</p> <p>As part of the central government's digital inclusion agenda, KCC will be required to evidence how digital solutions are accessible for all cohorts. A maturity matrix will be developed for the strategy to measure KCC's progress and consideration against inclusion.</p>	<p>Medium – There are more female service users accessing adult social care services than male service users; Female: 57%, Male: 47%.</p> <p>The strategy states that digital solutions will not be a replacement for care, instead people will have more choice about how they access services and information.</p> <p>The strategy will ensure increased access to equipment and technology, and the workforce will be more efficient and effective.</p>
Gender identity				<p>Unknown - Currently no data on gender identity is collected.</p> <p>The strategy states that digital solutions will not be a replacement for care, instead people will have more choice about how they access services and information.</p>

				<p>The strategy will ensure increased access to equipment and technology, and the workforce will be more efficient and effective.</p> <p>This group will benefit from only having to tell their story once. The strategy will also explore whether service users can update their own records and therefore make changes/ add to their equality information.</p> <p>Through the proposed changes, support will continue to be delivered with the person's needs at the centre, regardless of their gender identity.</p> <p>Within the action plan, it is proposed that Kent County Council starts to collect this information as part of their equalities reporting.</p>
Race			<p>Low – When implementing digital solutions, KCC should be mindful of the needs of this protected characteristic group. For example: a service user using a new self-assessment tool when English is not their first language.</p>	<p>Medium – the majority of service users utilising adult social care services are within the 'White' ethnic group (83%) and a smaller percentage from Mixed, Asian or Black ethnic groups (6%).</p> <p>The strategy states that digital solutions will not be a replacement for care, instead people will have more</p>

			As part of the central government's digital inclusion agenda, KCC will be required to evidence how digital solutions are accessible for all cohorts. A maturity matrix will be developed for the strategy to measure KCC's progress and consideration against inclusion.	<p>choice about how they access services and information.</p> <p>The strategy will ensure increased access to equipment and technology, and the workforce will be more efficient and effective.</p>
Religion and Belief				<p>Medium – Although data for this characteristic has been collected, the majority (65%) of service users either did not record their religion or identified as having no religion.</p> <p>The strategy states that digital solutions will not be a replacement for care, instead people will have more choice about how they access services and information.</p> <p>The strategy will ensure increased access to equipment and technology, and the workforce will be more efficient and effective.</p>
Sexual Orientation				<p>Medium – Although data for this characteristic has been collected, the majority of service users either refuse to state their sexual orientation, or it was not collected.</p>

				<p>The strategy states that digital solutions will not be a replacement for care, instead people will have more choice about how they access services and information.</p> <p>The strategy will ensure increased access to equipment and technology, and the workforce will be more efficient and effective.</p> <p>Similarly to gender identity, this group will benefit from only having to tell their story once. The strategy will also explore whether service users can update their own records and therefore make changes/ add to their equality information.</p>
Pregnancy and Maternity				<p>Unknown - Currently no data on pregnancy and maternity is collected.</p> <p>However, through the changes proposed in this strategy, staff with this protected characteristic will benefit from more flexible working and increased access to information. The strategy will provide people with more choice around how they work.</p>
Marriage and Civil				<p>Unknown - Currently no data on marriage and civil partnerships is</p>

Partnerships			<p>collected. However, the 2011 Census showed that 49% of Kent residents were married or in a civil partnership.</p> <p>However, through the changes proposed in this strategy, staff with this protected characteristic will benefit from more flexible working and increased access to information. The strategy will provide people with more choice around how they work.</p>
Carer's Responsibilities			<p>Unknown - Currently no data on carer's responsibilities is collected for these service users.</p> <p>The strategy states that digital solutions will not be a replacement for care, instead people will have more choice about how they access services and information.</p> <p>The strategy will ensure increased access to equipment and technology, and the workforce will be more efficient and effective.</p> <p>Within the action plan, it is proposed that Kent County Council starts to collect this information as part of their equalities reporting.</p>

Part 2

Equality Analysis /Impact Assessment

Protected groups

Analysis has suggested that the majority of protected groups will be positively impacted by the changes, given that the project aims to develop a more equipped workforce, encourage and empower service users and improve KCC's partnerships. The strategy will continue to put the person at the centre and will provide more choice around how they access services.

However, consideration around digital accessibility needs to be given to the following groups to ensure the digital solutions implemented as part of the strategy are mindful of their:

- Age
- Disability
- Gender
- Race

Information and Data used to carry out your assessment

Data used to carry out the assessment is available at Appendix A (including links to the data sources).

Protected characteristic data has been provided by Kent County Council's Adults Performance Team in November 2018 for:

- Age
- Gender
- Disability
- Race
- Religion
- Sexual Orientation

Further protected characteristic data has been taken from Kent County Council's Facts and Figures reports and Kent County Council's Your Life, Your Wellbeing Strategy Equality Impact Assessment.

This assessment also utilised information gathered by the National Audit Office on internet use and access by age, disability and gender.

Analysis: Adverse Impact

Analysis suggests that there is a low risk of negative impact to the protected characteristic groups because any negative impact will be mitigated as outlined in the action plan below.

The evidence gathered as part of the assessment shows that there is a potential negative impact on age, disability, gender and race. This negative impact relates to the accessibility and inclusion of these protected groups. For example: the majority of the service users accessing adult social care services are aged 65+ and the evidence from the national audit office study showed

that only 44% of adults aged 75+ had recently used the internet (within 3 months).

Although the strategy will implement a range of digital solutions to support the service user and KCC's workforce, digital solutions will not be a replacement for traditional care and support services. Therefore, any negative impact will be low, as people will still have a choice around how they access services and information.

The government digital inclusion agenda will help KCC to ensure that maximum coverage for digital accessibility, skills and connectivity are considered when designing and implementing digital solutions. A maturity matrix has been developed to support this, and Adult Social Care and Health Directorate will monitor their progress against this matrix at 6-monthly intervals.

Analysis: Positive Impact:

It is anticipated that the proposed changes will have a mainly positive impact on service users given that the strategy is based on five themes:

- People; enabling people to do more for themselves and make use of intelligent information, tools and apps to increase their independence and improve their quality of life
- Place; transforming the way services are delivered across all settings by improving connectivity and using innovative technology.
- Practice; developing a more productive, capable and confident workforce by ensuring employees have the right digital tools and information and can work flexibly
- Product; empowering and enabling service users to live more fulfilling and independent lives by utilising more advanced and innovative products where appropriate
- Partnership; delivering better outcomes for people by enabling key partners to more easily collaborate, innovate and share information.

Following the implementation of the strategy, people accessing adult social care services will still receive the same quality service but will benefit from alternative ways to access and manage their way through the social care system; providing people with more choice. There will be increased access to equipment and technology, and the workforce supporting them will be more capable and productive. Services will continue to be designed with the person at the centre and therefore the needs of the service users will continue to be met.

JUDGEMENT

Based on the above screening and assessment, it has been determined that the proposed changes as outlined in this document have no potential for discrimination and all opportunities to promote equality have been taken.

It is believed that the potential negative impacts are low and will be mitigated through utilisation of the digital inclusion maturity matrix.

Internal Action Required YES

There is potential for adverse impact on particular groups and we have found scope to improve the proposal by undertaking the following actions:

Equality Impact Analysis/Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
Age, disability and gender	Potential discrimination with regards to the access to and use of the internet. Potential risk associated with non-compliance with central government's digital inclusion agenda	Work with KCC's representative for the 'Digital Declaration' and 'Digital Inclusion Agenda' to ensure consideration is given to all protected characteristic groups. Development of a digital inclusion maturity matrix to measure ASCH's progress against inclusion.	Ensure digital inclusion for all protected groups. This will be reviewed regularly through the maturity matrix assessment.	Rachael Letchford	Ongoing – to be completed by 2020	TBC
Race	Provision of accessible information to clients when English may not be their first language	As above.	Ensure digital inclusion for all protected groups. This will be reviewed regularly through the maturity matrix assessment.	Rachael Letchford	Ongoing – to be completed by 2020	TBC
Marriage and Civil Partnerships, Carer's Responsibilities, Pregnancy and	No equalities data currently gathered, so unable to fully understand the impact on these protected characteristic groups.	Explore the possibilities of collecting this data as part of the equalities reporting.	To ensure further detailed assessment against each protected characteristic and identification of	TBC	April 2019	N/A

Maternity and Gender Identity			potential negative impact.			
All	Poor collection of equalities data	Explore the possibility of service users or staff making updates/ changes to equalities data on KCC's client system.	Improved equalities data.	Rachael Letchford	In line with Mosaic Phase 2.	TBC

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

No – The digital inclusion maturity matrix will be taken through the appropriate governance forums for approval and a process for updating will be agreed and implemented. The digital inclusion maturity matrix will be considered through the business planning process and reference will be made in the Adult Social Care and Health Business Plan.

The strategy and implementation plan will be reviewed at regular intervals throughout the delivery of the strategy. The actions above will be included in the review.

Appendix A

Kent and Adult Social Care Level Data

The majority of the data below has been taken from an Adult Social Care ad-hoc performance report provided by the Adult Performance Team in November 2018. The data shows a snapshot in time of the service users open to adult social services.

Some information has also been taken from the Your Life, Your Wellbeing Strategy Equality Impact Assessment¹ and data from KCC's Facts and Figures of Kent².

Age

Kent has an older age profile than the national average with greater proportions of people aged 45+ years than England. Data presented in the Facts and Figures reports for Kent show that 20% of the population are aged 65+ and approximately 60% are aged between 18-64.

Out of the adult social care service users, there are higher proportions of 65+ year olds utilising services than those in the 0-17 and 18-64 age brackets.

The proportion of 65+ service users utilising adult social care services is over represented when compared to the wider Kent population (57% compared to 20%).

Age	Total	Percentage
0-17	13	0.0%
18-64	13170	42.4%
65+	17712	57.1%
Not Recorded	134	0.4%

Disability

As recorded in KCC's Facts and Figures report 2017, the proportion of total resident population who have limitations to day-to-day activities in Kent is very similar to that seen nationally and within the South East. In Kent 257,038 (17.6%) people stated that they have a health problem or disability which limits their day-to-day activities. A physical disability or health condition is the most common reason reported; this accounted for 69.1% of all claims in Kent.

Percentage information given in the equalities report (November 2018) shows that 60% of adult social care service users' primary support reason was

¹ 'Your life, your well-being: a vision and strategy for adult social care 2016 to 2021', available at: http://www.kent.gov.uk/_data/assets/pdf_file/0006/66579/Equality-Impact-Assessment-Your-Life-Your-Wellbeing.pdf

² <http://www.kent.gov.uk/about-the-council/information-and-data/Facts-and-figures-about-Kent/equality-and-diversity-data#tab-5>

physical, and 15% of peoples primary support need was learning disability related.

Primary Support Reason	Total	Percentage
Mental Health Support	3329	11%
Learning Disability support	4574	15%
Physical Support	18604	60%
Sensory Support	368	1%
Support with Memory & Cognition	1961	6%
Autism - High Functioning	53	0%
Social Support	1572	5%
Substance Misuse	15	0%
No Support Reason	532	2%
Other	21	0%

Gender

In relation to those who use Adult Social Care services there are more women (57%) than men (43%).

When compared with wider Kent population data, women are slightly over represented (51% in Kent) and men are slightly under represented (49% in Kent).

Gender	Total	Percentage
Female	17825	57%
Male	13184	43%
Gender Neutral	8	0%
Not Recorded	12	0%

Sexual Orientation

Across Kent, 93.7% of residents identify as heterosexual, with a further 2% identifying as part of the LGBT groups. As the data below shows information on sexual orientation has not been obtained for 36% of adult social care service users in Kent, with a further 32% opting not to record their sexual orientation.

29% of service users indicated that they were heterosexual.

Sexual Orientation	Total	Percentage
Not Recorded	11164	36%
Heterosexual	8992	29%
Prefer Not to Say	10008	32%
Other	729	2%
Lacks Capacity	66	0%
Gay Man	34	0%
Gay Woman/Lesbian	28	0%
Bisexual	8	0%

Marriage and Civil Partnerships

Data presented in Kent's Facts and Figures 2017 report shows that 49% of Kent residents are married or in a civil partnership, and 51% of residents are single or separated/divorced or widowed. This is representative when compared with the population of England.

There is currently no data collected to show the marriage status of adult social care service users.

Religion and Belief

Across Kent, 62.5% of residents identify as Christian and 3.4% identifying as either Buddhist, Hindu, Jewish or Muslim.

As the data below shows a large proportion of service users in Kent did not give their religious profile or have no religious preference; this equates to 69% of the service users.

Following this, the next highest proportion of service users are Christian (25%).

Religion	Total	Percentage
Not Known/ Not Recorded	11605	37%
No Religion	9795	32%
Christian	7727	25%
Other Religion	1128	4%
Sikh	147	0%
Muslim	509	2%
Hindu	55	0%
Buddhist	44	0%
Jewish	16	0%
Declined to Disclose	3	0%

Race and Ethnicity

Data presented in KCC's Facts and Figures 2017 report shows that Kent has a slightly higher proportion of people from the white ethnic group (93.7%) when compared to England (85.4%).

The majority of adult social care service users are from the 'white' ethnic group (83%). This is a lower proportion than the total Kent population which equates to 93.7%, but is relatively comparable to England's population.

Race/ Ethnicity	Total	Percentage
White	25888	83%
Mixed / Multiple	241	1%
Asian / Asian British	1029	3%
Black / African / Caribbean / Black	273	1%

British		
Other ethnic group	170	1%
Refused	19	0%
Undeclared / Not Known	3409	11%

Carers

From the 2011 Census we know that carers are most likely to fall between the 35-49 age bracket, however there are significant numbers of carers who are significantly older. Carers are also more likely to be women.

Because of the limits of internal data we have not included information on gender identity, pregnancy and maternity, marriage and carers within this section of the EqIA screening.

This strategy will take into account and be responsive to the needs and issues which may exist in these population groups.

Other Data Gathered

The Office for National Statistics conducted a study on internet use in the UK by age, sex, disability and geographical location³ and a study on internet access⁴. The key findings, as detailed below, will be considered in the development and implementation of the digital strategy.

Age

In 2018, among all adults, 78% used mobile phones or smartphones to access the internet. These were the most popular devices across most age groups, apart from those aged 65 years and over, who reported a tablet computer as the most popular device used to access the internet, at 42%.

In 2018, among all adults, 77% had used the internet “on the go” using a mobile phone, smartphone, laptop, tablet or handheld device. Only 39% of those aged 65 and over reported having internet access on the go.

In 2018, of all households in Great Britain, 90% had access to the internet. Households with one adult aged 65 years and over had the lowest proportion of internet access, at 59% in 2018. However, these households had the largest growth in internet access, up 23 percentage points since 2012, compared with growth of 10 percentage points in all households.

In 2018, 8.4% of adults had never used the internet, down from 9.2% in 2017. Virtually all adults aged 16 to 34 years were recent internet users (99%) in 2018, compared with 44% of adults aged 75 years and over. Of the 4.5 million adults who had never used the internet in 2018, more than half (2.6 million) were aged 75 years and over.

³ Office for National Statistics; Internet Users: 2018, <https://www.ons.gov.uk/businessindustryandtrade/itandinternetindustry/bulletins/internetusers/2018>

⁴ Office for National Statistics: Internet Access: 2018, <https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/bulletins/internetaccesshouseholdsandindividuals/2018>

Since 2011, the percentage of adults aged 65 years and over who had never used the internet has declined by 27 percentage points. This compares with a decline of 5.6 percentage points in adults aged 16 to 64 years.

Lapsed internet use (used more than 3 months ago) by adults aged 75 years has fallen from 7.3% in 2017 to 5.7% in 2018. While there has been an increase in recent internet use in adults aged 75 years and over, they remain the age group with the highest proportion of lapsed internet users.

Disability

Since 2014, the number of disabled adults who had used the internet recently increased by 11.7 percentage points to just over 9.5 million in 2018. Data now shows that 20% of disabled adults had never used the internet in 2018, down from 22% in 2017.

There was a large difference in recent internet use for adults aged 75 and over; 39% of disabled adults in this age group were recent internet users, compared with 49% of non-disabled adults.

Gender

The proportion of men who had recently used the internet in 2018 was higher than women, at 91% and 89% respectively.

The difference in recent internet use between men and women was larger in the oldest age groups. Of those adults aged 65 to 74 years, 82% of men and 79% of women were recent internet users. Furthermore, 51% of men aged 75 years and over were recent internet users, compared with 38% of women in this age group.

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Being Digital Strategy and High Level Implementation Planning

Adult Social Care Cabinet Committee
January 2019

Adult Social Care and Health Being Digital Strategy 2019 - 2021

To help people to achieve the best possible health and well-being outcomes, living independent and fulfilling lives in their own homes and communities by using digital innovation and technology.

Enabled People

Embedding intelligent information and new technologies that promote individual health and wellbeing to empower people to self-manage and allow them to effectively access services

Empowered Workforce

Developing a more productive, competent and confident workforce in KCC and in the Care Sector to use the tools and information they need to provide high quality care and support

Improved Partnerships

Working closely with key partners across Kent to ensure we seek opportunities to collaborate, innovate and share information to deliver better outcomes for people

Digitally enabled
People

Digitally enabled
Place

Digitally enabled
Practice

Digitally enabled
Products

Digitally enabled
Partnerships

Being Digital Strategy

Imagine if...

People were able to do more for themselves and make use of intelligent information, tools and apps to increase their independence and improve their quality of life.

We could transform the way services are delivered across all settings by improving connectivity and using innovative technology.

We could develop a more productive, capable and confident workforce by ensuring employees have the right digital tools and information and can work flexibly.

Service users were empowered and enabled to live more fulfilling and independent lives by utilising more advanced and innovative products.

We could deliver better outcomes for people by enabling key partners to more easily collaborate, innovate and share information.

Digitally enabled
People

Digitally enabled
Place

Digitally enabled
Practice

Digitally enabled
Products

Digitally enabled
Partnerships

Being Digital Strategy

Outcomes

Digitally enabled
People

Digitally enabled
Place

Digitally enabled
Practice

Digitally enabled
Products

Digitally enabled
Partnerships

Improved information
advice and guidance

Transform the way
services are delivered
across all settings

Flexible and mobile
working enabled

Efficient and cost-
effective assistive
technologies

Improved health and
social care connectivity

Intelligent online
systems to support
self-referrals and
assessments

The care sector are
supported to utilise
new technologies

Making systems and
tools work for
practitioners

Utilising innovation
facilities to explore,
test and implement
new technologies

Apps and tools to
support and connect
people

Improved digital skills
and abilities

Improved data and
analytics to inform
decision making

Enabled People

Embedding intelligent information and new technologies that promote individual health and wellbeing to empower people to self-manage and allow them to effectively access services



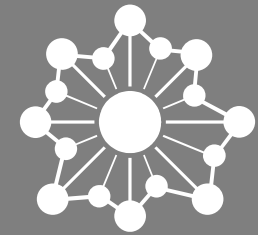
Empowered Workforce

Developing a more productive, competent and confident workforce in KCC and in the Care Sector to use the tools and information they need to provide high quality care and support



Improved Partnerships

Working closely with key partners across Kent to ensure we seek opportunities to collaborate, innovate and share information to deliver better outcomes for people



Enabled People

Aim Narrative

Enable people to do more for themselves to increase their independence

Current State

It is not always easy for people to find out what services and support are available and how to access them.

Service users have to tell their story multiple times throughout the social care pathway.

We are providing some assistive technology services but there are new innovative technologies in the market.

Your Life, Your Wellbeing Strategy Alignment



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Desired Future State

Service users can engage with social care anytime, anywhere, on any device.

We will provide residents with a choice of how they engage with us through providing multiple channels of communication.

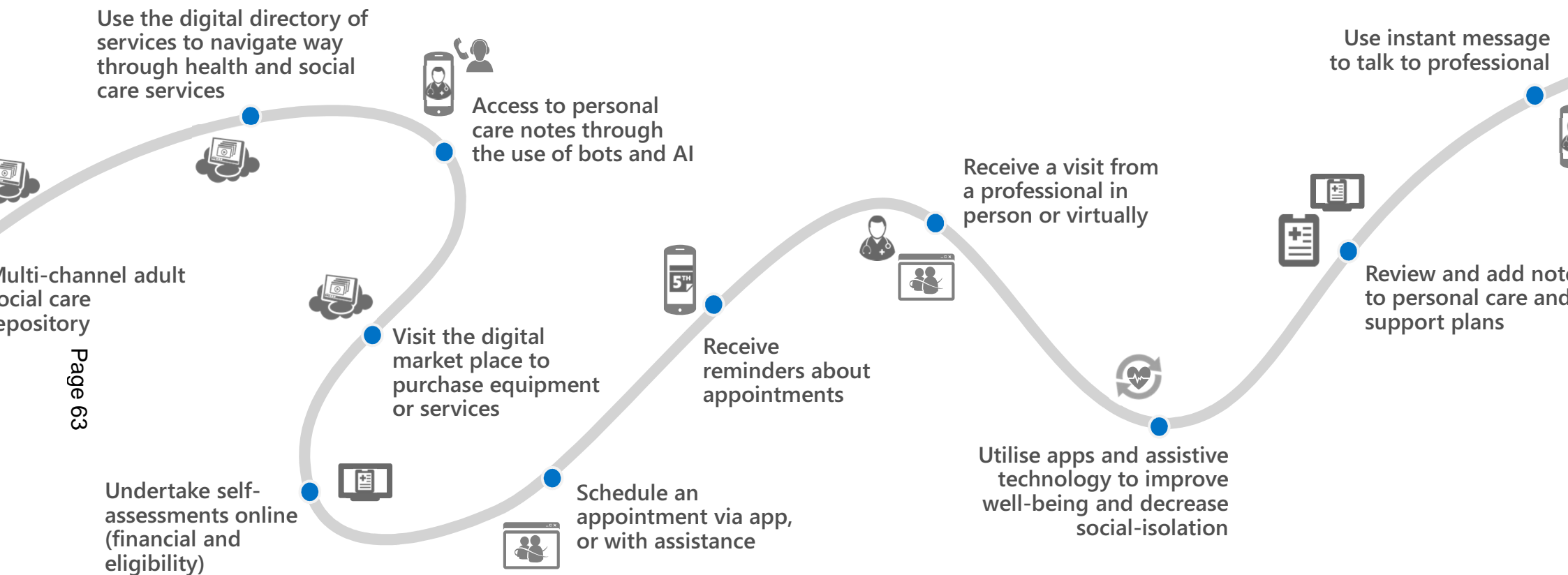
Residents can use self-service tools to perform some tasks.

We will make use of artificial intelligence and robots to support people with accessing and navigating services.

Through the delivery of Your Life, Your Wellbeing, we aim to:

- Create a smoother and safer pathway for our service users.
- Support people to access good-quality advice and information that allows them to look after themselves.
- Put the person at the centre of everything we do, supporting them to choose and control what care and support they receive.

Journey Map: Enabled People



Digital Hotspots

Referral/ Contact

Multi-channel adult social care repository
Digital directory and market place
Web-chat and bot-chat
Artificial intelligence and bots

Triage/ Assessment

- Digital self-assessments (financial and eligibility)
- Appointment scheduling and reminders

Service/ Review

- Utilise apps and assistive technology
- Review and add notes to personal care and support plans
- Digital Service – Virtualise a visit
- Instant messaging

Empowered Workforce

Aim Narrative

Develop a more productive and confident workforce and care sector

Current State

Information is stored in multiple places and we are still largely paper-based.

There is a high turnover of staff in some roles and recruitment and retention can be difficult.

Employees would like more flexibility in where and when they can work.

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Desired Future State

Whether in the office, at home, or on-the-go, we can access the information and apps we need, and be productive.

We have access to a range of workspaces across the county.

We empower our employees by providing them access to the information, tools, and insights they need.

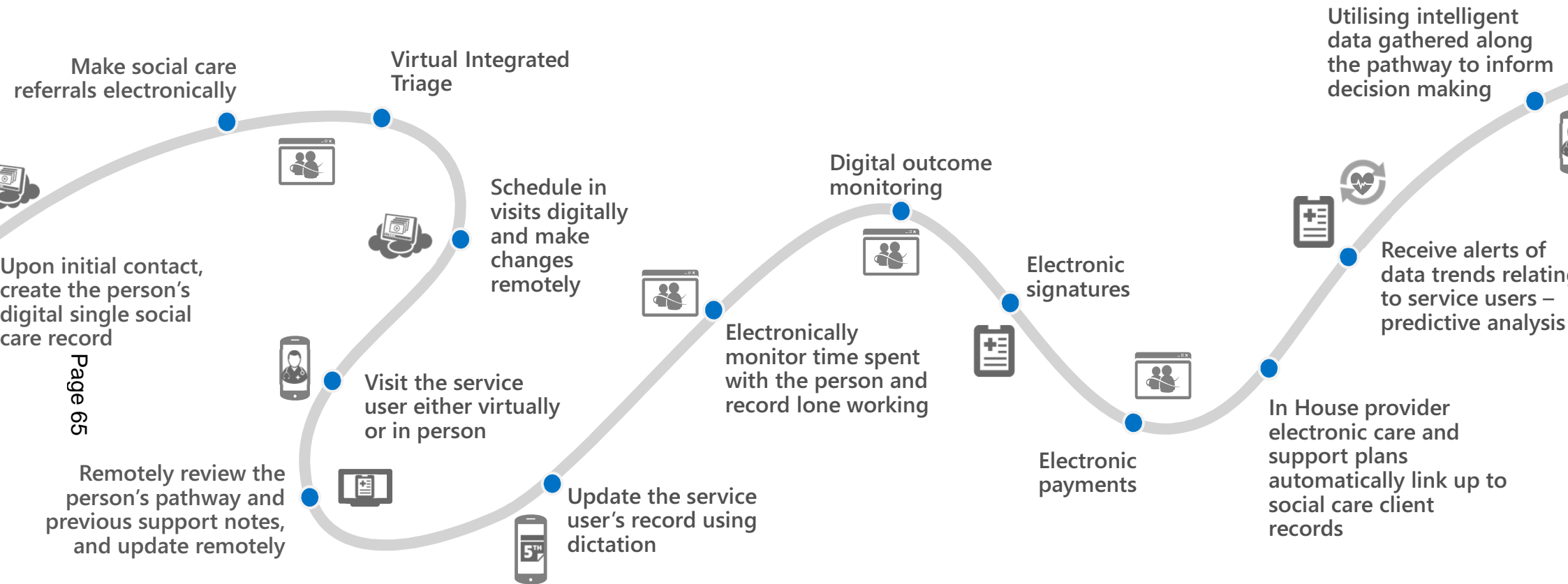
Your Life, Your Wellbeing Strategy Alignment



Through the delivery of Your Life, Your Wellbeing, we aim to:

- Continuously improve the way our services are delivered
- Create a value-driven and outcome-focused culture that nurtures creativity and find new ways to meet people's needs

Journey Map: Empowered Workforce



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Digital Hotspots

Referral/ Contact
<ul style="list-style-type: none"> • Create digital social care client record • Electronic referrals • Virtual integrated triage between the right professionals

Triage/ Assessment
<ul style="list-style-type: none"> • Digital scheduling and rostering • Digital Service – Virtualise a visit • Digital workflow/ pathway management • Remote access to digital service user information • Remote updates including dictation

Service/ Review
<ul style="list-style-type: none"> • Electronic call monitoring and lone working • Electronic outcome monitoring • Electronic payments via systems • Electronic provider Care and Support Plans • Digital alerts of data trends and better use of

Improved Partnerships

Aim Narrative

create opportunities to collaborate, innovate and share information

Current State

Information between partners is not always readily available or easily accessible

Communication between health and social care services still exists

but in some areas are working in silo

Your Life, Your Wellbeing Strategy Alignment



Through the delivery of Your Life, Your Wellbeing, we aim to:

- Make the most of the resources we have available to promote people's well-being by focusing on the outcomes they want to achieve.
- Improve communication and information sharing between partner organisations
- Provide joined up care across organisations so that people do not experience duplication or delays in accessing support or fall between gaps.
- Make the most of our partners strengths when delivering joined up care

Desired Future State

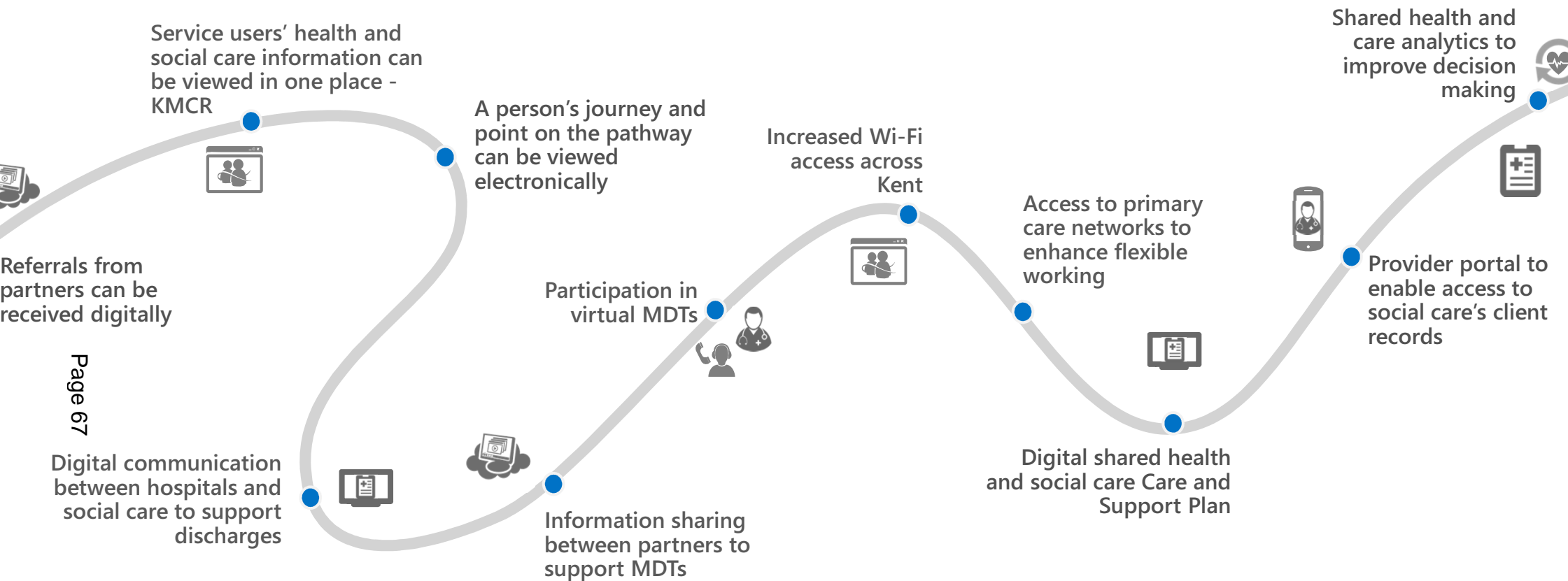
Communication between partners will be reduced through better information sharing.

We will put the person at the centre of their care and focus on outcomes the person wants to achieve.

Partners across Kent will work collaboratively to make better use of the resources available.

We will recognise the strengths of our partners and use these effectively through the delivery of care.

Journey Map: Improved Partnerships



Digital Hotspots

Referral/ Contact

Referrals can be made digitally
 One digital social care client record – Kent and Medway Shared Care Record

Triage/ Assessment

- Digital communications to support discharge from hospital
- Digital workflow/ pathway management
- Virtual MDTs
- Digital information sharing for MDTs

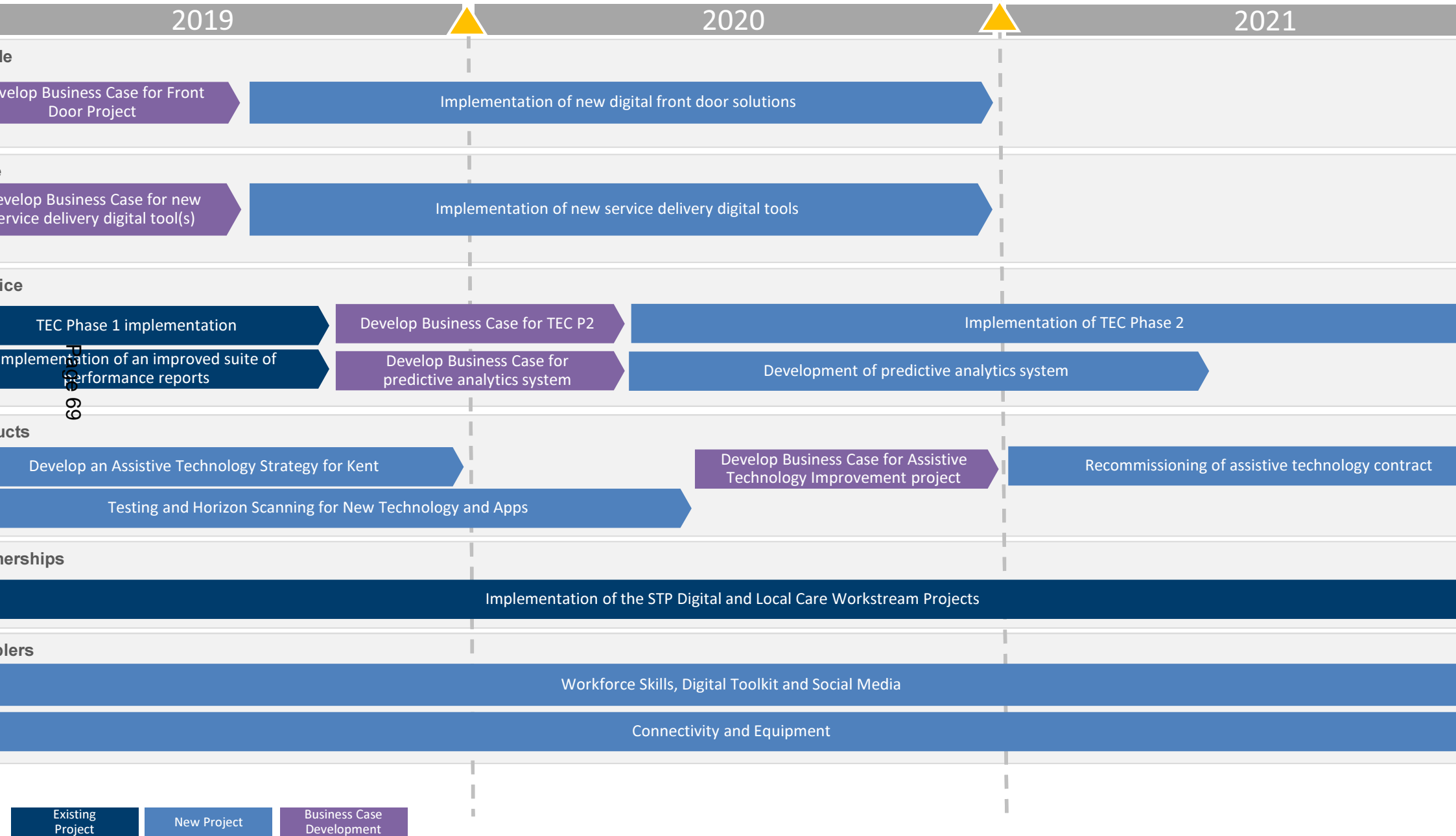
Service/ Review

- Access to community hubs and increased Wi-Fi
- Digital shared Care and Support Plan
- Provider access to social care client system
- Shared health and care analytics

Proposed Projects and Activities

Project Title	Description and Activities	Internal / External Project	People	Place	Practice	Products	Partners
Front	Providing residents of Kent with better choice over how they access and navigate adult social care services. Including: ASCH web-platform; web-chat and bot-chat; instant messaging; digital Health and Social Care directory of services; digital market place; online self-assessments	Internal	✓		✓		
Digitally Enabled Delivery	Developing new digital tools to support and enhance the way services are delivered. Including: digital scheduling and rostering; remote updates to records using dictation; electronic call monitoring and lone working; electronic signatures, digital outcome and goal monitoring; in-house electronic care and support plan development.	Internal		✓	✓		
Technology (Care 2)	Building on TEC Phase 1 to increase access, interoperability and remote working. Including: implementation of portals; remote working app; service user app; increased access to the system; interoperability with other systems; electronic provider payments	Internal	✓	✓	✓		
Assistive Technology	Understanding how assistive technology can be better used to support service users. Including: development of an assistive technology strategy; horizon scanning and testing of apps and assistive technology; recommissioning of assistive technology service	Internal	✓	✓	✓	✓	
Performance Reporting and Analytics	Improving the use of performance reporting and analytics to support better decision making. Including: implementation of new performance reports; implementation of predictive analytics	Internal			✓		
Information Management	Implementing a range of digital projects to improve the delivery of health and social care services. Including: Kent and Medway Shared Care Record with service users access; carers app; electronic discharge notices, shared health and care analytics; Virtual MDTs; digital shared care and support plan	External	✓	✓	✓	✓	

Draft High-Level Timeline



Existing Project

New Project

Business Case Development

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

To: Adult Social Care Cabinet Committee - 22 January 2019

Decision No: 19/00005

Subject: **Assessment and Rehabilitation Services for People with Sensory Impairments**

Classification: Unrestricted

Past Pathway of Paper: Adult Social Care Directorate Management Team – 11 July 2018, 29 September 2018 and 5 December 2018

Future Pathway of Paper: Cabinet Member decision

Electoral Division: All

Summary: This paper outlines the proposal to implement a single assessment and rehabilitation service for people with sensory impairment in Kent. This will improve outcomes for Kent residents through reducing duplication, improving quality and aligning support into clear pathways. A new sensory operating model is being developed that aligns with the new promoting and supporting independence operational system within adult social care and that is ready for Local Care arrangements in the future.

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

- a) **IMPLEMENT** a new arrangement for the provision of statutory assessment and rehabilitation services for sight impaired adults, assessment and habilitation for sight impaired children and statutory equipment assessment and rehabilitation for hearing impaired older adults aged 65 years and over; and
- b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, the undertake the necessary actions to implement the decision.

1. Introduction

- 1.1 Kent County Council has a statutory responsibility under The Care Act (2014) to meet peoples assessed unmet eligible needs, this includes specific duties related to people with sensory impairments.
- 1.2 By sensory impairment we mean the following:
 - Sight impairment refers to someone who is blind or partially sighted. It does not refer to someone who is short-sighted or long-sighted.
 - d/Deaf refers to someone who is deafened, hard of hearing or Deaf. The term d/Deaf will be used throughout the report. The “D” in Deaf refers to people who were either born deaf or became deaf in early childhood and use BSL as their first or preferred language and have their own culture.
 - Deafblindness is regarded as a separate unique disability. Persons are regarded as deafblind if their combined sight and hearing impairment causes difficulties with communication, access to information and mobility.
- 1.3 Currently assessment and rehabilitation services for people with sensory impairments is fragmented, resulting in duplication and multiple points of access for people. These services are provided by Hi Kent, Kent Association for the Blind (KAB), Kent Community Health NHS Foundation Trust (KCHFT) and KCC in-house Sensory Services Team.
- 1.4 Services provided by KAB and Hi Kent are grant funded annually which is not sustainable in the longer term and there are significant issues relating to the current arrangement which need to be addressed.
- 1.5 Data indicates that the number of people within the population with sensory impairments will increase over the next decade both through older people living longer with age related sensory deterioration, and through younger people being born with complex, multiple sensory issues.
- 1.6 In addition, there is a strategic direction of travel towards Local Care and services which are integrated with health.
- 1.7 It is therefore important to design a service that not only improves outcomes now, but which is fit for the future.

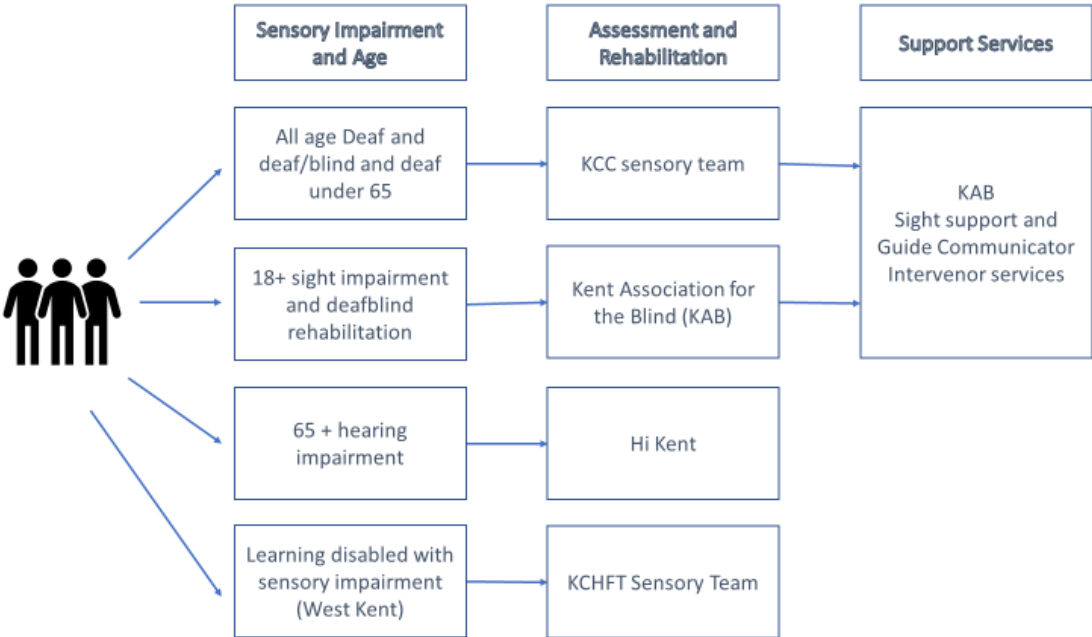
2. Strategic Statement and Policy Framework

- 2.1 The proposal will enable KCC to fulfil its duties under the Care Act, including new legal requirements to meet the needs of deafblind people. (individuals with a combined hearing and vision impairment)
- 2.2 The proposal also supports the KCC strategic outcomes that children and young people get the best start in life and that older and vulnerable residents are safe and supported with choices to live independently.

2.2 Further, the proposal has been developed considering the Sensory Strategy adopted by KCC in July 2018, specifically the ambition to implement seamless sensory lifespan pathways leading to improved outcomes for children, young people and adults.

3. The Current Service Arrangement

3.1 Currently the assessment and rehabilitation of sensory impaired people in Kent is fragmented between several different providers (see below).



3.2 Services for children with sensory impairments are also fragmented and provided through three different teams/agencies:

- KCC Sensory Services and Education Specialist Teaching and Learning Service work in partnership with KCC Social Care and currently joint fund KAB to provide a habilitation service which delivers assessment and habilitation as well as training to education staff. They also manage and partly provide an Intervenor service for children and young people
- In-house Sensory Children and Families Team provide social work and specialist interventions and support for all children and young people with sensory impairments (d/Deaf, deafblind and sight impaired)
- KAB provide statutory assessment and habilitation services for children and young people, as well as a short breaks service to provide a number of activities for unaccompanied children plus family events. This is funded through an annual grant.

3.3 Evidence suggests that people are experiencing visits from multiple professionals as a result of this fragmentation and that people experience differences in the type and quality of support received.

- 3.4 Other issues include the merging of preventative and statutory functions through grants provided to Hi Kent and KAB. There can be conflicts of interest for example Hi Kent assess for equipment but also sell equipment direct to the public. KAB carry out assessments of need which may indicate the need for a specialist support service which they are the sole providers of.
- 3.5 A significant amount of ongoing resource is required to ensure the organisations have access to policy, training, knowledge of resources etc to ensure that they are able to provide comparable assessments to those provided for other client groups. Some complex Care Act assessments for sight impaired people have to be carried out in-house.
- 3.6 The nature of the sensory impaired client population is changing with more older dual sensory (sight and hearing) impaired people and increasing numbers of congenitally multiply impaired individuals. This increasing level of complexity requires staff to have a higher level of skill and knowledge.
- 3.7 Recognising that this position has evolved over time, consideration must now be given to resolving these issues.

4. An Opportunity for Change – a new Sensory Operating Model within Local Care

- 4.1 In order to ensure that any potential solution will address the current issues, and align with the Sensory Strategy any proposal should demonstrate the ability to:
- Maximise opportunities for cost efficiencies and cost savings
 - Provide a streamlined pathway with a multi-disciplinary offer for sight impaired/d/Deaf and Deafblind people
 - Align with Adult Social Care and Health operating models with differentiation between voluntary sector wellbeing offer, statutory assessment/rehabilitation and commissioned support services
 - Maximise KCC management control of the statutory service and allow for flexibility in approach (to adjust to Local Care changes)
 - Meets legal requirements (Care Act 2014 – particularly in relation to new legislative requirements for Deafblind people).
- 4.2 Three options have been identified regarding the future provision of the assessment and rehabilitation service and assessed against these critical success factors. (see Appendix 1). Based on this assessment, the preferred option is to bring statutory assessment and rehabilitation functions in-house and integrate within the Sensory Services Team.
- 4.3 This will include habilitation services for sight impaired children, which will also be based in the Sensory Services team. A partnership approach will continue between Education and Social Care with an internal Service Level Agreement being put in place.

- 4.4 A new Sensory Operating Model is being developed (see appendix 2) to align the Sensory and Autism Teams to the wider Adult Social Care and Health structure and to be ready for Local Care arrangements in the future. This model comprises five core functional elements:
- Commissioned specialist Sensory wellbeing and prevention services
 - Front door service
 - Assessment and Rehabilitation/Enablement service
 - Complex service
 - Commissioned specialist sensory Care and Support Services
- 4.5 The new Sensory Operating Model will deliver the following benefits:
- An equitable service for sensory impaired people alongside other client groups (for example assessment and enablement services for all other client groups are delivered in-house, with wellbeing and ongoing support services commissioned externally)
 - Meet legal requirements, particularly regarding deafblind people;
 - Meet KCC strategic objectives
 - Provide an all age specialist sensory social care service with improved transition
 - Provide specialist Sensory Teams based on the Local Care Model and with clear pathways
 - Provide multi-disciplinary Sensory Teams with strong single sensory approaches better able to meet the needs of those with dual sensory impairments and more complex needs
 - More effective intensive rehabilitation programmes with robust risk assessments, and improved measurable outcomes for service users
 - Reduced costs through reduction in service duplication, efficiencies and reduced demand for care and ongoing support packages
 - Improved skills training and workforce development for practitioners (including ensuring practitioners are fully trained as Rehabilitation and Habilitation Workers to national standards and implementation of a sensory competency framework)
 - Effective supervision and performance management by qualified social care practitioners (Nurse, Social Worker, Occupational Therapists)
 - Agility and the ability to adapt and change services in response to Local Care or other agendas
 - Strong partnership approach, working closely with the voluntary sector providers delivering Specialist Sensory Wellbeing Services and ongoing Care and Support Services.
- 4.6 Voluntary sector agencies providing specialist sensory services are key elements of this model. Preventive services currently provided by KAB and Hi Kent include specialist information and advice services, Resource Centres, Talking Newspapers, peer support groups, Hearing Aid Maintenance services. KAB currently provide Support Work services including Sight Support Workers, Guide Communicators and Intervenors. However, there is a need for more of these services including an urgent need for Deaf Support Workers.

- 4.7 Under the proposal, these preventative services will be commissioned as part of the wider commissioning of community-based wellbeing support for older and vulnerable residents for January 2020.
- 4.8 It is intended that specialist support for people with sensory impairments will be commissioned through a separate process for April 2020.
- 4.9 Both of these future commissioning activities will provide opportunities for the current providers to receive funding for their preventative and ongoing support services and the opportunity to further develop these services.
- 4.8 Finally, it is proposed that authority to implement the decision is delegated to Corporate Director for Adult Social Care and Health.

5. Financial Implications

- 5.1 Following a financial assessment, the proposal to bring assessment and rehabilitation for sensory impaired people in-house has been determined to be cost neutral in 2019-2020. This is because the primary costs associated with the delivery of the service relate to staffing costs.
- 5.2 Following a reconfiguration of the existing in-house team as part of the implementation of the sensory operating model, TUPE'd staff would transfer to KCC grades as of April 2020, at which point there would be a cost implication. (see appendix 3). Several ways to mitigate these costs have been identified with a final decision being made closer to the time and following a period of close performance monitoring.
- 5.3 It is also expected that this option will result in cost saving through a reduction in duplication and cost avoidance through improved outcomes, specifically in relation to rehabilitation services reducing the need for ongoing support.

6. Property Implications

- 6.1 This proposal will impact on the accommodation requirement for the in-house team. A business case to consider this is in development.

7. Legal Implications

- 7.1 Legal advice will be sought in regarding to TUPE.

8. Equality Implications

- 8.1 An Equality Impact Assessment has been completed in conjunction with the Equality and Diversity Team and concluded there will be minimal impact on protected groups, as the proposal is to change the provider of the service. The EQiA is attached as Appendix 4.

9. Conclusions

- 9.1 Following an options appraisal, the proposal is to improve outcomes for people with sensory impairments by decommissioning the assessment and rehabilitation services commissioned externally through Hi Kent and KAB.
- 9.2 This will involve bringing statutory Assessment and Rehabilitation Services for sight impaired adults, statutory assessment and habilitation for sight impaired children and statutory equipment assessment and rehabilitation for hearing impaired adults over age 65 into the existing in-house Sensory Team.
- 9.3 This proposal will address issues with the current service configurations and ensure the service can integrate with the new operating model for sensory and be ready for Local Care arrangements in the future.
- 9.4 There will be opportunities for the existing providers (HI Kent and KAB) to develop their preventative and ongoing support services as part of future commissioning plans.

10. Recommendation(s)

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

a) **IMPLEMENT** a new arrangement for the provision of statutory assessment and rehabilitation services for sight impaired adults, assessment and habilitation for sight impaired children and statutory equipment assessment and rehabilitation for hearing impaired older adults aged 65 years and over; and

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

11. Background Documents

Increasing Opportunities, Improving Outcomes: Kent County Council's Strategic Statement 2015-2020

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

Sensory Strategy 2018-2021

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

Voluntary and community sector (VCS) policy

<https://www.kent.gov.uk/about-the-council/strategies-and-policies/corporate-policies/voluntary-and-community-sector-vcs-policy>

12. Contact details

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Cabinet Member for Adult Social Care and Public Health

DECISION NO:

19/00005

For publication
Key decision Affects more than 2 Electoral Divisions

Subject: ASSESSMENT AND REHABILITATION SERVICES FOR PEOPLE WITH SENSORY IMPAIRMENTS
Decision: As Cabinet Member for Adult Social Care and Public Health, I propose to:

- a) **IMPLEMENT** a new arrangement for the provision of statutory assessment and rehabilitation services for sight impaired adults, assessment and habilitation for sight impaired children and statutory equipment assessment and rehabilitation for hearing impaired older adults aged 65 years and over; 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 County Council has a statutory responsibility under The Care Act (2014) to meet peoples assessed eligible needs, this includes specific duties related to people with sensory impairments. The proposal to implement new arrangements for the provision of these statutory assessment and rehabilitation services will allow for the development of a sensory operating model that is flexible, improves outcomes for people with sensory impairments and that can be aligned with other pathways across Adult Social Care and Health.

Financial Implications: Spend within the current contract is £1,162,472 per year

Legal Implications: Kent County Council has a statutory responsibility under The Care Act (2014) to meet peoples assessed eligible needs, this includes specific duties related to people with sensory impairments.

Equality Implications: An Equality Impact Assessment has been completed.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 22 January 2019 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered: None

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

 signed

 date

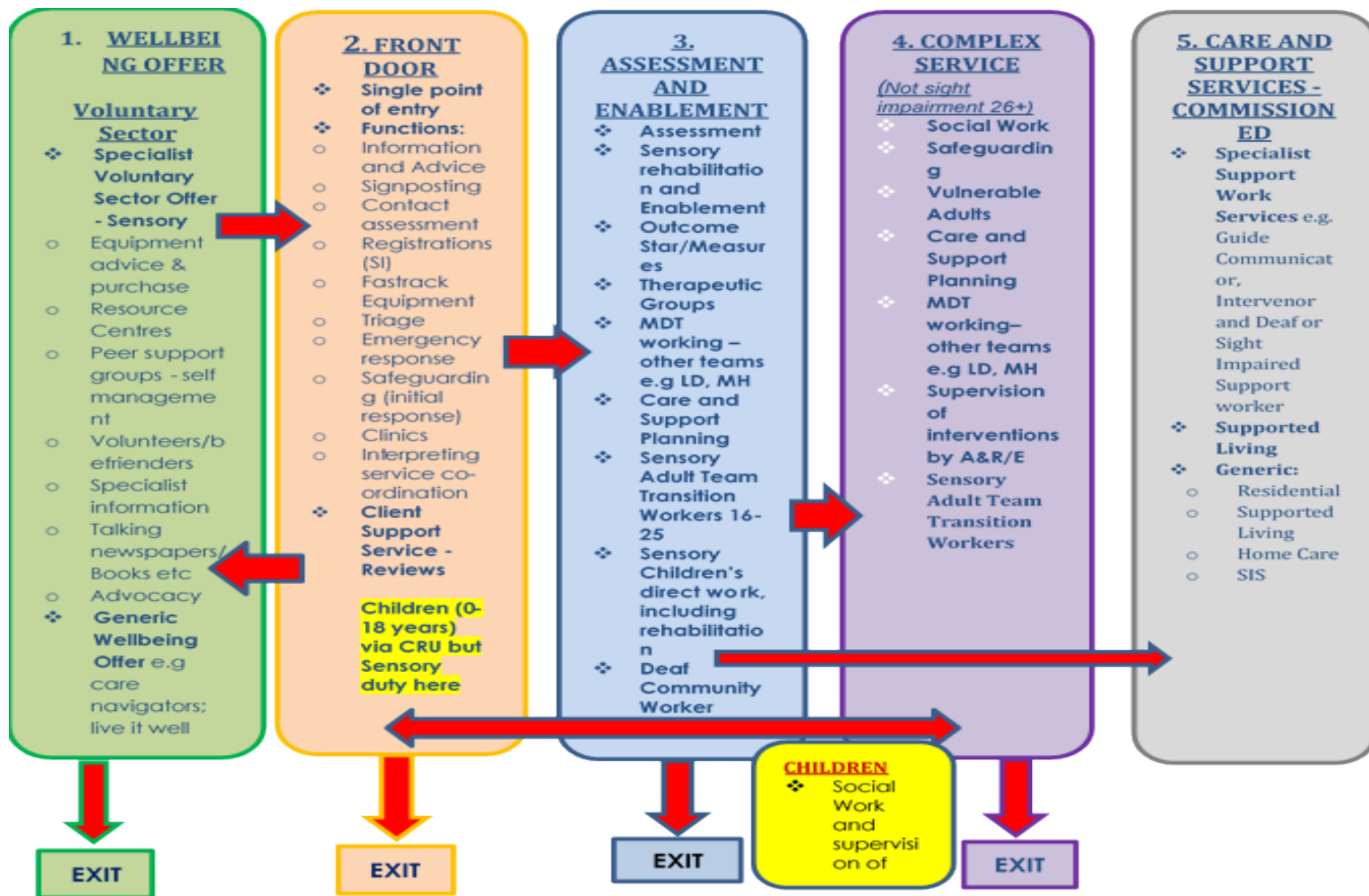
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Appendix 1 – Future Provision Options

Option	Option 1 Status Quo	Option 2 Intermediate	Option 3 Maximum
Description	Do nothing. Recommission the service through an external organisation - but move to a contracted service.	Recommission the service through an external organisation using a contract .	Bring the service in house, integrating into the existing sensory team and decommissioning the external provision.
Main Objective: Develop a new Sensory Services Operating Model, aligned with other ASCH operating models and the Local Care agenda.	X	✓	✓
Critical Success Factors			
1. Maximises opportunities for cost efficiencies and cost savings	X	✓	✓
2. Provides a streamlined pathway with a multi-disciplinary offer for VI/d/Deaf and Deafblind people.	X	X	✓
3. Aligns with ASCH operating models with differentiation between voluntary sector wellbeing offer, statutory assessment and commissioned support services	X	X	✓
4. Maximises KCC management control of statutory service and allows for flexibility in approach	X	X	✓
5. Meets legal requirements (Care Act 2014 – in particular relation to new legislative requires for Deafblind people)	X	✓	✓
Conclusion	Discounted	Discounted	Preferred

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Appendix 2: Summary of Sensory Operating Model – Five Functions



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Appendix 3: Cost implication of Preferred option

Staff Cost 2020-21		
	Cost Implication	
	Bottom of grade	Midpoint of grade
Cost of TUPE'd staff on existing pay	£841,988	
Cost of TUPE'd Staff on KCC T&C's 2020-21	£970,742	£1,066,176
Additional funding required	£128,754	£224,188

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Kent County Council: Equality Analysis/ Impact Assessment (EqIA)**Directorate/ Service:** OPPD/Sensory and Autism Services**Name of project:** Sensory Assessment and Rehabilitation Service**Responsible Owner/ Senior Officer:** Beryl Palmer**Version:** 4.0**Author:** Guy Offord**Pathway of Equality Analysis:** ASCH DMT 19th September 2018**Summary and recommendations of equality analysis/impact assessment.**

- **Context**

Currently statutory assessment and rehabilitation for people with sensory impairments is outsourced to two voluntary organisations. This service model is not repeated with any other client group. There are issues with this service model including the quality of rehabilitation, duplication and fragmentation of service.

- **Aims and Objectives**

It is proposed to bring the assessment and rehabilitation for people with sensory impairments back in-house to make it fit for integration with health and Local Care arrangements going forward and make access to assessment and rehabilitation clearer.

- **Summary of equality impact**

This change should not have any adverse impact on the client group other than a change of contact, as it involves just a change of provider. It will however reduce the number of points of referral and contact, reduce duplication and fragmentation of the service which will constitute a positive impact for those with sensory impairments and their carers.

Adverse Equality Impact Rating Low**Attestation**

I have read and paid due regard to the Equality Analysis/Impact Assessment concerning assessment and rehabilitation services for sensory impaired people. I agree with risk rating and the actions to mitigate any adverse impact(s) that has /have been identified.

Head of Service

Signed:

Name: Beryl Palmer

Job Title: Sensory and Autism Services Manager

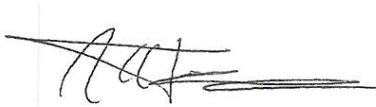
Date: 7 January 2019

DMT Member

Signed:

Name: Anne Tidmarsh

Updated 14/01/2019

A handwritten signature in black ink, appearing to be 'A. J.', written over a horizontal line.

Job Title: Director Older People and Physical Disability

8 January 2019

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 brief 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.	Yes - Decommissioning of grant funded services to bring the assessment and rehabilitation function in-house may affect older people (55+) and people with dementia currently accessing this support via grant funded services, as they may experience a change in the provider delivering their current service offer. This should not have an adverse impact on this group.	No.	Yes – Bringing the assessment and rehabilitation function in-house will reduce the points of referral from over 9 to 2, reduce duplication and gaps in service.
Disability	No.	Yes - Decommissioning of grant funded services to bring the assessment and rehabilitation function in-house may affect people with a disability currently accessing	No.	Yes – Bringing the assessment and rehabilitation function in-house will reduce the points of referral from over 9 to 2, reduce duplication and gaps in service and provide an equitable service across client

		this support via grant funded services, as they may experience a change in the provider delivering their current service offer. This should not have an adverse impact on this group.		groups.
Sex	No.	Yes - The service will continue to be accessible to all regardless of sex, although there are more females over 55 than males.		Yes – Bringing the assessment and rehabilitation function in-house will reduce the points of referral from over 9 to 2, reduce duplication and gaps in service and provide an equitable service across client groups.
Gender identity/ Transgender	No.	Unknown - The service will continue to be accessible to all regardless of gender identity /transgender, and we therefore assume there will be no impact to this group. We have no statistical or anecdotal evidence to underpin this, but will monitored as part of the quality monitoring of the	No.	No.

		service.		
Race	No.	No – the service will be accessible to all regardless of race. However, we do not know currently if there are certain sensory conditions that are more prevalent in certain ethnic groups. For example, there is some evidence that Asians have a significantly higher prevalence of cataract compared to people of European descent (Das et al, 1994, 1990). This will be monitored as part of the quality monitoring of the service.	No.	No.
Religion and Belief	No.	No - There will be no change to the eligibility criteria about religion and belief, therefore there will be no change in the services available for people based on this. People of different religions may have differing attitudes towards	No.	No.

		<p>services that impact on social and familial support systems. At present there is no data to suggest there are different rates of sensory impairments in different religions, but religious beliefs need to be taken into account in the delivery of this service.</p> <p>The proposed change should not have an adverse impact on this group.</p>		
Sexual Orientation	No.	<p>Unknown - The service will continue to be accessible to all regardless of sexual orientation, and we therefore assume there will be no impact to this group. We have no statistical or anecdotal evidence to underpin this, but will monitored as part of the quality monitoring of the service.</p>	No.	No.
Pregnancy and Maternity	No.	<p>Unknown - The service will continue to be accessible to all</p>	No.	No.

		regardless of Pregnancy and maternity status, and we therefore assume there will be no impact to this group. However, we have no statistical or anecdotal evidence to support this decision, but will monitored as part of the quality monitoring of the service.		
Marriage and Civil Partnerships	N/A	N/A	N/A	N/A
Carer's Responsibilities		No – Carers of those with sensory impairments will continue to be entitled to a carers assessment.		

Part 2

Equality Analysis /Impact Assessment

Protected groups

All people with hearing and/or sight impairments including those deafblind and their Carers in Kent or who are the responsibility of KCC.

Information and Data used to carry out your assessment

- Joint Strategic Needs Assessment;
- Sensory Strategy;
- Future sight loss UK (1): The economic impact of partial sight and blindness in the UK adult population, Full report. Prepared for RNIB by Access Economics Pty Limited July 2009.

Who have you involved consulted and engaged?

A Kent Sensory Strategy was adopted by KCC in June 2018. There was extensive consultation on the Strategy through a number of different methods. Its development was supported by a Consultative Group made up of community, voluntary sector and other health and KCC representatives. A wide-ranging consultation exercise was also carried out with the public and staff through face to face meetings, questionnaires and feedback forms. We also considered information on prevalence and needs, national policy, research, and Best Practice from across the UK. The findings of this has been considered within this project.

Some key themes identified by people with sensory impairments were:

- Poor experience in health settings, this was not just relating to sensory services but all services;
- A lack of information, advice and guidance, particularly when newly diagnosed. Once issued with hearing aids, they were “written off” and for sight impaired service users there was “nothing else that could be done”;
- The real value of equipment provision, but a need to check that people know how to use the equipment they have been given and some concerns over the lack of opportunities to trial complex equipment for deafblind people;
- The need for emotional support and peer support, particularly for those who are suddenly or traumatically deafened or sight impaired;
- Deafblind people experience duplication in assessment;
- A need for improved communication between agencies and better information, advice and guidance;
- Parents finding the challenge of raising a child with sensory impairment to be great and require more support;
- Lack of parental understanding of the statutory assessment process.

Updated 14/01/2019

The proposed change to the current service configuration will address many of these themes e.g. Deafblind people experience duplication in assessment and poor experience in health settings, this was not just relating to sensory services but all services through Local Care arrangements going forward.

Analysis

Key data

As noted above, there is evidence of increasing demographic demand in relation to people living longer and with more complex sensory impairments. This means that it is essential to ensure that any new models are fit for the future and able to meet the changing needs of people.

The RNIB Sight loss data tool version 3.6 2016 shows the following data for the England and Kent population in regard to visual impairment, as per Table 1 below:

Table 1: Population with a moderate or severe visual impairment

	0 – 17 years	18-29 years	30-64 years	65 plus years	Total population
England Population (2016)*	11,785,277	8,693,242	24,906,707	9,882,841	55,268,067
Kent Population (2016)*	333,045	219,436	683,488	169,279	1,541,893
% of population with a moderate or severe visual impairment	0.18%	0.15%	1.4%	24%	3.4%
No of people with a moderate or severe visual impairment In England	21,213	13,039	348,693	2,371,881	2,754,826
No of people with a moderate or severe visual impairment In Kent	618	324	9,440	41,780	52,162

*Taken from the RNIB Sight Loss data tool version 3.6 2016

Data suggests that there is likely to be a 64% increase in adults with a visual impairment from 2010 and 2030.

Action on Hearing Loss data (2017) states that **one in six** people in the UK have a hearing impairment, with this increasing to one in five people over the next 15-20 years.

Updated 14/01/2019

The Action on Hearing Loss Hearing Matters Report (2015) reported some national statistics on hearing loss in the UK, some of the data is outlined below in table 1:

Table 5: Population with a Hearing Loss

Age	England Total Population*	England Population with a Hearing Loss*	Kent Total Population**	Kent Population with a Hearing Loss**
17-29	9,293,698.00	158,000.00	236,899.00	4,027
30-39	7,103,213.00	199,000.00	172,964.00	4,846
40-49	7,625,767.00	625,000.00	214,917.00	17,614
50-59	6,903,869.00	1,305,000.00	196,834.00	37,206
60-69	5,889,392.00	2,101,500.00	179,351.00	63,997
70-79	3,972,370.00	2,395,500.00	120,634.00	72,747
80 plus	2,589,877.00	2,434,500.00	79,980.00	75,182
TOTAL	43,378,186	9,218,500	1,201,579	275,619

* Action on Hearing Loss – Hearing matters Report 2015

**ONS 2015 population data

The number of older adults with a hearing impairment is set to increase by 110% between 2014 and 2030.

In Kent, there are approximately 275,619 adults with a hearing loss in Kent and approximately 24,471 people (adults and children) across Kent with a **severe or profound** hearing loss. Of these, there are 1,133 adult cases open within OPPD, where there is a hearing impairment indicated – very low numbers, given the high prevalence.

Adverse Impact,

The proposal should have no adverse impact on people with sensory impairments as this project is just changing the provider of assessment and rehabilitation. There will be a change of point of referral and contact. There will be no change to the actual assessment.

Positive Impact:

Although there will be a change in the point of referral and contact it will be one point for all people, unlike the current arrangements where there are multiple points of contact.

JUDGEMENT

Given that the main change in this proposal is to change the provider of assessment and rehabilitation and there will be less duplication and fragmentation the judgement is:

Updated 14/01/2019

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

Internal Action Required **YES/NO**

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

Equality Impact Analysis/Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
Age	Change of provider	Clear communication with service users	Short term change for existing users	Beryl Palmer	0-6 months	None
Disability	Change of Provider	Clear communication with service users	Short term change for existing users	Beryl Palmer	0-6 months	None

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

Yes/No

Appendix

Please include relevant data sets

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.

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

To: Adult Social Care Cabinet Committee - 22 January 2019

Decision No: 19/00004

Subject: **Managed Service for Interpreting Services for d/Deaf and Deafblind People**

Classification: Unrestricted

Past Pathway of Paper: Adult Social Care Directorate Management Team

Future Pathway of Paper: Cabinet Member decision

Electoral Division: All

Summary: Kent County Council's (KCC) has a statutory responsibility under The Care Act 2014, Equality Act 2010 and the Accessible Information Standard 2016 to deliver interpreting, translation and transcription services for d/Deaf and deafblind people. The current service is delivered through a contract with an external provider, the Royal Association for the Deaf (RAD). The contract is accessed by other public sector partners and this is regarded nationally as a Best Practice Model, enabling public agencies easy and timely access to a limited resource. Currently the provision requires the spot purchase of freelance qualified interpreters, translation and transcription services by the provider and is not without challenges. The re-provision proposes to recruit three qualified interpreters and one Coordinator to deliver the core of the interpreting work with additional demand met through a Framework Agreement which has integrated use of Video Remote Interpreting (VRI) and Video Relay Interpreting (VRI) Services.

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

- a) **APPROVE** the re-provision of interpreting, translation and transcription services for d/Deaf and deafblind people; 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 Kent County Council (KCC) has a statutory responsibility under The Care Act 2014 to meet the needs of people assessed as having unmet eligible care needs, including meeting the needs of people with sensory impairment. This also includes ensuring that reasonable adjustments are in place to enable people to fully participate in both decisions made about their care and their care itself.
- 1.2 One of the key ways that KCC meets this duty is through the provision of British Sign Language interpreting, translation and transcription services. These services support d/Deaf people to access services and support, to be able to express, communicate and advocate for themselves.
- 1.3 The current service is delivered through a contract with Royal Association for the Deaf (RAD) which ends 31 March 2019. There is no option to extend the current contract past this date.
- 1.4 In considering the arrangements for this service post March 2019, several options have been considered. The future commissioning proposal will develop a model which ensures the challenges of the existing contract are removed, bridges the current and future needs identified and enhances the overall quality of provision.

2. Strategic Statement and Policy Framework

- 2.1 **KCC Strategic Statement:** This paper relates to KCC strategic statement outcome that children and young people get the best start in life and that older and vulnerable residents are safe and supported with choices to live independently.
- 2.2 **Local Context - KCC Sensory Strategy 2018-21:** The Sensory Strategy was endorsed by the Adult Social Care Cabinet Committee on the 18 May 2018. It contains 11 high level outcomes, including the following which are specifically relevant to the accessibility of interpreting services:
 - Children and adults are supported and enabled to be as independent as possible
 - Services are responsive and personalised enabling children and adults to access opportunities appropriate to their needs
 - Reasonable adjustments are made to services to ensure that sensory impaired individuals have equal access to mainstream services.

3. The Report

- 3.1 The current service is delivered through a contract with the Royal Association for Deaf People. (RAD). Whilst the interpreting services are delivered by freelance interpreters, RAD manage the process of requesting, sourcing and booking them on behalf of KCC and partners.

- 3.2 As part of a Best Practice Model, the contract includes a partnership agreement through which a range of public sector partners can also access the service. Currently KCC and Kent Community Health NHS Foundation Trust (KCHFT) are the biggest users of the contract. Kent Police use the contract and whilst Kent Fire and Rescue are currently low users, both they and the police are planning to use the contract more in the future. They are especially interested in the Video Interpreting Service. KCC is therefore proposing to commission the interpreting service on behalf of itself and other public sector partners.
- 3.3 The communication and interpreting needs of d/Deaf and deafblind people are varied and complex. The current contract covers the following areas:
- British Sign Language (BSL) interpreting
 - Irish Sign Language (ISL) interpreting
 - Sign Supported English (SSE) translation
 - Deafblind Manual (Hands-On and Visual Frame)
 - d/Deaf Relay
 - Speech to Text Reporting (Remote and On-Site)
 - Note Taking (Electronic and Manual)
 - Lip Speaking.
- 3.4 In line with the terms of the contract, all interpreters used are registered with the National Registers for Communication Professionals working with Deaf and Deafblind People (NRCPD).
- 3.5 Overall, the contract operates well. However, there are several issues which have been identified. These include difficulty sourcing interpreters for emergency or short notice appointments, difficulty sourcing interpreters for police related work and an increasing number of refusals as unit costs make travelling across the county unattractive to freelance interpreters.
- 3.6 In addition to this, RAD has not developed the Video Interpreting Service within the contract. This is a service that partners are very interested in.
- 3.7 In developing the commissioning options, commissioners and representatives from the operational team have engaged with a range of stakeholders, including d/Deaf people who use the service, interpreters who provide the service and other Local Authorities. Key messages include:
- 3.7.1 Feedback from people using the services:
- The biggest issues for Deaf people are around health-related appointments where interpreters are not utilised and where the consequences of this can be catastrophic
 - 'It is important that people listen to me so I can make my own decisions'. (Feedback from a Deaf blind user of the service)
 - Building in more flexibility with interpreters and appointment times would make urgent and short notice bookings much easier to be cover
 - The importance of consistency as some d/Deaf people develop good relationships with specific interpreters and prefer to use people they know

- There are currently problems around knowing an interpreter has been booked and waiting until the last minute, or to the time of the actual appointment to find out if it has been covered.

3.7.2 Feedback from interpreters:

- The need for flexibility in terms of timing for appointments as this will help address some issues around refusals
- The need for a good coordinator who understands the needs of d/Deaf people

3.8 Commissioners have explored solutions currently used by other statutory organisations including:

- Framework Agreements
- Dynamic Purchasing Scheme
- One agency solution
- Block Contracts
- In-house interpreting services
- Combinations of all styles of commissioning solutions.

3.9 In light of this, six options were considered for a new model in Kent (see Appendix 1).

3.10 Based on an options appraisal the preferred option is Option 5: to implement a hybrid model, developing an in-house interpreting service and implementing a framework contract to meet additional demand.

3.11 It is proposed that the in-house service will be delivered through the recruitment of three BSL Sign Language Interpreters and a Co-ordinator to deliver the core function of services (predominantly BSL interpreting). Interpreters will be part time roles as other Local Authorities and interpreters have suggested that this is the best model. However, the coordinator will be a full-time role.

3.12 The Framework Agreement will be with freelance and agency interpreters, translators and transcribers to support the BSL assignments outside of the core provision and all specialist interpreting, translation and transcription services needed. (see Appendix 2 for contract lots). This will include out of hours and specialist assignments e.g. Child Protection and Policy custody suite assignments.

3.13 This option provides the best benefits to people and the lowest risk. In addition, this option gives scope to for the service to be dynamic and flexible to the needs of individuals and cover more appropriate service needs. There is also greater opportunity to work jointly with partners to promote and market the new service, lowering the incidences of unfulfilled bookings.

3.14 The Sensory and Autism Service will manage the in-house service which will allow for greater coordination of support to d/Deaf people in Kent.

3.15 Feedback from other Local Authorities using similar models includes:

- We have attracted more users to our contract, especially in health appointments and are providing a more equitable service to the Deaf community (Islington Council)
- We started with not many interpreters on our framework but have worked really hard to develop good links with them and now have 80 interpreters whom we can call and find that we are providing a much better service.

4. Financial Implications

4.1 There is an indicative budget in place to support financial planning for the service. This indicative budget is £53,000 per annum based on previous year's performance. The Adult Social Care and Health Budget is £35,000 for this service, this is inclusive of spend on the service for Specialist Children's Services. In addition, based on current performance, at least £60k per year is spent on services by partners accessing the contract.

4.2 Based on the current level of spend through the contract from both the allocated KCC budget and partners spend, Option 5 is a financially viable option. The costing and model information is attached as Appendix 3.

5. Property Implications

5.1 The employment of a small team to provide and coordinate the proposed in-house service will have an impact on accommodation of staff. This is being considered within a wider business case regarding accommodation for the in-house sensory team in its entirety.

6. Legal Implications

6.1 No legal implications have been identified. TUPE has been reviewed and examined to understand whether there is a requirement to TUPE the Coordinator and/or administrator roles from RAD to KCC; no requirement was found. There is no requirement to TUPE freelance BSL interpreters to KCC.

7. Equality Implications

7.1 An initial Equality Impact Assessment has been conducted. The findings show gaps in data not collected by the existing contractor. However, on examining the information from initial engagement, the assessments show positive outcomes for all people within protected characteristics affected. The EQiA is attached as Appendix 4.

8. Conclusions

8.1 The current service provision is delivered through RAD who spot purchase BSL interpreters, translators and transcribers on behalf of KCC and several public sector partners.

- 8.2 The provision is limited in its delivery and has limited scope to deliver complex and out of hours assignments in addition to specialist assignments (deafblind support services).
- 8.3 The recommissioning of this service gives an opportunity to address these issues and develop a more flexible, needs led model for Kent.
- 8.4 Following engagement with d/Deaf people, interpreters and other Local Authorities to understand their commissioning models, several options have been considered.
- 8.5 The preferred option is a hybrid model which embraces all the dynamic benefits of a Framework Agreement together with an experienced team of outstanding BSL interpreters available to deliver high quality services with flexibility.
- 8.6 This hybrid model gives an opportunity for the service to be shaped to deliver flexible support to people, ensure value for money and remain commercially viable.

9. Recommendation(s)

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

a) **APPROVE** the reprovision of interpreting, translation and transcription services for d/Deaf and deafblind people; 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.

10. Background Documents

None

11. Lead Officer

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Cabinet Member for Adult Social Care and Public Health

DECISION NO:

19/00004

For publication
Key decision: Affects more than 2 Electoral Divisions

Subject: MANAGED SERVICE FOR INTERPRETING SERVICES FOR D/DEAF AND DEAFBLIND PEOPLE
Decision: As Cabinet Member for Adult Social Care and Public Health, I propose to:

- a) **APPROVE** the re-provision of interpreting, translation and transcription services for d/Deaf and deafblind people; 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 County Council has a statutory responsibility under The Care Act 2014 to meet the needs of people assessed as having eligible needs including meeting the accessible needs and reasonable adjustments for people with sensory impairments. Implementation of a new service model for the provision of interpreting services will ensure all eligible people with hearing impairments, including all d/Deaf, and deafblind people will have equal access to interpreting, translation and transcription services across the county. The proposed service model will improve the quality of service provision for people with hearing impairments and deafblind, therefore increasing their independence and wellbeing.

Financial Implications: Spend within the current contract is £53k per year.

Legal Implications: No legal implications have been identified. TUPE has been reviewed and examined to understand whether there is a requirement to TUPE the Coordinator and/or administrator roles from RAD to KCC; no requirement was found. There is no requirement to TUPE freelance BSL interpreters to KCC.

Equality Implications: An initial Equality Impact Assessment has been conducted. The findings show gaps in data not collected by the existing contractor. However, on examining the information from initial engagement, the assessments show positive outcomes for all people within protected characteristics affected

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 22 January 2019 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered: None

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

 signed

 date

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Appendix 1: Options Appraisal

Option	Benefits	Risks
<p>Option 1: Recommission the service in the same format</p> <p>Recommission the service with one prime provider with the provider spot purchasing through a variety of agency and freelance interpreters.</p>	<ul style="list-style-type: none"> • Retains stability within the provider market; • Retains consistency for Partners accessing the contract; • Manageable within the existing budget. 	<ul style="list-style-type: none"> • The back-office performance of the contract is poor; • Video interpreting has not been developed and exploited within the contract; • The current contract is not dynamic and is not using the budget efficiently; • The combination of services is now outdated; • There is a traditional methodology to the contract with inherent high costs; • Current issues with short notice and/or urgent bookings will continue.
<p>Option 2: Recommission the service through external providers with a Framework Contract.</p> <p>A framework agreement will be set up for provision of the whole service with KCC being the contracting authority using the framework agreement and responsible for awarding call-offs agreements.</p>	<ul style="list-style-type: none"> • Offers a commercial advantage by giving access to a wide selection of service options and providers in one contract and increasing the supply chain; • Creates an environment with supports continuous improvement; • Better value with procurement costs and lower transaction costs, and no cost per bidding; • Opportunity to create more social value with greater community wealth and using the interpreters local to the Kent community; • Offers a commercial solution which embraces previous lessons learnt from other Framework agreements which are not bespoke for the geographical area; • Enables specific qualifications to be defined with the contract; 	<ul style="list-style-type: none"> • Potentially lengthy governance process, requiring a key decision and that a contract could not be mobilised by April 2019 without a small contract extension; • Large agencies bid to be on the framework and local smaller freelancers are not equipped to deal with the procurement process; • Service does not have the opportunity to re-shape some of the core provision; • Opportunity lost to develop local interpreters and shape the trainees with the local pool of interpreters.

	<ul style="list-style-type: none"> • Gives the freedom to award a contract without the need to re-advertising; • Enables a contract to be flexibly with the skills need for the service Lots; • Creates a continuous improvement opportunity with long term relationships between suppliers/providers, people in receipt of the service and other stakeholders; • Practitioners could identify the interpreter and service they want easily; • The framework gives the ability to continuously work with the community. 	
<p>Option 3: Commissioning Interpreting Services through a national framework</p> <p>The current contract to cease with KCC becoming a partner organisation and commissioning the whole provision through one of the national framework agreements.</p>	<ul style="list-style-type: none"> • Save on future and current commissioning and re-tendering costs; • Benefit from a framework agreement which has been in place and operating efficiently across the UK; • Access video conference interpreting immediately; • Choice of a framework which has many Lots to suit the local need. 	<ul style="list-style-type: none"> • National frameworks do not guarantee the provision of qualified interpreters; • The NUBSI research details the use of this type of framework directly leads to a poor service to users which in turn increases the demand on social services e.g. poor interpreting can mean people do not understand the issue and the person will repeatedly need support from health and social care providers; • Local knowledge indicates registered and qualified interpreters will not register with foreign language agencies for work as the reputation of these agencies is very poor; • The use of foreign language agencies with little specialist knowledge will predominantly be active on the contract and unable to deliver a provision with qualified interpreters; • Local interpreters may not have access to the framework;

		<ul style="list-style-type: none"> • Travel costs may increase as local interpreters may not be used; • The use of framework agreements can mean a lack of choice with interpreters and limited to what is on offer within the framework; • The financial viability of the agencies within the framework cannot be assessed; • The national frameworks may not be re-commissioned after April 2019.
<p>Option 4: Establish an entire In-House Service</p> <p>This option is based on having an entirely in-house based service for the primary BSL interpreting function of the service for the core hours Monday to Friday. The service would cease commissioning all BSL interpreting requirements externally during the main operational hours of Monday to Friday 9am to 5pm. This option requires the need for a coordinator role to be established, and a minimum of 5 BSL Interpreter roles (part-time basis). An administrator may need to be employed.</p>	<ul style="list-style-type: none"> • Design work could be completed to define how many in-house interpreters would be needed to cover core work in the day; the design work may need to scope out the hours for the interpreters; • Opportunity to have highly skilled workers covering main caseloads in the day; • Interpreters would understand the culture of the organisation and be navigate support through the organisation more efficiently; • This is an opportunity to navigate high priority work more efficiently e.g. the right work is prioritised; • Opportunity to create an efficiency in how the administration charges are used within the service; • An improved service for deafblind, multiply impaired individuals and those with learning disabilities; • The ability to offer more stability and efficiency, timetable support for people; • Travel time significantly decreases; 	<ul style="list-style-type: none"> • May not be financially viable; • Partners may not wish to engage with an entirely KCC in-house provision; • People in need of the service may develop a dependency on individual interpreters; • May not be able to match of a freelance salary with a full time/part time contract; • Insufficient work for interpreters; • No provision to cover out of hours assignments; • Back office staff would need to be Level 2 qualified to have detailed understanding of role, therefore, these roles would recruited at a higher cost.

	<ul style="list-style-type: none"> • Minimum booking slots reduce; • Back office staff will be experienced interpreter and could deliver the service at a higher quality; • KCC would have full control to implement the necessary changes. 	
<p>Option 5: Hybrid Model (combination of in-house interpreters and a framework agreement)</p> <p>The provision requires a combination of a small in-house service of 3 part-time interpreters for core work (Monday to Friday), together with a framework agreement to deliver any deficit in the core and the out of hours provision. This provision allows for growth in the in-house service to continually address the core demands of the service; in addition to supporting the development of specialist interpreters working towards the outcomes the KCC market.</p>	<ul style="list-style-type: none"> • The combined benefits of both Option 2 and 4 would support the option; • The full scope of the Lots would be supported; • A truly tailored service may be developed with an increased understanding of local d/Deaf and deafblind culture; • An opportunity to design, develop and implement the use of Video Interpreting and investigate the range of soft and hardware available for use with this type of service; • An opportunity to employ deaf workers as Purchasing Co-ordinators; • The Access to Work interpreters supporting Purchasing Officers may be used to support the service; • An out of hours tailored provision may be developed; • Responsive service for priority cases during core hours • A flexible service which can grow and shape to the demands of the service; • The framework risks of non-core hour coverage detailed in Option 2 would be mitigated by the core hour in-house interpreter coverage; • Reduction in Contract Management resource; 	<ul style="list-style-type: none"> • The in-house element of the service would need a development period of 6 – 12 months to ensure the service grows with the level of need and flexes with the changes in provision; • There is a deficit of hours which can be covered by the three part time interpreters initially employed; • Potentially lengthy governance process, requiring a key decision and that a contract could not be mobilised by April 2019 without a small contract extension; • Large agencies bid to be on the framework and local smaller freelancers are not equipped to deal with the procurement process; • The interpreters may experience ‘burn out’ with the high level of pre-booked work.

	<ul style="list-style-type: none"> • The combined Risks of Options 3 and 4 would be mitigated. 	
<p>Option 6: Block Contract</p> <p>Commission a block contract of contracted hours through one prime provider.</p>	<ul style="list-style-type: none"> • Budget is fixed and will not fluctuate; • Prime provider may become specialist with local provision and able to deliver a flexible service within the block provision. 	<ul style="list-style-type: none"> • The model is volatile with hours not flexible to meet the needs of the provision; • Block contracts is out dated and no longer a provision which can meet the needs of the complex nature of the provision; • The service will increase over time and a block contract would be quite limited; • This option will not allow for a range of payments and flexibility of delivery of service. •

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Appendix 2: Services to be delivered through the Framework Agreement

The future provision shall provide the following range of interpreting, translation and transcription service Lots as a minimum:

Lot Number	Description
1	BSL face to face interpreting
2	Interpreters for deafblind people
2a	Visual Frame Interpreting
2b	Hands on Interpreting
2c	Deafblind interpreting with Haptics skills (social haptic communication)
2d	Manual Interpreting
3	Note Taker (Transcription)
3a	Manual Note Takers
3b	Electronic Note Takers
4	Lip Speakers
4a	English Language Lip Speakers
5	Speech to Text Reporters
5a	Palantypist
5b	Remote Speech to Text Reporter
6	Deaf Relay
7	BSL Sign Language Translator
7a	Document Translation
7b	Audio/Visual Material Transcription/Translation
7c	In-vision Translator
8	Video Interpreting Services
8a	Video Remote Interpreting
8b	Video Remote Relay
9	Other Sign Language Interpreters to include Sign Language Interpreting from an international range of languages)

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Appendix 3: Option 5 – Costing and Model Information

Please note the calculations are based on historical hours and booking rates, there is an inherent variation in the calculations; it is not envisaged this variation has a significant impact on the projected options presented.

Core Role Estimated Annual Costs

Option 5: Annual Staffing Costs	
• 3 part time KR9 interpreters (1.6fte equivalent)	£76,800
• 1 x 1.0 fte KR7 Coordinator	£27,850
Total	£104,650

*including on costs

Partner Income from Current Service Provision

Below is the Table 1 which details the Partner Delivered work which directly pays for the service. Currently Partners are not currently charged a management fee.

Table 1

Quarter	Income £
April – June 2018	17,910.78
January – March 2018	16,700.50
October 2017 – December 2017	11,747.50
July – September 2017	14,065.25
Total	60,424.03

Option 5: Calculations

Core Role	Cost £
Annual Staffing Costs	104,650
Less: Partner Income estimated	60,424
Total Cost of Delivery	44,226
Less KCC Current Annual Budget	53,000
Surplus	8,774

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

Directorate/ Service: Sensory Services

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

Recommission for Managed Service for Interpreting, Translating and Transcription Services for d/Deaf and Deafblind Individuals.

Responsible Owner/ Senior Officer: Samantha Sheppard – Senior Commissioner

Version: V7

Author: Sylvia Rolfe - Commissioner

Pathway of Equality Analysis:

Board	Date
DivMT OPPD	11.11.18
DMT	05.12.18
Project Team	05.12.18
Corporate Equality Team	08.01.19
22.01.19	22.01.19

Summary and recommendations of equality analysis/impact assessment.

- **Context**

Kent County Council has a statutory responsibility under The Care Act 2014 to meet the needs of Individual assessed as having eligible needs including Individual with sensory impairments.

A person's method of communication should not cause for them a barrier which obstructs them from accessing any services that they may need. d/Deaf and deafblind Individual in Kent need to be able to live safely and independently in their local communities. Public sector agencies must therefore ensure equality of access to services within their communities and prevent discrimination as detailed in the Equality Act 2010.

Within the context of this service we mean the following conditions:

- A hearing impairment may mean a person has no hearing at all or has hearing loss at a particular range of frequencies, or may have tinnitus (noise in the ears). It may be congenital or acquired and may influence speech and language development if it occurs early in life;

- d/Deaf refers to someone who is Deaf, deafened or hard of hearing. The term d/Deaf will be used throughout to include Individual who are Deaf (British Sign Language users), who were either born deaf or became deaf in early childhood and use BSL (British Sign Language) as their first or preferred language. The focus of this term is on the 'D' in Deaf to indicate that they have their own language and culture.
- A Deaf person may use British Sign Language (BSL) as their first language. This is a language with its own grammar constructions that are different from English. An individual may have some difficulties communicating effectively in written language but may be a very good communicator in BSL. If a d/Deaf person is accompanied by an interpreter, you should speak directly to the d/Deaf person. However, not all d/Deaf Individual will know or use sign language;
- Some Individual may use Sign Support English (SSE) rather than BSL. SSE is not a language, but more a style of English with signs;
- Deafblindness is regarded as a separate unique disability. Persons are regarded as deafblind if their combined sight and hearing impairment causes difficulties with communication, access to information and mobility.

Specifically, the Care Act 2014 states:

Section 3: Local authorities must ensure information and advice services have due regard to the needs of Individual with sensory impairments. This includes ensuring websites conform to accessible information standards and Individual have information in a language that they understand.

Section 4: Local authorities exercising their market shaping duties should ensure there is a range of types of support from low level preventative, promoting wellbeing to complex specialist support.

Section 10: Assessments are to be carried out by appropriately trained and competent staff who seek advice from an expert where required. This would mean asking for advice from a person who understands the impact of sensory impairment.

Section 11: Personal budgets are key to personalisation. For Individual with a sensory impairment the crucial issue is often ensuring sufficient budget where specialist support is required. The guidance makes specific reference to this both as a general principle and for those whose needs may be costlier to meet, including deafblind Individual.

Section 12: Provides guidance on Direct Payments, where Individual wish to use direct payments, it is critical to ensure the support provided is accessible. The guidance includes a case study showing how this can be done in relation to sensory impairment.

Local Context - KCC Sensory Strategy 2018-21

The Sensory Strategy was endorsed by KCC Adult Social Care Cabinet Committee on the 18th May 2018. It contains 11 high level outcomes including:

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

Current Position

The existing contract is commissioned through a single provider, currently RAD (Royal Association for Deaf Individual), delivering services to KCC and five partners (detailed below). Each partner funds their own provision with KCC funding Social Care provision through a £35,000 annual budget. The Adult Health budget is £20,000, with the Children's Team contributing £15,000. The budget is internally set at £53,000 on iProc to ensure other internal Kent County Council departments can call off on the contract with an internal journal transfer made to reimburse the core budget on the spend. The actual spend on the contract for the whole of KCC is £53,000.

The current Lot provision is as follows:

1. BSL interpreting;
2. Irish Sign Language (ISL) interpreting;
3. Sign Supported English (SSE) translation;
4. Deafblind Manual (Hands-On and Visual Frame);
5. d/Deaf Relay;
6. Speech to Text Reporting (Remote and On-Site);
7. Note Taking (Electronic and Manual);
8. Lip Speaking.

The commissioning process indicated KCC would also like the Contract to provide access to Video Relay Interpreting; however, this was not achieved through the contract and no development was established.

Summary Future Service Output

The future provision shall provide the following range of interpreting, translation and transcription service Lots as a minimum:

Table A

Lot Number	Description
1	BSL face to face interpreting
2	Interpreters for deafblind Individual
2a	Visual Frame Interpreting
2b	Hands on Interpreting
2c	Deafblind interpreting with Haptics skills (social haptic communication)
2d	Manual Interpreting
3	Note Taker (Transcription)
3a	Manual Note Takers
3b	Electronic Note Takers
4	Lip Speakers
4a	English Language Lip Speakers
5	Speech to Text Reporters
5a	Palantypist
5b	Remote Speech to Text Reporter
6	Deaf Relay
7	BSL Sign Language Translator
7a	Document Translation
7b	Audio/Visual Material Transcription/Translation
7c	In-vision Translator
8	Video Interpreting Services
8a	Video Remote Interpreting Service
8b	Video Relay Service
9	Other Sign Language Interpreters to include Sign Language Interpreting from an international range of languages)

The wide extensive Lot provision within the new contract aims to cover all the gaps in the current provision and supports the changes and growth in need detailed within the research.

The provision for specifically Irish Sign Language Interpreters has been removed and this can be provisioned through Lot 9. Lot 9 gives the additional benefit of attracting interpreting and other services from a range of qualified professionals to support the wider provision of the service.

Lot 8 will be integrated from the start of the new commissioned service and will be reviewed for all non-priority assignments under 20 minutes e.g. pre-booked GP appointments, nurse practitioner appointments. Within the current contract Video Interpreting has been avoided with 'lack of hardware' flagged as the issue; however, this

can be simply developed with the implementation of one tablet within each General Practitioners establishment, or the use of Skype on existing hardware.

- Currently there are eight Lots within the existing contract without sub-provision within the Lots; the Lots are not promoted through the service.

The current provider does not collect any equality data or information regarding current services delivered which has made the completion of this impact assessment different. However, Commissioners have engaged with the Community worker, conducted a variety of engagement and ensured as much equality data and information were collected to inform this assessment.

Adverse Equality Impact Rating Low

Attestation

I have read and paid due regard to the Equality Analysis/Impact Assessment concerning **BSL Interpreting, Translating and Transcription Service for d/Deaf and Deafblind Individual**. I agree with risk rating and the actions to mitigate any adverse impact(s) that has /have been identified.

Head of Service

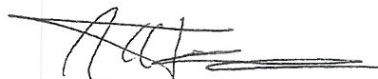
Signed:

Name: Clare Maynard

Job Title:

Date: 08.01.19

DMT Member



Signed:

Name: Anne Tidmarsh

Job Title: Director Partnerships

Date: 9 January 2019

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			Older individuals needing access to the service may not use the traditional BSL and may use sign support English and other variations learnt over time. There are currently gaps in the service to support these individuals.	The service will have access to qualified in-house interpreters who will learn and grow as they support individuals – this gives capacity to understand individuals using variations of BSL. The Framework also gives access to a variety of interpreters, translators and transcribers who have knowledge of many variations of the service. The enhanced service will ensure all BSL interpreters, translators and transcriptions are qualified to the standards set out in NUBSI Video Interpreting is a service health and social care departments and associated partners wish

				to commission for short interpreting needs. Initial engagement has indicated the deaf community do not like BSL interpreting through this method.
Disability			<p>No impact has been identified for this group of individuals.</p> <p>Learning Disability there is evidence to indicate Individual living with a learning disability may also encounter single or dual sensory loss – the service will support Individual with a learning disability through the enhanced registration which encompasses advanced disability awareness training.</p> <p>The new service provision will need to ensure support is covered with in the Lots supporting</p>	<p>Specific understanding and partnership work with the Learning Disability Teams will enhance the provision for this group of Individual.</p> <p>Addressing quality issues via the requirement for all interpreters to be NRCPD registered.</p> <p>Video Interpreting Services will commence within the new contract to ensure all individuals have access to a wide variety of services in all situations.</p> <p>An enhanced level of service to deaf/blind individuals will be available through the Lots to ensure haptic interpreting is within the interpreting range of</p>

			Deaf/blind Individual. Data for this group of Individual has not been collected which leaves a gap in the provision understanding; partnership work with the in-house and external Learning Disability Teams will support future understanding. This will be included in the Action Plan.	services.
Sex			No impact has been identified for this group of individuals. Currently there is little provision to support dignity and respect for individuals having very sensitive medical appointments whilst requiring interpreting support.	The new contract provision will support the need to have a sex specific interpreter for medical appointments which are very sensitive. When indicated the appointment will align an interpreter who is the same sex as the individual to support dignity and respect. There will be the additional option of video interpreting for this type of

<p>Gender identity/ Transgender</p>			<p>No impact has been identified for this group of individuals.</p>	<p>appointment Currently there is little provision to support dignity and respect for individuals having very sensitive medical appointments whilst requiring interpreting support. The new contract provision will aim to support the need for gender specific interpreters for all sensitive appointments where possible. The new contract will have enhanced awareness of needs through the Booking Co-ordinator and ensure sensitivity is paramount in booking to support any individual who</p>
<p>Race</p>			<p>No impact has been identified for this group of individuals.</p>	<p>All services will be enhanced with registered and qualified interpreters through a variety of Lots to support the needs of all individuals accessing the service.</p>

<p>Religion and Belief</p>			<p>No impact has been identified for this group of individuals.</p>	<p>The Booking Co-ordinator will gain an insight into individual needs and be able to allocate an interpreter who is aware of the religion and beliefs of the individual; especially where the service is needed within a setting which requires this sensitivity.</p>
<p>Sexual Orientation</p>			<p>No impact has been identified for this group of individuals.</p>	<p>The new contract provision will support the need to have an interpreter of a specific sexual orientation. When indicated the appointment will align an interpreter who is the same sex as the individual or has a particular awareness and sensitivity towards the individual to support dignity and respect.</p>
<p>Pregnancy and Maternity</p>			<p>No impact has been identified for this group of individuals.</p>	<p>All services will be enhanced with registered and qualified interpreters through a variety of Lots.</p>

Marriage and Civil Partnerships			No impact has been identified for this group of individuals.	All services will be enhanced with registered and qualified interpreters through a variety of Lots.
Carer's Responsibilities			Although no impact has been identified for this group of individuals, the service is aware carers may also have a requirement for the service if they have a need. In addition, previously carers have been asked, in some cases inappropriately, to interpret for partners or family/friends/relatives which is not a solution.	The Booking Co-ordinators will gain more awareness about the needs of individuals to ensure carers are not given the role of interpreter, transcriber of translator in any circumstances. The combination of in-house interpreters and a Framework will broaden the capacity of the service to meet needs and negate the inappropriate practice of requesting carers to interpret.

Part 2

Equality Analysis /Impact Assessment

Protected groups

The current contract did not include a provision for the provider to record and analyse equality data, therefore the services does not have enough data to use in analysing the impact of the changes on the individual's accessing the service. However, the current booking mechanism enables the service to identify male and female bookings.

As indicated in Part 1, Commissioners have engaged with a good cross section of individuals accessing the service to gain good quality information which has been essential in ensuring a robust the design and development of the new service.

To ensure the service can be further developed throughout the life of the Framework agreement and within the in-house element of the service, Commissioners will ensure full data capture from the start of the new service.

Information and Data used to carry out your assessment

It is estimated that there are about 9 million Individual in the UK who are Deaf, or hard of hearing. Although deafness is the third most common disability in the world, most deaf Individual don't view their deafness as a disability

Local Sensory Data

The Kent County Council registers for sensory impairment show more than 9,548 blind and partially sighted and 9,999 deaf as of December 2015 and 1,400 deaf/blind Individual (May 2014). However other national estimates suggest that these numbers could be only 33%, 10% and 25% of the expected figures respectively.

Kent Data – Individual Living with Deafness

Approximately 5% of over 85s in Kent will have a profound hearing impairment. The number of Individual aged over 85 with a moderate or severe hearing impairment in Kent is set to increase by 110% between 2014 and 2030.

By 2030 the number of Individual with a profound hearing impairment in the KCC area will have increased by 42% for those aged 65-74 and 59.7 % for those aged 75-84. Between 2014 and 2030 there will be a 56.5% increase in the number of Individual aged 18 and over with a moderate or severe hearing impairment in the KCC area.

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

Kent Data – Individual living with Deafblind Sensory Impairment

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

There will be a significant increase in the number of Individual, particularly older Individual, who are deafblind by 2030. Sense forecast this to be 86% for those who are severely deafblind and 60% for those who have any hearing and sight impairment.

Department for Work and Pensions (February 2018) – Individual Living with Deafness

Allowance Information - claimants		
Disability Living allowance	Deafness	870
Attendance Allowance	Deafness	241
PIP	Hearing Disorder	243
Total		1354

Learning disabilities

Kent has a population of individual with a learning disability experiencing some degree of deafness – 9,620. In addition, there is an increased number of individuals living with a learning disability who have dual sensory loss.

Who have you involved consulted and engaged?

A comprehensive stream of engagement has taken place to understand the needs of Individual accessing the service, those who do not access the service and an attempt to access those through community liaison who do not access the service but may have a need. In addition, a wide-ranging and inclusive series of engagement events for stakeholders both internal and external to KCC have been delivered to openly gain insight, innovative ideas and inclusion in the process of recommissioning this service. Details are logged within the table detailed below.

Subject	Date	Audience	Outcome
External stakeholder engagement	March 2018	Sarah Butcher – Hampshire County Council Big Word using Crown Commercial Services Framework	Understand the Framework Agreement
External stakeholder	January 2018	Provider of services	Gain KCC perspective of services
Questionnaires	January 2018 (TBC)	Providers and interpreters	Understanding existing provision and gaps within existing service
Partners	24.09.18	Partners accessing the service	Indicate they wanted to continue joint continue
Partner	26.09.18	Partner	Performance knowledge
NRCPD	20.09.18	National Register	Key knowledge regarding qualified interpreters
Sight for Surrey	13.09.18	Provider for local authority	Bench mark alternative provision with a good working model
London Borough of	01.10.18	Local	Bench mark

Islington		authority	alternative provision with a good working model
ASLI	01.11.18	Union	Key knowledge regarding qualified interpreters
Partners	23.10.18	N/A	Key information regarding demand
Partners	24.10.18	N/A	Key information regarding demand
Video Interpreting and general understanding	November 2016	Deaf Individual accessing services	Understand the needs of the deaf community
Video Interpreting	12.11.18	Deaf Individual accessing services	Understand the needs and experiences of the deaf community
RAD	Ongoing and regular contact with the existing provider	Provider	Understand existing provision
Interpreters	22.11.18	-	Understand the needs and demands of the service.
Individual Accessing the service	15.11.18	Deaf Individual accessing services	Understand the needs and experiences of the deaf community
Providers of the service	22.11.18	BSL Interpreters using the service	Understand the delivery of the provision any gaps in the mechanism from the interpreter's perspective.
KCC In-house Sensory Team	20.11.18	Support personnel	Understand the issues in relation to the service and gain insight into future design.
Deafblind Community	December 2018	Deafblind Individual accessing the service	Understanding Individual who may access the service.
Deafblind Community	December 2018	One – to one community	Understanding Individual who may access the service.

Young Deaf Individual	December 2018	Deaf Individual accessing the service	Understanding Individual who may access the service.
Individual who use Speak to Text or palantypist	December 2018	Deaf Individual accessing the service	Understanding Individual who may access the service.

Analysis

This assessment reflects a summary of the responses received, analysis and a review of the current service. This assessment highlight current available evidence relating to the areas within this sensory service, including relevant published statistical data. This assessment also summarises common themes that were evident in the BSL interpreting, translation and transcription services.

Adverse Impact,

There are minimal adverse effects on all of the groups; there is large capacity for the service to make innovative changes to improve the service delivered through the combination of an In-House Service which is supported by a Framework Agreement together with Video Interpreting Services. This three-way delivery ensures all individuals gain access to a high level of multi layered services delivered through one booking mechanism. This hybrid style ensures all previous gaps within the service have been bridged at a high level with additional elements of the service and technological features included.

There may be minimal impact to the Age characteristic regarding older people accessing the service. Older individuals needing access to the service may not use the traditional BSL interpreting service and may use sign support English and other variations learnt over time which are culturally specific. Within the current service this is sometimes a barrier and there are currently gaps in the service to support these individuals, however, there are many BSL interpreters who are CODAs (Child of a Deaf Adult) who have a learnt understanding of these developed styles. These interpreters may be accessed through the Framework Agreement to ensure individuals are supported. The Booking Co-ordinator will gain a good knowledge and understanding of individual's needs together with which interpreters can meet these needs. Commissioners are confident this may not present a barrier once the service is mobilised.

Positive Impact:

As detailed above, the three-way delivery mechanism ensures learning and growth can be supported. The Framework Agreement can work dynamically to support services which are necessary but not always in high demand. The Video Interpreting services can work to ensure high-quality low-cost provision

is in place for short provision needs; this negates the need for interpreters requiring long time slots for short provision e.g. GP appointments and routine medical appointments. The Booking Co-ordinator role will enable flexibility with bookings and ability to book assignments for efficiently and flexible for individuals. In addition, medical appointments can be covered with dignity and respect to the individual and their carers.

JUDGEMENT

Minimal implications have been found; this relates to older individuals accessing the service who have developed signs which are not traditionally taught within BSL interpreting. This implication can be over come with the good use of the Framework agreement together with the continual knowledge acquirement through the Booking Co-ordinator. This negative impact exists in all approaches to the contract and within the existing contract; however, the commissioning style aims to disperse this impact swiftly. Therefore, the following judgement has been made:

- **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
ALL	No data collection	All providers on the Framework agreement to have a contractual requirement to collect equality data. In-House Booking co-ordinator to collect equality data.	More information and details provided regarding the customer base accessing the services.	Beryl Palmer	Ongoing – throughout the life of the contract and In-House Team placement.	Zero – integrated within booking mechanism. Excel spreadsheet set up to collect data efficiently.
Deaf/blind	More information needed from younger individuals who are recognised as deaf/blind	In-House Service to work with Care Management Teams to promote services available and engage with individuals regarding future needs.	More detailed information available and enhanced service to the individuals.	Beryl Palmer	Ongoing-throughout the life of the contract and In-House Team placement.	Not known.

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

Yes

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.

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

To: Adult Social Care Cabinet Committee – 22 January 2019

Subject: **Capital Programme 2019-22, Revenue Budget 2019-20 and Medium-Term Financial Plan 2019-22**

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: Cabinet – 28 January 2019
County Council – 14 February 2019

Electoral Divisions: All

Summary: County Council received a report and presentation on the Autumn Budget Statement on 18 October 2018. That report set out an update to the Medium-Term Financial Plan (MTFP) for 2019-20 including progress on proposals to resolve the unidentified gap in the original plan, and high-level outline plans for 2020-21 and 2021-22. The report marked the start of a communication and consultation campaign to support decisions on the final budget in February 2019

The final draft budget proposals were published on 2 January 2019 to support the scrutiny and democratic process through Cabinet Committees, Cabinet and culminating in the annual County Council budget setting meeting on 14 February 2019. This report provides the Adult Social Care Cabinet Committee with an opportunity to comment on the draft budget proposals and make recommendations to Cabinet Members as part of this process.

Members are asked to bring to this meeting the draft (black combed) 2019-20 Budget Book document published on 2 January 2019 as information from this document is not repeated in this report.

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

- a) **NOTE** the draft capital and revenue budgets and MTFP, including responses to consultation and government provisional settlement; and
- b) **SUGGEST** any changes which should be made before the draft is presented to Cabinet on 28 January 2019 and full County Council on 14 February 2019.

1. Introduction

- 1.1 The Local Government Finance Act 1992 and KCC Constitution requires the Council to consult on and ultimately set a legal budget and council tax precept for the forthcoming financial year, 2019-20. The accompanying draft Budget Book and MTFP document (hereafter referred to as the Budget Book) sets out the detailed draft proposals. This document is designed as a reference document and includes a number of sections/appendices. This report is produced as a guide to help navigate the document. We have reduced the amount of information included in the draft Budget Book for Cabinet Committees to help focus on the key budget issues.
- 1.2 The democratic process through Cabinet Committees, Cabinet, and ultimately full Council is the culmination of the budget setting process which takes almost a year to evolve beginning almost immediately after the budget is approved in February. This starts with the forecasts for the subsequent year(s) in the MTFP as set out at the same time as the approved budget for the forthcoming year, including the indicative central government settlement. These are based on estimates and subject to regular revision and refinement. It has become common that the MTFP usually has an unidentified savings gap for the future years which needs to be resolved, particularly so when future years are in a new spending review period.
- 1.3 In the last three years we have reported an interim update of the MTFP to County Council through the Autumn Budget Statement report. This includes updates to the forecasts and progress on identifying solutions to the unresolved gap. This also marks the launch of formal consultation as required under the Council's Constitution and is necessary to set a legal budget and council tax. The draft budget published in January for the final democratic process reflects the response to this consultation, further updates to forecasts, and final proposed resolution of any outstanding gap. Even then, this final draft can be subject to further changes leading up to the full Council meeting in February (including any amendments agreed at the meeting).
- 1.4 The final approved budget and MTFP is published in March.

2. Fiscal and Economic Context

- 2.1 The national fiscal and economic context is an important consideration for the Council in setting the budget. This context does not just determine the amount we receive through central government grants, but also sets out how local government spending fits in within the totality of public spending. This latter aspect essentially sets the government's expectations of how much local authorities would raise through local taxation.
- 2.2 In previous years we have set out a full analysis of the national economic and fiscal context in section 2 of the draft Budget Book. This analysis has been based on the Chancellor of the Exchequer's Autumn Budget and the Office for Budget Responsibility's (OBR) economic and fiscal outlook. The Autumn

Budget is now the government's main annual tax and spend policy instrument. The March statement is now just an update to economic and fiscal forecasts.

- 2.3 The Autumn Budget 2018 (AB18) was announced on 29th October (nearly a month earlier than previous years) and was made against a highly uncertain economic climate. Consequently, we are not convinced of the value of publishing the full analysis in the draft Budget Book publication in January bearing in mind the risk of further changes by the time of the February Council meeting. Instead we will include a short summary in this report for cabinet committees and provide the fuller analysis closer to the County Council meeting in February.
- 2.4 The Chancellor retained his two main fiscal rules in AB18; the cyclically adjusted budget deficit to be below 2% of Gross Domestic Product (GDP), and total debt as % of GDP to be falling, both by 2020-21. The latest OBR report suggests a stronger fiscal performance with total debt already peaking at 85.2% in 2016-17 and reducing to 83.7% forecast for 2018-19 and 79.7% for 2020-21. The annual deficit is predicted to reduce from 1.9% in 2017-18 to a forecast 1.2% in 2018-19. This improved performance is derived from higher than previously forecast economic growth (despite poor performance in first quarter of 2018 due to adverse weather), lower than planned public spending in 2017-18, and higher forecast tax yields for 2018-19 and beyond.
- 2.5 This improved performance allowed the Chancellor additional headroom to increase public spending plans and reduce some taxes in AB18. Most of the additional spending was allocated to the NHS, although some additional monies were allocated to local government including extra funding for social care in 2018-19 and 2019-20, road maintenance in 2018-19, one-off injection for schools in 2018-19, and removing the borrowing cap on local authority social housebuilding. There was also additional spending to support the implementation of Universal Credit and defence spending.
- 2.6 The tax reductions included increases in personal allowances on income tax, freezing fuel and alcohol duties, increases in business investment allowances and new buildings allowances, and reductions in business rates for medium sized high street premises. Some additional tax is planned to be raised from extending the reforms to off-payroll working (IR35) to larger private sector organisations, and introduction of new digital services tax on the revenues of digital businesses, both from April 2020.
- 2.7 The changes result in the forecast budget deficit initially increasing from £25.5bn in 2018-19 to £31.8bn in 2019-20 (1.2% of GDP to 1.4% of GDP), before then reducing in later years. The Chancellor retained £15.4bn (0.7%) of the headroom to the 2% deficit target to hedge future economic and fiscal uncertainty.
- 2.8 The provisional local government finance settlement was announced on 13th December. This announcement is one of the key elements of the Council's budget process as it includes several significant grants and council tax referendum principles.

- 2.9 In previous years the settlement has included changes to the distribution of government grants. The 2019-20 settlement had only minor changes to the indicative allocations for 2019-20 in the 2018-19 settlement, notably affecting business rate top-up following the 2017 revaluation and New Homes Bonus (supported by additional money to maintain the 0.4% baseline). The settlement included an additional distribution to all authorities from the excess business rates levies paid to central government and additional Rural Services Grant (the latter does not affect KCC).
- 2.10 The provisional settlement confirmed the additional money announced in AB18 for social care. The 2019-20 settlement includes further substantial reductions to the Revenue Support Grant (RSG) as per previous indicative allocations (KCC's RSG is reducing from £37.6m to £9.5m in 2019-20) although the negative RSG for 162 has been redressed, indexation uplift in business rate top-up, the final tranche of the Improved Better Care Fund, and additional compensation for the business rate reliefs announced in AB18.
- 2.11 The settlement also confirmed that the council tax referendum threshold for 2019-20 will be 3% (unchanged from last year's announcement) , and the final year of the social care council tax precept is also unchanged (this allowed for a 6% increase over the three years 2017/20, with no more than 3% in each of the first two years). The Autumn Budget Statement report included KCC's proposals for an increase up to but not exceeding the referendum threshold, and final 2% social care council tax precept. The settlement means the council tax proposals in the final draft budget are unchanged from that report. The only changes to council tax from the Autumn Statement are the notification of the estimated council tax base and collection fund balances from districts (the Autumn Statement was based on KCC's own forecasts).
- 2.12 The settlement also confirmed that the Kent business rate pool between KCC, 10 Kent district councils, and Kent and Medway Fire and Rescue Authority, will be re-instated following the 2018-19 100% retention pilot and the failed bid for a further pilot in 2019-20. The pool announcement increases the County Council's share of retained business rates from the assumption included in the Autumn Statement report. The Kent and Medway bid for a further business rate retention pilot for 2019-20 was not approved.
- 2.13 We have no indicative grants or council tax referendum limits for 2020-21 and beyond. We will not know these until after the outcome of the Spending Review anticipated sometime during 2019. We are also awaiting further details on the proposed 75% business rate retention arrangements, and the reforms following the Fair Funding review. These are likely to have a significant impact on future year's budgets and the Council's MTFP, this uncertainty makes forward financial planning very imprecise. The high-level three-year plan (appendix A(i)) in the final draft Budget Book is based on prudent assumptions about the outcome of the Spending Review, additional business rate retention, Fair Funding review, and council tax referendum principles consistent with the OBR assumptions in their latest fiscal and economic outlook report.

3. Revenue Budget Strategy and Proposals

3.1 The Council's revenue expenditure is what we spend on the provision of day to day services e.g. care for the elderly and vulnerable adults, supporting children in care, maintain and managing the road network, library services, etc. It includes the cost of salaries for staff employed by the Council, contracts for services commissioned by the Council, the costs of servicing debt incurred to support the capital programmes, and other goods and services consumed by the Council. Revenue spending priorities are determined according to the Council's statutory responsibilities and local priorities as set out in the MTFP, with the ultimate aim of delivering the vision set out in the Strategic Statement.

3.2 The final draft budget book includes the following sections in relation to the revenue budget proposals:

- Section 2 – Revenue Budget Summary by Directorate
- Section 3 – Key Service Analysis by Directorate
- Appendix A(i) – High Level 2019-22 three-year Revenue Plan
- Appendix A(ii) – Detailed 2019-20 Revenue Plan by Directorate
- Appendix B – Budget Risk Register
- Appendix C – Assessment of Levels of Reserves

The revenue budget sections set out the planned spending on services, the revenue plans in the appendices show the main reasons for year on year changes.

3.3 In order to meet the legal requirement to set a balanced budget the Corporate Director of Finance must be satisfied that it is based on robust estimates and includes adequate provision for reserves to cover risks and uncertainties. The 2019-20 draft budget includes provision for £59.5m of additional spending demands (realignment of existing budgets plus forecasts for future demand and cost increases) and £12.9m to replace the use of one-offs on the 2018-19 approved budget. This combined £72.4m of spending demands together with the £28.1m reduction in RSG (referred to in paragraph 2.9) make up the total £100.5m budget challenge for 2019-20.

3.4 The spending demands have only marginally increased from the £52.85m forecast in the Autumn Statement report to County Council on 18th October (after taking account of the additional £6.2m of spending from the extra ring-fenced adult social care winter monies). This reflects the very latest update in order to satisfy the robustness requirement. These spending demands include the need to realign budgets based on current activity/costs, future known unavoidable cost increases (including contractual price increases, legislative changes and financing capital programme), contingent sums for future eventualities (including estimated demand, non-specific price increases and contract retender), and local choices (including investment in services, and Kent pay scheme).

3.5 The 2019-20 draft budget includes savings and income proposals of £42.9m. This is less than the £57.5m identified in the Autumn Statement report to County Council and resolves the £16.4m unidentified gap reported at the time. The reduced savings are possible following the additional grant announcements

in AB18 (paragraph 2.9 above), as well as a higher than forecast council tax base estimate (paragraph 2.10) and the additional proceeds from the reapproval of the business rate pool (paragraph 2.11).

- 3.6 The revenue budget can be summarised in the updated version of the equation reported to County Council in the Autumn Statement and presentation by the Acting S151 Officer at the meeting (as shown below). This equation assumes the Council agrees the proposed council tax precept increases up to but not exceeding the 3% referendum limit and the 2% social care levy. Section 6 of this report sets out the main revenue spending demands and savings/income proposals for the Adult Social Care and Health Directorate.

FINANCIAL CHALLENGE			SOLUTION		
	£'000	£'000		£'000	£'000
• Spending Demands		59,527.5	• Council Tax		40,355.1
- realignment	-9,491.4		• Business Rates		-4,482.4
- unavoidable	31,249.6		• Savings		42,855.3
- contingent sums	28,967.5		- Identified	32,005.3	
- local decisions	8,801.8		- Use of reserves	10,850.0	
• One-offs 2018-19		12,858.6			
• Grant Reductions		28,153.0	• Grant Increases		21,811.1
		100,539.1			100,539.1

- 3.7 The 2020-21 and 2021-22 plans are presented at a high level for the whole council in appendix A(i). As identified in paragraph 2.12 this represents a prudent estimate of future funding following the Spending Review and possible changes to the funding distribution for local government as a whole. The plans also include forecasts for future spending pressures, replacing the use one-offs to balance the previous year's budget, forecast council tax base and council tax referendum limits, and the estimated need for further savings (including full year effect of previous years, future identified options and unidentified gap). There are so many uncertainties that there is little to be gained from setting future plans in any more detail at this stage.

4. Budget Consultation

- 4.1 As described in paragraph 1.3 consultation on the Council's revenue budget and council tax proposals was launched on 11th October to coincide with the publication of the Autumn Budget Report to County Council. The consultation closed on 21st November. This consultation sought views on council tax and KCC's budget strategy. The consultation was web based supported by a social media campaign. This approach achieved the aim of increased engagement at lower cost and received a total of 1,717 responses (compared to 965 responses last year). Furthermore, there were fewer numbers who started a response but did not complete (698 compared to 953 last year).
- 4.2 The campaign also aimed to increase public understanding of the Council's budget and the financial challenge arising from rising demand for/cost of providing Council Services, reductions/changes in central government funding, the need to find cost savings whilst at the same time protecting valued services,

and impact on council tax. We will need to undertake further evaluation of the extent to which these aims were achieved.

- 4.3 Overall there were fewer proportion of respondents supporting council tax increases than in previous years although in general the suggestions where the Council could make alternative savings would not balance the budget equation. In relation to the budget strategy a significant majority either agreed or strongly agreed that this should support delivery of the three strategic outcomes outlined in the Council's Strategic Statement. A comprehensive report on consultation activity and responses is published on the Council's website (see link in background documents).

5. Capital Programme

- 5.1 Capital expenditure is spent on the purchase or enhancement of physical assets where the benefit will last longer than the year in which it is incurred e.g. school buildings, roads, economic development schemes, IT systems, etc. It includes the cost of purchasing land, construction costs, professional fees, plant and equipment and grants to third parties. As with revenue, capital spending plans are determined according to the Council's statutory responsibilities and local priorities as set out in the MTFP, with the ultimate aim of delivering the vision set out in the Strategic Statement.
- 5.2 Capital spending has to be affordable as the cost of interest on borrowing and setting aside sufficient provision to cover the initial investment funded by loans over the lifetime of the asset, are borne as revenue spending each year over a very long period. This affordability would also apply to invest to save schemes which need to have a reasonable payback.
- 5.3 Section 1 of the draft Budget Book sets out the proposed 2019-22 programme and associated financing requirements. The summary provides a high-level overview for the whole council, and the individual directorate pages provide more detail of rolling programmes and individual projects.
- 5.4 The 2018-21 programme was developed assuming a limit of no more than £100m of additional borrowing for new schemes over the three-year period. All of this capacity was used up in the three-year plan leaving no room for new schemes in subsequent years. Since the original programme was agreed some new projects have been committed e.g. additional capital spending on highways schemes approved by full Council in July 2018. We have also re-evaluated the programme where spending can be reduced or can be fully externally funded.
- 5.5 However, some further additional capital spending is essential to meet statutory responsibilities or will be an invest to save for the future. This spending would have to be funded from additional borrowing of £64.5m over the three-year programme. We can fully mitigate the revenue impact over this period through refinancing other schemes, but in the longer term beyond 2021-22 this additional borrowing would have an estimated £4.5m additional revenue cost for another 20/30 years.

6. **Headline Adult Social Care and Health Directorate Proposals**

- 6.1 Included within the ***additional spending demands*** of £72.4m (See 3.3) are pressures totalling £32.1m for the Adult Social Care and Health (ASCH) Directorate, all of which fall under the remit of this Cabinet Committee. The pressures can be summarised as follows: £11.7m for a provision for both contracted and negotiated price increases; demographic pressures across all client groups of £12.2m; additional winter pressures funding of £6.2m; estimated impact of a community care retender of £5.2m; replacement of one off use of reserves and underspends of £6.3m; £0.9m for realignment of 2018-19 base budget; £0.4m for staffing for increased caseloads in disabled children's services, offset by reductions of: £8.8m for the reduction in the Improved Better Care Fund (IBCF) specific social care allocation £2.0m for removal of one-off funding for additional Deprivation of Liberties Assessments and training of implementation of the new Mosaic system.
- 6.2 Included within the new ***savings and income proposals*** of £42.9m (See 3.5) for KCC are net budget reductions totalling £15.8m for the ASCH Directorate, all of which fall within the remit of this Committee. The savings and income can be summarised as follows: £3.1m for transformation including the implementation of the core operating model for ASCH; uplift in social care client contributions of £1.5m; grant income to cover winter pressures of £6.1m; transition of housing related support into supporting independence service of £1.5m; policy savings in relation to client charges of £0.5m; drawdown from directorate reserve of £2.9m, and other minor savings as detailed in Appendix Aii of the Budget Book totalling £0.2m.

7. **Recommendations**

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

- NOTE** the draft capital and revenue budgets and MTFP, including responses to consultation and government provisional settlement; and
- SUGGEST** any changes which should be made before the draft is presented to Cabinet on 28 January 2019 and full County Council on 14 February 2019.

8. **Background Documents**

KCC's Budget webpage

<https://www.kent.gov.uk/about-the-council/finance-and-budget>

KCC's approved 2018-19 Budget and 2018-20 Medium Term Financial Plan

https://www.kent.gov.uk/_data/assets/pdf_file/0010/79714/medium-term-financial-plan-and-budget-information.pdf

Autumn Budget Report to County Council 18 October 2018

<https://democracy.kent.gov.uk/documents/s86875/Autumn%20Budget%20Statement%20Final%20version.pdf>

KCC Budget Consultation launched 11 October 2018

<https://www.kent.gov.uk/about-the-council/finance-and-budget/our-budget>

Chancellor's Autumn Budget 2018 29 October 2018

<https://www.gov.uk/government/topical-events/budget-2018>

Office for Budget Responsibility fiscal and economic outlook 29 October 2018

<https://obr.uk/efo/economic-fiscal-outlook-october-2018/>

Provisional Local Government Finance Settlement 13 December 2018

<https://www.gov.uk/government/collections/provisional-local-government-finance-settlement-england-2019-to-2020>

KCC report on 2018 Budget Consultation

KCC Draft Budget Book 2 January 2019

9. Contact details

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

To: Adult Social Care Cabinet Committee - 22 January 2019

Subject: **Safeguarding Adults Update**

Classification: Unrestricted

Previous Pathway of Paper: None

Future Pathway of Paper: None

Electoral Divisions: All

Summary: This report presents an update on Adult Safeguarding activity in Kent for the period April to September 2018.

Recommendations: The Adult Social Care Cabinet Committee is asked to **CONSIDER** the content of this report in addition to the statutory annual report, which was discussed at County Council on 13 December 2018 and **COMMENT** on the activity provided in the update and put forward suggestions on the key issues they would like to cover in the upcoming informal member briefing.

1. Introduction

- 1.1 This report presents an update on Adult Safeguarding activity in Kent for the period April to September 2018. This is an interim report and the full information for 2018/19 will continue to be included in the Kent and Medway Safeguarding Adults Board Annual Report which is presented to County Council.
- 1.2 The 2017/18 Kent and Medway Safeguarding Adults Board Annual Report was discussed at County Council on 13 December 2018 and a link to the full report is included as a background document to this report. Following the County Council discussion, it was agreed that the Cabinet Member for Adult Social Care and Public Health would organise an informal briefing on Adult Safeguarding, for all Members of the County Council. The Member briefing has been arranged for Thursday 28 February 2019. Members of the Adult Social Care Cabinet Committee are asked to put forward suggestions for the key issues they would like to add to the agenda for discussion at the briefing.
- 1.3 As an upper tier authority, Kent County Council has lead responsibility for safeguarding the welfare of vulnerable adults in Kent. This is ultimately the responsibility of the Corporate Director of Adult Social Care and Health, as the statutory Director of Adult Social Services (DASS), and the Cabinet Member for

Adult Social Care and Public Health. It is however the responsibility of the whole Council, both members and officers, to ensure that safeguarding remains its highest priority. The partnership work that is undertaken, under the oversight of the Kent and Medway Safeguarding Adults Board, is critical to achieving this and the Council continues to work closely with Kent Police, local NHS organisations, Kent Fire and Rescue and Medway Council, as well as non-statutory partners and health and social care providers.

2. Adult Safeguarding Activity

2.1 Following the implementation of the Care Act 2014, the following definitions have been in use in safeguarding:

- Concern – Suspected abuse or neglect that is reported to or identified by the Council
- Enquiry – Formal action taken by the Council in response to a concern.

2.1.1 Not all new concerns reported to the Council progress to an enquiry. Some concerns are already known about and are being addressed and some concerns the Central Referral Unit (CRU) or operational teams (if person is already open to Adult Social Care) assess as not being a safeguarding matter or as requiring no further action.

2.2 Highlights of activity during April to September 2018 are:

- The number of concerns reported continues to increase, with an average of 947 concerns/month compared to 878/month in the preceding six months. However the rate of increase seems to be levelling off.
- The rate of concerns received by the CRU has increased, with 489 concerns/month compared to 461/month in the preceding six months.
- In the latest reporting period, 36.7% of safeguarding concerns received by the CRU were already open to operational teams, 19.1% were assessed as not safeguarding or required no further action and 37.4% progressed to a safeguarding enquiry. 6.8% of CRU Safeguarding concerns had no outcome recorded at the date of the report.
- Concerns raised by or received directly by the operational teams continue to increase with 458 concerns/month compared to 417/month in the preceding six months
- The proportion of all concerns which become new enquires has declined to 48.7%, compared to 55.9% for the preceding six months. This figure is higher than the national average and work is currently underway to explore this as it may result from a known data quality issue.
- The rate of new safeguarding enquiries started has fallen, with an average of 461 enquiries/month, compared to an average 491/month in the preceding six months
- Outcomes of concluded enquiries remain broadly similar, with *Confirmed* or *Partially Confirmed* being found in 49.9% of cases compared to 51.8% previously.

2.4 Overall Activity

Activity	Apr 2016 to Sep 2017	Oct 2017 to Mar 2018	Apr 2018 to Sep 2018
Total Safeguarding Concerns received	5047	2568	5682
Of which concerns received by the Central Referral Unit	2975	2769	2935
Safeguarding Enquiries	2843	2943	2768
Closed Enquiries	3272	*3505	3197

*It is of note that a data quality exercise was undertaken during this period in order to close longstanding involvement and therefore this figure is higher than would ordinarily be expected

2.5 Primary support need of person named in the concern

Primary Support Reason	Apr 2017 to Sep 2017	Oct 2017 to Mar 2018	Apr 2018 to Sep 2018
Older	3020	3225	3421
Learning Disability	476	404	364
Mental Health	568	616	668
Physical Disability	355	387	444
Substance Misuse	11	0	6
Other Vulnerable People	271	244	336
Not Recorded	420	392	446

2.6 Source of concerns

Source of Safeguarding Concern	Apr 2017 to Sep 2017	Oct 2017 to Mar 2018	Apr 2018 to Sep 2018
Social Care Staff (KCC and Independent)	35.2%	31.2%	29.4%
Health Staff	26.5%	30.2%	31.7%
Self-Referral	0.3%	0.2%	0.2%
Family member	1.8%	1.1%	1.3%
Friend/neighbour	0.3%	0.3%	0.4%
Other service user	0.0%	0.0%	0.0%
Care Quality Commission	2.9%	2.8%	1.8%
Housing	3.1%	2.0%	3.4%
Education/Training/Workplace Establishment	0.3%	0.3%	0.1%
Police	11.8%	14.4%	11.2%
Other	14.4%	14.3%	17.2%
Unknown	3.4%	3.2%	3.2%

2.7 The percentage of safeguarding concerns has remained broadly similar although referrals received via health are increasing.

2.8 Location of alleged abuse, in cases where enquiries were undertaken

Location alleged abuse took place	Apr 2017 to Sep 2017	Oct 2017 to Mar 2018	Apr 2018 to Sep 2018
Own Home	37.6%	40.0%	42.4%
Care Home (Residential and Nursing)	35.8%	33.5%	30.4%
Alleged Perpetrators Home	0.8%	0.9%	0.9%
Mental Health Inpatient Setting	4.6%	6.0%	5.3%
Acute Hospital	5.7%	5.1%	5.5%
Community Hospital	0.6%	0.4%	1.1%
Other Health Setting	0.4%	0.2%	0.0%
Supported Accommodation	2.0%	3.1%	2.2%
Day Centre/Service	0.0%	0.0%	0.7%
Public Place	4.0%	3.1%	1.6%
Other	1.4%	2.0%	1.6%
Not Known	7.1%	6.0%	8.4%

2.8.1 These have remained broadly the similar and largely mirror previous figures.

2.9 Type of alleged abuse, in cases where enquiries were undertaken

Type of Risk	Apr 2017 to Sep 2017	Oct 2017 to Mar 2018	Apr 2018 to Sep 2018
Discriminatory	1.2%	1.3%	0.7%
Domestic Abuse	3.7%	4.1%	3.8%
Emotional/Psychological	19.6%	19.8%	21.4%
Female Genital Mutilation	0.0%	0.0%	0.0%
Financial or Material	14.7%	16.9%	18.0%
Modern Slavery	0.4%	0.2%	0.1%
Neglect and Omission	25.0%	25.5%	23.9%
Organisational	2.0%	1.7%	2.0%
Physical	38.5%	34.4%	33.2%
Self-Neglect	9.5%	11.7%	11.2%
Sexual	5.0%	5.2%	4.8%
Sexual Exploitation	1.2%	0.8%	0.7%

3. Mental Capacity Act and Deprivation of Liberty Safeguards

- 3.1 In the six months from April to September 2018, the Kent Mental Capacity Act Deprivation of Liberty Safeguards (MCA DOLS) Service received 2,597 applications for a DOLS authorisation. The service continues to screen promptly all applications received and approximately 51% of referrals are prioritised using the Association of Directors of Adult Social Services (ADASS) screening tool. The waiting time for assessment for a prioritised application has been reduced to between three to four weeks which compares very favourably with other authorities.
- 3.2 However, as with very many other authorities, following the very substantial national increase in applications in 2015 after the Cheshire West judgement extended the scope of the DOLS, there continues to be a growing number of non-prioritised applications. In February 2018 Kent County Council identified a one-off funding of £1.54m for the processing of historic non-prioritised DOLS applications from care homes and hospitals, received up to and including 31 March 2017. The purpose of the project is to ensure historic non-priority DOLS applications within scope are assessed and authorised appropriately; providing a legal framework for individuals deprived of their liberty in care homes. There are no cases in hospital settings in the backlog.
- 3.3 Following an open competitive tender exercise, ICS Assessments Services (ICS) was awarded the DOLS Best Interests Assessment Service contract, for a period up to 24 months, which commenced on 1 August 2018.
- 3.4 At the start of August 2018, following an extensive data cleansing exercise, there were 1686 applications in the backlog. In the period August to September 2018 (inclusive), 93 applications were assessed, of which 83 DOLS authorisations were granted, and 10 not granted.
- 3.5 The project is meeting all its key objectives and milestones and is making good progress to complete assessment of all backlog applications in scope within the two-year timeframe of the project.

4. Recommendation

4.1 Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** the content of this report in addition to the statutory annual report, which was discussed at County Council on 13 December 2018 and **COMMENT** on the activity provided in the update and put forward suggestions on the key issues they would like to cover in the upcoming informal member briefing.

5. Background Documents

Kent Adult Safeguarding Annual Report

<https://democracy.kent.gov.uk/documents/s88227/Item%209%20-%20Appendix%201%20-%20Annual%20Report%202017%20-%20FINAL%20replaces%20version%20published%20with%20agenda.pdf>

6. Lead Officer/Report Author

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

To: Adult Social Care Cabinet Committee – 22 January 2019

Subject: **End of Life Care in Kent**

Classification: Unrestricted

Past Pathway of Paper: Adult Social Care Cabinet Committee - 19 January 2018

Future Pathway of Paper: None

Electoral Division: All

Summary: This report provides an update on End of Life Care in Kent, a revised action plan setting out current achievements and developments, on-going work, areas for improvement, gaps that have been identified and how they will be addressed.

Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the updated overview of End of Life Care in Kent and the revised End of Life Care Action Plan.

1. Introduction

- 1.1 The original overview of End of Life Care in Kent was shared with the Adult Social Care Cabinet Committee in September 2017. The document set out how Adult Social Care and Health was planning to implement End of Life Care against the Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020.
- 1.3 The overview of End of Life Care in Kent has been updated a second time to reflect developments and the latest version is attached in Appendix 1.
- 1.2 The document sets out the current offer, identifies areas for improvement and gaps which are to be addressed through an End of Life Care Action Plan. The revised End of Life Care Action Plan is attached as Appendix 2.
- 1.4 An End of Life Care Innovation Workshop took place on 20 February 2018, hosted by the Design and Learning Centre for Clinical and Social Innovation. The workshop was attended by Health, Social Care and the Voluntary and Private Sector to share good practice and collectively identify gaps, challenges and opportunities for joint working to improve service delivery.

- 1.5 The Sustainability and Transformation Partnership (STP) Clinical and Professional Board (C&PB) considered the outcomes of the above workshop and concluded that there was a need for further clarity and more consistency and that the C&PB will continue to monitor that this is achieved.
- 1.6 The level and range of activities associated with End of Life Care and support to staff has grown throughout 2018. The End of Life Care Action Plan approved by Adult Social Care Cabinet Committee on 19 January 2018 has been implemented throughout 2018. This report is intended to provide an update on progress against the action plan.

2. Strategic Statement and Policy Framework

- 2.1 The End of Life Care Action Plan links with KCC's Strategic Statement and supports:

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

3. The Report

- 3.1 Work has progressed during 2018 across the Sustainability and Transformation Partnership (STP) on End of Life Care. Although End of Life Care is not a dedicated workstream of the STP, it is a key element of several existing workstreams and also part of the Clinical Strategy. Currently there are no plans for a Clinical Lead for End of Life Care, however links have been established with the two newly recruited End of Life Care Clinical leads from the Academic Health Science Network, to provide leadership and expertise and ensuring national best practice is adhered to across the STP area.
- 3.2 A Kent and Medway STP End of Life Care Workshop took place on 3 October 2018 and provided an opportunity to reflect on the current position, develop skills, joint working and ensure the Adult Social Care and Health End of Life Care Action Plan is aligned with the overall Health and Social Care STP plans and objectives for End of Life Care.
- 3.3 A range of Adult Social Care and Health staff have been identified in having a key role in delivering End of Life Care and are now linked in to the Kent, Surrey and Sussex Academic Health Science Network for End of Life Care. Staff are provided with regular updates via email and invites to attend learning events, to develop and share best practice. Representatives from the wider care sector are also included in these arrangements and have the opportunity to attend events to learn and develop skills in providing End of Life Care.
- 3.4 Locally Adult Social Care staff are linked in to Clinical Commissioning Group led End of Life Groups focusing on local provision of End of Life Care. The Adult Social Care and Health Continuing Healthcare lead and team are able to utilise these networks to help resolve issues relating to End of Life Care.

4. Financial Implications

4.1 There are no additional financial implications from the continued implementation of the End of Life Care Action Plan.

5. Legal Implications

5.1 There are no legal implications from the continued implementation of the End of Life Care Action Plan.

6. Equality Implications

6.1 The ambitions set out in the End of Life Care document in Appendix 1 are designed to promote equality:

- Each person is seen as an individual
- Each person gets fair access to care
- Maximising comfort and wellbeing
- Care is coordinated
- All staff are prepared to care
- Each community is prepared to help

6.2 There are no other equalities implications for consideration.

7. Conclusions

7.1 The Adult Social Care and Health End of Life Care in Kent document and Action Plan has enabled progress to be made in developing and delivering End of Life Care services.

7.2 Following initial benchmarking against the national framework for End of Life Care, Adult Social Care and Health is engaged and keeping pace with national developments through the STP Clinical Strategy and workstreams covering End of Life Care and proactive engagement with the Academic Health Science Network End of Life Care programme.

7.3 On-going work and areas of improvement can be progressed further through implementation of the revised End of Life Care Action Plan. Monitoring meetings now take place twice a year to ensure actions are being progressed and delivered, with the next meeting scheduled for April 2019.

8. Recommendation(s)

8.1 Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the updated overview of End of Life Care in Kent and the revised End of Life Care Action Plan.

9. Background Documents

End of Life Care Report to Adult Social Care Cabinet Committee – 18 January 2018

<https://democracy.kent.gov.uk/documents/s82212/Item%208%20-%20End%20of%20Life%20Care%20Update%20and%20Action%20Plan.pdf>

Ambitions for Palliative and End of life Care

<http://endoflifecareambitions.org.uk/>

10. Contact details

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Kent County Council Adult Social Care and Health

End of Life Care in Kent

Our progress on implementing End of Life Care against the national framework,
identifying gaps and taking action.

Published December 2017

Reviewed and Updated December 2018



End of Life Care in Kent

This document sets out how Adult Social Care is working to implement End of Life Care against the Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020 published in September 2015. The framework sets out an agenda for improving the quality and effectiveness of services. Kent County Council plays a key role in delivery of the End of Life Care strategy for clients and carers. This is designed to keep people informed of our current activities and sign post for further information. By measuring our current activity against the national framework, this has allowed us to identify where there are gaps and develop a high-level action plan.

It is essential that we work with partners in the assessment, support and planning of care for the client, which delivers choice, control and the care they need to manage End of Life Care as they want.

Penny Southern, Corporate Director Adult Social Care and Health

Anne Tidmarsh, Director Adult Social Care and Health Partnerships

Six ambitions to bring the vision about:



Ambition 1:

Each person is seen as an individual

Building blocks for achieving this ambition:

- Honest conversations
- Clear expectations
- Systems for person centred care
- Integrated Care
- Helping people take control
- Access to social care

Activity in Kent

- There is an Assessment and Eligibility criteria which ensures a person centred approach.
- People take control through Personalised Care and Support Plans.
- We help people take control through Personal Budgets and Personal Health Budgets for Continuing Health Care.
- New models of integrated care through the Design and Learning Centre for Clinical and Social Innovation are being explored and piloted.
- Kent County Council Continuing Health Care Team works jointly with health colleagues and ensure that the individual is at the centre of the assessment process.
- The Older Persons Care Home Contract encourages providers to use Share My Care and Electronic Palliative Care Co-ordination System.
- Equipment is prioritised for people at End of Life Care.
- Ensuring that the right support is in place for the carer through the carers policy, assessment process and services through carer organisations.
- Across Kent there are Integrated Care Centres.
- The Design and Learning Centre is embedding the [ESTHER model](#) across Kent, which aims to: Improve patient experience and quality of care by ensuring their needs are discussed openly with the person, that we create smoother, safer and integrated pathways for ESTHER and that ESTHER, their family and networks are seen as equal partners in their care.

Ambition 2:

Each person gets fair access to care

Building blocks for achieving this ambition:

- Using existing data
- Creating new data
- Community partnership
- Person centred outcome measurement

Activity in Kent

- Monitoring of the Older Persons Care Home Contract looks for evidence around End of Life Care provision, sensitive conversations, training for staff and good communication practices.
- Data is collated on equipment orders for End of Life Care which is monitored to ensure the provider is delivering within the agreed timescales and that orders for End of Life Care are a priority.
- All Continuing Health Care data is recorded and used to monitor activity across Kent.
- Adult Social Care is currently implementing a new Technology Enabled Change Programme which will deliver technology and digital transformation. When the programme is complete in 2019, Kent County Council staff, clients, carers, providers and partner organisations will have appropriate, secure and timely access to accurate adult social care information from any location whenever they need it.
- In East Kent, there is an End of Life Care evaluation framework which is designed to support the auditing and monitoring of the End of Life Care Pathway. The framework was developed by East Kent Clinical Commissioning Groups in partnership with providers, Kent County Council and the University of Kent. The framework allows organisations to monitor how effective they are in working together to ensure better coordination of the patient journey.
- Kent County Council, in partnership with Health, is currently developing a Integrated Prisons Support Service and the specification sets out how people in prison are to be supported at End of Life.
- Staff can support people at End of Life from different diverse groups as well as those with sensory losses. This has recently been explored through an Equality and Human Rights Development Day.

Ambition 3:

Maximising comfort and wellbeing

Building blocks for achieving this ambition:

- Skilled assessment and symptom management
- Priorities for care of the dying person and family
- Rehabilitative palliative care

Activity in Kent

- There is an Assessment and Care and Support planning process to ensure that the individual and family are involved throughout the process.
- Embedding the ESTHER model across Kent, which aims to improve patient experience and quality of care by ensuring their needs are discussed openly with the person and family.
- Extra Care Housing Schemes provide a guest room and facilities for family to use 24 hours a day.
- In-house services allow relatives/friends to visit 24 hours a day and provide meals and opportunity for overnight stays if appropriate as well as facilitating access to health care professionals such as hospice team and GP.
- Carer organisations are commissioned to play a role in supporting carers with life after caring.
- Kent County Council's County Principal Occupational Therapist to continue to develop partnership working with local district/borough councils regarding tenure blind and non-means tested Disabled Facilities Grants to supply urgent provision of adaptations to support End of Life Care.
- The Design and Learning Centre is leading on the Medication in the Community Project, to ensure that people and family have the right support and that all organisations are clear on roles and responsibilities.

Ambition 4:

Care is coordinated

Building blocks for achieving this ambition:

- Shared records
- Everyone matters
- A system wide approach
- Clear roles and responsibilities
- Continuity in partnership

Activity in Kent

- Across Kent there are Integrated Care Centres, where care records for both social care and health are accessible. The working arrangements and agreement are such that information from both health and social care supports shared care planning.
- Embedding the ESTHER model across Kent, which creates a smoother, safer and integrated pathway.
- In East Kent there is a Patient and Carers information pack which was developed by Kent County Council with input from health colleagues and other organisations.
- In East Kent there is an End of Life Care Strategy. This was developed by a pathway redesign group, made up of representatives from Kent County Council, health colleagues and other organisations, to ensure joined up care.
- An End of Life Care Strategy is currently being developed for Medway and Swale Clinical Commissioning Groups in partnership with Kent County Council.
- We have mapped all integrated staff meetings across Kent, which shows where all Multidisciplinary Team Meetings, Continuing Health Care Decision Support Tool meetings take place to ensure that we continue to work in partnership.
- New models of care are being tested by the Design and Learning Centre, which includes piloting the Buurtzorg model under the Transforming Integrated Care in the Community Project, where self-managing integrated community teams are wrapped around the person.
- Ellenor Palliative and End of Life Care Pilot: The Care Home Support Team at Ellenor Hospice is being expanded in order to provide palliative and End of Life Care support to all nursing home residents in the Dartford, Gravesham and Swanley area. The team will manage the palliative needs of all residents and produce detailed care plans in liaison with the resident's GP, social care providers and the staff within an individual's own home.
- Community Learning Disability Teams are integrated with health.
- The Community Learning Disability Teams have two dedicated staff for End of Life Care who are a contact point for local hospices.
- As part of Local Care and Transformation Plans, integrated generic worker roles are being explored.

Ambition 5:

All staff are prepared to care

Building blocks for achieving this ambition:

- Awareness of legislation
- Professional ethos
- Knowledge based judgement
- Using new technology
- Support and resilience
- Executive governance

Activity in Kent

- There is a Director Lead for End of Life Care.
- The Social Care Director lead for End of Life Care is a member of the Sustainability Transformation Partnership Clinical Board, where End of Life Care is a priority.
- Adult Social Care has an End of Life Care Steering Group, which meets twice a year. Once a year there is a forum with health colleagues and providers to review progress and identify and address gaps.
- There are leads/champions for End of Life Care across Adult Social Care.
- Kent County Council has access to national information and networks and is part of the Kent, Surrey and Sussex Academic Health Science Network End of Life group.
- The Kent County Council Continuing Health Care Team has a rolling programme of webinars and workshops for staff. Plans to upskill council staff on Continuing Health Care to ensure they understand when someone may be eligible for Continuing Health Care or Fast Track for those entering a terminal phase
- Adult Social Care staff are signposted to the national resources and training and that are available.
- Adult Social Care staff are supported on how to have difficult conversations through Key Concepts Training Programme. Future training will support staff with building resilience.
- Pilot underway in Dover and Thanet called 'Time to Talk', which is facilitated by members of the
- Community Learning Disability Team. It is dedicated time for members of the integrated team to discuss End of Life Care and go through any cases they may have.
- Adult Social Care has two Care Sector Project Officers to work with care providers (homecare, residential and nursing) to improve on skills and development of the care sector workforce.
- Staff within Adult Social Care fully utilise telecare and equipment.
- Through digital Sustainability Transformation Partnership and the Design and Learning Centre, technology is being explored which includes more robust approach to shared care plans and development of phone apps.

Ambition 6:

Each community is prepared to help

Building Blocks for achieving this ambition:

- Volunteers
- Practical support
- Public awareness
- Compassionate and resilient communities

Activity in Kent

- Health Watch End of Life Care Project: The initial phase of the project has been completed and Healthwatch has started the second phase gathering patient, family and carer views of End of Life Care services.
- Care Navigators across Kent, in some areas working in GP surgeries.
- There are a range of community projects, which consists of several Age UK integrated projects, community warden schemes and communities delivering differently in neighbourhoods (Wye and Newington wellbeing networks) where neighbourhoods take the responsibility for sharing information and connecting people.
- Information on the Kent Adult Social Care offer including End of Life Care is available on [Kent.gov](https://www.kent.gov.uk).
- In some areas of Kent there has been development of Menu of Services which signposts people to local services.

Supporting Documents and Resources

East Kent End of Life information

<https://www.kentcht.nhs.uk/wp-content/uploads/2017/09/EOL-patient-pack.pdf>

<https://www.kentcht.nhs.uk/wp-content/uploads/2017/09/EOL-carer-pack.pdf>

Training and support tools

NHS Choices - End of Life Care

Link to a short video produced collaboratively between NHS England and the National Council for Palliative Care, The video aims to help patients feel more empowered to make informed choices by encouraging them to maximise the benefits of their consultations with clinicians as well as dispelling myths about palliative and end of life care. The video is also a helpful tool for staff to help them to work with patients in an effective manner so that they feel reassured and confident about navigating a complicated healthcare system.

<http://www.nhs.uk/Planners/end-of-life-care/Pages/what-it-involves-and-when-it-starts.aspx>

Access – OpenAthens

OpenAthens is a service that allows people to access a series of online resources free of charge with just a single OpenAthens account.

Health Education England e-Learning for Healthcare (HEE e-LfH) is adding the e-LfH Hub and its thousands of e-learning sessions to the list of OpenAthens resources to make it easier for certain groups of the health and social care workforce to access e-LfH's e-learning. The OpenAthens eligibility criteria, which are managed by NICE, cover anyone working directly with NHS patients. Anyone working directly on the development and/or delivery of training materials for either NHS staff or NHS patients within an organisation that provides NHS-commissioned care or commissions care for NHS patients in England is also covered.

For more detailed information on the eligibility criteria, and to register, please visit:

www.nice.org.uk/about/what-we-do/evidence-services/journals-and-databases/openathens/openathens-eligibility

Find out more about ESTHER and the Design and Learning Centre:

<https://www.kent.gov.uk/social-care-and-health/information-for-professionals/design-and-learning-centre-for-clinical-and-social-innovation>

More information

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End of Life Care in Kent

Adult Social Care

High Level Action Plan

Updated January 2019

This high-level action plan identifies ways to improve the experience of End of Life Care and has been informed through an exercise where Adult Social Care benchmarked current activity against a national framework.

Action	Lead	Timescales
1. Improve the outcomes and experience for people through embedding the ESTHER model in Health, Social Care and the Sector across Kent. - Add content to the ESTHER roll out project plan to reflect End of Life, Mags to discuss with Anna Carlbom. - To check for and add similar models used in DC/LD/MH achieving the same person-centred approach and how it incorporates EOL care and support.	Mags Harrison and Anna Carlbom	On-going
2. Continue to improve the coordination and shared records to better facilitate an efficient flow of people through the system and improve the communication between all organisations by embedding the ESTHER model and adoption of technology through the STP Digital Strategy and Adult Social Care Technology Enabled Programme and ensure that EOL care is identifiable on the new MOSAIC system and that reports can be presented in order to understand how much EoLC is being delivered..	Design and Learning Centre, Alan Day, Linda Harris and Rachael Letchford Performance	March 2019

	lead tbc.	
3. There are a lot of examples of good practice across Kent from an EoLC perspective that could support wider outcomes and improvements at system and provider level. These were collated and shared in one place through an End of Life Care Innovation event in February 2018.	Design and Learning Centre	February 2018
4. Support staff to develop the skills to deliver a well-integrated system through the new operating model (aligning all change work – transformation, Local Care) and ensure EoL is incorporated in new Job Descriptions. - Develop staff in their existing roles through Key Concept and other development opportunities. - Development of generic roles as part of workforce development. - Factor in to outcomes-based care for the new care contracts. - Ensure that EoL care is incorporated in the Learning and Development programmes commissioned for ASCH.	Anne Tidmarsh, Penny Southern, Mags Harrison.	March 2019 March 2020
5. Work towards improving the use of local data on EoLC to undertake quantitative and qualitative analysis on care provided. This will be achieved through collating case studies, effectively using KID and the EoLC East Kent evaluation framework. - Liaise with Public Health with regard to KID informatics to develop a KPI - Case studies to be identified for learning purposes through Good Practice Group and Key Concepts - Develop a repository for case studies within the DLC folders, embed some case examples within the EoL action plan	Anne Tidmarsh and Penny Southern Mags Harrison	December 2018 April 2019 November 2018
6. Services across the health, social care and voluntary sectors work together to meet local needs efficiently and effectively. The innovation event in February 18 brought together Health, Social Care and Providers to share good practice,	Anne Tidmarsh	February 2018

<p>identify gaps and agree an approach for Kent. Ensuring ongoing monitoring through the Clinical and Professional Board.</p>		
<p>7. Ensure that people and staff are supported through training through ensuring effective signposting to what is on offer nationally and locally. Ensure that staff within Adult Social Care are aware of the EoLC overview document and the training that is available and are able to demonstrate this CQC. Work with the Care Sector to ensure that care workers are also able to access relevant training and support.</p> <ul style="list-style-type: none"> - Promote training opportunities through Good Practice Groups, Key Concepts and Care Sector Conference - Develop End Of Life e-learning package, Mags to speak to OD and reference East Sussex work - Continue to link in with Skills for Care of Life work, with Penny Lawlor and Paul Kirrage - Map what is available to support awareness raising and learning support on End of Life - Encourage active participation and refresh membership of the Group from Learning Disability, Mental Health and Disabled Children's 	<p>Anne Tidmarsh and Penny Southern</p> <p>Mags Harrison Mags Harrison Angie Thomas Mags Harrison Anne Tidmarsh</p>	<p>March 2019</p>
<p>8. Further test models of integrated community based care such as Buurtzorg to support and provide care for people at end of life.</p> <ul style="list-style-type: none"> - Add to the Project Board future agenda to test if the model results in any difference in End of Life Care 	<p>Design and Learning Centre – Georgina Walton</p>	<p>September 2019</p>
<p>9. Improve how medication is managed within the community and have clearly defined roles and responsibilities across Health, Social Care and Care Sector.</p>	<p>Design and Learning</p>	<p>March 2019</p>

<p>To be achieved through a medication in the community project.</p> <ul style="list-style-type: none"> - Roles and responsibilities for administering medication for End of Life care to be raised at the Clinical and Professional Board - Operational guidance to be developed for staff - Explore potential to add to the scope of the current Medication project 	<p>Centre Anne Tidmarsh Janice Grant Tamsin Rudolf</p>	
<p>10. Continue to share learning locally and nationally through STP Clinical Board (where EoLC is a priority) other forums and the Academic Health Science Network.</p> <ul style="list-style-type: none"> - Set up End of Life circulation list for distribution of relevant information, conferences etc. 	<p>Anne Tidmarsh and Georgina Walton</p>	<p>Ongoing</p>
<p>11. Reduce health inequalities by ensuring staff are able to effectively support people at EoLC across all protected characteristics through training and development.</p> <ul style="list-style-type: none"> - Include as part of developing KPIs with KID Informatics team - Ensure that the EoLC is part of the Prison support service and that data is collated to support monitoring. - Richard Munn to be asked to look at case studies 	<p>Anne Tidmarsh and Mags Harrison, Richard Munn, Janice Grant</p>	<p>Ongoing</p>

From: Ben Watts, General Counsel
To: Adult Social Care Cabinet Committee – 22 January 2019
Subject: **Work Programme 2019/20**

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 2019/20.

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 2019/20

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 2019/20.

6. Background Documents

None.

7. Contact details

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Adult Social Care Cabinet Committee - Work Programme 2019/20

ASC Cabinet Committee meeting dates	Key Decisions	Commissioning Items/Contract Monitoring	Developing Issues	Members' interests/suggestions	Standing Items
12-Mar-19	<p>Adult Social Care Green Paper</p> <p>18/00067 – Rates Payable and Charges Levied for Adult Social Care Services 2019/2020</p> <p>19/00011 - Partnership Arrangements for the provision of mental health and social care in Kent</p>	<p>Performance Dashboard</p> <p>Community Day Services for People with a Learning Disability and/or Physical Disability (16/00089)</p>	Staff Survey		<p>Verbal Updates by Cabinet Member and Corporate Director</p> <p>Work Programme 2019/20</p>
Page 177 17-May-19		<p>Update on Social Isolation and Loneliness</p> <p>Update on progress: Adult Social Care and Health (including the Lifespan Pathway Service) New Operating Model</p>			<p>Verbal Updates by Cabinet Member and Corporate Director</p> <p>Work Programme 2019/20</p>
12-July-19		<p>Performance Dashboard</p> <p>Update on progress against British Deaf Association of British Sign Language Pledges – to come back to Committee in July 2019</p>			<p>Verbal Updates by Cabinet Member and Corporate Director</p> <p>Work Programme 2019/20</p>

27-Sept-19					<p>Verbal Updates by Cabinet Member and Corporate Director</p> <p>Work Programme 2019/20</p>
27-Nov-19		<p>Performance Dashboard</p> <p>Sensory Strategy Update</p>			<p>Verbal Updates by Cabinet Member and Corporate Director</p> <p>Work Programme 2019/20</p>
16-Jan-20					<p>Verbal Updates by Cabinet Member and Corporate Director</p> <p>Work Programme 2019/20</p>
27-Mar-20		Performance Dashboard			<p>Verbal Updates by Cabinet Member and Corporate Director</p> <p>Work Programme 2019/20</p>

22-May-20					Verbal Updates by Cabinet Member and Corporate Director Work Programme 2019/20
Future items	<ul style="list-style-type: none"> • Process for indexation of contracts (C Maynard) 				

Updated on: 14 January 2019

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