

ADULT SOCIAL CARE CABINET COMMITTEE

Friday, 27th September, 2019

10.00 am

Darent Room, Sessions House



AGENDA

ADULT SOCIAL CARE CABINET COMMITTEE

Friday, 27 September 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 (15)

Conservative (11): Mrs P T Cole (Chairman), Ms D Marsh (Vice-Chairman),
Mr M J Angell, Mr M A C Balfour, Mrs P M Beresford,
Mrs S Chandler, Miss E Dawson, Ms S Hamilton, Mrs L Hurst,
Mr M J Northey and Vacancy

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

Labour (1) Mr J Burden

Independents (1) Mr J Clinch

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
- 3 Declarations of Interest by Members in items on the agenda
- 4 Minutes of the meeting held on 17 July 2019 (Pages 5 - 14)
- 5 Verbal Updates by Cabinet Member and Corporate Director (Pages 15 - 16)
- 6 19/00063 - Outcome of the formal consultation on Wayfarers Care Home, Sandwich (Pages 17 - 60)

- 7 19/00062 - Local Account for Kent Adult Social Care (April 2018 - March 2019) (Pages 61 - 132)
- 8 Community Based Wellbeing Services (Grants to Contracts) (Pages 133 - 148)
- 9 Update on Care Homes Contracts for People with a Learning Disability, People with a Physical Disability and People with Mental Health Needs (Pages 149 - 156)
- 10 Update on the Kent Academy for Children's and Adults' Workforce and Apprenticeships in Adult Social Care and Health (Pages 157 - 164)
- 11 Adult Social Care Accommodation Strategy 2019 Renewal (Pages 165 - 218)
- 12 Adult Social Care Annual Complaints Report (2018-2019) (Pages 219 - 236)
- 13 Work Programme 2019/20 (Pages 237 - 240)

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

Thursday, 19 September 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.

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 Wednesday, 17th July, 2019.

PRESENT: Mr M J Angell, Mrs P M Beresford, Mrs S Chandler, Ms S Hamilton, Ida Linfield, Ms D Marsh and Mr M J Northey

ALSO PRESENT: Clair Bell

IN ATTENDANCE: Akua Agyepong (Corporate Lead - Equalities and Diversity), Janice Duff (Head of Service Ashford & Shepway OPPD), Mags Harrison (Workforce Lead), Clare Maynard (Head of Commissioning Portfolio - Outcome 2 and 3), Simon Mitchell (Interim Commissioner), Penny Southern (Corporate Director, Adult Social Care and Health), Michael Thomas-Sam (Strategic Business Adviser, Social Care) and Emma West (Democratic Services Officer)

UNRESTRICTED ITEMS

159. Membership
(Item. 2)

1. It was noted that Ms Allen, Ms Bell, Mr Monk and Dr Sullivan were no longer Members of the Committee, and Mr Angell, Mr Balfour, Miss Dawson, Mr Northey, Mr Burden and Mr Clinch had joined the Committee.
2. A Democratic Services Officer welcomed Mr Angell, Miss Dawson, Mr Northey, Mr Balfour, Mr Burden and Mr Clinch to the Committee, and welcomed Mrs Bell in her capacity as Cabinet Member of Adult Social Care and Public Health.

160. Apologies and Substitutes
(Item. 3)

Apologies for absence had been received from Mrs Cole, Mr Koowaree, Mrs Hurst, Mr Burden and Mr Clinch.

Mrs Crabtree attended as a substitute for Mrs Cole and Mr Bird attended as a substitute for Mr Koowaree.

161. Election of Vice-Chairman
(Item. 4)

1. Mrs Beresford proposed, and Mr Angell seconded that Ms Marsh be elected Vice-Chairman of the Committee.

Agreed without a formal vote

2. RESOLVED that Ms Marsh be elected Vice-Chairman of the Committee and take the Chair in Mrs Cole's absence.

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

(Item. 5)

1. Mrs Chandler had declared an interest as she was the portfolio holder for Housing and Health at Dover District Council.

163. Minutes of the meeting held on 17 May 2019

(Item. 6)

1. Mrs Southern confirmed that further information would be submitted to the Committee at a later date in relation to the recent visit to Canterbury Oast Trust. Ms Maynard briefly talked about the feedback that had been received from providers as a result of the engagement event which recently took place to shape the future contract for residential services for people with learning disabilities.
2. RESOLVED that the minutes of the meeting of the Adult Social Care Cabinet Committee held on 17 May 2019 are correctly recorded and that they be signed by the Chairman.

164. Verbal Updates by Cabinet Member and Corporate Director

(Item. 7)

1. The Chairman welcomed Mrs Bell to her first meeting of the Committee as Cabinet Member for Adult Social Care and Public Health.
2. Clair Bell (Cabinet Member for Adult Social Care and Public Health) gave a verbal update on the following issues:

a) *New role – Cabinet Member for Adult Social Care and Public Health*

Mrs Bell took over the role of Cabinet Member for Adult Social Care and Public Health from Mr Gibbens on 20th May 2019. Mrs Bell said that although there were challenging times ahead within Adult Social Care and Health in Kent, she was looking forward to the exciting developments ahead which would transform both the way the county worked in providing social services, but would also bring benefits to Kent's residents, with the support of her colleagues and officers.

b) *'Kent Excellence in Business' Awards*

Mrs Bell attended the Kent Excellence in Business Awards on 20th June 2019 at the Kent Event Centre in Detling. The event was partly sponsored by Kent County Council and awards were handed out to a variety of businesses across Kent. The event featured a category for Valuing Disability Business of the Year. Mrs Bell talked about the positive work that had been undertaken by Kent Supported Employment in offering a range of specialist services for individuals with learning disabilities and Special Educational Needs, working with training providers and employers to help them to understand the needs of their workers with disabilities and offering training to staff.

c) *Local Government Association Annual Conference and Exhibition*

Mrs Bell attended the Local Government Association Annual Conference and Exhibition in Bournemouth from 2nd July to 4th July 2019. An area of the conference venue was dedicated to an Innovation Zone where local authorities and other groups held presentations on innovative projects that they had piloted. Mrs Bell said that Adult Social Care featured heavily at the conference and talked about a beneficial project that was presented at the conference which related to tackling social isolation through digital inclusion, which equipped elderly people and individuals with disabilities with a customised tablet device and ongoing support to enable them to connect with friends and family, contact their carer, watch videos and play games and puzzles.

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

a) *Welcome to the new Cabinet Member for Adult Social Care and Public Health and thanks to the former Cabinet Member for Adult Social Care and Public Health*

Mrs Southern welcomed Mrs Bell in her capacity as Cabinet Member of Adult Social Care and Public Health and thanked Mr Gibbens, former Cabinet Member for Adult Social Care and Public Health, for his support and commitment to the role over the years.

b) *Health and Social Care Integration*

Mrs Southern talked about the significant changes that were taking place within health and social care and the impact that the changes would have on Kent's residents and Kent's adult social care services. Discussions were taking place between Kent County Council, NHS England and the local health economy to drive changes and possess a comprehensive, seamless service in relation to health and social care. Mrs Southern referred to the informative paper which related to the Kent and Medway Integrated Care System, presented to County Council on the 23rd of May 2019, and the report and presentation which related to transforming health and social care in Kent and Medway, presented to the Health Reform and Public Health Cabinet Committee on 20th June 2019, and confirmed that the presentation slides would be sent to Committee Members.

c) *KCC's Adult Social Care and Health Directorate redesign*

The first phase of the Adult Social Care and Health directorate redesign had been completed and an overview page was accessible via KNet which set out information relating to the redesign and highlighted the individual's that were leading the changes that were happening for both Adult Social Care and the integration with Health. The second phase of the redesign had started which involved reviewing and finalising Adult Social Care and Health's senior leadership team. Mrs Southern confirmed that the finalised top-tier structure would be submitted to Members through a future Personnel Committee meeting or Adult Social Care Cabinet Committee meeting. Mrs Southern talked about the future of the 0-25 disability service and said that although the service transition over to the Children, Young People and Education directorate from the Adult Social Care and Health directorate in order to deliver the outcomes

from the recent Ofsted/CQC inspection, she would still have a key leading role in the transition.

d) Future workforce arrangements within Adult Social Care and Health

Mrs Southern emphasised the importance of investing in the workforce going forward and talked about a valuable presentation which had been presented at a recent Assessed and Supported Year in Employment (ASYE) event. The presentation had been created by social work students who had completed their first year in practice.

e) Kent Integrated Care Alliance (KICA) Annual Conference

Mrs Southern attended and presented at the well-attended KICA annual conference on 22nd May 2019, the feedback received in relation to the event was very positive. Mrs Southern talked about Kent County Council's engagement with the market and the importance of continuing to build a strong working relationship with providers.

4. In response to a question, Mrs Southern confirmed that Mr Dunkley, Corporate Director of Children, Young People and Education, held statutory responsibility of Kent County Council's 0-25 service. Mrs Southern said that she would ensure that Committee Members were kept up to date in relation to the conversations that were taking place regarding the movement of the 0-25 pathway.
5. In response to a question relating to the recent Kent and Medway Integrated Care System paper submitted to County Council, Mrs Southern confirmed that the report contained information relating to the partnership between Kent County Council and colleagues in Health in regard to management and direct accountability of Kent's social workers and the wider care sector.
6. In response to a question, Mrs Bell referred to the digital inclusion project that had been presented at the recent Local Government Association Annual Conference and Exhibition and confirmed that she would provide further information relating to the project to Members of the Committee outside of the meeting.
7. In response to a question, Mrs Southern confirmed that the presentation slides relating to transforming health and social care in Kent and Medway, which were presented at a recent Health Reform and Public Health Cabinet Committee meeting, would be provided to Members of the Committee outside of the meeting.
8. RESOLVED that the verbal updates be noted.

165. Adult Social Care Performance Dashboard

(Item. 8)

1. Mrs Southern introduced the report which set out the performance dashboard which provided Members with progress against targets set for key performance and activity indicators for May 2019 for Adult Social Care.
2. Mrs Southern confirmed that Matthew Chatfield had joined the performance team within Kent County Council's Adult Social Care and Health directorate and

would present the performance dashboard at future Adult Social Care Cabinet Committee meetings.

3. Mrs Southern drew Member's attention to a typographical error within the report and confirmed that point 3.1 should state *'There are currently 20 measures within the Adult Social Care Performance Dashboard and where appropriate a RAG (Red, Amber and Green) rating has been applied for 15 of these'* as opposed to *'There are currently 20 measures within the Adult Social Care Performance Dashboard and where appropriate a RAG (Red, Amber and Green) rating has been applied for 13 of these'*.

Mrs Southern and Ms Duff (Assistant Director – SKC and Thanet) then responded to comments and questions from Members, including the following: -

- a) Mrs Southern talked about the targets and figures within the performance dashboard which related to admissions to permanent residential or nursing care for people aged 65+. She said that at a recent Association of Directors of Adult Social Services (ADASS) meeting, discussions took place in relation to the national Adult Social Care Outcomes Framework (ASCOF) performance indicators, although Kent's residential and nursing targets were set based on Kent's budget. She talked about the work that had recently been undertaken within Adult Social Care's Commissioning team and said that analytics had shown that individuals were not staying in residential or nursing care for as long as expected, which meant that the individuals that were staying in residential or nursing care for long periods of time had significantly complex needs.
- b) Mrs Southern emphasised the importance of regularly comparing targets and measuring impacts with Adult Social Care and suggested that an item be brought to a future meeting of the Committee which scrutinised specific performance indicators and targets.
- c) In response to a question, Ms Maynard referred to the performance indicator which related to the number of people receiving homecare and confirmed that the target encompassed the new contract for Kent Support in the Home, which commenced in April 2019.

4. RESOLVED that the report be noted.

166. Update on Delayed Transfer of Care (DToC)
(Item. 9)

1. Ms Duff introduced the report which provided a further update and assurance to the Committee as a follow up to the Cabinet report in March 2019, on the management of Delayed Transfers of Care and the impact of the commissioned schemes and services on the overall performance of Delayed Transfers of Care.

Ms Duff, Ms Maynard and Mrs Southern then responded to comments and questions from Members, including the following: -

- a) Ms Duff confirmed that 30% of Swale residents accessed the Medway Maritime Foundation Hospital and an increasing number of Dartford

residents had accessed the hospital. She talked about the joint working arrangements between Kent County Council and Medway Council and the Urgent Care Operational Group which recorded delays within the care system and defined discharge pathways for Kent residents. She added that a 'discharge to assess' scheme had been commissioned with the provider to support individuals to return home on a set pathway.

- b) Mrs Southern talked about the data relating to DToC and emphasised the importance of regularly analysing data in order to predict strategic investments for the future. She added that the accommodation strategy for Adult Social Care had started to shape the care market, based on current demand.
- c) Ms Maynard talked about the risks that were associated with providers and the importance in ensuring that there were fewer providers within each cluster area to make sure that the market was stable, there were fewer hand backs and that all providers were making use of the packages as and when they came on board. She added that there were multiple strategies in place which had significantly improved the situation relating to DToC.
- d) Ms Duff confirmed that home care was one of the highest reported categories for DToC across England and explained how Kent continued to ensure that statutory responsibilities were met. Mrs Southern added that Adult Social Care colleagues and commissioning colleagues jointly met with The Care Quality Commission (CQC) bi-monthly to gain oversight from CQC in relation to the current market, and address any systemic issues with providers, including national providers.
- e) Ms Duff talked about the figures within the report which related to delays for non-acute NHS care which covered individuals that were waiting to be placed on a bedded pathway, or individuals that were waiting for placements under continuing healthcare.
- f) Ms Maynard referred to Kent County Council's 'Care and support in the home' service and said that although there were fewer providers within each cluster, each provider was required to take up each of the support packages, which meant that each provider was better able to plan and ensure that they could provide appropriate coverage within the locality.
- g) Ms Duff confirmed that the support pathway for individual's with complex needs had been extended to East Kent in October 2018.

2. RESOLVED that the report be noted.

167. Annual Equality and Diversity Report

(Item. 10)

Ms Agyepong (Corporate Lead, Equality and Diversity) and Ms Harrison (Workforce Lead) were in attendance for this item.

1. Ms Harrison introduced the report which set out the position statement for Adult Social Care and Health regarding equality and diversity work and progress on equality objectives for 2018/19.

Ms Harrison and Ms Agyepong then responded the comments and questions from Members, including the following: -

- a) Ms Harrison confirmed that data relating to religion and sexual orientation remained underreported and information gathering from clients for the protected characteristics still required improvement.
- b) Mrs Southern confirmed that limited assurance could be provided in relation to the equality impact assessment that had been carried out regarding Kent County Council's Care Navigation contract and that an action plan was produced to address this.
- c) Mrs Southern confirmed that complaints which related to equality and diversity were incorporated within the Adult Social Care Annual Complaints report.
- d) Mrs Agyepong talked about the figures within the report which related to religious beliefs and said that the category was not solely based upon faith/cultural inheritance, but how individuals defined themselves and how Kent's services met tailored needs in the most appropriate way.
- e) Ms Agyepong talked about technological change and digital applications within Adult Social Care and said that Kent County Council's Digital Strategy enabled people to do more for themselves and make use of intelligent information to increase independence and improve their quality of life. She emphasised the importance of ensuring that multiple channels of communication were available for individuals.
- f) Ms Agyepong talked about the work that had been undertaken in engaging with Kent's young carers and said that Kent County Council had commissioned services for the specific purpose of supporting and engaging with Kent's young carers. Mrs Southern added that Kent's engagement work with young carers would be undertaken through the commissioning of the services and the young carers would be supported until they had transitioned into young adults and older carers. Ms Harrison added that there were 47,000 new carers every year and one in nine adults in Kent were carers.
- g) Ms Agyepong said that the number of black and minority ethnic women in the mental health system had reduced and strategies were in place to ensure that the reduction continued.

2. RESOLVED that the report be noted.

168. Adult Social Care Accommodation Strategy 2019 Revision
(Item. 11)

Mr Mitchell (Interim Commissioner) was in attendance for this item.

1. Mr Mitchell introduced the report which updated Members on the ongoing project to revise the Kent Adult Social Care Accommodation Strategy and presented a series of related slides.

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

- a) Mr Mitchell talked about the engagement work that had been undertaken with individuals in relation to the available accommodation options and their future plans.
- b) Mr Mitchell said that a significant challenge for Kent County Council in relation to the Accommodation Strategy was to improve the working relationships with the provider market in terms of communication and understanding individual's tailored needs. Mrs Southern added that national legislative changes and the long-term funding of Adult Social Care had the potential to impact challenges, outcomes and behaviours.
- c) Ms Maynard said that the trading associations fully endorsed and supported the refreshed Accommodation Strategy and were keen to work alongside Kent County Council to further develop the strategy. She emphasised the importance of ensuring that care homes were efficient, sustainable and suitable for individual's with complex needs.
- d) Mrs Southern talked about the proposed future strategic priority to increase dementia-specific care homes and the national challenges associated with dementia care services. She said that the refreshed priorities within the Accommodation Strategy would provide dementia-related support into Kent's various homes as opposed to having dementia-specific homes. Ms Duff added that Kent County Council were working closely with the Kent Mental Health Partnership Trust to ensure that individuals living with dementia were not hospitalised and were able to remain living in their known environment.
- e) Ms Maynard referred to Kent's extra care housing schemes and said that the Housing and Care prospectus determined plans to build an additional 1,000 extra care units across Kent. She added that there were 13 current extra care housing schemes that were in Kent and emphasised the importance of ensuring that all communities were dementia friendly.
- f) Mr Mitchell referred to a chart within the report which highlighted information relating to the increase of housing development of previously used land. He confirmed that the figures within the chart were no longer accurate and had been updated since the report's publication and distribution to Members.
- g) Mr Mitchell and Ms Maynard talked about the engagement work that had taken place with planning and infrastructure colleagues and Kent's districts and said that information was regularly shared with them through Kent Housing Group forums.
- h) Ms Duff expected that the dementia village in Dover would open in October 2019.

- i) The Chairman suggested that an away day be arranged for Members to visit the dementia village in Dover. Members generally supported this.

2. RESOLVED that the report be noted.

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

1. RESOLVED that the work programme for 2019/20 be noted.

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From: Clair Bell, 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 – 27 September 2019

Subject: Verbal update by the Cabinet Member and Corporate Director

Classification: Unrestricted

Electoral Divisions: All

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

- 25 July - Chinese Delegation Visit
- 22 August - Visited Westview Integrated Care Centre in Tenterden
- 20 September - Attended and spoke at the Kent Integrated Care Alliance Awards
- 23 September - Visited Hedgerows Adults Short Break Unit in Staplehurst
- 10 October - World Mental Health Day
- 7-11 October - Safeguarding Adults Awareness Week

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

- Adult Social Care Case Management System (MOSAIC)
- Social Work Degree Apprenticeship Launch Event

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From: Clair Bell, 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 - 27 September 2019

Subject: **OUTCOME OF THE FORMAL CONSULTATION ON WAYFARERS CARE HOME, SANDWICH**

Decision Number: 19/00063

Classification: Unrestricted

Past Pathway of Paper Adult Social Care and Health Directorate Management Team - 17 October 2018 and 16 January and 11 September 2019

Future Pathway of Paper: Cabinet Member Decision

Electoral Divisions: Sandwich

Summary: This report provides Adult Social Care Cabinet Committee with the outcomes of the public consultation on the future of Wayfarers Care Home, Sandwich. The report is presented to assist members of the Committee in making a fully informed decision on the way forward.

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

- a) **CLOSE** the current Wayfarers Care Home and for Kent County Council to seek to find a buyer for the building and its land and to explore Housing with Care options preferably in the Sandwich area.
- b) subject to budget appraisal **PROCEED** with the alternative proposal received from the residents and staff of Wayfarers to relocate the Wayfarers service to an unused, purpose-built unit at Westbrook House, near Margate, and to find accommodation for any residents who instead may wish to move to alternative care homes; and
- c) **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. BACKGROUND

- 1.1 The future of the council owned, and operated Wayfarers Care Home has been considered on at least three occasions since October 2010. A previous public

consultation carried out in 2015 considered options for four KCC-owned care homes. This included a preferred option for Wayfarers to sell the home 'as a going concern'.

- 1.2 In January 2016 the Adult Social Care, and Health Cabinet Committee endorsed the decision to secure the sale of Wayfarers 'as a going concern'.
- 1.3 This envisaged selling Wayfarers to an external provider with the successful bidder required to retain the building and the existing staff and being responsible for the future maintenance or upgrading of the building.
- 1.4 Despite a buyer being found, a decision had to be taken not to proceed with the sale as it was unviable for both parties. The option to sell Wayfarers as a going concern had also been previously explored in 2011 but the negotiations broke down due to the provider not being able to accept existing staff under TUPE regulations.
- 1.5 Following the decision not to proceed with the sale of the home in June 2018, it was agreed that an options appraisal on the future of Wayfarers should be conducted in accordance with HM Treasury Green Book and presented to the Adult Social Care and Health Directorate Management Team (ASCH DMT) to determine the next steps.
- 1.6 Following discussion at ASCH DMT in March 2019 a decision was taken to start a 10-week public consultation exercise to seek views on the way forward for Wayfarers.
- 1.7 Wayfarers is a detached, 33-bed unit built in 1983. The home is separated into two distinct wings; Hollyside and Cherry Way. Each has its own dining area and communal spaces; however only one of these wings is currently in use.
- 1.8 The service is provided on a single floor with easy access throughout for all service users. All bedrooms are single occupancy however, they lack en-suite facilities. The home offers a dedicated respite service alongside the residential unit for older people. The accommodation is registered for older people with general frailty.
- 1.9 Wayfarers Care Home is fully compliant with the Care Quality Commission (CQC) Regulations. An unannounced inspection by CQC in November 2018 rated the home as 'Good' in all five domains. Wayfarers is the only care home remaining in Sandwich. Sandwich, whilst coming under the Dover District Council boundary sits within the Canterbury Clinical Commissioning Group area.
- 1.10 There are currently 14 residents at Wayfarers. As at 11 September 2019, the building was operating at 42% of its capacity making the unit cost £1,367.50 per week.

1.11 The unit cost based on 100% occupancy (33 beds) is approximately £580 per week.

1.12 Everyone that accesses services at Wayfarers is financially assessed for a contribution towards their care in line with the Care Act (Care and Support Charging and Assessment of Resources) Regulations 2014. This means that individuals who have savings of more than £23,250 are charged the full cost of their care and anyone with less than £23,250 is assessed against their means to determine the contribution to the cost of their care.

1.13 Full cost Wayfarers residents are charged the full amount for the placement which is currently £494.26 per week. ASCH has a guide price for the independent sector and can buy services in the Dover District for £389.65 per week for standard residential care.

1.14 The current gender breakdown at Wayfarers is as follows:

Gender	% of residents
Female	64%
Male	36%

2. OUR VISION FOR FUTURE OLDER PEOPLE'S ACCOMMODATION

2.1 Our vision is that older people should be supported to live independently in their own home receiving the best care and support to meet their needs and aspirations. The council's strategy is to commission fewer residential services and invest in preventative services designed to help people remain independent for longer. This includes Housing with Care (HwC), dementia and nursing specific services.

2.2 Over recent years the care market has continued to respond to the growing and changing need for older persons' care, increasing its capacity and working closely with KCC as a commissioner of services.

2.3 Our ambition is for accommodation that supports people to remain independent. Our aspiration is that in the future, housing developments for older people will:

- Have an ethos of promoting community participation, reducing social isolation and keeping people well.
- Provide a range of options that can meet people's individual needs.
- Are accessible and fully adaptable to meet the changing needs of older people.
- Help older people retain or regain their independence helping them to move out of or avoid an admission to residential care.
- Be designed to reduce the risk of falls, increase a person's ability to live independently, and improve wellbeing.

- 2.4 HwC is intended to promote independence and reduce social isolation, providing an alternative to more formal models of care like residential and nursing care homes, and offer a home for life.
- 2.5 Several definitions are used to define HwC, including 'Assisted Living', 'Extra Care', 'Retirement Housing', 'Sheltered Housing and 'Continuing Care Retirement Communities'. Public, not-for-profit and private sector provider organisations can deliver these services.

3. OPTIONS APPRAISAL AND CONSULTATION PROPOSAL

3.1 The following ideas were considered for Wayfarers as part of the options appraisal and outlined in the consultation documents:

<p>Do nothing and continue Wayfarers as it is.</p> <ul style="list-style-type: none"> ▪ The rooms have no en-suite facilities and would require significant financial investment to modernise the facilities in line with the Care Quality Commission standards. ▪ Due to the age of the building, significant investment would be required to make the facility fit for the future.
<p>Redesign Wayfarers as a specialist dementia unit.</p> <ul style="list-style-type: none"> ▪ Making Wayfarers fit to be a specialist dementia unit would involve significant investment and reduce the number of places available due to different facility requirements (such as en-suites). ▪ Reduced capacity would mean it would be very expensive to run. Good provision is already available which would not result in these additional on-going costs.
<p>Sell the home as a going concern.</p> <ul style="list-style-type: none"> ▪ This is now not perceived as a viable option due to two previous attempts at selling the facility.
<p>Close Wayfarers and find alternative provision for residents. Sell the building and land.</p> <ul style="list-style-type: none"> ▪ This means residents would move to alternative accommodation.
<p>Close Wayfarers and find alternative provision for residents. Sell the building and land. Explore options for developing older people's accommodation preferably in the Sandwich area, in the form of Housing with Care.</p> <ul style="list-style-type: none"> ▪ This means residents would move to alternative accommodation.

- 3.2 KCC's proposal outlined in the consultation is to close Wayfarers and find alternative provision for residents. Sell the building and land. Explore options for developing older people's accommodation preferably in the Sandwich area, in the form of HwC.
- 3.3 Should a HwC scheme be built in Sandwich, former Wayfarers residents would have the opportunity to see if moving in would be an option for them. Apartments would be available and offered to them if their needs could be met in the new scheme, and if they wished to do so.
- 3.4 The main drivers for this proposal are:
- Kent has a good record of developing HwC. Residents living in HwC are reporting positive experiences about their quality of life.
 - Good alternative provision is available from the independent care sector, with KCC already securing the majority of placements from other organisations that provide care.
 - Quality of care available in the provider sector is good and is monitored effectively through our contract monitoring arrangements.
 - The demand for frail elderly residential care is reducing, more people are able to remain at home with support and this has resulted in reduced occupancy at Wayfarers and an increased unit cost.
 - The Wayfarers building is in need of significant investment to bring it up to a standard for it to be fit for the future.
 - The unit cost of Wayfarers is about 3 times higher than the average unit cost in the Dover area.

4. CONSULTATION PROCESS

- 4.1 The County Council has a duty to undertake a formal consultation on proposed changes to services. A 10-week public consultation on the future of Wayfarers concluded on 24 July 2019. Residents, relatives/carers, staff and the staff Union representative have been involved in the consultation meetings and their views have been collected and considered.
- 4.2 Local MPs, local councillors and KCC Cabinet Members have also been briefed on the proposals and consultation process. Please see appendix A for an outline of the consultation process.
- 4.3 All public consultation documents were uploaded onto KCC's Consultation webpage and a dedicated email, phone number and freepost mailing address created to handle written responses and queries. Hard copy consultation documents and questionnaires were obtainable from the home and local libraries in Sandwich, Deal and Dover. A poster about the consultation was also available at the above locations.

- 4.4 A press release was issued at the start of the consultation which resulted in a front-page story about the consultation in the local press.
- 4.5 There were 68 contacts made during the consultation, this includes 60 questionnaire responses as well as other types of communication. A summary table by the type of communication is included below:

Contact Type	Number received
Online Questionnaires	28
Paper Questionnaires	32
Emails	5
Phone calls	0
Letters	2
Written Proposals	1
Total	68

- 4.6 Many of the staff and residents chose to submit a joint proposal as their way of responding to the consultation.
- 4.7 One letter and one email were received expressing the authors’ interest in buying Wayfarers.
- 4.8 Another letter was received with general feedback on KCC’s proposal. Feedback was considered as part of the consultation responses in section 5 below.
- 4.9 One consultation response provided the contact details of an organisation and stated Wayfarers may be suitable as a form of HwC.
- 4.10 An alternative written proposal was submitted by the Home on behalf of the residents and the staff which proposed relocating the staff, and the majority of the residents to an unused unit at Westbrook House Care Centre in Margate (which currently has two unoccupied units).

5. IDEAS AND ISSUES ARISING FROM THE CONSULTATION

5.1 Ideas for future of Wayfarers:

5.1.1 Several ideas were proposed for the future of Wayfarers. Numerous consultation responses suggested keeping the home open. Many respondents who suggested the home should remain open also suggested additional ideas for the home, examples included:

- Exploring alternative uses for Wayfarers including developing it as a community hub. Developing a “joint venture” with Health, a respite care facility or a respite service for clients and carers (freeing up hospital beds), and a day service for people living at home. This was suggested by a number of respondents.
- Some respondents have suggested developing the home as a Dementia unit/specialist service including for example, developing the

unused wing as a Dementia unit, or making the rooms in the unused unit en-suite for existing residents, making the other rooms as the Dementia unit.

- Refurbishing/developing the home was suggested in numerous responses with ideas including:
 - Converting the unused space into en-suite facilities.
 - Developing en-suites; seen as inexpensive and a more cost-effective option than building Housing with Care – HwC.
 - Developing the home as HwC (including that HwC should be developed before closing the home).
 - Investing in the home to modernise it and bring it up to current standards.
 - Refurbishing or developing the unused wing for those needing a place after hospital, or for commercial purposes.

5.1.2 Additional ideas were suggested for the future of Wayfarers, some ideas were proposed in a single response, and in some instances, the same idea was suggested by several respondents, examples include:

- Selling the home/site was referred in some responses, with the following suggestions:
 - Sell as a ‘going concern’.
 - Ring-fence funds raised from the sale for homecare.
- The staff and residents moving to Westbrook House Care Centre in Westbrook near Margate. This was suggested by one respondent and as a joint response by the staff and several residents of Wayfarers.
- Supporting or encouraging the establishment of a “charity” or “community interest company” to take over the responsibility for the facility.
- Developing older people’s accommodation before selling the site or developing HwC in Sandwich before closing the home.

5.2 Additional comments and issues raised

5.2.1 Some respondents said that new provision should be in place before the home closes, and ideally should be in Sandwich.

5.2.2 A concern was raised by one respondent over where alternative care would be provided.

5.2.3 It was felt the home is a valued community asset that should be available for local people for example, when they need residential care, this was suggested by some respondents.

5.2.4 Numerous respondents stated the home is very well run, caring and provides a safe environment for the residents, and it is valued by the local community. Comments in the consultation responses about the home included

- “extremely well run with competent staff and good facilities”,
- “the staff are fabulous and the residents love 'their home'” and
- “It feels like 'home from home' with a wonderful atmosphere”.

5.2.5 Concerns were raised by some respondents about staff having to find other jobs or losing their jobs at Wayfarers.

5.2.6 It was suggested the residents are considered part of the Sandwich community with two responses acknowledging that only a very small proportion of current residents are from Sandwich.

5.2.7 It was felt by some that moving the residents could be very detrimental to their health and wellbeing.

5.2.8 En-suite facilities not being required, or being unsuitable/unsafe, was raised by some respondents. For example, it was suggested that en-suites could lead to accidents if residents tried to use the facilities themselves, when they are not physically able to do so alone.

5.2.9 In some responses it was suggested that moving residents away from Sandwich may deprive them from regular visits from relatives and friends. The lack of public transport to visit residents placed in other areas was raised as a concern by some respondents.

5.2.10 HwC was seen as not appropriate or suitable by some respondents, or that it may not be appropriate for all current residents. There should be both HwC and residential care options; this was suggested by several respondents.

5.2.11 Some respondents were concerned with residents' 'loneliness' if they lived in independent living like HwC or if they were cared for in their own home.

5.2.12 There was a concern over the lack of alternative residential services in the area with Wayfarers being the only care home in Sandwich, this was raised several times. Care homes in Dover and Deal were not seen as suitable options for the current residents by some respondents.

5.1.13 Some responses suggested that Wayfarers should not be closed, and the land sold to property developers, or for developing new homes.

5.2.14 It was felt by some respondents that individuals may be reluctant to move to Wayfarers as it is believed it will close in the future.

5.3 Comments on the Equalities Impact Assessment:

5.3.1 Some responses said that the proposed closure unfairly impacted elderly people, not only the current residents but also any future potential residents.

5.3.2 It was felt by some respondents that closing Wayfarers could be considered ageist towards the elderly.

5.3.3 One consultation response replied that that as a respite care facility, Wayfarers provides much needed relief for informal, unpaid carers. "Informal carers come in all shapes and sizes and ages, but the majority are women. Respite care thus disproportionality makes a vital contribute on to the wellbeing of women and contributes to gender equality".

5.3.4 Some respondents agreed with the EqIA's comments on the potentially negative impact on the welfare of Wayfarers long and short-term residents in the event of a closure however, in some cases they were unsure that HwC represented the best solution.

5.3.5 A comment also highlighted the potential negative impacts on residents specifically as a result of moving them.

5.3.6 A comment stated that an upgraded facility at Wayfarers would provide benefits for all regardless of race, religion, or sexual orientation.

5.4 Alternative written proposal

5.4.1 In response to the consultation on the future of Wayfarers, residents and staff at the home provided a joint response, suggesting that those residents who choose to, as well as most of the staff, could relocate to Westbrook House Care Centre in Margate, where there is currently unused accommodation.

5.4.2 Westbrook House Care Centre is a Private Finance Initiative (PFI) building in which KCC has use of 45 beds (3 units of 15 beds, each with communal areas and lounges). KCC currently delivers services in two of the three units.

5.4.3 If the closure of Wayfarers is approved, those residents wishing to move to Westbrook House, could largely keep their current care staff, thereby ensuring continuity of care. They would be relocated to a more modern, spacious accommodation, where a wider range of support services and facilities than they currently enjoy, would be available.

5.4.4 This proposal would also help retain the majority of staff from Wayfarers and would ensure continuing high-level care and support is provided to the residents. Those opting to move elsewhere would be fully supported in doing so.

6. PERSONNEL IMPLICATIONS

6.1 The staffing information for Wayfarers at the end of August 2019 was as follows:

Head count	Total contracts	Permanent	Temporary	Fixed term	Full-time	Part-time	Relief
41	51	51	0	0	<10	37	12*

** Relief workers are contracted on a zero hours basis.*

6.2 Issues raised by members of staff at the initial consultation meeting held on 15 May 2019 and subsequently during the 10-week consultation period were related to redundancy and redeployment opportunities, and Human Resources support for staff in the event that a decision is made to close Wayfarers.

6.3 If the decision is taken to close the service, staff would be offered one-to-one meetings with a Human Resources Adviser, accompanied by their Trade Union representative, or a workplace colleague if they wish, and the opportunity to receive support to assist them in either, continuing their employment within KCC, or find suitable alternative employment.

6.4 Arrangements could be put in place to give members of staff an opportunity to apply for other advertised KCC posts while continuing to support Wayfarers residents until the home was closed. Any staff who were not successfully redeployed within KCC would be offered assistance in securing alternative employment.

6.5 Compulsory redundancies, where possible, would be kept to a minimum. The Redundancy Policy would then be followed, and additional support would be made available to staff at risk of, or under notice of redundancy in order to help them find work in KCC.

7. FINANCIAL IMPLICATIONS

7.1 If a decision is made to close Wayfarers and find alternative accommodation for residents, there is a requirement to continue to maintain the building and service up to the point of closure and relocation of residents.

7.2 Any future placements with a cost above KCC’s guide price would therefore be funded by KCC. None of the current residents would see an increase in the contribution towards their care or be charged additional fees either by KCC, or by alternative providers as a result of KCC’s proposal.

8. LEGAL IMPLICATIONS

8.1 The council has a responsibility under the Care Act to assess people who have an appearance of need and options for meeting needs will be discussed.

8.2 There is a duty to ensure all care home provision that the Council places residents in is safeguarding individuals and that effective contract management is in place.

9. EQUALITY IMPLICATIONS

- 9.1 An Equality Impact Assessment (EqIA) has been completed and a copy of the document is available in appendix B.
- 9.2 The EqIA has now been reviewed taking into consideration the outcomes of the consultation.
- 9.3 This confirms that the proposal to close the home and find alternative accommodation can be delivered in a way that takes account of the individual needs of Wayfarers residents. The actions identified as an outcome the EqIA review are:
- 9.3.1 The future care reviews of Wayfarers residents will ensure that the needs of all residents with 'protected characteristics' are fully addressed.
- 9.3.2 If the option to relocate residents and staff to Westbrook House Care Centre is accepted, residents' needs will be taken into consideration when developing an implementation plan for this proposal.
- 9.3.3 To work with residents and their relatives who may wish to find accommodation in alternative care homes in a way that ensures that any needs arising from their protected characteristics are fully considered.
- 9.3.4 To continue to monitor equality impact post implementation.
- 9.3.5 If the HwC option is confirmed and goes ahead, to ensure equality analysis takes place to ensure needs associated with equality characteristics are taken into account and are met.

10. SUMMARY

- 10.1 Following the analysis of the consultation responses, the Adult Social Care Cabinet Committee is asked to note the options considered for Wayfarers as part of the options appraisal, and the ideas, comments and issues raised by the respondents; these are outlined in the report.
- 10.2 Additionally, due to the points raised in section 3.4 and the fact that the residents and staff at Wayfarers have put together a viable proposal for relocating the residents, our recommendation is therefore to; close the Wayfarers Care Home building, explore HwC options preferably in the Sandwich area, and proceed with the proposal outlined in points 5.4 above.
- 10.3 This proposes, subject to budget appraisal, to relocate the Wayfarers service, including the majority of residents and staff, to an unused unit at the purpose-built Westbrook House Care Centre, Margate. Any residents who instead may wish to move to alternative care homes would be supported by KCC before the home closed.

10.4 If the closure option is endorsed formal staff consultation and feedback meetings with residents and their relatives, with the staff and their Union representative will take place.

10.5 It is proposed that Wayfarers residents would be offered alternative residential placements, except if their care reviews indicated that they would benefit from moving to specialist alternative services. No residents would be left without an alternative arrangement in place.

10.6 Should a decision be taken to close Wayfarers; it is envisaged that Adult Social Care and Health at KCC would consider the future of the site. This would include seeking to find a buyer for the building and its land.

11. RECOMMENDATIONS

11.1 Recommendation(s): The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** content of the report and the outcomes of the public consultation and **CONSIDER** and **ENDORSE** or **MAKE RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public on the proposed decision (Attached as Appendix 1) to:

a) **CLOSE** the current Wayfarers Care Home and for Kent County Council to seek to find a buyer for the building and its land and to explore Housing with Care (HwC) options preferably in the Sandwich area.

b) Subject to budget appraisal **PROCEED** with the alternative proposal received from the residents and staff of Wayfarers to relocate the Wayfarers service to an unused, purpose-built unit at Westbrook House, near Margate, and to find accommodation for any residents who instead may wish to move to alternative care homes; and

c) **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.

12. Background Documents

Link to consultation on the future of Wayfarers Care Home

<https://consultations.kent.gov.uk/consult.ti/wayfarers/consultationHome>

13. Lead Officers

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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:

19/00063

For publication**Key decision***

The need to modernise services and to respond to changing demands

Subject: OUTCOME OF THE FORMAL CONSULTATION ON WAYFARERS CARE HOME, SANDWICH

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

- a) **CLOSE** the current Wayfarers Care Home and for Kent County Council to seek to find a buyer for the building and its land and to explore Housing with Care options preferably in the Sandwich area.
- b) Subject to budget appraisal **PROCEED** with the alternative proposal received from the residents and staff of Wayfarers to relocate the Wayfarers service to an unused, purpose-built unit at Westbrook House, near Margate, and to find accommodation for any residents who instead may wish to move to alternative care homes; and
- c) **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 future of the council owned and operated Wayfarers Care Home has been considered on at least three occasions since October 2010. A previous public consultation carried out in 2015 considered KCC's preferred options for four of its owned homes. This included a preferred option for Wayfarers to sell the home 'as a going concern' and approval was given through an executive decision in February 2016, to secure the sale of the home 'as a going concern'. This envisaged selling the home to an external provider with the successful bidder required to retain the building and the existing staff and being responsible for any future maintenance or upgrading of the building. Despite a buyer being found, a decision had to be taken not to proceed with the sale as it was felt unviable for both parties. The proposal put forward will support the KCC strategic objective that older and vulnerable residents are safe and supported with choices to live independently in modern and refurbished fit for purpose accommodation.

Financial Implications: If a decision is made to close Wayfarers and find alternative accommodation for residents, there is a requirement to continue to maintain the building and service up to the point of closure and relocation of residents. Any future placements with a cost above KCC's guide price would therefore be funded by KCC. None of the current residents would see an increase in the contribution towards their care or be charged additional fees either by KCC, or by alternative providers as a result of KCC's proposal.

Legal Implications: The council has a responsibility under the Care Act to assess people who have an appearance of need and options for meeting needs will be discussed. There is a duty to ensure all care home provision that the Council places residents in is safeguarding individuals and that effective contract management is in place.

Equality Implications: An Equality Impact Assessment has been completed and this has been reviewed taking into consideration the outcomes of the consultation.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 27 September 2019 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

A 10-week public consultation on the future of Wayfarers concluded on 24 July 2019. Residents, relatives/carers, staff and the staff Union representative have been involved in the consultation meetings and their views have been collected and considered. Local MPs, local councillors and KCC Cabinet Members have also been briefed on the proposals and consultation process.

Any alternatives considered:

The following proposals were considered for Wayfarers as part of the options appraisal and outlined in the consultation documents:

Do nothing and continue Wayfarers as it is.

- The rooms have no en-suite facilities and would require significant financial investment to modernise the facilities in line with the Care Quality Commission standards.
- Due to the age of the building, significant investment would be required to make the facility fit for the future.

Redesign Wayfarers as a specialist dementia unit.

- Making Wayfarers fit to be a specialist dementia unit would involve significant investment and reduce the number of places available due to different facility requirements (such as en-suites).
- Reduced capacity would mean it would be very expensive to run. Good provision is already available which would not result in these additional on-going costs.

Sell the home as a going concern.

- This is now not perceived as a viable option due to two previous attempts at selling the facility.

Close Wayfarers and find alternative provision for residents. Sell the building and land.

- This means residents would move to alternative accommodation.

Close Wayfarers and find alternative provision for residents. Sell the building and land. Explore options for developing older people's accommodation preferably in the Sandwich area, in the form of Housing with Care.

- This means residents would move to alternative accommodation.

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

.....
signed

.....
date

Appendix A – Consultation Process

Date	Activity
29/04/2019	Consultation approach approved by KCC Cabinet Members
03/05/2019	Staff (and Union) and resident letters sent out inviting them to consultation meetings
07/05/2019	County Councilors briefed
08/05/2019	County Opposition Leaders briefed
15/05/2019	Meeting with staff and Union representative
15/05/2019	Meeting with residents and relatives
15/05/2019	Launch of consultation (including consultation webpage with all documents and questionnaire)
15/05/2019	Press release issued
15/05/2019	Hard copy questionnaires and posters available at key locations in Sandwich area
15/05/2019	Practitioners briefed
15/05/2019	Customer Contact Point briefed
15/05/2019	Customer Experience Team briefed
17/05/2019	Verbal update to ASCH Cabinet Committee
10/07/2019	Additional press release issued to remind people they have 2 weeks left to respond
24/07/2019	Consultation ends
25/07/2019 to 11/08/2019	Analysis of responses
11/09/2019	Directorate Management Team endorsement
13/09/2019	ASCH Cabinet Committee report on consultation outcomes published
16/09/2019	Forward Plan of Key Decisions published
27/09/2019	ASCH Cabinet Committee meeting
Date to be confirmed	TBC – Decision sought on recommendations from Cabinet Committee
Date to be confirmed	TBC – Key Decision (pending decision)
Date to be confirmed	TBC – Call-in period (pending decision)
Date to be confirmed	TBC – Implementation (pending decision)

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

Directorate/ Service: Adult Social Care and Health (ASCH)

Name of decision, policy, procedure, project or service: Way forward on the future of Wayfarers Care Home, Sandwich

Responsible Owner/ Senior Officer:
Clare Maynard, Head of Strategic Commissioning
Anne Tidmarsh, Director Partnerships

Version	Author	Date	Comment
0.1 Draft Equality Analysis Wayfarers	Sam Graves/Stuart Atchison	30/01/2019	Draft
0.1	Sharon Dene	05/03/2019	Draft
0.1	Akua Agyepong	05/03/2019	Review
0.2	Jonathan Carton	08/04/2019	Review, refining and amendments
0.3	Ana Rogers	13/05/2019	Review
0.3	Akua Agyepong	13/05/2019	Review
0.4	Charlotte Jones and Akua Agyepong	13/05/2019	Review
0.5	Anne Tidmarsh/Alison Shepherd	13/05/2019	Review and approval
0.6	Ana Rogers Anne Tidmarsh/Alison Shepherd	28/08/2019	Update following consultation and review of actions to be proposed on the outcomes report
0.6	Charlotte Jones Akua Agyepong Alison Shepherd Anne Tidmarsh	04/09/2019	Review
0.7	Akua Agyepong	09/09/2019	Review and comments
0.8	Ana Rogers	10/09/2019	Update following Corporate Lead's comments
0.9	Anne Tidmarsh	10/09/2019	Review
1.0	Anne Tidmarsh	11/09/2019	Approved

Author:

Pathway of Equality Analysis: Directorate Management Team (DMT) and In-house changes steering group.

Summary and recommendations of equality analysis/impact assessment

Context

Kent County Council (KCC) run a public consultation on the future of Wayfarers Care Home, Sandwich between 15 May and 24 July 2019.

Following a public consultation in 2015 on the future of the home, a decision was taken in 2016 to sell the home 'as a going concern'. Work then began to find a buyer and negotiate a sale. Despite a buyer being found, in 2018, a difficult decision had to be taken not to progress with the sale as it was unviable for both parties.

Following the decision not to proceed with the sale of the home in June 2018, it was agreed that an options appraisal on the future of Wayfarers should be conducted and presented to ASCH Directorate Management Team (DMT) to determine the next steps.

Following discussion at DMT in March 2019, it was decided KCC would undertake a 10-week public consultation exercise to seek views on the way forward for the home.

Wayfarers is a detached, 33-bed unit built in 1983. The home is separated into two distinct wings; Hollyside and Cherry Way. Each has its own dining area and communal spaces; however only one of these wings is currently in use. The home offers a dedicated respite service alongside the residential unit. The accommodation is registered for older people with general frailty.

Aims and Objectives

The council's vision is that older people should be supported to live independently in their own home receiving the best care and support to meet their needs and aspirations

The council's strategy is to commission fewer residential services and invest in preventative services designed to help people remain independent for longer. This includes Housing with Care (HwC), dementia and nursing specific services.

Housing with Care (HwC) is where people can live independently and receive high levels of care. It is intended to promote independence and reduce social isolation, providing an alternative to more formal models of care like residential and nursing care homes, and offer a home for life.

The council's proposal outlined in the consultation was to:

- Close Wayfarers and find alternative provision for residents. Sell the building and land. Explore options for developing older people's accommodation preferably in the Sandwich area, in the form of Housing with Care.

With this proposal residents of Wayfarers would move to alternative care homes that meet their needs. No residents would be left without an alternative arrangement in place and all arrangements would be equality impact assessed in order to ensure that there are no adverse impacts on the basis of their protected characteristics.

After this, KCC would close Wayfarers care home and try to find a buyer for the building and its land.

Alternative proposals to those being consulted upon were encouraged through the consultation.

This assessment has now been updated after the consultation closed, to reflect the outcomes of the consultation, and the care reviews/updates undertaken by ASCH Practitioners.

One of the proposals received in response to the consultation is to relocate the current permanent residents from Wayfarers to Westbrook House in Margate. This option, proposed by residents and staff of Wayfarers, is felt to have a number of advantages and opportunities.

Westbrook House Integrated Care Centre in Margate was built in 2004 as part of the Private Finance Initiative (PFI) project, and offers modern, spacious and well-equipped facilities.

These include four units of accommodation, each of 15 bed spaces and all bedrooms en-suite. Services include short stay provision for clients with dementia, reablement, physiotherapy, occupational therapy, day care services and meals. Garlinge GP surgery is also located within the grounds of Westbrook House. The facility is 13 miles from Wayfarers in Sandwich.

There are currently two units unoccupied, which provide an opportunity to relocate those permanent residents from Wayfarers into this accommodation.

KCC's proposal has therefore been amended to reflect the Westbrook House proposal. This means that ASC Cabinet Committee will be asked to consider the following updated proposal on 27 September 2019:

- To proceed with the alternative proposal received from the residents and staff of Wayfarers to relocate the Wayfarers service to an unused, purpose-built unit at Westbrook House, near Margate, and to find accommodation for any residents who instead may wish to move to alternative care homes.
- Close the current Wayfarers Care Home and for KCC to seek to find a buyer for the building and its land, and to explore Housing with Care (HwC) options preferably in the Sandwich area.

The main drivers for this proposal are:

- Kent has a good record of developing Housing with Care (HwC). Residents living in HwC are reporting positive experiences about their quality of life.

- Good alternative provision is available from the independent care sector, with KCC already securing the majority of placements from other organisations that provide care.
- Quality of care available in the provider sector is good and is monitored effectively through our contract monitoring arrangements.
- The demand for frail elderly residential care is reducing, more people are able to remain at home with support and this has resulted in reduced occupancy at Wayfarers and an increased unit cost.
- The Wayfarers building is in need of significant investment to bring it up to a standard for it to be fit for the future.
- The unit cost of Wayfarers is about 3 times higher than the average unit cost in the Dover area.

Further information on this proposal is outlined in the analysis section below.

Summary of equality impact

Even though the impact assessment identified adverse impacts, they have been mitigated through the proposed actions. We will continue to monitor the outcomes of the impact assessment through the decision and implementation process. The impacted groups are age and disability.

Adverse Equality Impact Rating Medium

Attestation

I have read and paid due regard to the Equality Analysis/Impact Assessment concerning the consultation to close Wayfarers care home. I agree with the actions to mitigate any adverse impact(s) that has /have been identified.

Head of Service

Signed: Alison Shepherd

Name: Alison Shepherd

Job Title: Head of In-House Modernisation

Date: 11 September 2019

DMT Member

Signed: Anne Tidmarsh

Name: Anne Tidmarsh

Job Title: Director Partnerships

Date: 11 September 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?

Please provide a <u>brief</u> commentary on your findings. Fuller analysis should be undertaken in Part 2.				
	High negative impact	Medium negative impact	Low negative impact	High Positive Impact
<p>Age</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 40</p>	<p>The home is registered for older people with general frailty; all residents are aged 65+.</p> <p>The consultation has helped developing an understanding of the impact of the proposals on this protected group. Discussions between residents, relatives and the staff have shaped the Westbrook House proposal which is being supported by the majority of residents and staff.</p> <p>Some consultation responses said that the proposed closure unfairly impacted elderly people, not only the current residents but also any future potential residents. It was felt by some respondents that closing Wayfarers could be considered ageist towards the elderly.</p>			<p>One element of the council's proposal is to proceed with the alternative proposal received from the residents and staff of Wayfarers.</p> <p>This would ensure continuity of care for the residents. Additionally, the range of facilities and services available at Westbrook House mean KCC could extend the service offer to those Wayfarers residents who choose to relocate to Westbrook House.</p> <p>These include short stay provision for clients with dementia, reablement, physiotherapy, occupational therapy, day care services and meals. Garlinge GP surgery is also located within the grounds of Westbrook House and the facility is 13 miles from Wayfarers in Sandwich.</p>

<p>Page 41</p>	<p>These views have been considered and summarised in the ASC Cabinet Committee Consultation Outcomes report, for consideration by the Cabinet Committee on 27 September. This discussion will then inform the decision to be taken by the Cabinet Member around October 2019.</p> <p>Some studies have suggested that moving clients from one residential home to another can be a disruptive and stressful time, which could in turn have a negative impact on a client's wellbeing.</p> <p>Wayfarers is the only remaining residential care home in Sandwich. Residential care provision is available in the surrounding areas like Deal, Dover and Thanet.</p> <p>ASCH Practitioners were briefed about the consultation proposal and during the consultation undertook/updated care reviews of the Wayfarers residents. Further reviews will be undertaken in line with the decision by the Adult Social</p>			<p>Alongside this KCC aims to continue to explore options for developing Older People's Housing with Care (HwC) preferably in the Sandwich area. The aim is that this progresses very shortly based on the ongoing discussions with Dover council.</p> <p>HwC schemes can offer high quality purpose built accessible accommodation where older people can live independently and receive high levels of care.</p> <p>Currently bathroom facilities are shared at Wayfarers and only one of the two wings in the home is in use. HwC schemes can offer a home for life with access to self-contained accommodation including own bathroom.</p> <p>KCC's aim is that, should a Housing with Care scheme be built in Sandwich, former Wayfarers residents would have the opportunity to see if moving in would be an option for them. Apartments would be available and offered to them if their needs could be met in the new scheme, and if they</p>
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<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 42</p>	<p>Care and Public Health Cabinet Member.</p> <p>If the Westbrook House option is accepted, it will be the resident's choice whether they would want to relocate to Westbrook House or be supported to move to alternative care homes. Any future care reviews will consider the resident's views and wishes and continue to be mindful of the needs of this protected characteristic group.</p>			<p>wished to do so.</p> <p>Wayfarers care home has 33 beds; admissions data shows there was an overall decline in admissions since 2014 from 134 for 2014/15 to 29 2017/18. In 2018/19 there was a very small increase in admissions up to 33; For 2019/20 admissions fell to 15.</p> <p>This supports the idea that demand for frail elderly residential care is reducing, more people are able to remain at home with support and this has resulted in reduced occupancy at Wayfarers.</p> <p>The current occupancy at the home is 42%.</p>
<p>Disability</p>	<p>A significant proportion of residents have disabilities. There is the potential that relocating to Westbrook House or moving to a new accommodation and needing to grow accustomed to a new environment may be stressful and disruptive for this protected group.</p> <p>As with age above, the consultation has helped developing an</p>			<p>If the council's proposal to proceed with the alternative proposal received from the residents and staff of Wayfarers is accepted a positive impact on disability is expected.</p> <p>This option would not only ensure continuity of care for residents but the additional range of facilities and services available at Westbrook House</p>

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 43</p>	<p>understanding of the impact of the proposals on this protected group. Discussions between residents, relatives and the staff have shaped the Westbrook House proposal which is being supported by the majority of residents and staff.</p> <p>If the Westbrook House option is accepted, it will be the resident's choice whether they would want to relocate to Westbrook House or be supported to move to alternative care homes. Any future care reviews will consider the resident's views and wishes and continue to be mindful of the needs of this protected characteristic group.</p>			<p>would mean KCC could extend the service offer to those Wayfarers residents who choose to relocate to Westbrook House.</p> <p>These include short stay provision for clients with dementia, reablement, physiotherapy, occupational therapy, day care services and meals. Garlinge GP surgery is also located within the grounds of Westbrook House and the facility is 13 miles from Wayfarers in Sandwich.</p>
<p>Sex</p>			<p>As of 11 September 2019, the breakdown for this protected characteristic was: 64% of residents are women and 36% of residents are men</p> <p>This was slightly different for 2018/2019; for this period women made up 44.8% of residents and men represented 55.2%.</p>	

		<p>In line with Age and Disability above, if the Westbrook House option is accepted, it will be the resident's choice whether they would want to relocate to Westbrook House or be supported to move to alternative care homes.</p> <p>Any future care reviews will consider the resident's views and wishes and continue to be mindful of the needs of this protected.</p>	
<p>Gender identity/ Transgender</p>			<p>This is currently unknown; no data on gender identity/transgender is collected at present.</p> <p>If it is identified as part of future care reviews that this protected group may be affected by the proposals, the council will ensure that any actions are taken in compliance with the February 2019 Adult Social Care and Health and Children and Young People Education policy 'Supporting transgender users of our services'. This policy is designed to help staff in Adult and Children Social Care to offer the best service they can to trans users of Social Care</p>

<p>Race</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 45</p>		<p>As of 11 September 2019, 100% of the residents at Wayfarers were White British.</p> <p>Between 2014 and 2016, there was a small number of admissions from BME groups.</p> <p>Over the last three years (2016 to 31st March 2019) there were no placements from other ethnic groups (100% of placements were for White British residents). We are currently not sure why there was a decline in admissions for BME people and this has not been made evident during the consultation.</p> <p>Future care reviews will need to continue to be mindful of the needs of this protected group.</p>	<p>services.</p>
<p>Religion and Belief</p>		<p>As of the 11 September 2019, 43% of residents are Christian. For 57% of residents this is currently recorded as unknown.</p>	

			Future care reviews will need to continue to be mindful of the needs of this protect group.	
Sexual Orientation				<p>This is currently unknown.</p> <p>If it is identified as part of future care reviews that this protected group may be affected by the proposals, the council will ensure actions will be taken into account the key points from the LGBT Action Plan published in July 2018 following on from a survey undertaken in July 2017 to explore the Experiences of LGBT people in the UK.</p>
Pregnancy and Maternity	N/A	N/A	N/A	N/A
Marriage and Civil Partnerships	N/A	N/A	N/A	N/A
Carer's Responsibilities			The consultation has helped developing an understanding of the impact of the proposals on this protected group.	

<p>Page 47</p>			<p>One consultation response said that as a respite care facility, Wayfarers provides much needed relief for informal, unpaid carers. “Informal carers come in all shapes and sizes and ages, but the majority are women. Respite care thus disproportionality makes a vital contribution to the wellbeing of women and contributes to gender equality”.</p> <p>Any future care reviews will consider the resident’s views and wishes and continue to be mindful of the needs of this protected group.</p>	
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Part 2

Equality Analysis /Impact Assessment

Protected groups

Analysis has suggested that Age and Disability groups will be either negatively and or positively impacted by the proposals for the future of the home.

If KCC's proposal is accepted and in light of the consultation feedback, future care reviews by ASCH Practitioners will need to ensure KCC is mindful of the needs of residents within the following protected groups:

- Age
- Disability

Additionally, care reviews will need to ensure the needs of the following protected characteristics are also considered:

- Sex
- Carer's responsibilities
- Gender identity/Transgender
- Race
- Religion/Belief
- Sexual orientation

Information and Data used to carry out your assessment

- Consultation Outcomes Report presented to Adult Social Care and Public Health Cabinet Committee 14 January 2016.
- Options Appraisal on the future of Wayfarers undertaken by the Strategic Commissioning division, August 2018
- Performance data held on the service and residents
- "Mortality at older ages and moves in residential and sheltered housing: evidence from the UK" - <https://jech.bmj.com/content/68/6/524>
- "Enforced relocation of older people when Care Homes close: a question of life and death?" - <https://academic.oup.com/ageing/article/40/5/534/46619>
- "Effects of residential relocation on mortality and morbidity among elderly people" – <https://academic.oup.com/eurpub/article/6/3/212/660115>
- February 2019 Adult Social Care and Health 'Supporting transgender users of our services policy'

Who have you involved, consulted and engaged:

Internal stakeholders; engagement and consultation:

- Clair Bell, Cabinet Member Adult Social Care and Public Health
- Anne Tidmarsh – Director Partnerships

- Alison Shepherd – Head of In-House Modernisation
- Damien Ellis – Head of In-house Provision
- Debbie Ford – Home manager of Wayfarers
- Stuart Atchison – Senior HR Adviser
- Charlotte Jones – Consultation and Engagement Officer
- Benjamin Watts – Legal Counsel
- Akua Agyepong – Corporate Equality Lead
- Sharon Dene – Senior Commissioning Manager, Strategic Commissioning Division
- Clare Maynard – Head of Strategic Commissioning
- Adult Social Care Performance Team, KCC
- Wayfarers Staff
- KCC Opposition Leaders (Labour and Liberal Democrats)
- County Councillors (Dover and Deal)
- KCC Cabinet Members
- ASC Cabinet Committee
- ASCH Practitioners (OPPD) – responsible for undertaking care reviews on residents
- ASCH DMT
- Helen Bond – Strategic and Corporate Services, Property

External stakeholders; engagement and consultation:

- Residents of Wayfarers
- Friends and relatives of Wayfarers
- Members of the public
- Dover and Deal MP
- Thanet MP

The outcomes of the consultation have been summarised in the Consultation Outcomes Report which is being presented to ASC Cabinet Committee on 27 September 2019. Several ideas were proposed by the consultation respondents on the future of Wayfarers; numerous consultation responses suggested keeping the home open and many respondents which suggested the home should remain open have also suggested additional ideas for the home.

Additionally, several issues and concerns were raised during the consultation for example, some consultation respondents were concerned about the wellbeing of the residents and the staff, or about the availability of residential care in Sandwich. Issues and concerns have been summarised and included in section 5 of the Consultation Outcomes report.

Analysis

Adverse Impact:

The evidence gathered as part of this assessment indicates that there may be potential adverse impact on age and disability, if KCC's proposal is accepted. Wayfarers is currently home to 14 residents who would require alternative accommodation if the home closed.

It is expected that moving residents to new accommodation if the home closed could cause stress for those affected, including not only the residents themselves but also their family and friends.

It is hoped the impact may be lessened by relocating residents to Westbrook House. This idea was discussed with residents, their relatives and staff during the consultation, and it is supported by the majority of residents and staff.

This option would ensure continuity of care as Wayfarers staff would transfer to Westbrook House with the residents. This would also provide an opportunity for residents to continue to live together in the alternative accommodation in Margate. It is however recognised that the centre is 13 miles apart and this would be additional travel in some cases for families to visit.

For the residents who may wish to move to alternative care homes, KCC would ensure that they would be supported to find appropriate accommodation that met their needs which was of their choice.

Positive Impact:

The council's proposal is to relocate residents to Westbrook House. If accepted this would provide continuity of care and an opportunity for residents to access additional services available at Westbrook House.

These include short stay provision for clients with dementia, reablement, physiotherapy, occupational therapy, day care services and meals. Garlinge GP surgery is also located within the grounds of Westbrook House and the facility is 13 miles from Wayfarers in Sandwich.

Additionally, KCC's aim is to continue exploring options for developing Older People Housing with Care (HwC) preferably in the Sandwich area. The aim is that this progresses very shortly based on the ongoing discussions with Dover council. HwC schemes can offer high quality purpose built accessible accommodation where older people can live independently and receive high levels of care.

Currently bathroom facilities are shared at Wayfarers and only one of the two wings in the home is in use. Housing with Care schemes can offer residents a home for life with access to support and self-contained accommodation including own bathroom.

If KCC's proposal is accepted this would mean that should a Housing with Care scheme be built in Sandwich, former Wayfarers residents would have the opportunity to see if moving in would be an option for them. Apartments

would be available and offered to them if their needs could be met in the new scheme, and if they wished to do so.

For the residents who may wish to move to alternative care homes, KCC would ensure that they would be supported to find appropriate accommodation that met their needs which was of their choice.

This would be about personal choice; residents would not be forced into moving to Westbrook House. If their preference was to remain near Sandwich (there are currently no other residential or care homes in Sandwich itself) or closer to where families and loved ones live, KCC would support them in finding a suitable care home nearer to their area of choice.

JUDGEMENT

- **Continue the policy**

Internal Action Required

Yes (please see below action plan)

Equality Impact Analysis/Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
Age and Disability	Potential adverse and positive impact for these protected characteristic groups.	<p>ASC Cabinet Committee discussion taking into consideration the issues raised during consultation as outlined in the Consultation Outcomes report.</p> <p>The future care reviews of Wayfarers residents will ensure that the needs of all residents with 'protected characteristics' are fully addressed.</p> <p>If the option to relocate residents and staff to Westbrook House Care Centre is</p>	Ensure decisions on the future of the home are informed by the outcomes of the consultation as outlined in the Consultation Outcomes report and the discussion by ASC Cabinet Committee on 27 September 2019	Anne Tidmarsh/Alison Shepherd	From October 2019 (pending decision)	Please see Outcomes Consultation Report – Appendix C

		<p>accepted, residents' needs will be taken into consideration when developing an implementation plan for this proposal.</p> <p>To work with residents and their relatives who may wish to find accommodation in alternative care homes in a way that ensures that any needs arising from their protected characteristics are fully considered.</p> <p>To continue to monitor equality impact post implementation.</p> <p>If the Housing with Care option is</p>				
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		confirmed and goes ahead, to ensure equality analysis takes place to ensure needs associated with equality characteristics are taken into account and are met.				
<p>Sex, Carer's responsibilities Gender Identify/Transgender Sexual Orientation, Race and Religion/Belief</p>	<p>There is no equalities data currently gathered Identity/Transgender and Sexual Orientation.</p> <p>There is data captured on sex, race, religion and belief.</p>	<p>ASC Cabinet Committee discussion taking into consideration the issues raised during consultation as outlined in the Consultation Outcomes report.</p> <p>The future care reviews of Wayfarers residents will ensure that the needs of all residents with 'protected characteristics' are fully addressed.</p>	<p>Ensure decisions on the future of the home will be informed by an analysis of the impact on this protected group.</p>	<p>Anne Tidmarsh/Alison Shepherd</p>	<p>From October 2019 (pending decision)</p>	<p>Please see Outcomes Consultation Report – Appendix C</p>

		<p>If the option to relocate residents and staff to Westbrook House Care Centre is accepted, residents' needs will be taken into consideration when developing an implementation plan for this proposal.</p> <p>To work with residents and their relatives who may wish to find accommodation in alternative care homes in a way that ensures that any needs arising from their protected characteristics.</p> <p>ASC Cabinet Committee</p>				
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		<p>discussion taking into consideration the issues raised during consultation as outlined in the Consultation Outcomes report.</p> <p>To continue to monitor equality impact post implementation.</p> <p>If the Housing with Care option is confirmed and goes ahead, to ensure equality analysis takes place to ensure needs associated with equality characteristics are taken into account and are met.</p>				
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Have the actions been included in your business/ service plan?

No – actions will be monitored through the In-House Changes steering group chaired by the Director Partnerships.

September 2019

Appendix

The data in this appendix has been refreshed to reflect the latest information on admissions and profile of residents.

Admissions

The table below shows admissions broken down by month from 1st April 2014 to 31st March 19:

Year/Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2014/2015	≤10	≤10	≤10	≤10	12	11	14	≤10	13	19	11	13	134
2015/2016	13	≤10	≤10	17	≤10	≤10	12	11	≤10	≤10	15	12	135
2016/2017	≤10	≤10	≤10	≤10	11	≤10	≤10	≤10	≤10	≤10	≤10	≤10	74
2017/2018	≤10	≤10	≤10	≤10	≤10	≤10	≤10	≤10	≤10	≤10	≤10	≤10	29
2018/2019	≤10	≤10	≤10	≤10	≤10	≤10	≤10	≤10	≤10	≤10	≤10	≤10	33
2019/2020	≤10	≤10	≤10	≤10	≤10	≤10	≤10	≤10	≤10	≤10	≤10	≤10	15

Admission by Type						
Assessment	85	80	28	≤10	≤10	≤10
Respite	49	48	37	16	20	13
Long Term Care	≤10	≤10	≤10	11	≤10	≤10
Total	134	135	74	29	33	15

Profile of service users

Current gender profile of service users (11/09/2019)

Gender	Number of residents	% of residents
Female	≤10	64%
Male	≤10	36%
Total	14	100%

Gender Breakdown (2018/2019)

Gender	Totals	%
Female	13	44.8%
Male	16	55.2%
Total	29	100%

Ethnicity breakdown (2018/2019):

Ethnicity	Ethnicity Breakdown	No of Service Users	%
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White	British	29	100%
	Irish	0	0%
	Other	0	0%
	Gypsy/Roma	0	0%
Mixed	White Asian	0	0%
	White & Black Caribbean	0	0%
	Other	0	0%
	Bangladeshi	0	0%
	Pakistani	0	0%
	Chinese	0	0%
	Indian	0	0%
Black or Black British	African	0	0%
	Caribbean	0	0%
	Other	0	0%
Not Recorded	Refused	0	0%
Total		29	100%

Sex						
	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Female	78	81	45	15	13	≤10
Male	56	54	29	14	20	≤10
Total	134	135	74	29	33	15

BME						
	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
BME	≤10	≤10	≤10	≤10	≤10	≤10
White British	127	131	74	29	33	15
Unknown	≤10	≤10	≤10	≤10	≤10	≤10
Total	134	135	74	29	33	15

Postcode analysis shows people accessing the service are predominantly from 56 Kent postcodes. The majority of clients accessing the service between 1st April 2018 and 31st March 2019 are from CT13 and CT14 postcodes.

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By: Clair Bell, 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 – 27 September 2019

Decision Number: 19/00062

Subject: **LOCAL ACCOUNT FOR KENT ADULT SOCIAL CARE (APRIL 2018 – MARCH 2019)**

Classification: Unrestricted

Previous Pathway of Paper: Adult Social Care and Health Directorate Management Team – 11 September 2019

Future Pathway of Paper: Cabinet Member decision

Electoral Divisions: All

Summary: Summary: This report provides Adult Social Care Cabinet Committee with an update on the development of the Local Account for Adult Social Care (April 2018 – March 2019). The report summarises involvement/engagement activities undertaken to date across Adult Social Care and outlines how user engagement feedback from these activities has informed the development/content of the Local Account for 2018-2019.

Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** the Local Account document– ‘Here for you, how did we do?’ (April 2018 – March 2019) (attached at Appendix 1) and **ENDORSE** this as the final version.

1. Introduction

- 1.1 Adult Social Care Services at both a local and national level are currently being delivered against a backdrop of ongoing challenging financial constraint, a population that is living longer with associated increasing complex care needs and people wanting better quality and choice in the services they use.
- 1.2 There is also greater emphasis on Councils to work collaboratively to improve performance and outcomes for people and to deliver joint services with the NHS and other partners.
- 1.3 In the past, the Care Quality Commission (CQC) used to assess how well Local Authorities were performing in Adult Social Care. It no longer does this. All Local Authorities are now asked to produce a document in partnership with their residents to enable them to hold the authority to account. As a result, the

annual report for Adult Social Care in Kent - **'Here for you, how did we do?'** has been produced.

- 1.4 The Local Account, **'Here for you, how did we do?'** April 2018 - March 2019 describes the achievements, improvements and challenges faced by Kent Adult Social Care during the past year. It also sets out our vision for the future and provides updates on the key issues that people have told us are important to them.
- 1.5 It is an important way in which people can challenge and hold us to account and this is the eighth year that it has been developed in partnership with people who use our services, their carers, voluntary organisations and service providers as well as Members, District Councils and our staff.

2. Development of the Local Account

- 2.1 An ongoing challenge for the Council is to ensure that the people we support continue to be at the centre of the care they receive. An important element of this is to actively engage with people who use our services, their carers, our partners in Health, our wider social care market of voluntary and private sector providers and Borough and District Councils.
- 2.2 We know that quality care matters to people and there is a strong link between effective customer engagement/involvement and 'Think Local, Act Personal (TLAP), the 'Making it Real' agenda and sector led improvement focused on enabling people to have more choice and control to live full and independent lives and achieve outcomes that are important to them.
- 2.3 We also need to ensure that we continue to deliver cost effective Adult Social Care Services in line with our strategy for Adult Social Care "Your Life, Your Wellbeing", our strategic statement – "Increasing Opportunities, Improving Outcomes" and meet the statutory requirements of the Care Act.
- 2.4 Whilst user engagement activity is already carried out across the Adult Social Care and Health Directorate, the ongoing development of the Local Account provides further opportunity for us to listen to, work with and act on what our customers are telling us about our service provision.
- 2.5 This will enable us to continue to work collaboratively with people in Kent to deliver sustainable Adult Social Care Services now and for the future.

3. User Engagement Activity to inform the Local Account

- 3.1 There are several forums, boards and partnerships already in place across the Adult Social Care and Health Directorate and work has been undertaken to link into or utilise these in the most effective way to inform the Local Account.
- 3.2 The easy read version of the Local Account from last year was posted on the Kent Learning Disability Partnership website together with an easy read cover letter and tailored commentary to encourage feedback.

- 3.3 The Local Account has also been distributed widely and has been sent to all Kent Libraries, Gateways, Clinical Commissioning Groups, Parish Councils, to over 600 religious organisations, local clubs and societies and to over 170 Patient Participation Groups to increase awareness, particularly across Health and in local communities.
- 3.4 There are several forums and groups across Kent that support and provide a voice for vulnerable adults and links to these have continued to be developed. Presentations on customer involvement and the Local Account have been delivered to carers, the Kent Physical Disability Forum and at Older Persons Forums. The Local Account has also been shared with Healthwatch Kent.
- 3.5 An Adult Social Care customer engagement database containing over 2,500 active contacts has continued to be developed. All contacts within the database have received a copy of the previous version of the Local Account in the most appropriate format – e-version, easy read, standard edition or plain text requesting peoples' feedback. The database will be utilised again for the current version.
- 3.6 Where possible (and if appropriate), the Local Account has been distributed electronically to minimise printing costs.
- 3.7 The database, which is General Data Protection Regulation (GDPR) compliant, has been used to provide suggested customer engagement contacts to help gather insights to inform service developments or to support consultations.
- 3.8 Contacts made include sensory (Deaf/Visually Impaired/Deafblind) clients to support work being undertaken by the Sensory Services team, Adult Social Care provider contacts for a budget consultation workshop, contacts for a Domestic Abuse Strategy consultation, complaint contacts to provide insight into the way people access Adult Social Care Services and Health related contacts for an Asthma workshop and Esther roadshows.
- 3.9 Ongoing communications to Adult Social Care staff promoting the Local Account and the importance of feedback have been developed, including features in Newsletters and regular web-based updates.
- 3.10 An informal briefing for all members of the Adult Social Care Cabinet Committee was held on 6 September 2019.

4. Financial Implications

- 4.1 A key objective when developing the brochure and our customer engagement approach has been the consideration of how to enhance value for money utilising wherever possible existing forums or approaches already in place across the Adult Social Care and Health Directorate or working in conjunction with existing partners to minimise costs.

4.2 There will be a cost implication in the production and distribution of the Local Account; however, these will be managed within the budget planning forecasts.

5. Legal Implications

5.1 There are no legal implications associated with this report.

6. Equality Implications

6.1 There are no equality implications associated with this report.

7. Future Publication, Distribution and Feedback

7.1 The final document will be ready for publication in late October 2019 and will be distributed as widely as possible to give everyone the chance to read it, challenge our approach, ask questions and feedback their views.

7.2 All contacts within the Adult Social Care customer engagement database (2,500+) will receive a copy in the most appropriate format – e-version, easy read, standard edition or plain text requesting their feedback. Where possible (and if appropriate), the Local Account will also be distributed electronically to minimise printing costs.

7.3 Hard copies will be distributed to publicly accessible social care locations, i.e. Libraries, Gateways, Day Centres, Patient Participation Groups, Parish Councils and to local groups.

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

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

7.6 People who are using Adult Social Care Services, carers, the voluntary sector, providers, Members, Healthwatch Kent and staff will continue to be encouraged to play a part in the evaluation and ongoing development of the Local Account.

8. Recommendations

8.1 Recommendation: Adult Social Care Cabinet Committee is asked to **CONSIDER** the Local Account document– ‘Here for you, how did we do?’ (April 2018 – March 2019) (attached at Appendix 1) and **ENDORSE** this as the final version.

9. Background Documents

Increasing Opportunities, Improving Outcomes, Kent County Council’s Strategic Statement 2015-2010

<http://www.kent.gov.uk/about-the-council/strategies-and-policies/corporate-policies/increasing-opportunities-improving-outcomes>

Your life, your well-being, a vision and strategy for Adult Social Care 2018-2021

<http://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/your-life-your-wellbeing>

Care Act 2014

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

Think Local, Act Personal 2011

<https://www.thinklocalactpersonal.org.uk/Browse/ThinkLocalActPersonal/>

Local Account ‘Here for you, how did we do?’ April 2017 - March 2018

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

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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:

19/00062

For publication

Non-Key

Subject: Local Account for Kent Adult Social Care (April 2018 to March 2019)

Decision: As Cabinet Member for Adult Social Care and Public Health, I propose to **APPROVE** the Local Account for Kent Adult Social Care (April 2018 – March 2019).

Reason(s) for decision: With the withdrawal of external inspection of the Council's performance in Adult Social Care, there is now more emphasis on councils to manage their own performance, work collaboratively with the sector to improve performance and outcomes and explain how they have performed to local residents. The Local Account has emerged as a standard feature of the new local accountability framework.

Financial Implications: The proposed development of the Local Account does not include savings targets, however a key objective when developing the brochure and our user engagement approach has been the consideration of how to enhance value for money from a Council perspective utilising wherever possible existing forums or approaches already in place across the Directorate or working in conjunction with existing partners to minimise costs. There will be a cost implication to the production and distribution of the Local Account; however these will be managed within the budget planning forecasts for the Unit, i.e. ongoing production of the Local Account.

Legal Implications: None.

Equality Implications: None.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 27 September 2019 and the outcome included in the paperwork the Cabinet Member will be asked to sign.

Any alternatives considered:

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

.....
signed

.....
date

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Here for you, how did we do?

Local account for Kent Adult Social Care



April 2018 - March 2019
Report highlighting the achievements, improvements and challenges of
Kent County Council Adult Social Care during the past year and our vision
for the future.

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

All images Kent County Council except, NHS photo library 30,31,43,44; Care Images 25, 36 and Photosymbols page 35.

Foreword

By: Clair Bell, Cabinet Member for Adult Social Care and Public Health and Penny Southern, Corporate Director of Adult Social Care and Health.



Clair Bell



Penny Southern

We are pleased to publish, "**Here for you, how did we do?**" the Local Account for Kent County Council Adult Social Care for April 2018 – March 2019.

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

There continue to be challenges ahead and Adult Social Care is changing the way in which we deliver our services to meet the needs of our population and deliver what the people of Kent need to stay safe and connected to their communities.

Over the last three years, we have transformed our services to ensure that they are meeting the requirements of our statutory responsibilities within the Care Act, but are also relevant and flexible for people in Kent. We want to make sure that you are at the centre of any decision made and receive advice, guidance and support that enables you to stay as independent as possible. We want to focus on what you can do, not on what you cannot do.

A major piece of this is to work with our partners in Health, our wider market of the voluntary, private sector provision and borough and district councils to ensure we join up our approach to avoid duplication and deliver a seamless response and service delivery.

We firmly believe in supporting people to live independent and fulfilling lives in their own homes and communities and achieve outcomes that are important to them.

We know that quality care matters to people

and we will continue to work to find innovative and efficient ways to deliver these services.

In 2018-19, we strived to:

- keep adults who might be at risk safe
- support people to live independently in their own home
- increase investment in enablement services (see glossary) and Telecare (see glossary) provision to enable people to regain their independence and remain at home
- reduce the number of permanent admissions to residential care enabling people to be in the right place to meet their needs
- support more people through a person-centred approach building on an individual's strengths and capability
- support more people with a disability into employment
- use surveys and other feedback to look at what we are doing well and what needs improving
- work with Health and other partners to plan and provide joint services
- work seamlessly with Health to reduce Delayed Transfers of Care from hospital to ensure that people are able to access the right support when they are medically fit and safe to be discharged.

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

Introduction

Welcome to this year's annual report for Adult Social Care in Kent - '**Here for you, how did we do?**' April 2018 - March 2019 which describes the achievements, improvements and challenges faced by Kent County Council Adult Social Care during the past year as we have continued to transform our services. It also sets out our vision for the future.

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

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

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

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

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

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

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

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

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

You told us that you would like to know:

- **How to access our services (page 11)**
- **How we support carers (page 42)**
- **More about Blue Badges (page 41).**

Symbols used in this report



Refers to what is new this year.



Refers to an update on last year.



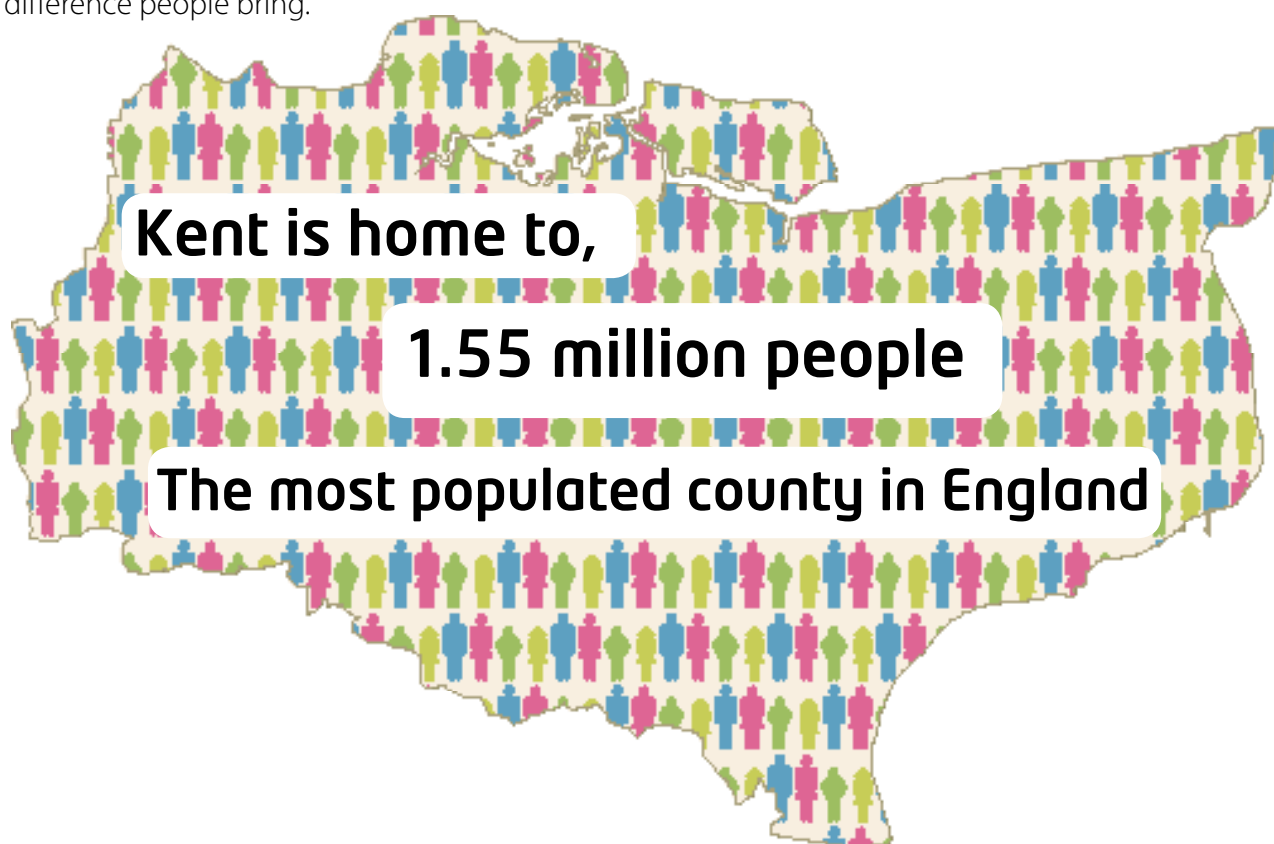
Get involved and give us your feedback.

Kent and its people

At Kent County Council, we recognise the diverse needs of our community. We value and celebrate diversity and believe it is essential to provide services which work well for all our customers and staff making Kent a great county in which to live and work.

Equality is one of the values underpinning the work we do in Adult Social Care - adopting a person-centred approach tailored to each individual so they can achieve the things that matter most to them.

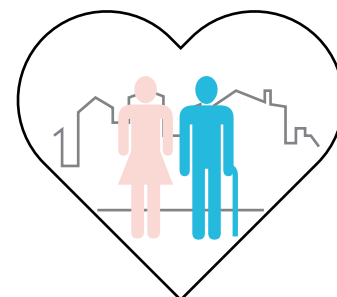
This means treating people with dignity and respect and helping people to be safe and socially included, supporting people's own sense of identity so that we acknowledge and celebrate the difference people bring.



14,666 people aged between 18-64 are supported by Adult Social Care

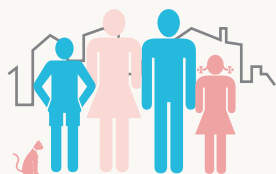


35,385 people in Kent are supported by Adult Social Care

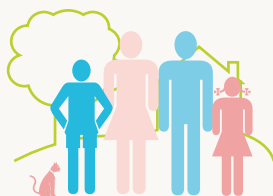


20,719 people supported by Adult Social Care are over the age of 65

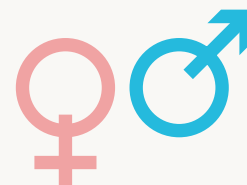
Facts and figures about Kent



74% of the Kent population live in urban areas



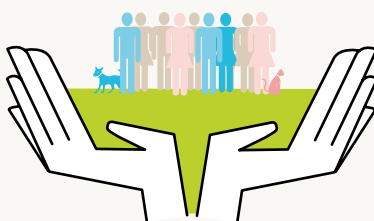
26% of the population live in rural areas and occupy **77%** of the land in Kent



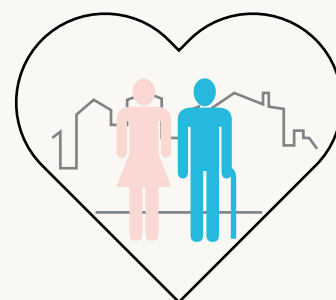
51% of the population is female and **49%** male



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



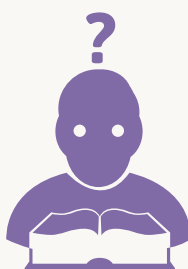
8,672 people in Kent supported by Adult Social Care are over the age of 85



57.5% forecast increase in over 65 year olds between 2016 and 2036



4,958 people supported by KCC Adult Social Care have a physical disability



3,151 people supported by KCC Adult Social Care have a learning disability



3,473 people supported by KCC Adult Social Care have mental health issues

What does Kent Adult Social Care do?

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



What is our purpose?	What is our aim?	What are our responsibilities?	Who do we support?
<p>To provide person centred, care and support to adults and carers of all ages, disabled children and young people.</p> <p>To work with individuals with care and support needs, arranging person centred outcome based care and support to help them lead independent and fulfilling lives, wherever possible in their own homes and communities.</p>	<p>To promote an individual's well-being; supporting them to live independent and fulfilling lives in their own homes and communities and achieving outcomes that are important to them.</p> <p>To ensure that the right level of support is provided at the right time, right place and the right cost for vulnerable adults, disabled children, young people, their families and carers in Kent.</p>	<ul style="list-style-type: none"> • provide information, advice and advocacy • carry out needs assessments • shape the market through strategic commissioning • provide and/or arrange services for adults with eligible care and support needs • keep people safe (safeguarding adults at risk of abuse or neglect). 	<ul style="list-style-type: none"> • people with physical disabilities • people with learning disabilities • disabled children and young people • older people • people with mental health needs • people with sensory disabilities including dual sensory impairment and autism • people who provide voluntary care and support to friends or family • young people approaching 18 years old who are transitioning to Adult Social Care.

We firmly believe in supporting people to live independent and fulfilling lives by focusing on what people can do, not what they can't do ('strengths' based approach).

How Adult Social Care in Kent is structured

We aim to make sure Kent's population of people who need social care live healthy, safe, fulfilled and independent lives and are included in the community. Together, we want to make sure people are at the heart of our services and feel empowered to make choices about their support.

OUR STRUCTURE SUPPORTS THIS

Operations



This division delivers our statutory Care Act duties for all client groups. It commissions and provides a range of services to improve outcomes for disabled children, young people, adults with disabilities, people with mental health issues, older people and physically disabled adults and their carers.

Our mental health and learning disability services work in integrated teams with NHS colleagues. The Lifespan Pathway Service provides flexible needs-led provision, for disabled children, young people and adults with complex physical and learning disabilities to ensure a smooth pathway from children and young people's services into adulthood. We also assess and arrange support services for people with Autism and sensory support needs.

Our Older People and Physical Disability operating model is aligned to the Local Care Model and focuses on being preventative, maximising independence and choice, and providing targeted personalised support where required.

Partnerships



This division leads on the development of sustainable relationships with all partner agencies through the Sustainability and Transformation Partnership (STP), including the wider community with a strong focus on voluntary sector partnership working.

It includes:

- STP and Health Integration
- District partnerships and the voluntary sector
- Design and Learning Centre for Clinical and Social Innovation
- Digital Strategy and implementation planning
- Prisons partnerships
- Adult Social Care and the wider care sector workforce
- Sustainability of the workforce.

Adult Social Care and Health Commissioning

Partners and stakeholder organisations

Corporate Director

Penny Southern
Corporate Director Adult Social
Care and Health

Business Delivery Unit



This division manages the operational business support function for the Directorate. This underpins work done by all divisions. It includes:

- Project management
- Strategic Safeguarding, Practice and Quality Assurance
- Professional strategic and collaborative working, the Principal Social Worker (PSW) and Principal Occupational Therapist (OT) who support operations to oversee quality assurance and the continual improvement of social work and OT practice
- Customer experience, customer care and complaints
- Systems and operational analytics
- Purchasing
- Communications and Business Resilience
- Independent Living Support Service, Blue Badge, Technician Service.

Service Provision



This division provides a range of in-house services to improve outcomes for individuals and to provide support to carers.

It includes:

- Short Breaks for adults and children with learning disabilities
- Community Support Services for people with learning disabilities
- Enablement services for families with children with learning and physical disabilities
- Kent Pathway Service
- Shared Lives
- Kent Enablement and Recovery Service
- Day services for older people
- Integrated and Residential Care Centres which provide short breaks for older people, support after discharge and dementia care.

Challenges facing Adult Social Care Services



Adult Social Care Services across Kent continue to face five significant challenges:

- the population is living longer with increasing complex needs
- people want high quality and choice in the services they use
- retaining and developing the Adult Social Care workforce
- the NHS 10 Year Plan
- uncertainty of long term funding of Adult Social Care.

Tackling **loneliness and social isolation** and working with the NHS and other partners to **deliver joint services** and reduce **delayed transfers of care** from hospital are additional areas that we have been focusing on within Adult Social Care and Health and across Kent County Council as a whole.

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

Predicted Kent population growth (excluding Medway) 2016 - 2024

Age Band	2016	2017	2018	2019	2020	2021	2022	2023	2024
18-64	899,700	906,000	914,700	924,800	933,200	939,700	945,900	951,900	957,900
65+	307,000	312,800	319,400	326,100	332,600	339,600	347,100	355,100	363,700
Total	1,206,600	1,218,800	1,234,100	1,250,900	1,265,900	1,279,200	1,293,000	1,307,000	1,321,600

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

Your journey with Adult Social Care

Sometimes we all need a little extra support. It may be to get back on your feet after an operation or illness, things may be getting more difficult to do around the home or you may need support in caring for someone. Social care comes in all shapes and forms and it is provided by many organisations.

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

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



Contact

If you feel you have care and support needs, you need to contact us and we will provide you with information, advice or guidance to help you or start an assessment of your needs based on what you tell us. A relative, GP, neighbour, friend or carer can also contact us on your behalf. See the back page for our contact details.



Your Needs Assessment:

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

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



Planning your Support (your Care and Support Plan)

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



Supporting you to be Independent

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



Paying for your care and support

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



Arranging your Support

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



Reviewing your care and support

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

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

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

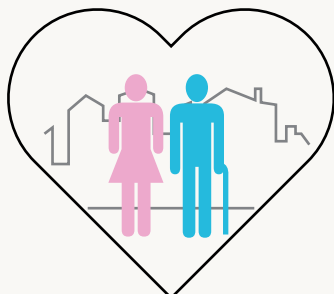
Headline figures



35,385 people in Kent are supported by Adult Social Care



14,666 people aged between 18-64 are supported by Adult Social Care



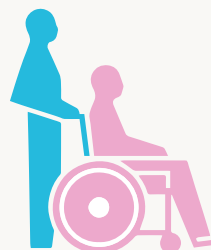
20,719 people supported by Adult Social Care are over the age of 65

Assessments



22,490 people received an assessment of their needs

19,382 (86%) of people who received an assessment had eligible needs



6,020 assessments were completed that took account of carer's needs

Personal Budgets

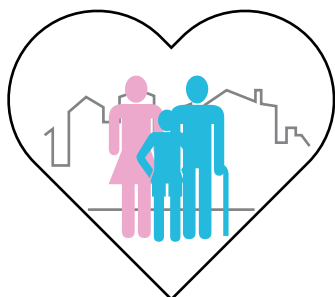


7,399 people had a Personal Budget

3,802 people decided to take their Personal Budget as a Direct Payment

2,199 people received their Direct Payment through a Kent Card

Services in the community



6,896 people received a home care support service so they could stay in their home

7,937 people received an enablement service

82% of people could return home due to an enablement service

2,291 people received a day care service

1,746 supported living placements were made

Residential and nursing care



3,972 people in permanent residential placements

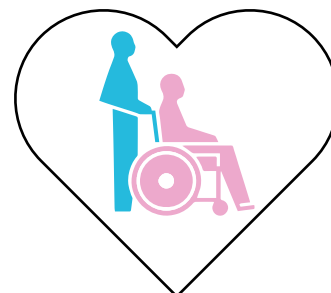
1,171 older people were resident in nursing care homes

1,069 residential placements were made for people with learning disabilities

440 suppliers provided services in relation to permanent residential placements

114 suppliers provide services in relation to nursing care homes

Carers



531 carers received a 'something for me' payment

Reviews



12,319 people received a review of their needs

How we spend our money

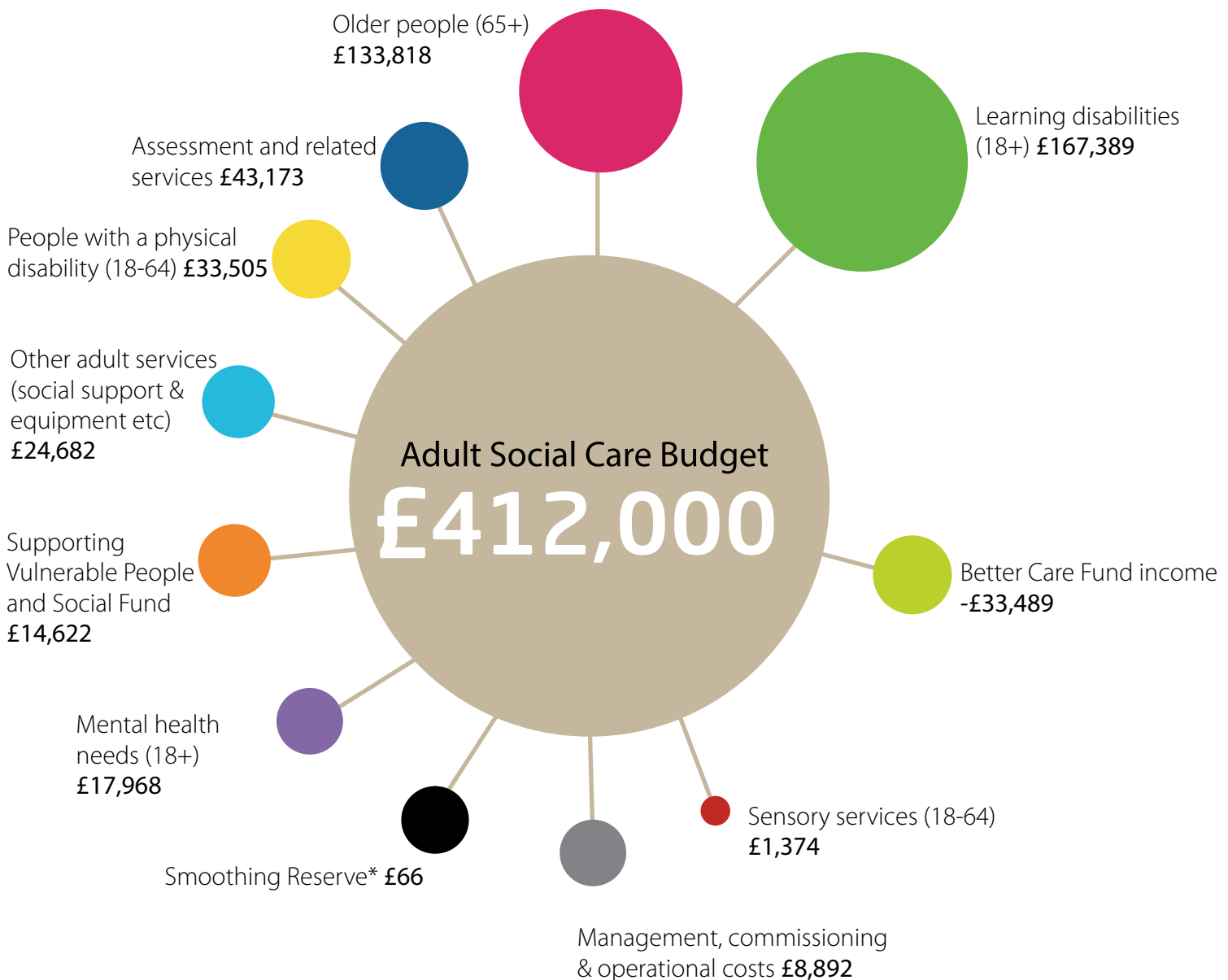
KCC's net expenditure is **£1.844** billion per annum and the budget is split into three areas:

- direct services to the public - **£1.584** billion
- financing items - **£115** million (authority wide costs that are not service specific)
- management, support services and overheads - **£145** million.

The Adult Social Care net budget is **£412** million per annum, below is an illustration of how this is spent across all our client groups.

For more detailed information about Kent County Council's budget and spending, please visit our website: www.kent.gov.uk/budget

How we spent our money £'000's



*Smoothing reserve enables expenditure to be smoothed/averaged over financial years.

How we spend our money

Service	Net (£'000s) 2018-19	Percentage of budget	Net (£'000s) 2017-18
Assessment – staff costs for carrying out community care assessments, support plans and reviews	43,173	10.5%	42,941
Residential care and nursing care including non-permanent care such as respite	170,827	41.5%	163,514
Domiciliary Care services provided to individuals in their own home or those within extra care housing	44,237	10.7%	38,328
Direct payments - money which is passed directly to individuals so they can purchase and manage services to meet their eligible needs	46,635	11.3%	44,420
Supported Living and Supported Accommodation arrangements	77,089	18.7%	73,754
Day Care, Community Support Services and Meals	19,767	4.8%	18,925
Non-residential client charging - client contributions towards community based services	-19,471	-4.7%	-17,742
Enablement - intensive short-term support which encourages people to be as independent as possible	12,300	3.0%	11,427
Advanced Assistive Technology	6,107	1.5%	5,793
Voluntary organisations contributions for social support related services	20,685	5.0%	20,320
Support for Vulnerable People - Supporting People and Social Fund	14,647	3.5%	17,827
Better Care Fund income	-33,489	-8.1%	-32,865
Management, commissioning and operational costs	9,427	2.3%	8,933
Total Before Reserve	411,934	100%	395,575
Smoothing Reserve Movement*	66	0%	15,463
Total adult spend	412,000	100%	411,038

April 2018 to March 2019 Highlights

These are some of the achievements and good news stories of the last year

APRIL



Employability event takes place at County Hall, Maidstone. Run by Kent Supported Employment who assist many adult social care clients into work.

JUNE



Art Ability took place in Sessions House which was an exhibition of arts and crafts by people with a learning disability across Kent.

JULY



KCC celebrated the opening of the new Changing Place in Sessions House, in memory of Steven Kissock who successfully campaigned to have the facility installed.

OCT



Social Worker of the Year Awards took place with our own Kerri Davies who was nominated for Newly Qualified Social Worker of the Year 2018!

JAN



Windchimes in Herne Bay was inspected by Ofsted. The centre attained its fourth consecutive 'Excellent' rating!

MAR



The Second ESTHER (see glossary) Inspiration Day was held with over 200 participants coming to learn about the programme and its achievements.

Our work and what we do

A photograph of a woman and a man smiling and holding a brown chicken. The woman is on the left, wearing a dark blue t-shirt, and the man is on the right, wearing a blue and red striped t-shirt and glasses. They are both looking at the chicken with joy. The background is a blurred green field.

Our community day services have developed to give people the chance to find activities and skills they want to do, become more independent, make new friends and become part of the community. Like regular trips to the farm to learn new skills and improve well-being.

Supporting adults

Ensuring that people in Kent get high quality, integrated Health and Social Care to support them to live healthy, fulfilled and safe lives in their community is one of our key aims and we are always looking at different ways that we can provide support to people in more specialist and innovative ways.

Our teams who support adults with a learning disability work in an integrated way with colleagues from Kent Community Health Foundation Trust, Kent and Medway Partnership Trust and the Clinical Commissioning Groups (CCGs).

Inspiring Lives

The Learning Disability services that KCC directly manage (our in-house provision) are known as 'Inspiring Lives'. When care and support is needed, Inspiring Lives provide services that are person centred, of outstanding quality and focused on an individual's needs.

New

The Quality Assurance Framework

We have created a new Quality Assurance Framework (a first of its kind) within our Inspiring Lives service and this was rolled out in mid-2019.

The framework was developed to ensure that the services monitor quality and take clear action where quality is not meeting standards regardless of whether the service is regulated or un-regulated. It sets out the approach that we will take to ensure care and support services provide what individuals accessing our services need.

The framework will not only support and underpin the work of the service, but also act where challenges are highlighted. It will specifically work with our un-regulated community day services, although it will also enable internal audits and self-assessments to be undertaken in all our regulated services. Our priority is that the people who use our



services can be confident that the care and support they receive is of high quality and that they will be safe and treated with dignity and respect.

Quality is everyone's business and the best way to ensure that high quality services are delivered is to involve all in assessing how well services are performing. We will include people who use the service, relatives, parents, carers, providers, staff delivering the service, other social care staff and health practitioners in assessing our performance.

We want to hear from you

In 2018 we delivered the first of yearly forums for people we supported, their families, carers and operational staff who came along to let us know what was going well and what could be improved across our services. Would you like to be involved?

Email: kentlocalaccount@kent.gov.uk

Get Involved



Our first therapy dog, Khan

The Initiative Fund

In 2018, we trialled the initiative fund where KCC staff and people who use our Inspiring Lives services were able to bid for a grant towards an initiative that would have a positive outcome for people using our services (including parents, carers, volunteers and our staff). This has delivered some great initiatives.

Khan the therapy dog – the first canine member of staff in KCC works at the Ashford Gateway Community day service. He is trained to be a therapy dog and he has had a visibly calming effect on the people we support at the service, which was the desired outcome.

The ROAR therapy room was set up in the Maidstone Community services hub to provide holistic therapies to people with learning disabilities, in some cases to individuals with very complex support needs in a relaxing and amazing space.

The Initiative Fund has been so successful, that it has been opened up to older people's in-house provision as well.

Just the medicine

We have developed a community art venue in the heart of Margate Old Town. Just short walk from the seafront you will find the Pharmacy Gallery, a community art venue run as part of our Learning Disability services in Thanet. The space is used by our art groups during the week and other community groups at weekends and evenings. The groups have networked with the local community and are now part of the growing art scene in Margate.

Art Ability

In June 2018, an Art Ability event took place in Sessions House which was an exhibition of arts and crafts by people with a learning disability across Kent. All the artists use our in-house services from community day services to short breaks.

The exhibition entitled, '**Art Ability**' featured artworks including murals, paintings, sculptures, pottery, puppets, friendship hoops, jewellery and fantastic animal heads made from recycled materials and papier mâché. Over 70 artists participated and the gallery was busy with visitors.

There was also a craft fair held where viewers could meet the artists and buy art and crafts. The exhibition, the first of its kind, was so successful it is hoped it will become a regular event



Craft fair and art exhibition



Kent Pathway Service

Enabling people with a learning disability to live more independently

In our last brochure, we updated you on the Kent Pathways Service (KPS) which supports young people aged 16-25 with a learning and or physical disability and adults (26+) with a learning disability to become more independent by supporting them to develop their life skills so they can do more for themselves.

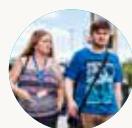
The support provided (up to twelve weeks) is intensive and task specific enabling people to learn and develop skills at home and in the community such as daily living skills, community safety, learning to travel independently, preparing for work or college and finding daily and social activities.

The service continues to be successful and from April 2018 to March 2019, **604** successful referrals have been completed increasing individuals' skills and confidence in many areas of daily living.

How KPS supports individuals



Bespoke to the person



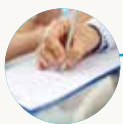
Single Support Worker



Realistic goals



Regular reviews



Monitored outcomes



Supported Living for Adults with Learning Disabilities

Supported Living is a way of helping adults with learning disabilities to have the opportunity to live as independently as possible.

The Government and Department of Health are clear that people with learning disabilities should be allowed to live as independently as possible to enjoy a more fulfilling life. We are supportive of this and are working to make sure all adults who are eligible are given the choice to live more independently by moving from Residential Care to Supported Living.

Examples of supported living that may be more suitable are a flat with shared communal areas with other service users, shared housing or shared living with a family (Shared Lives).



Shared Lives

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

Similar to fostering, Shared Lives offers eligible people over the age of 16, a safe and supportive placement within a Shared Lives family home for:

- **long term** – living with a Shared Lives family on a long term/permanent basis where this is the person’s main home
- **short breaks** – staying for a couple of days, a week at a time or longer if required
- **day support** – one session is up to 5 hours and can be any time during the week at the Shared Lives Host’s home.

Shared Lives is about opening the door to choice, satisfying experiences and providing a sense of belonging whilst enabling people to keep their own independence.

As well as offering an excellent form of quality care and support, Shared Lives saves, on average around £26,000 per year, per individual, compared with the cost of residential care.

How does Shared Lives work?

Shared Lives is available to individuals with a wide range of care and support needs, such as older people, people with learning or physical disabilities, people with mental health issues, people on the autistic spectrum or with Asperger’s, people living with dementia and people with a sensory impairment.

Our experienced team work with the individual to match them with a suitable household. We match the person with a family who have the right skills and characteristics to give the care and support needed.

Shared Lives hosts could be a single person, a couple, friends or a whole family. Our hosts will also be that all important link to wider social experiences and the local community. Our hosts are thoroughly assessed, trained and monitored throughout their time with Shared Lives. Over 237 people are currently accessing our Shared Lives service, either for Long Term, Short Breaks or Day Support.

What difference can it make?

 <p>Improved quality of life</p> <ul style="list-style-type: none"> ✓ new life experiences, whether it’s birthdays and weddings or going on a holiday for the first time ✓ a live-in family environment, developing relationships that could last a lifetime
 <p>Social inclusion</p> <ul style="list-style-type: none"> ✓ a family network, introducing them to an extensive group of people in the wider community ✓ getting involved with their local community, many get jobs or develop a new social activity
 <p>Support</p> <ul style="list-style-type: none"> ✓ a better service for users than traditional forms of care ✓ consistent and continuous personalised care.

We continue to recruit new hosts in all areas of Kent and the service now has over 187 hosts and their families for people that wish to consider Shared Lives as an alternative to living in a residential service or using other day services or short breaks units.

Case Study



Alan's Journey

Alan* had been residing in a residential home and with an impending closure, a Shared Lives placement was looked into. Once a suitable placement had been identified, Alan had several matching visits before the home closed.

Together, Alan and the hosts transformed Alan's new room to his taste. He has a small balcony where he has chosen to have a chair and some pot plants that he chose himself and assisted in planting.

Alan has settled well into family life and continues to have close contact with his family and friends who have visited him at home for tea. His hosts have also arranged for Alan to have a BBQ for his birthday to celebrate with family and friends.

In May, Alan will be going on holiday for the first time in several years with one host and another adult that lives with them.

Alan is a keen gardener and he now has a section of the garden that he can do with as he pleases. Alan has chosen to grow vegetable and after several trips to the garden centre, he has a wide variety of vegetables and plants to keep him busy.

Alan is being supported to increase his independence focusing to start with on personal care before increasing his independence in other areas.

*names changed to protect identity



Alison and Rosie's Story – overcoming Social Isolation

Rosie* had been staying in a rehabilitation unit for some time, due to a period of instability with her mental health. The plan had been to discharge her into sheltered accommodation, unfortunately after staying a few days in her new environment Rosie became unwell.

Rosie became anxious and paranoid, she felt unsafe and she thought people were putting spells on her. Because of this, she returned to the rehabilitation unit.

Because Rosie was scared to live by herself, her care co-ordinator told her about Shared Lives. She was apprehensive at first, but now feels living with Alison has turned out to be one of the best things that has happened to her.

Shared Lives identified Alison as a host and over the course of several weeks Rosie visited her as part of the matching process, gradually increasing the lengths of her stays. Alison and Rosie both share similar interests and sense of humour!

Later this year Rosie will attend the wedding of Alison's son, she is really excited about this and has her outfit ready.

Rosie's said - "Since I moved into my Shared Lives placement, I have a better relationship with my children and grandchildren. We speak regularly, they came to visit me on my birthday, and we all played on the amusements. My family were apprehensive about my Shared Lives placement, but I think they can see big improvements in my wellbeing and general health too and are grateful for the support I receive. I hope one day to again live on my own when I am better, but for the meantime I am very happy in my placement with Alison."

Sensory and Autism Services

Kent Adult Social Care has its own specialist unit for sensory impaired people (d/Deaf, sight impaired, deafblind) and individuals with an autistic spectrum condition. The unit comprises both in-house teams and commissioned specialist services.

The Teams:

Provide a county wide specialist assessment and provision service for adults with sensory impairment

Provide a county wide specialist service for people with autism including self-management and promoting independence, in support of clients with higher functioning autism

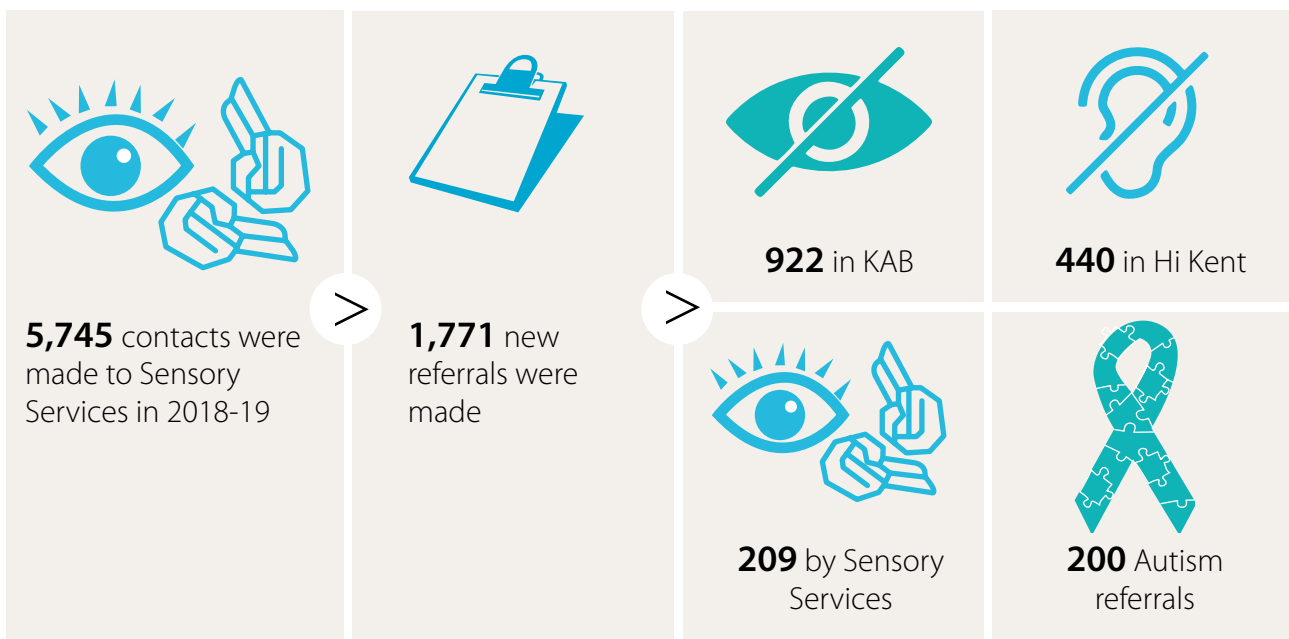
The specialist services in the unit include:

- **Hi-Kent** who provide statutory assessments for equipment for older people, hearing aid after care clinics and resource centres (based all around Kent) for the purchase of equipment for deaf or hearing-impaired people



- **Kent Association for the Blind (KAB)** who provide statutory assessments, rehabilitation training (mobility, daily living and communication skills training), registration as sight impaired and a Guide Communicator service – a specialist one to one support service for deafblind people
- **Kent Deaf Interpreting Services (KDIS)** is run by Sensory Services to provide British Sign Language interpreting and other communication support to people who are d/Deaf and deafblind, through a

Headline figures



small in-house team and a framework of professionals and agencies. This service is provided on behalf of the whole of KCC and other public bodies including Kent Police, Kent Fire and Rescue and some Health Authorities

- **Advocacy for All** provide peer support groups for people with an autistic spectrum condition across Kent. People with autism come together regularly to help and support each other and the groups organise activities and speakers. They also hold a Service User Representation Group that works with KCC Integrated Commissioning on co-production of services for autistic people across Kent. Advocacy for All also provide support for people who are d/Deaf, deafblind and sight impaired.



Sensory Strategy

The Sensory Strategy looks at what services are required to meet the Health and Social Care needs of children and adults who are d/Deaf, deafblind and sight impaired within Kent. It covers a three-year period from 2018 – 2021.

Our vision outlined in the Strategy is to support d/Deaf, deafblind and sight impaired people of all ages to be independent, to have choice and control and to participate fully in society. It has been shaped by what you have told us, national policy, research and best practice.

The Strategy is being driven forward through a **Sensory Collaborative** comprising of service users and carers, KCC, Health and the voluntary sector.

What have you told us?

I am a deafblind adult with moderate hearing loss and narrow tunnel vision due to RP (Retinitis Pigmentosa). Most of the time my deafness and blindness are treated separately and the impact of each on the other is not always fully taken into consideration. There are exceptions and the Sensory Services team are excellent.

Sensory Facts in Kent

Older People

- Thanet, Canterbury and Maidstone have the highest populations of over 75s and are more likely to have a larger population of people with a sight impairment.
- The number of older people in Kent is projected to increase by **67%** by 2033. The largest increases will be in Dartford (**32%**) and Ashford (**31%**).
- East Kent coastal districts of Shepway, Dover and Thanet will continue to have the largest proportion of older people in their population.

Hearing Impairment

- There are **275,619** adults with a hearing loss in Kent and **24,471** adults and children with severe or profound hearing loss.
- The number of people aged over 85 with a moderate or severe hearing impairment in Kent is set to increase by **110%** between 2010 and 2030.

Learning Disabilities

- Kent's people with learning disabilities is estimated at **26,000**, of which up to **8,000** people may have significant sight difficulties and **9,620** may have some degree of deafness. A significant number of these are likely to have a dual sensory impairment.
- Of the **2,243** people in Kent with Down's syndrome, (Learning Disabilities Needs Assessment 2010), **1,570** have hearing problems.

Where are we now?

- Personal budgets and direct payments are available for those who are eligible.
- There is often a problem in recruiting appropriate Personal Assistants for those with a sensory impairment. Work has taken place through volunteer projects, however there are still improvements to be made.
- KAB provide a Guide Communicator service and Sight Support Worker service although there are only a limited number of other specialist providers in Kent.
- Sensory Services run weekly “drop in” and “pop up” clinics across Kent for Deaf, BSL service users which achieve good outcomes.
- There is a specialist Sensory Services team for all d/Deaf, deafblind and sight impaired children based alongside the Adults Sensory Services team.

Update Assessment and Rehabilitation Services for People with Sensory Impairments

The Sensory Adult Team completed their redesign of the service and now have a dedicated enablement team to support clients in maintaining and improving their independence and a Sensory Team for Children and Young People that works closely with the Adult Services and other agencies.

Update Deaf Wellbeing and Access Project

People who are born Deaf or become Deaf during their early childhood are most likely to use British Sign Language (BSL) as their first language. The Deaf community is recognised as a cultural and linguistic minority group and has a strong and unique culture based around their language and identity as Deaf people. In 2003, the Government officially recognised BSL as a language in its own right and as an indigenous language used in the UK.

In our last brochure, we updated you on the Deaf Well Being and Access project (set up in April 2017), the establishment of the Deaf Community Forum and the appointment of a



Comments from the Deaf Community Forum

“It’s so important to be able to make real changes through the Forum around NHS Interpreters and using New Generation Text. I’ve also made great friends!”

“Being Deaf myself, I know the difficulties in accessing services. It’s a pleasure to lead a group who have been continually enthusiastic, committed and dedicated to their work.”

Deaf Community Worker to work with the Deaf community in Thanet where there is a high number of Deaf people.

The Deaf Community Forum supported by our Deaf Community Worker has gone from strength to strength with initially four members now swelling to ten.

The Forum works with Kent Police, KCC, NHS, Healthwatch Kent and One You - they run regular workshops and social activities. They have raised awareness of deafness, worked on the Kent Interpreting Contract and are working towards making the website more accessible for BSL users.

Still to come are; testing video interpreting for East Kent Hospitals, working with One You to create accessible registration, development of Police Deaf Champions and other workshops.

Sensory Facts

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

A significant proportion of sight impairment is related to age with over **80% of sight impairment occurring in people aged over 60**. This population is set to increase by **21% nationally by 2020**.

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

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

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

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

One in six people in the UK has a hearing impairment.

90% of all deaf children are **born to hearing parents**.

D/deaf children are **30% to 50%** more likely to experience mental health issues than hearing children.



British Deaf Association Charter for British Sign Language

The British Deaf Association (BDA) is asking local and national services across the UK, in the public, private and voluntary sectors to sign up to their Charter for British Sign Language. The Charter sets out several key pledges which aim to promote better access to public services for Deaf communities as typically, Deaf BSL users have a marked reduction of opportunity to access services.

In December 2016, Kent County Council considered the Charter and agreed to action being taken to improve access and rights for the Deaf BSL users.

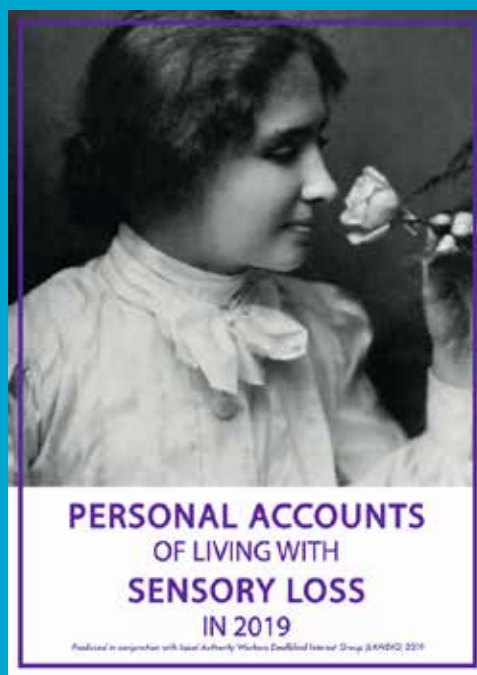
These considerations have been raised with members in Kent to look at how we can

improve our accessibility for Deaf people across KCC and a lot of work has been done to improve this, including the development of the Kent Deaf Interpreting Service and targeted engagement across agencies.



Personal Accounts of Sensory Loss e-book launch

Members of the Sensory Services team worked jointly on an exciting national project in conjunction with the Local Authority Workers Deafblind Interest Group (LAWDIG) to create an e-book to raise awareness of sensory issues, good and bad from the perspective of those with sensory loss and professionals working in this specialised field. The team contributed to the development of the book by sharing client experiences of being deafblind. The launch of the e-book took place in June 2019 at Portcullis House, House of Commons.



Kent Autistic Spectrum Conditions Team

This county-wide team support autistic adults, through social workers, social work assistants and wider team members. Advocacy for All also provide a peer support service in support of the client group.

As more people are diagnosed in childhood and adulthood and demand on the service increases, the team have worked on innovative ways to help people live as independent lives as they can.

One approach is the Autism Enablement Service, which is led by specialist Occupational Therapists in the team and provided over 12 weeks.

This is a Social Care research validated enabling approach (delivered through a small pilot team) and work is currently underway to explore how this enablement service could be offered to more clients across the county.

Strategy for Adults with Autism in Kent

The Kent Autism Team is one year on, from the launch of the Strategy for Adults with Autism in Kent which sets out the direction we are going to follow over the next five years to achieve our vision for people with Autism in Kent.

Our vision is for people with autism to receive the right support at the right time, to be enabled to develop to their full potential and to be active and accepted members of their communities. At the core of this strategy is the desire to create an autism friendly society in its widest sense.

The Strategy was developed by the Kent Autism Collaborative and shaped by the views of people with autism, their families and carers, professionals and voluntary organisations who work with people who have autism.



The Autistic Spectrum Conditions Team go international

New

A member of the Autistic Spectrum Conditions Team was invited to talk at an Abilia event in Sweden on Digital Technology, to demonstrate how the Team were utilising two of Abilia's products, the MEMO day planner and the Handi Calendar app in targeted enablement work with Kent residents.

The presentation was also screened globally and received a lot of interest with the team invited to attend further autism themed days in Bergen and Trondheim Norway. During the year, the Team has presented at the Autism Professional Conference, at the College of Occupational Therapy, and have contributed to the Autism Strategy national refresh and the British Association of Social Workers autism competency framework for social work.

Update

Developments in Autism

We have worked with key stakeholders and colleagues across Kent Clinical Commissioning Groups to formulate an action plan that will address the needs identified from the Autism Strategy and Joint Needs Assessment (JNA).

The transformation integrated commissioning action plan for Adults with Autism and/or ADHD targets key priorities and objectives.

The action plan targets ten key areas of priority for transformation spanning its five-year commitment to improve and transform services for service users and carers.

Areas of priority for Transformation for Adults with Autism and or ADHD



Diagnosis, Assessment and Support
 Leadership, Planning and Commissioning
 Co-Production
 Life Facing - Transitions
 Training and Further Education
 Employment
 Housing, Care and Support
 Workforce Development
 Criminal Justice System
 Carers

- A Neurodevelopmental (ND) Transformation Programme has been set up to oversee and monitor the progress of the required transformation, led by an integrated senior autism commissioner.
- Spring 2020 - planning is underway to enable the Team to be 'integration-ready' for an Autism Alliance/Multi-Disciplinary Neurodevelopmental Health Service working alongside KCC Autism Service. This will provide a comprehensive approach to diagnosing and supporting adults with Autism.



Claire's Journey

Claire* was referred to the ASCH Team, by the 18+ Team. She had been supported as a child in care for many years. Claire struggled to live with others due to behavioural issues, but there had never been a conclusive understanding as to whether she had conditions that impacted upon her behaviour. She also had multiple placement breakdowns because of her behaviour which caused a risk to herself and others.

Claire had an intellectual ability assessment, which was on the borderline for Learning Disability service eligibility, she had some mental health issues and she had been admitted to Mental Health hospital wards previously. It was highly suspected that she had autism and also ADHD.

Claire's Assessment

The Autism Team led a multi-agency approach supported by the other teams and managed to support Claire to get her Autism and ADHD diagnosis confirmed at the Maudsley Hospital. Her behaviours were also confirmed to be partly trauma-based, due to adverse childhood experiences.

With the confirmed diagnosis, a multi-agency approach to support Claire was put into action, informed by the Autism Team Care Act assessment, her specialist health assessments and input from other teams.

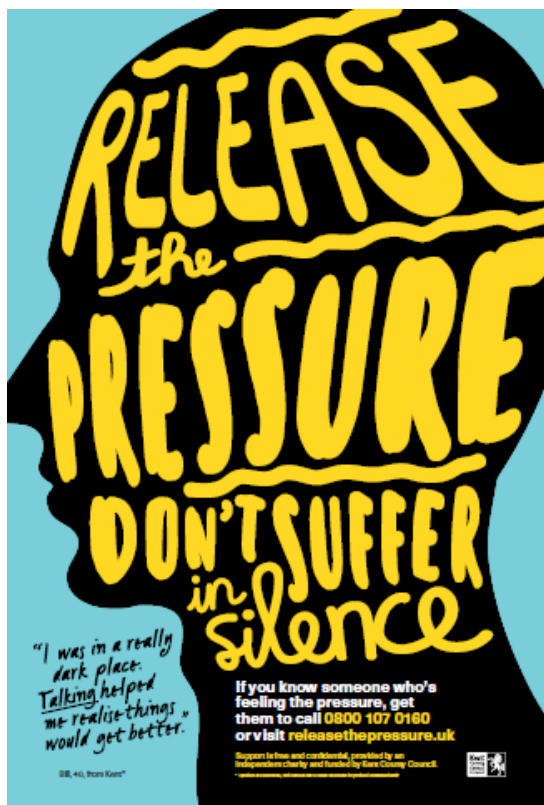
Where Claire is now

Claire is now in a settled placement and has not been readmitted to a Mental Health ward in recent times. She is working on outcomes she wants to achieve as an adult.

*Name has been changed to protect identity.

Supporting Mental Health and Well-being

We have taken a proactive approach to improving the mental health and well-being of people of Kent.



Mental ill health can affect any of us at any time in our lives. For most people suffering mental illness, the first place to get help is your doctor, who will be able to signpost you to appropriate services or refer you to other professionals. Some people need more intensive support. Most of these services are provided by **Kent and Medway NHS and Social Care Partnership Trust (KMPT)** who provide secondary mental health services and support including:

- community mental health
- crisis resolution
- telephone support

Other services are provided by independent providers, voluntary organisations and others.

Doc Ready

It can be difficult to talk to people when you are having difficulties with your mental health and working out what to say to your doctor can be hard.

Doc Ready is a free online service which can be used to help you get ready for the first time you visit a doctor to discuss your mental health.

Doc Ready has information and advice about what to expect and how to plan speaking to a GP about your mental health. It can also be used to build a checklist to plan what you're going to say to your doctor.

Doc Ready can be found at:
www.kent.gov.uk and search 'Mental Health'.



Mental Health Facts

Nationally

One in four adults will experience a common mental illness during their lifetime and one in six adults in England has a mental health and wellbeing issue problem at any given time. (*No Health without Mental Health; Mental Health Strategy for England, February 2011*)

Mental illness is the largest single cause of disability in the UK and represents 23% of the national disease burden in the UK. (*Chief Medical Officer (CMO) annual report: public mental health, 2013*)

Mental illness and wellbeing costs the UK economy £70–£100 billion per year. Only 25% of people with mental illness are receiving treatment.

Adults with mental health problems are one of the most socially excluded groups in society. People with serious mental illness die on average 15 to 20 years earlier than those without, often from avoidable causes.

Mental ill-health is the leading cause of sickness absence in the UK, costing an average of £1,035 per employee per year.

1 in 4 British workers are affected by conditions like anxiety, depression and stress every year although 95% of employees calling in sick with stress gave a different reason.

Further information can be found on the Live Well website at www.livewellkent.org.uk to make a referral please call 0800 567 7699 or email: info@livewellkent.org.uk

In Kent

89,595 people (5%) in Kent with longer term and more complex mental issues such as severe depression or post-traumatic stress disorder.

250,866 people (14%) in Kent with common mental health problems, such as anxiety and depression.

125,433 people (7%) will have mental health issues associated with their physical health needs in Kent.

Across Kent, there were 3,193 emergency hospital admissions in 2016/17 for serious mental health conditions (Source QOF, 2016/17).



Live Well Kent Service

Live Well is a website designed to promote better wellbeing and mental health for all of the residents in Kent and Medway and to help people connect with support in their local communities. It is a free service for anyone over 17.

The Live Well Kent Service aims to:

- aid recovery and prevent relapse, improve health and social care outcomes for individuals with poor mental health and wellbeing
- reduce the stigma associated with mental illness
- connect people with their communities, ensuring they have access to the widest possible range of community support and services to meet their particular needs.

Live Well Kent is delivered on behalf of Kent County Council and the NHS by two charities:

- **Porchlight** works across Kent to address people's housing, social, economic and health issues. It makes a positive impact on adults, children, families and communities as a whole.
- **Shaw Trust** is a national charity helping people to achieve their ambitions and gain greater independence.

Further information can be found on the Live Well website at www.livewellkent.org.uk to make a referral please call 0800 567 7699 or email: info@livewellkent.org.uk



Kent Enablement and Recovery Service

Kent Enablement and Recovery Service (KERS) works with people experiencing mental ill health to address social care needs over a short period of time (up to 12 weeks). The service provides support to maximise a person's wellbeing and quality of life, in a way that suits them. The team also work with local community services to help find a creative and realistic response to an individual's needs.

The service can support people in the following ways:

- access community resources, groups, activities, clubs and organisations
- regain confidence to use public transport and getting out and about
- manage uncomfortable social situations
- enable people to independently manage their finances
- help to gain confidence with training, education or work-related activities
- support to access housing and benefit advice.

Additional information about the services can be found at www.kent.gov.uk and search Kent Enablement and Recovery Service for mental health.



Mental Health Matters

The Mental Health Matters phone line is free, confidential and open 24 hours a day, 365 days a year. The service is provided by an independent charity and funded by Kent County Council.

The Mental Health Matters team can be contacted on 0800 107 0160.

Supporting older people

Headline Figures (2018 - 19)

- **16,750** 'day service days' were delivered.
- **1,500** older people used the care centres short stay services.
- **62,400** 'bed nights' were delivered.
- **70%** of older people using the short stay service returned home to independent living.
- Of those older people admitted to the care centres from home, **85%** returned home to independent living.
- Of those older people admitted to the care centres from hospital, **65%** returned home to independent living.

Our short stay and day services for older people are aimed at supporting individuals to continue to live independently at home for as long as possible, mainly by delivering intensive reablement programmes in care settings.

Our services and what we do



The Short Stay and Day Services for Older People are short term services aimed at supporting people to continue to live independently at home for as long as possible, mainly by delivering intensive reablement programmes in care centres. This might be following a stay in hospital, or from home, where people can be referred by their social worker, their GP or a community nurse.

The service also supports older people to live at home for longer, by supporting carers and preventing carer breakdown. This is done by providing flexible short stay and day services that can give carers regular breaks every week. If it becomes likely that an older person cannot continue to live at home, we provide somewhere safe and caring where people can stay and be part of making plans for their future.

Where possible, we support people with a new care plan to return home. If that is not possible, we help the older person and their family to choose the right long-term care home place for them, where they can be as independent as possible.

The service is delivered from six care centres in Kent, of which five also have a day service. We manage seven purpose built independent living apartments where people can stay for a few weeks and continue to regain their independent living skills ready for a return home.

Two of these are based in extra care schemes and five are based in Broadmeadow in Folkestone which is one of our six care centres. We also have four day centres across Kent.



Gravesham Place

Gravesham Place which is one of our integrated care centres, piloted an approach to support people, where staff regularly go onto the older peoples wards at the Darent Valley Hospital to identify people who could benefit from a reablement programme.

Staff from Gravesham Place work with hospital staff to plan people’s moves from hospital to the Care Centre. They also plan people’s individual reablement programmes so that their stay is safe and effective.

This has led to positive outcomes for people being able to live independently again as well as an improved transfer of care service and an increase in the number of people using the service.

The pilot has been so successful that the model is being implemented as the normal way of working across the four integrated care centres.

Positive Inspections

Throughout 2018/19, the Care Quality Commission inspected Gravesham Place, Wayfarers and Blackburn Lodge and rated all the services as GOOD.

West View

At West View, which is another of our integrated care centre, face to face pre-admission assessments have been piloted as a way of increasing the safety of people during their stay, particularly focusing on reducing the rate of falls.

As well as halving the rate of falls, the face to face pre-admission assessments have delivered many additional benefits and we are now investing in additional staff so we can implement pre-admission assessments at all of our care centres.

An analysis of incidents of behaviour that challenged services showed when and where incidents were happening. As people are living longer and with higher and more complex needs, the incidence of dementia and behaviour that challenge is rising across our services. Employing additional staff who could be deployed at the times and in the places where the incidents were happening has enabled our staff to pro-actively work with people using our services to reduce the number of incidents.





Westbrook House

At Westbrook House, a specialist reablement service has been opened aimed at preventing hospital admissions and admissions to long term care home placements. Referrals come from Thanet GPs, community NHS teams and KCC social workers. Any surplus capacity is available to support transfer of care from hospital. Thanet CCG commissions additional physiotherapy and occupational therapy for the service, meaning that people using the services are usually able to return home to independent living within two or three weeks.

People are more likely to return home following a short stay reablement programme in our service if they come from home rather than hospital. **98%** of people who used the specialist reablement service at Westbrook House returned back home to independent living! Care navigators are involved in the multi-disciplinary plans to return home, and their input supports older people to join in with activities in their local communities. This helps to reduce loneliness and motivates people to look after themselves well and remain living independently.



A transfer of care success story

Margaret* who had a diagnosis of bipolar disorder (which was stable and had been for a number of years) was assessed in hospital by KCC staff where her primary need was to improve mobility and increase her confidence. She was admitted to one of the KCC integrated care centres for a period of rehabilitation.

Moving from hospital can be a stressful time. However, during her stay, Margaret was really positive about how seeing familiar faces, which she had seen at the hospital (when she was assessed) and then again on her arrival had made her feel relaxed and welcome.

When staff were completing Margaret's care plan and her individualised plans to manage her health during her stay, Margaret was very impressed with how thorough her assessment on her Bipolar was and the signs that staff would need to be aware of. She told staff that she felt this was excellent and would support her medical condition to maintain stable during her stay at Broadmeadow. On discharge, Margaret remarked that she felt the service had been of huge benefit and she was very pleased with her progress.

* Image and name changed to protect identity.



Broadmeadow

new

As well as implementing the specialist reablement and face to face pre-admission assessments, Broadmeadow has restructured the team leader role so that there is always a service user facing team leader on each unit, freeing up uninterrupted time for medication administration and medication auditing. A management facing team leader supports the team leaders on all of the units by undertaking all management tasks and quality assurance audits. This new way of working ensures safety on the units at all times.

Blooming Beautiful Broadmeadow!

Students from The Beacon School in Folkestone have been busy bees designing and completing a garden at Broadmeadow

Students decided to do something for Broadmeadow after taking part in work experience on the Channel Suite which offers support and care to people who have dementia. Students had a competition to design the garden and people using the service selected their favourite designs. Everyone has enjoyed the experience and partnership with a local school.

Case Study

Helping to reduce Loneliness

John and Harry* who were both admitted at the same time to our short stay service for older people developed a great friendship during their respite/assessment stay. Harry was assessed as requiring long term care and when he moved into his permanent place, John (who is waiting for sheltered housing) has made weekly visits to maintain their friendship so that they can sit together in the garden and socialise.

Helping to reduce Social Isolation



Joan* was living at home on her own and was relying on her son and daughter in law to care for her. Her son had his own health problems and the family were struggling to cope with Joan's constant calls asking for help. Joan would call several times during the night and her son spent most of his time sleeping on her sofa which was putting pressure on his marriage.

Joan would not engage with services and she refused a care package so by the time she came in to be assessed following several falls and admissions to hospital, her family were at breaking point. Joan came into an assessment bed and it was identified that she would benefit from permanent care.

We worked with Joan and her family to help Joan choose the right long-term care home place where she could be as independent as possible.

When Joan came into the service, she was so socially isolated that she would not engage with any activity that was provided. She is now taking part in activities, has made new friends and her family are able to visit her several times a week.

When Joan came into the service, she was so socially isolated that she would not engage with any activity that was provided. She is now taking part in activities, has made new friends and her family are able to visit her several times a week.

*Name, details and image have been changed .

Independent Living Support Services



Our Independent Living Services provide the means for people to support themselves in their own home. The service includes home adaptations and equipment, advice and guidance and Blue Badge Parking.

The County Technician Service

The service supply and fit minor adaptations to the homes of adults and children across Kent ranging from simple grab rails to more complex ramping and other access solutions.

The service, which is fully mobile and out and about within the county, aims to help people remain living independently and safely. Simple, minor adaptations are usually provided within seven working days with more complex work requiring further time to complete.

In the last 12 months, the service provided **10,140** adaptations and items of equipment to **5,600** people. In addition, the service also completed **899** bathing assessments.

Headline figures

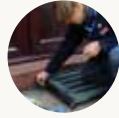
From April 2018 – March 2019

- **128,124** people were seen by the Integrated Community Equipment Service
- **164,000** items of equipment were provided to support the most vulnerable people in Kent to remain in their own home
- **102,000** items of equipment were collected and recycled
- In March 2019, Kent had **7,773** telecare connections in place to support people to live independently.
- The KCC Blue Badge Team received **30,517** Blue Badge applications and issued **28,827** badges.

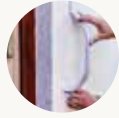
A typical morning with Jade, one of our County Technicians.



After calling into the office, its off to fit rails to a bathroom nearby.



A client needs a higher step fitted and rails to the front door.



Over to Swale to fit rails to front an rear doors to make access easier.



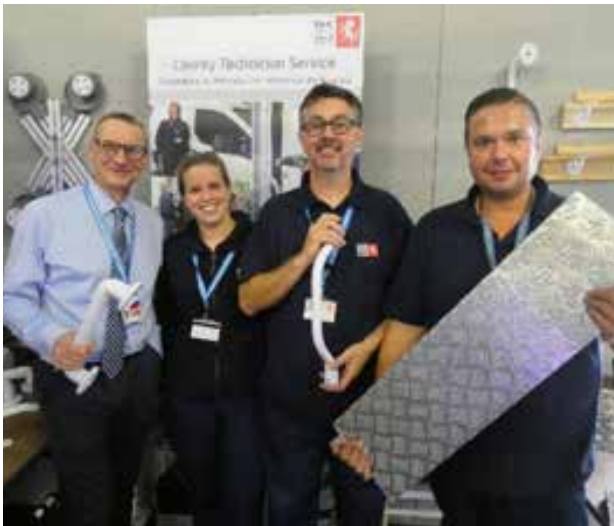
A lady needs advice with how she can make her stairs easier to navigate.



A shower room needs a couple of fittings to make it safer to use.



A busy morning, but much more to do this afternoon...



Rising to the Challenge!

The County Technicians Service along with the KCC Blue Badge Team and Occupational Therapy Service were flying the flag at the annual Rise 4 Disability Event to raise awareness of the services available to help people remain living independently and safely.

The annual event brought together a huge range of disability services providing a place to explore what is on the market in home adaptations. Over 1,600 people came along on the day and it was a positive demonstration on how Kent County Council and its partners work together.

Integrated Community Equipment Service and Technology Enabled Care Services

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

NRS Healthcare provide these services under a contract let in partnership with KCC and the seven NHS CCGs in Kent.

We also commission Centra Pulse to provide a Digital Care and Telecare service to supply, install, maintain and monitor telecare services provide service user support and staff training. This is a KCC contract.

Both services reduce care home/foster care and hospital admissions and assists with timely discharge from hospital.



The Kent Blue Badge Service

The aim of the Blue Badge scheme is to help people who have a disability or a health condition that affects their walking or mobility park closer to their destination, either as a passenger or a driver.

How to Apply or Renew a Blue Badge

You can apply for your first Blue Badge or renew your existing badge using the same form.



APPLY ONLINE

www.kent.gov.uk/bluebadge



APPLY BY POST

Complete the Blue Badge Form from our website - or email: bluebadgeteam@kent.gov.uk for a copy



APPLY IN PERSON

At your local Gateway. You'll need to make an appointment - telephone 03000 416262

It can take up to eight weeks to process a Blue Badge application when we have the required documents including a recent photo, proof of identity and proof of eligibility. You'll also need to know your National Insurance number (if you have one) and the details of your current Blue Badge (if you're reapplying).

Only use the official government website: www.gov.uk/apply-blue-badge or go to our website www.kent.gov.uk and print off a form or email or call us 03000 416262, email bluebadgeteam@kent.gov.uk.

Hidden Disabilities

Nationally the Blue Badge Scheme has been reviewed by the Department for Transport, and People with severe non-visible or hidden



disabilities (such as autism or anxiety) can apply for a Blue Badge from 30 August 2019.

New innovations to make the process easier

Last year, the Department for Transport announced that it was making changes to its National Blue Badge systems. This required us to investigate opportunities to develop new systems that would be able to provide customers with more access to information once they have made an online application.

Customers can now use our self-service portal to track their applications and make payments. Applicants also receive email or SMS progress updates on their application as it moves through the process.

A big bonus to the new system is that it makes the process completely paperless and we encourage all applications where possible to be online.

"I applied for a Blue Badge over the phone and I wanted to tell you that the lady I spoke to was wonderful. She was kind, caring, understanding and informative. She is an asset to your team and I cannot sing her praises enough. This lady really made my week and mostly likely my entire month. Please tell her how wonderful she is and that her kindness is often rare in today's world."

Carers in Kent

Being a Carer can be a positive experience but it can also be challenging and exhausting. Carers often find they don't have time to look after their own health and social needs.

You are a Carer if you look after a family member, partner, friend or neighbour who due to physical or mental illness, disability, age related difficulties or an addiction cannot cope without your support. 'Caring' for someone covers lots of different things, including: helping with their washing, dressing or eating, taking them to regular appointments or keeping them company when they feel lonely or anxious.

The Kent Carer's Emergency Card

The Kent Carer's Emergency Card is a credit sized card to carry with you at all times if you have caring responsibilities. The card has a unique registration number on it and a telephone number for our 24-hour service.

If you are suddenly taken ill or have an accident, anyone with you can call the number on the card and our staff will use the registration number to carry out a pre-arranged emergency plan. You can apply for the card (see www.kent.gov.uk/careandsupport) if you live in Kent, are over 18 and care for someone else. The card is free of charge.

Carers Assessments

If you give unpaid care to someone who is over the age of 18, you can ask for a carer's assessment. The assessment will help to decide what support you need and how much help we can give you. You can have a carer's assessment even if the person you care for does not get any help from the council, and they will not need to be assessed. You are entitled to ask for one in your own right and you don't need the permission of the person you are caring for to request one.

You can also request a combined assessment. If you are over 18:

- call or email your local carer organisation
- call us on 03000 41 61 61



- If the person you care for does not live in Kent County Council's area, you should contact the council covering the area where the person lives.

If you are under 18, contact Kent Young Carers for an assessment

Local carer organisations

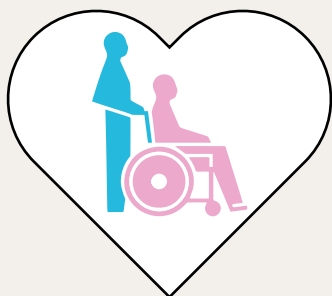
If you give unpaid care to someone who is over the age of 18, you can get in touch with your local carer organisation who can offer you help, advice, training and support in your role as a carer. They can talk to you about your needs as well as the needs of the person you care for, and then let you know how they can help.

Local carer services are run by different organisations for each area of Kent.

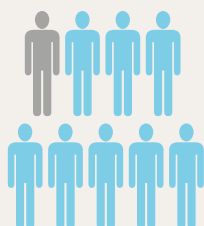
- Carers' Support for carers in Ashford, Folkestone, Hythe and Swale
- Involve Kent for carers in Maidstone and Malling
- Carers FIRST for carers in Dartford, Gravesham, Medway, Sevenoaks, Swanley, Tonbridge and Tunbridge Wells
- Carers Support East Kent for carers in Canterbury, Thanet and Dover
- Young carers can also find local support through Kent Young Carers and The Children's Society's Include Programme.

Facts about Caring

1 in 9 adults in Kent are carers (Census 2011).



152,000 people (10.4%) of Kent's total population or 1 in 9 adults estimate they provide unpaid care.

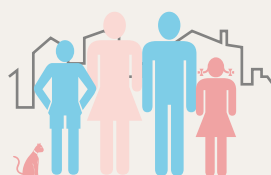


The number of Carers in the UK is set to grow from **6 million to 9 million** in the next 30 years and 3 in 5 people will end up caring for someone at some point in their lives.

23,253 is the increase over the past ten years in the number of people providing unpaid care in Kent.



Many Carers don't use the term Carer to describe themselves - "I'm just a wife, husband, parent, friend, neighbour."



3 in 5 Carers have a long-term health condition.

- 46% have been depressed due to their caring role in the last year
- 61% said their physical health had worsened
- 70% said they have suffered mental ill health, as a result of being a carer

24% of Kent's residents who provide unpaid care estimate that they provide care for 50 hours or more a week.



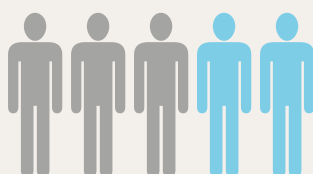
25% of Carers say they haven't had a day off from caring for more than five years and 40% haven't had a day off from caring for more than a year.



Physical disabilities and dementia comprise the primary health condition of half those being cared for by carers working with Carers Assessment and Support organisations.

15,502 people (11.5%) in Thanet are carers, the highest proportion across Kent, Tunbridge Wells has the smallest proportion with 10,539 people (9.2%). (Census 2011).

3 in 5 people in Kent will become a Carer at some point in their lives (State of Caring 2017, Carers UK).



1 in 9 workers combine working with caring for a family member, partner, friend or neighbour but are invisible in the workforce, often being reluctant to discuss their personal situation or unaware of the support available to them.

Listening, responding, improving

We're here for the people of Kent. We are always looking at innovative ways to improve our services, respond to change and listen to the people who use social care. We work with many other organisations to deliver the best outcomes for our clients.

Comments, compliments and complaints

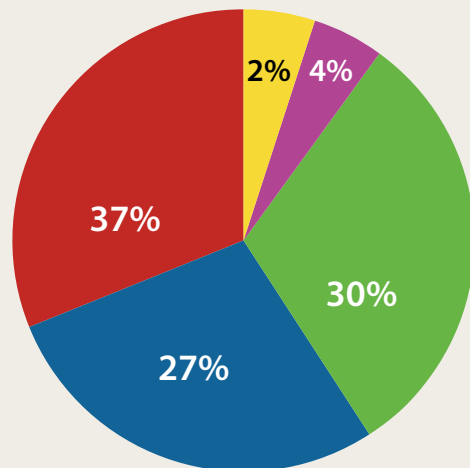


We welcome feedback on the services that we provide and on the services we arrange for people but might be provided by another care provider. Hearing people’s views on the services helps us to identify where improvements are required as well as where things are going well.

We aim to provide a complaints service that is accessible and fair and we try to ensure the response to the complaint is proportionate to the issues being raised. A key part of the complaint process is to find a resolution to the issue giving rise to the complaint and provide an explanation if the service has not been to the standard we would expect.

Each year we analyse the complaints and enquires that we have received to identify any lessons we need to learn and need to communicate to staff.

Complaints received
April 2018 - March 2019



- Not upheld
- Upheld
- Partially upheld
- Withdrawn
- Resolved at point of contact or outcome not specified.

In 2018-19 we received:

- 780 Complaints
- 345 Enquiries
- 480 Compliments.

Some of the main reasons for complaints included:

- Communication issues
- Disputed decisions
- Delays
- Charging disputes
- Quality of Care issues.

Learning from complaints

The key themes and issues arising from complaints are anonymised and discussed at management meetings and at the quality and practice meetings for practitioners. Topics covered in 2018/19 included:

Area Referral Management Service (ARMS)

There was an increase in the number of complaints about the Area Referral Management Service which included complaints about delays getting through to the service and the non-return of calls when messages had been left. A Business Support Manager has been appointed to support the service across the county. This will allow resources to be targeted where they are required. There has been a recruitment programme to recruit staff to the teams and a thorough induction programme has been developed for new staff. A management plan has been produced to focus on the most urgent cases and additional support has been brought in to clear the backlog. A project has also been commissioned to look at the arrangements for accessing services.

Contacting Partner Agencies

The lack of progression in requesting a District Nurse to visit a service user at an Integrated Care Centre was very concerning. Workshops were subsequently held for managers of in-house residential services to remind them of the need to escalate issues of concern or problems when contacting partner agencies.

Communication

A theme in some complaints was communication with practitioners. The nature of the work means they are often out of the office and not always contactable. As a result of the introduction of Client Support Service roles within many of the teams, there is now a point of contact if the practitioners are not available.

Safeguarding

A safeguarding complaint highlighted the need for officers involved in Safeguarding investigations to have a very clear understanding of their roles and responsibilities in line with safeguarding principles. The area where the complaint happened subsequently tested a new way of working where a separate dedicated team was put in place to complete Safeguarding Enquiries. The pilot proved successful and was implemented across Kent in August 2018.

Depletion of assets

In 2018/19, several complaints were received from individuals where there had been an unacceptable delay regarding the provision of financial support for care services where their financial assets had depleted. As a result of the complaints, we now ensure people presenting as depleting with funds have their financial assessment completed before they are transferred to the Adult Community Teams. Also, teams are expected to commence the processes promptly when the individual's assets are depleted. Care providers are also expected to advise KCC where service users' assets have depleted to a level that might qualify them for local authority support.

Feedback helps us to improve our services and A person can complain on their own behalf or with the help of someone else such as a relative, carer, friend or advocate. A member of our customer care team can assist if help is needed in making a complaint.

Compliments

We also welcome compliments when people make contact to commend the service or the work of an individual. Set out below are a few examples of the compliments we have received over the past year.

"My family and I have just gone through the sad and distressing time placing our lovely Dad into a care home. We have not always heard good stories regarding Social Services. We were allocated Andrea as our case worker and were pleasantly surprised how wrong we could be. Andrea was a breath of fresh air, very professional but at the same time very compassionate, feeling and so informative.

Andrea was fantastic with my Dad who had trouble communicating as he had lost his speech through a stroke. She made this horrible experience less scary. It is good to know you have people on your team like her. We cannot thank her enough and just felt it important to let you know what a credit she is to this team. Dominic from the Finance Team was equally helpful, we didn't meet him, but he had a great manner and was also very informative and caring.

When families are facing these upsetting times, it is key for them to deal with people who are in check with their humanity and are sensitive to the situation. Both of these lovely people did exactly that."

"The Kent Enablement at Home Team have all been absolutely fantastic. They are so reliable, caring, skilled, knowledgeable and compassionate. They have always shown my parents such respect and dignity. They are angels to us. They have held out family together at our most difficult time for which I thank you from the bottom of our hearts. Keep up your amazing work."

"When I was discharged from hospital recently, I was not aware that the support provided by KCC existed. So many negative attitudes are adopted surrounding health care, but I cannot from my own experience thank you all enough. The human warmth and professional care shown to me by your team has been excellent and supportive in every way."

The Kent Adult Social Care "Have Your Say" leaflet provides more information about the Adult Social Care complaints and compliments procedure and further information can be found on our website.

Feedback from the National Adult Social Care Survey

Every year, NHS Digital carry out an Adult Social Care Survey (ASCS) to get feedback from people aged 18 and over who are receiving Adult Social Care Services.

The survey which is designed to help councils understand more about how Adult Social Care Services are being delivered, asks people questions about what impact care and support services have on their quality of life.

Survey information is gathered by all local authorities who have Adult Social Care responsibilities, including Kent County Council. The survey results are then used, along with other feedback gathered to understand how we can make improvements to services.

For the 2018-19 survey, questionnaires were sent to 1,276 people who were using Kent Adult Social Care Services drawn at random from 13,213 eligible service users from which the sample was drawn. From this, 392 surveys were completed and returned.

Results of some of the key survey questions areas are shown below, with national averages shown in brackets (where available).

	2015-16	2016-17	2017-18	2018-19
People who were extremely or very satisfied with their care and support	66% (64%)	66% (65%)	64% (65%)	71%
People who said they had adequate or better control over their daily life	80% (77%)	82% (78%)	80% (78%)	85%
People who found it easy to find information about services	75% (74%)	75% (74%)	74% (73%)	77%
People who said they felt as safe as they wanted	71% (69%)	74% (70%)	69% (70%)	73%
People who said that the services they received helped them feel safe and secure	85% (85%)	82% (86%)	80% (86%)	93%

Adult Safeguarding

'It is everyone's right to live in a safe environment, free from harm. Adult safeguarding is about keeping people safe and protecting them from abuse and neglect wherever possible.'



What is safeguarding?

"Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action." Care Act (2014).

Abuse is a breach of a person's rights and may be a single act or happen repeatedly over a period of time.

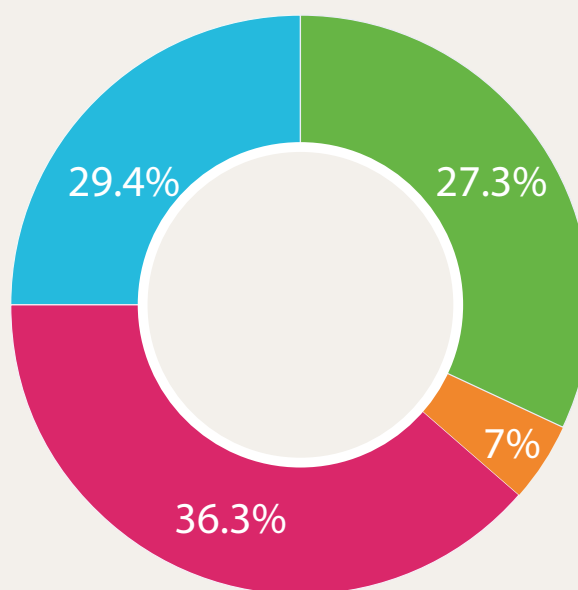
Abuse may be deliberate, or it may happen because of poor care practices or ignorance. People who abuse are not always strangers, they can also be partners, relatives, a friend, neighbour or carer. It can happen anywhere, including your home, your child's school, a residential or nursing home, at hospital, or in a public place.

Don't assume that someone else will take responsibility. You could help to save someone's life. If you are worried, **report it**.

Facts and figures

5,824 Safeguarding Enquiries were carried out during 2018/19 compared to 2017/18 when there were 5,884.

7,196 Safeguarding Enquiries were concluded during 2018/19 and of these:



- 36.3%** of the Enquiries had abuse confirmed or partially confirmed.

- 29.4%** of the Enquiries were not evaluated as abuse or discounted.

- 7%** of Enquiry ceased at the individual's request.

- 27.3%** of the Enquiries carried out had insufficient evidence to confirm or discount them*. This is a decrease from 2017-18 where the percentage was 31%

*This does not mean that no action was taken, but people were supported in other ways.



What should you do if you suspect or have witnessed an adult being abused?

Tell us as much as you can

The more information you can give us about what is happening and where it is happening, the better. Any information you provide will be treated in the strictest confidence. All reports of abuse will be taken seriously.

You should contact the following:

Adult Social Care

For Kent: Adult Social Care on:
03000 41 61 61
(social.services@kent.gov.uk)

or

For Medway: Adult Social Care on:
01634 33 44 66
(ss.accessandinfo@medway.gov.uk)

We advise against approaching the person directly.

If you wish to discuss your concerns outside normal office hours, you can contact the Out of Hours Team on 03000 41 91 91 for Kent and Medway.

If you think that someone may be at immediate risk of harm, you should contact the Police by calling **999**.

Abuse or neglect can take many forms including the *10 abuse categories as described in the Care Act 2014:

Modern slavery*

Self-neglect*

Psychological abuse*

Neglect and Acts of Omission*

Sexual abuse*

Organisational abuse*

Hate crime

Discriminatory abuse*

Financial or material abuse*

Mate crime

Forced honour based violence

Domestic abuse*

The Kent and Medway Safeguarding Adults Board (KMSAB)

The Kent and Medway Safeguarding Adults Board (see glossary) is a statutory service following the implementation of the Care Act and exists to ensure that all member agencies are working together to help keep Kent and Medway's adults safe from harm and protect their rights. The Board has an Independent Chair and meets three times a year, supported by additional multi-agency forums.

The implementation of the Care Act places safeguarding adults on a statutory footing. Making Safeguarding Personal is an essential part of all our work. We engage the adult in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

Extensive work continues to be undertaken by KCC and multi-agency partners, many of them being led by the Kent and Medway Safeguarding Adults Board.

More information and the Kent and Medway Safeguarding Adults Board Annual Report can be found at: <http://www.kent.gov.uk/social-care-and-health/information-for-professionals/adult-protection/kent-and-medway-safeguarding-adults-board>



Safeguarding Adult Reviews (SARs)

Safeguarding Adult Reviews are not inquiries into how someone died or suffered injury, or to find out who is responsible. The SARs allow us to reflect and review on the actions that lead to adult abuse, neglect or death. It's how we learn and shape our future actions, putting the people of Kent at the centre of what we do.

The SARs:

- look at any lessons we can learn from the case about the way all local professionals and agencies worked together
- review the effectiveness of our safeguarding adults' policy and protocols
- inform and improve local safeguarding practice for all agencies involved
- deliver an overview report and recommendations for future learning.

You can find more on the reviews at: www.kent.gov.uk/social-care-and-health/information-for-professionals/adult-safeguarding/safeguarding-adult-reviews

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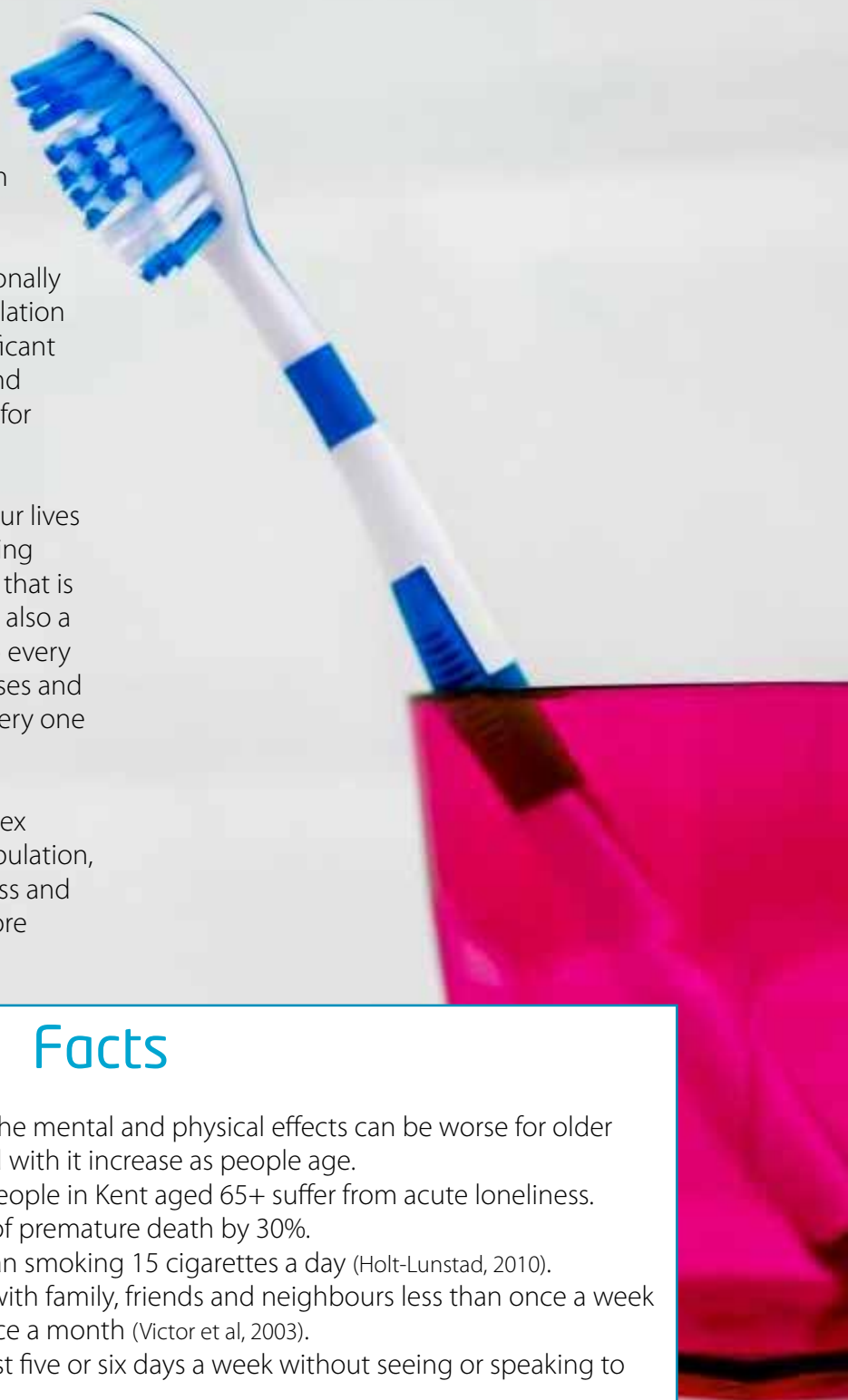
Loneliness and Social Isolation

Loneliness and social isolation is something that we have been focusing on within Adult Social Care and Health and across Kent County Council as a whole. There is also great work going on within communities, businesses and the voluntary sector. However, more can and should be done as we all have a role to play in tackling loneliness and social isolation in Kent.

There is growing recognition, both nationally and locally that loneliness and social isolation are a serious issue that can have a significant impact not only on a person's mental and physical health and well-being but also for wider communities.

We have all felt lonely at some time in our lives and for most of us, it is a temporary feeling that we eventually overcome. However, that is not everyone's experience. Loneliness is also a deeply personal experience – unique to every individual; a problem with different causes and different consequences for each and every one of us.

Tackling this highly personal and complex problem is not easy. With an ageing population, and a difficult financial climate, loneliness and social isolation can become an even more challenging issue.



Facts

- Loneliness can affect anybody, but the mental and physical effects can be worse for older people as the health risks associated with it increase as people age.
- It has been estimated that **30,000** people in Kent aged 65+ suffer from acute loneliness.
- The condition can increase the risk of premature death by 30%.
- It can be more harmful to health than smoking 15 cigarettes a day (Holt-Lunstad, 2010).
- 17% of older people are in contact with family, friends and neighbours less than once a week and 11% are in contact less than once a month (Victor et al, 2003).
- Half a million older people go at least five or six days a week without seeing or speaking to anyone at all (Age UK 2016).

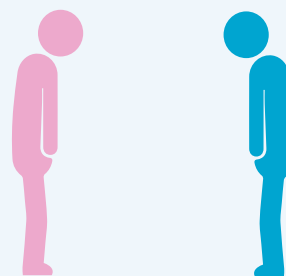
“You can be lonely in a crowded room, but you will not be socially isolated.”

Loneliness and isolation are not the same thing – although they are connected. People can be isolated (alone) yet not feel lonely. People can be surrounded by other people, yet still feel lonely.

Apart from our general duty to promote the well-being of our residents, we know that loneliness and social isolation can increase the pressure on a wide range of public and health services and we are working to ensure that adequate services and support are in place to alleviate suffering and improve the lives of our vulnerable and older residents.

Over 9 million adults are often or always lonely

(British Red Cross and Co-Op)



Loneliness - impact on Health and Social Care

Lonely individuals are more likely to:

- visit their GP more frequently than needed
- have higher use of medication
- have higher incidence of falls
- have increased risk factors for long term care
- undergo early entry into residential or nursing care
- use accident and emergency services independent of chronic illness.

(Source: Cohen, 2006; Russell et al, 1997; Geller et al 1999)

For 3.6 million people aged 65 and over TV is the main form of company

(Age UK)



Loneliness - impact on Mental Health

- puts individuals at greater risk of cognitive decline
- increases the risk of developing clinical dementia
- increases the risk of developing depression
- is predictive of suicide in older age.

(Source: James et al 2011; Holwerda et al 2012; Cacioppo et al, 2006; O'Connell et al, 2004)

8 out of 10 carers have felt lonely or isolated as a result of looking after a loved one

(Carers UK)





How are we tackling Loneliness and Social Isolation?

Loneliness and social isolation can be experienced at any age, but several factors place older people more at risk. There is support available, but people may need help to find and use it.

Our strategy for Adult Social Care and Health, **'your life, your wellbeing'** covers all elements for individuals experiencing social isolation and loneliness.

We commission a range of services that support older and vulnerable people and actively reduce social isolation; such as befriending schemes and day services. In addition, we are working across the Council with other areas; Public Health, Growth, Economy and Transport and organisations externally with other public-sector bodies, such as the NHS, Police and Kent Fire and Rescue Service to develop whole system solutions to combat loneliness and social isolation.

A Loneliness and Social Isolation Select Committee was established by Kent County Council's Scrutiny Committee to investigate the current services available across the Council and identify initiatives and strategies to prevent or reduce the impact of social isolation and loneliness on Kent's older residents.

What else is being planned?

Although much good work is already being done within communities, the public, private and voluntary sectors as well as across Kent County Council, more can and should be done.

- The Loneliness and Social Isolation Select Committee has investigated the issue of loneliness and social isolation and identified eleven recommendations which will be implemented to continue to tackle loneliness and social isolation across Kent.

- We will continue to commission and provide services that support people to connect with each other and into their communities. Reduction of loneliness and social isolation is a key outcome that we consider and try to address in all commissioning and provision.
- Work to develop preventative approaches that help stop loneliness becoming chronic and tackling the needs of groups that are socially excluded and that are at risk of isolation will be continued.
- We will also look for opportunities to co-commission with partner agencies, such as Clinical Commissioning Groups, Health Districts and Borough Councils
- We will be developing focus groups to explore how to address loneliness and social isolation, would you like to be involved? See our contact details on page 4.



More information on the Loneliness and Social Isolation Committee is on www.kent.gov.uk - search 'select committee reports'.

Tackling Loneliness and Social Isolation in Kent - what are we already doing?

- Adult befriending services
- Day services
- Community care navigators
- Dementia peer support groups and cafés
- Kent Pathways Services
- Live Well Kent
- Extra Care Housing
- Community Wardens
- Delivering differently in neighbourhoods
- Support for carers (Carers cafés)
- Stronger Kent Communities (Rural Kent Coffee and information project).

Delayed Transfers of Care

What are delayed transfers of care?

'Delayed transfer of care' sometimes known as DTOCs occurs when a patient is ready to leave a hospital or a similar care provider but is still occupying a bed. Delays can occur when patients are being discharged home or to a supported care facility, such as a residential or nursing home or are awaiting transfer to a community hospital or a hospice.

Delayed transfers, sometimes described as '**bed-blocking**' – can cause considerable distress and unnecessarily long stays in hospital for patients. They also affect waiting times for NHS care, as delayed transfers reduce the number of beds available for other patients.

They are one of the key priorities not just for central Government but also for Adult Social Care in Kent as delayed transfers place a significant pressure on the whole NHS and Social Care system. NHS England, the body responsible for monitoring delayed transfers of care nationally, uses them as an indication of how Health and Social Care systems are operating together to produce the best outcomes for patients.

How are these measured?

NHS England defines a patient as being ready for transfer when:

- a clinical decision has been made that the patient is ready for transfer
- a multidisciplinary team has decided that the patient is ready for transfer
- the patient is safe to discharge/transfer.
- As soon as a patient meets these three conditions and remains in a bed, the 'clock' starts and they are classified as 'a delayed transfer'.

Why do delayed transfers of care occur?

Delayed transfers are not solely a 'social care' or 'NHS' problem. They can be the result of delayed processes within the NHS, Adult Social Care or across both areas and they can occur for a number of reasons.

Delays in completing an early assessment of onward care through agreement from a multi-disciplinary team.



Delays in arranging a care package and assessed support (carers, provision of equipment to improve safety and mobility).



Disagreements between families/patients and providers about where the patient should be transferred to.



Waiting for onward intermediate care services (bed-based care, reablement, rehabilitation).

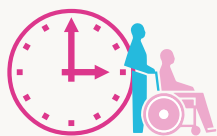


Waiting for equipment to be installed in the community, public funding or housing issues.



Delayed transfers of care - how Kent is performing?

Monthly delayed transfers of care data for Kent, April 2019*



There were **5,728** total delayed days in April 2019, equivalent to **191** daily DTOC beds. Of these, **139** were Acute beds and **52** were Non-Acute beds.



77.5% of all delays in April 2019 were attributable to the NHS, **20%** were attributable to Social Care and the remaining **2.5%** were attributable to both NHS and Social Care.



The main reason for NHS delays in April 2019 was 'Patients Awaiting further Non-Acute NHS Care'. This accounted for **41.3%** of all NHS delays.



The main reason for Social Care delays in April 2019 was 'Patients Awaiting Care Package in their Own Home'. This accounted for **13.5%** of all Social Care delays.

Why are delayed transfers of care important?

Longer stays in hospital are associated with increased risk of infection, low mood and reduced motivation, which can affect a patient's health after they've been discharged, increased chances of readmission to hospital, increased costs and increased waiting times in A&E departments and for planned surgery.

For older patients, a delay of more than two days negates the additional benefit of intermediate care and seven days is associated with a **10%** decline in muscle strength due to long periods of immobility in a hospital bed.

Source: The National audit of intermediate care.

Reducing delayed transfers of care across Kent

Although the average number of delayed transfers of care from hospital in Kent has improved over the last year for both those where Adult Social Care and the NHS are responsible and for people where Adult Social Care are solely responsible, the number of people experiencing a delayed transfer of care from hospital continues to be a significant pressure nationally and across Kent.

This highlights the continued importance of collaboration between Adult Social Care and the NHS hospital trusts and the effective use of the Better Care Fund which provides universal enablement and step-down services including community and residential care beds.

* Source: NHS England and NHS Improvement Data Collection - MSitDT. Publication date: 13.06.2019

Specific actions to reduce delayed transfers of care

- ✓ We continue to work with Health on the progression of integrated local care development with a focus on multidisciplinary meetings where a complete package of support is needed for a person. In practice, this means that local multidisciplinary teams which are made up of a cross section of health professionals including nurses, mental health workers, social care practitioners, providers, housing and the voluntary sector all working collaboratively.
- ✓ New models of local care, including multi-disciplinary teams centred around GP practices, are being created allowing Health and Social Care practitioners to integrate services to better meet the needs of individuals.
- ✓ We are working to ensure community hospital beds are used fully to support the delivery of increased numbers of intermediate care beds to bridge local care and acute hospitals. This will have an important impact on addressing delayed transfers of care.
- ✓ KCC is an active partner in the Sustainability and Transformation Partnership (STP), contributing to the case for change and working with partners across the Health and Care system to develop and implement work that will bring about the required change.
- ✓ We have launched a joint Kent and Medway Health and Wellbeing Board with Medway Council to support Health transformation, local care and prevention.
- ✓ Further work is beginning to develop a model of Hubs across Kent, which will deliver out of hospital services such as those developed in the Vanguard at Estuary View.
- ✓ Integrated Discharge Teams (IDTs), who are located in the acute and community hospitals and work hand in hand with all rapid response services are in place across the county, to prevent admissions to and facilitate timely discharges from hospitals.
- ✓ We are working with Kent Community Health Foundation Trust (KCHFT), Virgin Care and KMPT to embed Integrated Screening Services (known in some services as integrated triage) to ensure the right support is available by the right professional when required. This ensures a quicker response time for people, reduces multiple referrals to different organisations and promotes joint working.
- ✓ As part of the preparedness for the winter, Multi Agency Discharge Events (MADE), task and finish groups, workshops and 'Test the Plan' days are held. KCC officers are actively involved in all of these across the county. The aim of these activities is to work collaboratively to support discharges from the acute and community settings.

More on DTCs in Kent: www.kent.gov.uk and search Strategic Statement Annual Report.

Government statistics: www.gov.uk/government/statistics/delayed-transfers-of-care-for-march-2019

Health and Social Care Integration

'Many people who need support from Social Care may also need support from Health. By working more closely together, people can get more seamless services, have better outcomes and we can help reduce costs.'

Kent Sustainability and Transformation Plan (STP) - transforming Health and Social Care in Kent and Medway

We are working together with the NHS and Public Health in Kent and Medway to plan how we will transform Health and Social Care services to meet the changing needs of local people.

The Kent and Medway Sustainability and Transformation Partnership has been set up by local Health and Care leaders and we are focused on how best to encourage and support better health and well-being, and provide improved and sustainable Health and Care services, for the population of Kent and Medway.

The Partnership is a collaboration of all NHS organisations across Kent and Medway, Kent County Council and Medway Council.

The STP sets out how we think services need to change over the next five years to achieve the right care for people for decades to come.

It describes what we think needs to be done differently aligned to **'local care'** and **'social prescribing'** (see glossary) to bring about better health and well-being, better standards of care, and better use of staff and funds.

Local care is the phrase we are using to describe health and social care provided outside of a main hospital, at home, in a clinic, GP surgery or in a community hospital.



Design and Learning Centre for Clinical and Social Innovation

'Making out-of-hospital care safer for both citizens and the professionals.'

The Design and Learning Centre for Clinical and Social Innovation was developed as part of the NHS Integrated Care Pioneer Programme which ran from 2013 - 2018.

The Design and Learning Centre was officially launched in 2016 with the aim of continuing the work completed under the Pioneer Programme, to continue to address the challenges being faced by Health and Social Care services across Kent and Medway.

The focus of work is to reduce frailty, develop safe new services and transform the Health and Social Care workforce by promoting independence and self-care working towards making out-of-hospital care safer for both citizens and professionals.

Current work includes:

- ESTHER model in Kent
- Transforming Integrated Care in the Community (TICC)
- Medication in the community
- Antibiotic prescribing reduction challenge
- Push project
- Room and home for life.

The centre provides the opportunity to innovate together and work as a network of local NHS and social sites rather than in isolation.

The Design and Learning Centre is working in partnership with industry, innovators, local academic institutions and with extensive international collaborators who include Denmark, Sweden, Holland, Scotland, USA and Japan.

The Design and Learning ultimately sets out to facilitate new ways of working by co-designing and evaluating sustainable solutions to meet the changing needs of a growing population.

Further information about the Design and Learning Centre can be found on our website at www.designandlearningcentre.com



Forget-Me-Knit

One part of the Design and Learning Centres work has been to support Dementia Services in the community and how KCC and partner organisations can work effectively together in this area. As part of this staff supported Dementia Action Week, which happens in May each year and unites people, workplaces, schools and communities to take action and improve the lives of people living with dementia.

To mark Dementia Action week, fingers were busy knitting and crocheting forget-me-nots as part of a 'yarn bomb' in Maidstone. The blue flowers festooned displays in Fremlin Walk to raise awareness of the condition and the help available.

KCC were one the supporters of the team from Dementia Friendly Maidstone who had a stall, interactive sessions and information including Age and Visual Impairment Simulations so people could learn what living with dementia can feel like. For more information see: www.dementiaaction.org.uk

Kent Learning Disability Partnership Board



The KLDPB has groups across Kent where people with learning disabilities, their carers and families can talk about the things that are important to them in their lives. Everyone is welcome to take part.

The Board meets four times a year and members include people with learning disabilities, carers, the voluntary sector and senior people from the main public services who make decisions. There are two co-chairs of the Board – an elected member of Kent County Council and a person with a learning disability. The Board looks at the main issues affecting the lives of people with learning disabilities. It does this through the following Delivery Groups:

The Board encourages individuals, groups and organisations across Kent to get involved in exciting projects that are important to people with learning disabilities. It could be as simple as making friends or influencing Government Policy - the Board has seen both happen in Kent as well as many other activities.

More information on the Board and the different ways people could be involved can be found at www.kentldpb.org.uk

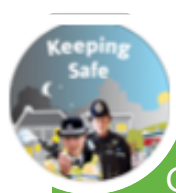
Valuing People is all about you!

The Kent Learning Disability Partnership Board (KLDPB) was set up following the Government White Paper Valuing People Now (Jan 2009) which wants all people with learning disabilities to have the right to lead their lives like any others, with the same chances and responsibilities.



Good Health Group

Looks at ways to improve access to health information, health checks, Health Action Plans and to improve the health of people with learning disabilities.



Keeping Safe Group

Looks at community safety for people with learning disabilities. It works with police, transport providers and people with learning disabilities to make sure people feel safe in their communities.



What I Do Group

Looks at education, training, employment and leisure for people with learning disabilities including how people spend their time, things people enjoy, things people want to try but can't, how we can help each other and how we can make things happen.

Glossary

Assistive Technology: These technologies help you to maintain independence. Telehealth provides equipment and devices used to remotely monitor aspects of a person's health in their own home. Telecare can be a combination of remotely monitored passive alarms and sensors to maintain independence at home.

ASC (Kent Autistic Spectrum Conditions Team): This integrated specialist team aims to address the unmet needs of adults with autism, including those with Asperger's Syndrome, who do not meet the eligibility of Learning Disability services. The service is jointly commissioned by Kent County Council (KCC) and Kent and Medway NHS and Social Care Partnership Trust.

Audits: Regular audits will be undertaken by the police, Adult Social Care and Health, to determine where improvements can be made and ensure that policies and procedures are being followed.

Autism Collaborative: The collaborative is a collection of stakeholders including clients and carer representation, the local authority, Health and all the main voluntary and charitable organisations. The aim of the group is to examine services and ensure that they are meeting the needs of adults with autism. If not how the group might plan to meet any gaps in services. The Collaborative will draw together various pieces of work from all sectors in order to fully complete the Kent Autism Strategy.

Better Care Fund (BCF): The BCF, worth £3.8 billion, was announced by the Government in the June 2013 spending review. It is designed to support the transformation and integration of Health and Social Care Services, to ensure local people receive better care.

BME: Black minority ethnic residents in Kent.

Care Navigators: These help people over 50 stay independent in their own homes. They are based with local voluntary organisations around Kent.

Care Quality Commission (CQC): The CQC is responsible for the inspection and registration of services including care homes, independent Health Care establishments and the Shared Lives Scheme.

Clinical Commissioning Groups (CCG): This is the name for the new health commissioning organisation which replaced Primary Care Trusts in April 2013. CCGs make it easier for us to work directly with our partner organisations and make the best use of resources.

Countywide Safeguarding Group: This is a meeting for senior managers within Kent. The group reviews safeguarding activity across the county to ensure that robust systems are in place to provide appropriate support to individuals who raise allegations or concerns about adult abuse.

Dementia Care Mapping (DCM): A set of observational tools designed to evaluate quality of care from the perspective of the person living with dementia.

Department of Health and Social Care (DH): They lead, shape and fund health and care in England, making sure people have the support, care and treatment they need, delivered with the compassion, respect and dignity they deserve.

Deprivation of Liberty Safeguards: Aim to prevent the unlawful detention of adults in hospitals and care settings who lack capacity to choose where they live and/or to consent to care and treatment.

Direct Payment: Cash payments to individuals who have been assessed as having eligible social care needs. The amount paid is less any contribution that is required by the individual following a financial assessment.

Domiciliary Care: These services can help people with personal care and with some practical household tasks to help them to stay at home and live independently.

Enablement: This is a short term, intensive service that can help you remain in your own home or regain independence if you have been ill or in hospital.

ESTHER: A way of working developed in Sweden to look at how the person's experience of health and social care can be more joined up, proactive and engaged with the person themselves.

Hi Kent: A registered charity for deaf and hard of hearing people, who work in partnership with Kent County Council. Hi Kent carry out assessments of need for people aged over 65 years old, provide advice and a range of equipment.

KAB: A rehabilitation service for people who are blind or partially sighted in Kent. KAB aim to provide a quality service sensitive to the individual's needs to help them attain the highest levels of independence.

Kent Card: A secure way of receiving Direct Payments without the need to open a separate bank account. The card is a chip and pin visa card and works in the same way as a visa debit card. It can be used to pay a Personal Assistant (PA), makes record keeping easier and reduces paperwork.

Kent Health and Wellbeing Board (HWB): The Board lead and advise on work to improve the health and wellbeing of people in Kent. It does this through joined up engagement across the NHS, Social Care, Public Health and other services that the Board agrees are

directly related. The Board aims to reduce health inequalities and ensure better quality of care for all patients and care users.

Kent Integration Pioneers: Aim to drive forward innovative ways of creating change in the Health Service which the Government and national partners want to see spread across the country. Kent is an integration pioneer.

Kent Wide Carers' Publication: An information booklet for carers about the range of support services available in the local area.

Mutli-Disciplinary Teams (MDTs): Joint teams between Social Care and Health that aim to minimise duplicate referrals.

National Transforming Care Programme: A programme of work led jointly by NHS England, the Association of Adult Social Services (ADASS), the Care Quality Commission (CQC), Local Government Association (LGA), Health Education England (HEE) and the Department of Health (DH) to improve services for people with learning disabilities and/or autism, who display behaviour that challenges, including those with a mental health condition.

Occupational Therapy: This service provides assessment, advice, equipment and adaptations for disabled people living in their own homes.

Personal Budget: Money paid by Kent Adult Social Care to you so that you can arrange your own care and support services.

Promoting Independence Reviews: These assess your abilities and difficulties with managing every day activities. We will work with you to identify what you are able to do and what you hope to be able to achieve, in order to continue to live independently. The Promoting Independence Service helps you to maximise how much you can do for yourself, and regain or learn new skills before any decisions are made about your ongoing support needs.

The Royal Association for Deaf (RAD): A British charitable organisation who promote the welfare and interests of Deaf people. RAD provide employment and legal advice, host activities and support groups for families with parents and/or children who are deaf or hard of hearing and also offer an interpreting service.

Safeguarding: Safeguarding is about protecting children, young people and vulnerable adults from abuse or neglect. The policy aims to tackle how adult abuse can be prevented through community cohesion, communication, good practice and to ensure that everyone is treated with dignity and respect.

Safeguarding Adults Board: The Board consists of representation by senior management from the council, CCGs, Police, carers, voluntary and private sector representatives. A range of these partners may be involved in an investigation/ Social Care enquiry regarding suspected abuse or neglect.

The Board also arrange serious case reviews (which became Safeguarding Adults Reviews under the Care Act) where there is concern that safeguarding arrangements could have been more effective.

Self-Neglect: This is described as “the inability (intentionally or non-intentionally) to maintain a socially and culturally acceptable standard of self-care with the potential for serious consequences to the health and wellbeing of those who Self-Neglect and perhaps to their community”.

Shared Lives: This scheme helps vulnerable adults who want to live as part of a family or household find somewhere suitable. It is similar to fostering, but for adults rather than children. Placements can either be on a short or long term basis or act as a stepping stone towards independent living.
www.kent.gov.uk/sharedlives

Social Prescribing: A way for local agencies to refer people to a link worker. Link workers give people time, focusing on ‘what matters to me’ and taking a holistic approach to people’s health and well-being.

Sustainability and Transformation Plan: This sets out how we think services need to change over the next five years to achieve the right care for people for decades to come.

Telecare: Any service that brings Health and Social Care directly to a user (generally in their homes). It enables people, especially older and more vulnerable individuals, to live independently and securely in their own home by providing them with personal and environmental sensors in the home. These remotely monitor over a 24 hour period and should something happen like you have a fall, a warning is sent to a response centre and the required help is sent to assist you.

Telehealth: is part of Telecare, but relates specifically to remote monitoring of a person’s vital signs, including blood pressure, weight and blood glucose.

Transformation: Over the next four years KCC will be looking at how their existing services currently operate, the difference they make, and if there’s a better way to do things. We will also bring services together to avoid duplication and improve efficiency, shaping them around people and place. This is known as Transformation.

Data Sources

- ONS mid-year estimates 2012
- PCIS population June 2014
- Health and Social Care Information Centre (HSCIC) website
- Office of National Statistics (ONS) website
- Direct Payment services report
- Residential Monitoring and Non Residential Monitoring services report
- KCC Annual return reports

Getting in Touch

There are several ways for you to contact us.

Telephone our contact centre

For non-urgent telephone calls, please contact us Monday to Friday between 8.30am and 5.00pm.

The contact centre is based in Maidstone and is open for business 24 hours a day, 7 days a week.

Telephone: 03000 41 61 61

Text relay

A text relay service is available for Deaf, hard of hearing and speech impaired customers and is available 24 hours a day, 7 days a week.

Text Relay: 18001 03000 41 61 61

Out of hours service

Not every crisis occurs during office hours. Kent and Medway Social Services provide for these times with our out of hours service that can offer advice, support and help to ensure that vulnerable people are not left at risk.

Telephone 03000 41 91 91

Calls from landlines are typically charged between 2p and 10p per minute; calls from mobile typically cost between 10p and 40p per minute.

Email and website

You can email us with queries or questions about any of our services or information.

Email: social.services@kent.gov.uk or see our website at: www.kent.gov.uk/careandsupport

For more information on the Local Account email: kentlocalaccount@kent.gov.uk www.kent.gov.uk and search 'local account'

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

From: Clair Bell, 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 – 27 September 2019

Subject: **COMMUNITY BASED WELLBEING SERVICES (GRANTS TO CONTRACTS)**

Classification: Unrestricted

Past Pathway of Paper: Adult Social Care and Health Directorate Management Team - 12 June and 11 September 2019
Adult Social Care Cabinet Committee – 23 November 2017 and 27 September 2018

Future Pathway of Paper: None

Electoral Division: All

Summary: the report provides the Adult Social Care Cabinet Committee with an update on progress made on the Community Based Wellbeing Services project and the revised project timeline for a phased implementation of procurement and contracts from April 2020.

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

1. Introduction

1.1 The project in 2017-18 to commission a Core Offer of Community Based Wellbeing Support for older people, people living with dementia and people with a physical disability was halted to achieve savings against the voluntary sector budget. Recognising the impact, the reduced budget would have on existing proposals, at its meeting on 23 November 2017 the Adult Social Care Cabinet Committee endorsed a new approach to end the remaining grants and commission wellbeing support. This project is tracked in the Strategic Delivery Plan, project number 52.

1.2 The new approach proposed moving separate core offers into one commissioned service, aligning timelines, reducing duplication, maximising value for money, providing more holistic support for vulnerable adults in Kent and their carers as well as measuring and evidencing the benefit of these preventative services

- 1.3 On 27 September 2018 the Adult Social Care Cabinet Committee endorsed that this new approach would be undertaken in two stages. Specifically, commission Community Based Wellbeing Navigation services that connect people to the support that they need by 1 April 2019, and commission the support that people are navigated to by 1 April 2020. This approach required interim arrangements for grants for 2019-20.
- 1.4 Procurement of Community Based Wellbeing Navigation services was completed and contracts awarded on 26 February 2019, with contracts commencing on 1 April 2019. Interim arrangements for the remaining adult social care grants were put in place for April 2019 – March 2020.
- 1.5 This paper represents an update on the second stage, namely, the commissioning of the support that people are signposted to; within the Community Based Wellbeing service. This will end the remaining historic grant agreements, replacing with either new contracts, or in some cases, replacement grants.

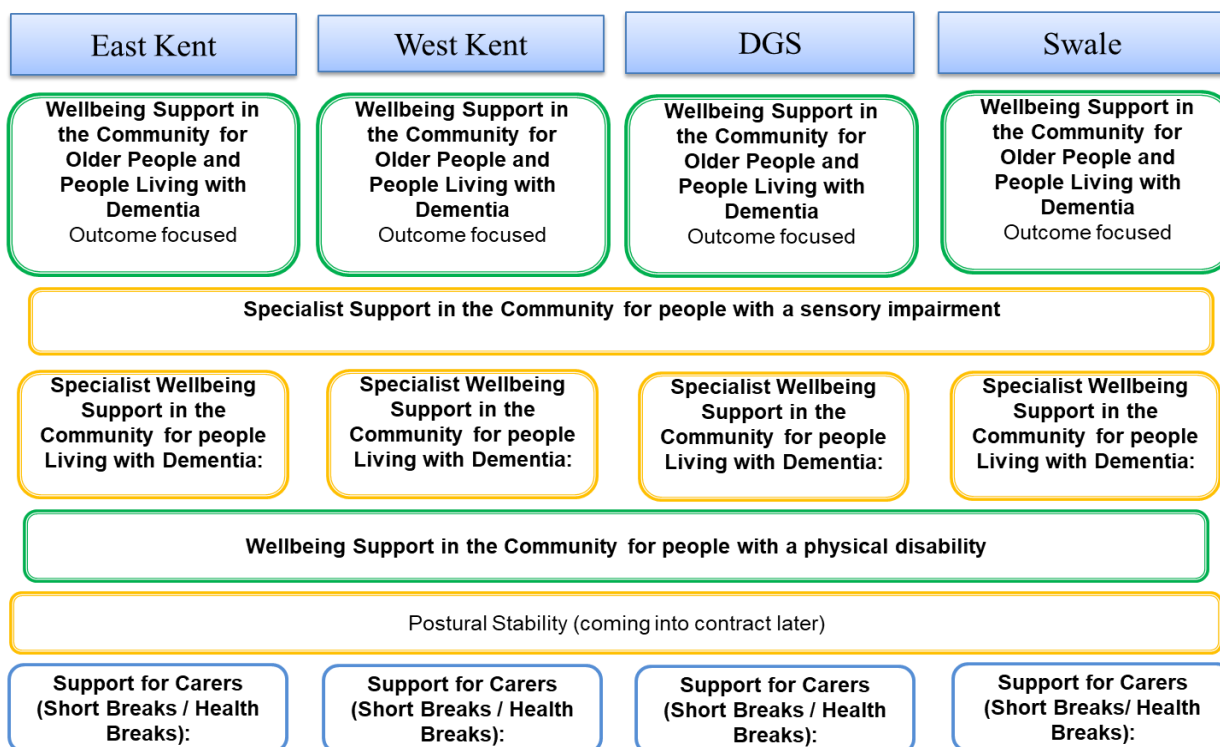
2. Strategic Statement and Policy Framework

- 2.1 This project supports the strategic outcomes of the Council through a support service which works with people to identify their aims and aspirations, then connects them to community resources and activities that promote wellbeing and reduce social isolation. This will fully support the Your Life, Your Wellbeing Strategy 2016 – 2021 through enabling people to remain demonstrably well and independent through the delivery of sustainable services and managing demand on social care services.
- 2.2 The proposal supports the development of Local Care Models (LCM) as outlined in the Kent and Medway Sustainability and Transformation Partnership (STP) Plan by commissioning support services to reduce demand on health and social care and improve outcomes for people through the use of non-medical interventions.
- 2.3 The proposal will enable the council to meet its duties under the Care Act 2014 by promoting wellbeing for individuals and their carers, through the provision of information and advice that enables people to make choices about their care, by preventing or delaying people deteriorating to the point where they require health or social care support and through supporting market sustainability.

3. The Report

- 3.1 Adult social care has historic grant arrangements in place with voluntary and community sector providers across the county. These grants provide a contribution towards the costs of services that support older people, people living with dementia, people with a physical disability and people with sensory impairments. Services meet the outcomes of the council and enable people to remain well and living independently.

- 3.2 There are currently 48 of these historic grants remaining, all of which fall within the scope of this project. (see appendix 1) Grants end on 31 March 2020.
- 3.3 There are issues related to use of historic grant arrangements including an inconsistency in the type of support and services funded across the county, lack of correlation between spend and demographic factors, limitations in the ability to monitor the performance of services and therefore to understand the impact that services have on people.
- 3.4 Key findings from a review are:
- Most people accessing grant funded services are accessing day services, accordingly most of the funding given is supporting day services
 - Some organisations use their grants for specific services, others put their grant into a central pot to subsidise several services, this creates a challenge in truly understanding how funding is being spent
 - The average 'cost' of these services can vary quite considerably
 - Most of the grant funding is spent on salary costs of support staff
 - Based purely on financial information, most providers are at low risk of becoming unsustainable if funding ended as a result of this process
 - However, when political risk, impact on service users and service continuity are included, one third of current providers fit into the high-risk category. This is likely because of the potential need to re-shape or reduce services in order to remain financially viable
 - Some staff have multiple roles and work across several services
 - Some organisations struggled to complete the audit form or struggled to allocate their services to the categories provided which adds to quality issues with the data
 - Grants are historically not based on needs of residents.
- 3.5 Through the process, it has become clear that there is no single commissioning solution that can address the needs of all client groups. Therefore, it is likely that both universal and specialist services will be required. There is also a need to move to a needs-based approach and outcome-based specifications.
- 3.6 As the next part of the project continues, the public consultation focuses on understanding the type of support that residents would benefit from on a day to day basis and asks some key questions to inform service specification.
- 3.7 Given the above, it is likely that different options will need to be considered in terms of the type of contract or grant utilised as well as how the arrangements are geographically lotted. The current proposal is outlined below and is subject to change:



- 3.8 The above model does not represent a radical shift from the current grants. It has become clear there is no 'one size fits all' option and so it has been necessary to consider a more moderate approach. The benefit of the above proposal is it will rationalise the market, reduce service disruption and enable increased performance monitoring of service delivery and increase management of the market. This also sets the stage for further changes in future years and allows a phased procurement approach to be implemented.
- 3.9 It is likely that services will be funded through contracted arrangements in the future. This is due to the need to collect data that enables the council to clearly identify how funding is being spent, what outcomes are being achieved and the overall benefit to Kent residents and the council and its partners.
- 3.10 Commissioners recognise feedback received from small organisations about their ability to enter into contracts and the instability of being reliant on larger organisations for sub-contracting relationships. In order to support smaller organisations and enable innovation, it is proposed a percentage of the overall budget be allocated to a grant pot. Grants will be awarded through the council's grant prospectus and in accordance with the council's Voluntary and Community Sector (VCSE) Policy.
- 3.11 The phased procurement programme will be prioritised based on a number of risk categories, to ensure that the process is supportive, while allowing the best competitive process to occur. The council is fully aware of the potential uncertainty this creates within the voluntary sector and will support the market to ensure potential providers / bidders are able to engage in the process.

3.12 The areas that are not in the early phases of the procurement programme will be available for grant funding. To align to policy we will advertise the prospect of competition, with a light touch expression of interest, to support the principles of competition.

3.13 Project Timeline is as follows:

Project Area / Task:	Start Date	Completion Date
<i>Further analysis:</i> <ul style="list-style-type: none"> <i>Understand impact of NHS Primary Care Network (PCN) alignment on current spend and future models</i> 	01/07/2019	30/08/2019
<i>Develop plan for future commissioned model (phased approach)</i>	01/07/2019	30/08/2019
<i>Paper to Adult Social Care and Health Directorate Management Team (ASCH DMT)</i>		11/09/2019
<i>Paper to Adult Social Care Cabinet Committee</i>		27/09/2019
<i>Provider meetings (review of financial standing and infrastructure)</i>	01/08/2019	30/09/2019
<i>Local Care Board / Primary Care Board presentations</i>	01/08/2019	30/10/2019
<i>Public Consultation (if required) max 6 weeks</i>	01/10/2019	12/11/2019
<i>Market / Provider engagement</i>	01/10/2019	12/11/2019
<i>ASCH DMT (Market/Provider Engagement results and procurement approval / grant extensions)</i>		12/2019
<i>Develop specifications</i>	01/09/2019	20/12/2019
<i>Develop Tender Documentation</i>	01/09/2019	20/12/2019
<i>ASC Cabinet Committee (procurement approval and grant extensions)</i>		16/01/2020
<i>Procurement (go live): Phase 1</i>		17/01/2020
<i>Procurement (close): Phase 1</i>		30/03/2020
<i>Tender Evaluation</i>	01/04/2020	20/04/2020
<i>Contract award approval</i>		30/05/2020
<i>Phase 1 contract start date</i>		01/07/2020
<i>Procurement (go live): Phase 2</i>		01/04/2020
<i>Procurement (close): Phase 2</i>		30/06/2020
<i>Tender Evaluation</i>	01/07/2020	20/07/2020
<i>Contract award approval</i>		30/08/2020

<i>Phase 2 contract start date</i>		01/10/2020
<i>Procurement (go live): Phase 3</i>		01/10/2020
<i>Procurement (close): Phase 3</i>		30/12/2020
<i>Tender Evaluation</i>	01/01/2021	20/01/2021
<i>Contract award approval</i>		30/02/2021
<i>Phase 3 contract start date</i>		01/04/2021

3.4 The Corporate Director of Adult Social Care and Health is the Senior Responsible Officer for the project.

4. Financial Implications

4.1 Current spend on grants and contracts (2019-20) is outlined below:

Historic Grant values	End date	Value	
		KCC	CCG
Older People Support services	31.03.20	£4,040,656	£0
Physical Disability Support services	31.03.20	£160,100	£0
Dementia Support services	31.03.20	£606,494	£0
Sensory Support services	31.03.20	£1,080,000	£0
SUB-TOTAL		£5,887,250	£0
Carers Short Breaks <i>contract</i>	31.03.20	£2,309,818	£779,681
TOTAL		£8,197,068	£779,681

4.2 There is no anticipated reduction in spend for these services for 2020/2021, with the same level of budget passing to the voluntary sector. This may change subject to the outcome of Peer review.

4.3 Based on the proposed future contract structure, contract values would be calculated firstly according to the respective costs of the specialist services and outcomes-based services. Secondly, the funding will be redistributed based on demographic factors. This therefore will necessitate some re-profiling of funding across the various contracts.

4.4 It is proposed that funding associated with the outcomes-based element of the service will be re-profiled incrementally over the contract life to avoid sharp changes in the level of funding to specific areas within the county.

4.5 Work is underway to determine the degree to which Clinical Commissioning Groups (CCG) will contribute towards these services.

4.6 The proposed timeline for the procurement is set out in section 3.13.

5. Legal Implications

5.1 No legal implications

6. Equality Implications

6.1 An updated equalities impact assessment will be completed.

7. Data Protection Impact Assessment Implications

7.1 No data protection implications.

8. Conclusions

8.1 Following internal comment and feedback a phased procurement programme is recommended and proposed timetable for this programme is included. Initially proposed is a 3-phase procurement approach, however this could increase or reduce depending on the final modelling of the contracts. Procurement will commence in January 2020 and complete in March 2021.

9. Recommendation(s)

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

10. Background Documents

Older People Living with Dementia Core Offer – Adult Social Care Cabinet Committee 27 November 2017

<https://democracy.kent.gov.uk/documents/s80950/Older%20People%20and%20People%20Living%20with%20Dementia%20Core%20Offer%20-%20Update%20Report%20v2.pdf>

Community Based Wellbeing Navigation Service – Adult Social Care Cabinet Committee – 23 November 2018

<https://democracy.kent.gov.uk/documents/s86522/Item%208%20-%20Community%20Navigation%20Service.pdf>

11. Contact details

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Appendix 1: Details of Adult Social Care Grants within scope project

Organisation	Adult Social Care Grant Value for 2018-19	% of Total Income (2016/7)	Location		Client Group	Primary Service	Commissioning Plan
			CCGs	Districts			
Age Concern Deal	£170,739.50	69%	South Kent Coast	Dover	OP	Advocacy Bathing Social Opportunities	Interim arrangement 2019-20. End for new contract 1 st April 2020
Age Concern Malling	£78,680.15	20%	West Kent	Tonbridge & Malling	OP	Social Opportunities	Interim arrangement 2019-20. End for new contract 1 st April 2020
Age UK Ashford	£118,946.89	33%	Ashford	Ashford	OP	Advocacy Bathing Social Opportunities	Interim arrangement 2019-20. End for new contract 1 st April 2020
Age UK Canterbury	£198,725.98	25%	Canterbury & Coastal	Canterbury	OP	IAG - Care Navigator Younger Person Dementia Day Support Social Opportunities Dementia Day Support All Ages	Reduce for 2019 for care navigation contact. Interim arrangement 2019-20. End for new contract 1 st April 2020
Age UK Dover	£78,767.51	15%	South Kent Coast	Dover	OP	Bathing Social Opportunities	Interim arrangement 2019-20. End for new contract 1 st April 2020

Age UK Faversham & Sittingbourne	£475,130.27	27%	Canterbury & Coastal Swale	Swale	OP	Advocacy Bathing - Domiciliary IAG Social Opportunities Dementia Carers Support	Reduce for 2019 for care navigation contact. Interim arrangement 2019-20. End for new contract 1 st April 2020
Age UK Folkestone	£137,862.40	40%	South Kent Coast	Shepway	OP	IAG Social Opportunities	Interim arrangement 2019-20. End for new contract 1 st April 2020
Age UK Herne Bay & Whitstable	£271,831.99	18%	Canterbury & Coastal	Canterbury	OP	Dementia Café Bathing Social Opportunities	Interim arrangement 2019-20. End for new contract 1 st April 2020
Age UK Hythe & Lyminge	£200,046.15	22%	South Kent Coast	Shepway	OP	Bathing Social Opportunities	Interim arrangement 2019-20. End for new contract 1 st April 2020
Age UK Maidstone	£216,731.39	20%	West Kent	Maidstone	OP	Advocacy Bathing - Domiciliary Social Opportunities	Interim arrangement 2019-20. End for new contract 1 st April 2020
Age UK NWK	£575,235.27	42%	Dartford, Gravesham & Swanley	Dartford	OP	Advocacy Bathing - Domiciliary Social Opportunities	Interim arrangement 2019-20. End for new contract 1 st April 2020
Age UK Sandwich	£83,820.64	27%	Canterbury & Coastal	Dover	OP	Social Opportunities Social Opportunities - Dementia	Interim arrangement 2019-20. End for new contract 1 st April 2020
Age UK Sevenoaks & Tonbridge	£287,664.75	32%	West Kent	Sevenoaks Tonbridge & Malling	OP	Advocacy Social Opportunities	Interim arrangement 2019-20. End for new contract 1 st April 2020
Age UK Sheppey	£139,478.49	28%	Swale	Swale	OP	IAG Social Opportunities	Interim arrangement 2019-20. End for new

							contract 1 st April 2020
Age UK Tenterden	£68,207.04	12%	Ashford	Ashford	OP	Bathing Social Opportunities	Interim arrangement 2019-20. End for new contract 1 st April 2020
Age UK Thanet	£200,134.50	22%	Thanet	Thanet	OP	Bathing Social Opportunities Social Opportunities - Dementia	Interim arrangement 2019-20. End for new contract 1 st April 2020
Age UK Tunbridge Wells	£217,597.16	27%	West Kent	Tunbridge Wells	OP	Bathing - Domiciliary Social Opportunities	Interim arrangement 2019-20. End for new contract 1 st April 2020
Alzheimer's & Dementia Support Services	£263,499.72	21%	Dartford, Gravesham & Swanley	Dartford Gravesham Sevenoaks	OP	Dementia Community Support	Interim arrangement 2019-20. End for new contract 1 st April 2020
Alzheimer's Society (Kent & Medway)	£286,395.54	>1%	West Kent	Maidstone Tonbridge & Malling Tunbridge Wells Sevenoaks	OP	Dementia Community Support	Interim arrangement 2019-20. End for new contract 1 st April 2020
Ash Cum Ridley Parish Council	£2,404.92	Not known	West Kent	Maidstone Tonbridge & Malling Tunbridge Wells Sevenoaks	OP	Day Opportunities	Interim arrangement 2019-20. End for new contract 1 st April 2020
Ashford & District Volunteer Bureau	£83,441.89	33%	Ashford	Ashford	OP	Befriending IAG IAG – Care Navigator	Reduce for 2019 for care navigation contact.

							Interim arrangement 2019-20. End for new contract 1 st April 2020
Ashford Citizens Advice Bureau	£746.02	>1%	Ashford	Ashford	ALL	IAG	Interim arrangement 2019-20. End for new contract 1 st April 2020
Bright Shadow	£6,871.20	Not known	Thanet	Thanet	Dementia	Dementia Peer Support	Interim arrangement 2019-20. End for new contract 1 st April 2020
Caring Altogether on Romney Marsh (CARM)	£49,080.00	30%	Ashford	Ashford	Dementia	Day Opportunities	Interim arrangement 2019-20. End for new contract 1 st April 2020
Centre for Independent Living in Kent (CILK)	£74,684.05	63%	Ashford Dartford, Gravesham & Swanley	Ashford Dartford Gravesham Sevenoaks	LD/PD	Advocacy IAG Peer Support	Interim arrangement 2019-20. End for new contract 1 st April 2020
Christians Caring	£8,597.83	54%	West Kent	Maidstone Tonbridge & Malling Tunbridge Wells Sevenoaks	OP	Day Opportunities	Interim arrangement 2019-20. End for new contract 1 st April 2020
Compaid Trust	£11,484.72	1%	West Kent	Maidstone Tonbridge & Malling Tunbridge Wells Sevenoaks	ALL	Day Opportunities	Interim arrangement 2019-20. End for new contract 1 st April 2020
CROP (EK)	£69,465.00	71%	Canterbury &	Canterbury	OP	IAG	Interim arrangement

			Coastal				2019-20. End for new contract 1 st April 2020
Disability Information Services Kent (DISK)	£42,520.95	75%	South Kent Coast	Thanet Shepway Dover	LD/PD	IAG	Interim arrangement 2019-20. End for new contract 1 st April 2020
Edenbridge Voluntary Transport Service	£4,459.41	18%	West Kent	Maidstone Tonbridge & Malling Tunbridge Wells Sevenoaks	ALL	Transport	Interim arrangement 2019-20. End for new contract 1 st April 2020
FACE (Faversham Assistance Centre)	£14,366.70	19%	Canterbury & Coastal	Canterbury	OP	Miscellaneous	Interim arrangement 2019-20. End for new contract 1 st April 2020
Good Neighbour Project	£24,540.00	23%	West Kent	Maidstone Tonbridge & Malling Tunbridge Wells Sevenoaks	OP	Befriending	Interim arrangement 2019-20. End for new contract 1 st April 2020
Heart of Kent Hospice	£13,742.40	>1%	West Kent	Maidstone Tonbridge & Malling Tunbridge Wells Sevenoaks	OP	Day Opportunities	Interim arrangement 2019-20. End for new contract 1 st April 2020
Hersden Neighbourhood Centre Association	£4,908.00	10%	Canterbury & Coastal	Canterbury	OP	Day Opportunities	Interim arrangement 2019-20. End for new contract 1 st April 2020

Hi Kent	£277,662.25	45%	ALL	ALL	Sensory	Assessment and Equipment	Interim arrangement 2019-20. End for new contract 1 st April 2020
Hospice in the Weald	£24,540.00	>1%	West Kent	Maidstone Tonbridge & Malling Tunbridge Wells Sevenoaks	OP	Befriending	Interim arrangement 2019-20. End for new contract 1 st April 2020
Imago Community - Care Navigators	£190,192.85	10%	Dartford, Gravesham & Swanley Swale	Dartford Gravesham Sevenoaks Swale	OP	IAG - Care Navigators	End 2019: Care navigation contract
Involve - Befriending	£6,225.31	1%	West Kent	Maidstone Tonbridge & Malling Tunbridge Wells Sevenoaks	OP	Befriending/Forums	Interim arrangement 2019-20. End for new contract 1 st April 2020
KAB	£803,809.66	34%	ALL	ALL	Sensory	Assessment and Equipment	Interim arrangement 2019-20. End for new contract 1 st April 2020
Kent Association for Spina Bifida and Hydrocephalus	£31,411.20	3%	Dartford, Gravesham & Swanley	Dartford Gravesham Sevenoaks	LD/PD	IAG	Interim arrangement 2019-20. End for new contract 1 st April 2020
NWK Volunteer Centre	£38,251.97	29%	Dartford, Gravesham & Swanley	Dartford Gravesham Sevenoaks	OP	Befriending	Interim arrangement 2019-20. End for new contract 1 st April 2020

Peabody South East	£98,446.63	2%	South Kent Coast	Thanet Shepway Dover	OP	IAG – Care Navigator	End 2019: Care navigation contract
Romney Marsh Day Centre	£148,261.85	35%	South Kent Coast	Shepway	OP	Social Opportunities	Interim arrangement 2019-20. End for new contract 1 st April 2020
Rural Age Concern Darent Valley	£61,641.00	34%	Dartford, Gravesham & Swanley	Sevenoaks	OP	Social Opportunities	Interim arrangement 2019-20. End for new contract 1 st April 2020
Sevenoaks Volunteer Transport Group	£1,717.80	8%	West Kent	Sevenoaks	ALL	Transport	Interim arrangement 2019-20. End for new contract 1 st April 2020
Shepway Volunteer Centre	£21,325.26	Not known	South Kent Coast	Thanet Shepway Dover	OP	Befriending/Café	Interim arrangement 2019-20. End for new contract 1 st April 2020
Swale CVS	£17,668.80	2%	Swale	Swale	OP	Befriending	Interim arrangement 2019-20. End for new contract 1 st April 2020
The over 60's Community Service (Northgate Ward & Canterbury District)	£63,538.97	59%	Canterbury & Coastal	Canterbury	OP	Older Persons Community Support	Interim arrangement 2019-20. End for new contract 1 st April 2020
Tonbridge Baptist Church	£11,376.74	1%	West Kent	Maidstone Tonbridge & Malling Tunbridge Wells Sevenoaks	OP	Day Opportunities	Interim arrangement 2019-20. End for new contract 1 st April 2020
Trinity Community	£49,729.82	15%	Thanet	Thanet	Dementia	Day Opportunities	Interim arrangement

Resource Centre							2019-20. End for new contract 1 st April 2020
West Kent Housing Association - Lifeways	£24,448.71	Not known	West Kent	Maidstone Tonbridge & Malling Tunbridge Wells Sevenoaks	OP	IAG – Care Navigator	End 2019: Care navigation contract

From: Clair Bell, Cabinet Member Adult Social Care and Public Health

Penny Southern, Corporate Director – Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 27 September 2019

Subject: **UPDATE ON CARE HOMES CONTRACTS FOR PEOPLE WITH A LEARNING DISABILITY, PEOPLE WITH A PHYSICAL DISABILITY AND PEOPLE WITH MENTAL HEALTH NEEDS**

Classification: Unrestricted

Past Pathway of Paper: Adult Social Care Cabinet Committee 4 July 2018
Adult Social Care and Health Directorate Management Team Meeting – 14 August and 11 September 2019

Future Pathway of Paper: Adult Social Care Cabinet Committee – 16 January 2020

Electoral Division: All

Summary: To update Cabinet Committee on the progress to date to establish new contracts for care homes for People with a Learning Disability, People with a Physical Disability and People with Mental Health Needs from April 2020 aligned with the commissioning of the Care and Support in the Home – Supported Living Contract.

Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the content of the report and the approach to sleep-in's and the costs incorporated to procure new contracts.

1. Introduction

- 1.1 Residential Care contracts for People with a Learning Disability and People with a Physical Disability were last let in 2002 and contracts for People with Mental Health Needs last let in 2004.
- 1.2 Recommissioning of these contracts comes with a risk in terms of financial impact, however when balanced with the risk to the Council on the legality of the existing contracts, it is necessary to understand full exposure of the Council's liability.
- 1.3 These contracts cover approximately £103m of spend on care home provision. The resource required to establish a contract with a suitable contractual term is substantial and includes representation from all areas of the business, led by the Strategic Commissioning Division.

- 1.4 The council has statutory duties to ensure that there is sufficient and fit for purpose provision of care services to Kent residents who are eligible under the Care Act 2014 and that a sustainable market is maintained. Residential Care Home Services contribute to the offer of services to meet assessed need.
- 1.5 On 6 June 2018 the Strategic Commissioning Board granted permission to commence market activity in establishing new contracts. The Adult Social Care Cabinet Committee endorsed the proposal to commence market engagement in relation to the re-commissioning and awarding of contracts in July 2018, delegating the authority to implement this decision to the Corporate Director of Adult Social Care and Health, or a nominated officer.
- 1.6 This document provides an update on progress to date and is intended to act as the basis for further and ongoing work to enable a forward-looking foundation for sustained change. The activity undertaken in the recommissioning of these contracts has required working with the market, both existing and potential, to encourage new and innovative ideas in order to ensure a sustainable and buoyant Kent based care economy.
- 1.7 It is recommended that these contracts are recommissioned alongside Care and Support in the Home Phase 2, with a commencement date in April 2020. This will support the alignment of benefits uplifts and client financial reassessments.

2. Key Issues

- 2.1 Existing contracts were last let 15-17 years ago, although some updated Terms and Conditions have been issued with negotiated Cost Models from 2014. However, the vast majority of placements are linked to contracts with out of date Terms and Conditions. The need to regularise this is high.
- 2.2 The current pricing of placements requires stabilising. Providers that do not have agreed Cost Model prices, have had their tendered prices increased through the years through the annual price review mechanism.
- 2.3 The current Cost Model required a fundamental review for issuing with the tender pack. With the review to take into account recent changes to costs such as, payments for Sleep in Shifts and to balance out all the costs to set a fair price.
- 2.4 Services continue to be developed in the county. With developing Supported Accommodation options for people, reliance on some of the care home services is reducing.

- 2.5 The future level of demand for care home placements will be for people with greater level of need and care homes are required to respond to the needs. Therefore, it was decided that this will require two contracts. A Framework Contract with Cost Model for providers of lower level services that are in ample supply and a Dynamic Purchasing System (DPS) Contract with Cost Model for specialist homes. Should a home wish to re-model, they will be able to access a specialist contract through the DPS.
- 2.6 The new contracts will include long and short-term residential placements including service for those under the former Transforming Care programme and those with autism and sensory needs.

3. Progress to date

- 3.1 The Adult Social Care and Health Directorate Management Team extended the timeline for the recommissioning of these Care Home Services from April 2019 to April 2020 to ensure the financial impact of recommissioning these services is understood. This work shows the best picture to date of potential costs, to enable the council to consider mitigations against potential budgetary and market risks and how to manage costs in its approach to commissioning these services.
- 3.2 This work took into account the outcome of in-depth detailed work carried out by Strategic Commissioning, Commissioners and Analytics and Finance Teams to identify what is currently being commissioned from providers, what is being delivered and at what costs. Commissioners managed a deep dive approach to a statistically relevant sample group to support broader commercial analysis. Without this approach we would be making assumptions on levels of client need without a sound evidence base.
- 3.3 The work also considered the council's approach to Sleep-in Payments in light of the markets varied interpretation of the original HMRC guidance and the pending further Court Appeal granted by the Supreme Court, with the continued uncertainty around the Sleep-in Payments and the potential pay liabilities. Therefore, it is proposed that the council changes Sleep-in Payments from the current customary fixed payment to an hourly amount, set at the National Living Wage (NLW) rate. The estimated financial impact to implement this change to sleep-in payments is £1,176K per annum.

3.4 The outcome of the finance work undertaken, with Finance and Analytics Teams identified a potential cost of £3,226k to recommission these services Table 1 shows the estimated combined cost to procure new contracts.

Table 1: Estimated cost pressure

Summary	Maximum Potential Increase
	£000's
Financial analysis	£3,226
Change to Sleep-in	£1,176
Total	£4,402

- 3.5 The identified cost pressures, including Sleep-in Payments will go through the appropriate budget governance cycle.
- 3.6 Work has been undertaken with stakeholder groups and forums to obtain their views on the use of Care Home Services in the future. Overall feedback received is for a wide range of options to be available in the market and to include some residential care.
- 3.7 In line with national strategy the aim of adult social care is to reduce the number of placements to care homes. The result of this work is the decision to continue with the existing aim, to reduce the number of referrals to residential care and to work with the market to develop and make available a range of other alternative options, including an increase in supported living options.
- 3.8 There is recognition that this is a journey that will require a significant level of work to ensure that the market is sufficiently robust and flexible to support individuals with complexity of need within their own homes.
- 3.9 To accelerate progress in a timely way the new Care Home Contract has been developed with the relevant stakeholders to ensure people are supported to move to alternative accommodation and lead a more independent life, where they wish to.
- 3.10 To further the progress in developing the offer of services, such as Supported Living, the new Care Home Contract will align and dovetail with the commissioning of phase two of Care and Support in the Home Contract - Supported Living. Therefore, the procurement process will work in parallel for both contracts. This will give a clear message to the market and also reduce unnecessary duplication internally as well as with providers who choose to tender for both service types.
- 3.11 Work is underway between the Adult Social Care and Health Directorate and the Strategic Commissioning Division to deliver a plan to grow a joint culture for change in approach and to review the current internal procedures and processes to support the new contract.

- 3.12 Work has also been completed on the Service Specification, Contract Schedules and the development of the New Cost Model, to include price profiling against need and market drivers, in consultation with the appropriate stakeholders and Trade Associations.
- 3.13 The commissioning strategy is aligned to the principles of the KCC's Commissioning Success and supports the recently reviewed Kent's Accommodation Strategy priorities. The new Care Home Contract will reflect any relevant changes.

4. Impact on individuals

- 4.1 Positive Impact: The recommissioning exercise provides the opportunity to review and update the contract documentation to place more emphasis on, Equality and the minimisation of discrimination; Protecting the service user's Human Rights; and reinforcing provider responsibility.
- 4.2 These positive impacts will contribute to raise the quality and standard of service delivery to the benefit of all service users. It is anticipated that there will be a more equitable provision of services across the county and services where gaps in provision have been identified.
- 4.3 Adverse Impact: In the event that, following discussions, a home does decide that it will not continue to provide a service for existing (current) residents, the council will work closely with the resident, their carers and relatives and the home, to ensure there is a smooth transition to a home which meets their needs.

5. Policy Implications

- 5.1 As with all project development activity, staff from the council's Strategic Policy and Corporate Assurance Division are part of the working group to make sure that the new contract is consistent with policy and practice and that, should any change be required, there is incorporate across into all the relevant policies and guidance.

6. Financial Implications

- 6.1 The most significant risk to implementing new contracts is the potential impact on price. With the likely change of how Sleep-in Shifts are measured, there will be impact on the overall price paid. The council currently commissions 109 homes with Sleep-in Support, the majority is waking support which the current cost model appropriately accounts for. The overall estimated worse case financial pressure in recommissioning these contracts is a £4,402K increase in costs.
- 6.2 To mitigate and control the current projected costs and any future cost implications, work has been carried out and other work is underway between the Strategic Commissioning Division and the Adult Social Care and Health Directorate to:

- Review the Cost Model and negotiating with the market for a transparent fair cost of care to remove any artificially inflated price and price levelling of historic and legacy placements
- Improve internal business processes and practice to include more thorough and robust review and approval processes
- Enhance the digital offer by working with the market to grow technology within services and reduce the reliance on direct staff support hours. With a focus on reducing and removing sleep-in and wake nights where appropriate
- Work with the market to develop and diversify supported living services to reduce the reliance on care home services in the future.

7. Legal Implications

- 7.1 The Strategic Commissioning Division will enlist the support of Legal Services through the development of the contract specification and Terms and Conditions, although the standard Care Services Terms and Conditions will be used. There will need to be resource allocated at the end point of the tender process for contracts to be signed and sealed.

8. Personnel and Training Implications

- 8.1 The resource for letting the contract is being led by the Strategic Commissioning Division.
- 8.2 Operational teams – support is being provided from Care Management, Social Workers and the Business Delivery Unit (Adults Placement Team) in ensuring that the contracts can meet their requirements.
- 8.3 Finance is part of the core team to make sure that the role of Budget management, Payments, Assessment and Income are factored in. There will be additional resource required short term to complete the relevant financial checks and make changes to establish the new contracts.
- 8.4 ICT is part of the project as it will coincide with the introduction of the new Adult Case Management System, MOSAIC. The aim is to move to regular systemised payments, although this will need to be implemented at a later stage as the start of the new contract does not coincide when this function will be available on the new system.
- 8.5 Policy staff to ensure that there is consistency with the proposals for the new contract, the legal requirements of the Care Act and translate that back into policy and practice and roll out to affected staff.
- 8.6 Training will be a key part of the new contract so that an end to end e-learning module can be developed for existing and new care management and social work staff.

9. Equality Impact Assessment

- 9.1 The Equality Impact Assessment is updated as part of the project plan when changes are proposed and can be fully considered. A Privacy Impact Assessment has also been completed.

10. Conclusion

- 10 The council has statutory duties to ensure that there is sufficient and fit for purpose provision of care services to Kent residents, who are eligible under the Care Act 2014 and that a sustainable market is maintained. Care home services contribute to the offer of services to meet assessed need.
- 10.2 These contracts were last let in 2002 and 2004. The vast majority of placements are linked to contracts with out of date Terms and Conditions. When balanced with the risk to the council on the legality of the existing contracts and in order to meet the requirements under the Care Act, it is necessary to recommission new contracts for People with a Learning Disability, People with a Physical Disability and People with Mental Health Needs.
- 10.3 Recommissioning these contracts comes at a high risk in terms of financial impact, however when balanced with the risk to the council on the legality of the existing contracts, a new contract is required through a full procurement process to meet strategic and legal requirements under Public Contract regulation (PCR15). Plans are in place between the Strategic Commissioning Division and the Adult Social Care and Health Directorate to mitigate and control the current projected costs and any future cost implications.
- 10.4 To accelerate the progress in developing the offer of alternative services, such as Supported Living, consistent with national strategy. The new Care Home Contract will align and dovetail with the commissioning of phase two of the Care and Support in the Home Contract - Supported Living. Therefore, the procurement process will work in parallel for both contracts. This will give a clear message to the market and also reduce unnecessary duplication internally as well as for providers who choose to tender for both service types.
- 10.5 Comprehensive work has been carried out in developing the new contract to minimise the disruption to individuals affected by these contracts and to minimise the risk to the Council.

11 Procurement Timetable

- 11.1 Feedback of tendered costs to support budget setting (maximum and minimum cost projections will be provided and discussed at the Adult Social Care and Health Directorate Management Team (ASCH DMT) Meeting on 13 November 2019) with more definite cost projections being provided for discussion at the January 2020 ASCH DMT and Adult Social Care Cabinet Committee Meeting.

11.2 Milestones are shared below and will need to be considered alongside the 2020-21 budget timetable, prior to finalising the timeline:

ASCH Cabinet Committee – update	27 September 2019
Tender Period	September to October 2019
Analysis and Evaluation	November 2019 to January 2020
SCB and ASCH Cabinet Committee	January 2020
Initial Award	March 2020
Contract Live Date	April 2020.

12. Recommendations

12.1 Recommendations: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the content of the report and the approach to sleep-in's and the costs incorporated to procure new contracts.

13. Background Documents

None

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From: Clair Bell, 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 – 27 September 2019

Subject: **UPDATE ON THE KENT ACADEMY FOR CHILDREN'S AND ADULTS' WORKFORCE AND APPRENTICESHIPS IN ADULT SOCIAL CARE AND HEALTH**

Classification: Unrestricted

Past Pathway of Paper: Personnel Committee – 4 June 2019
Adult Social Care and Health Directorate Management Team Meeting – 11 September 2019

Future Pathway of Paper: None

Electoral Divisions: All

Summary: This report provides an update on the Kent Academy for Children's and Adults' Workforce and progress made on Apprenticeships in Adult Social Care and Health.

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

1. Introduction

- 1.1 Following the decision taken by the Corporate Management Team in December 2018 to develop a social care academy, arrangements are progressing to design and implement the new Kent Academy for Children's and Adults' Workforce. The purpose of the Kent Academy is to improve recruitment, development, career progression and retention of social work and social care staff. Once the Kent Academy is launched arrangements for apprenticeships in ASCH will be incorporated within the Student faculty.
- 1.2 In April 2017 the government introduced the Apprenticeship Levy for all employers with annual pay bill of more than £3m. The intention is to increase the number and quality of apprenticeships across all sectors and achieve a target of 3 million apprenticeship starts by 2020.
- 1.3 The apprenticeship arrangements in Adult Social Care and Health (ASCH) are an integral part of the KCC plan for implementation of the apprenticeship standards and training. In line with the overall approach taken by KCC, ASCH is

improving workforce capacity and capability through utilisation of the Apprenticeship Levy. Apprenticeship training is being utilised to support career pathways, workforce planning, talent management and succession planning. An Apprenticeship Plan is being developed as part of the overall Workforce Plan for ASCH, to support achievement of apprenticeship targets.

- 1.4 Traditionally in ASCH apprenticeships have been focused on Adult Care Worker, Lead Care Worker and Business Administration, particularly to attract younger workers into the organisation. However, during 2019 the apprenticeship offer has increased to include degree level professional qualifications and wider business development qualifications for all age groups.
- 1.5 Under Apprenticeship Levy sharing arrangements, ASCH is also supporting an increase in apprenticeships within the external care sector across Kent. The main focus of this support during 2018/19 was the Nursing Associate Apprenticeship. This work continues, plus support for leadership and management during 2019/20, addressing priority skills development needs and where the most impact can be made.

2. Strategic Statement and Policy Framework

- 2.1 KCC's Strategic Statement and outcomes are supported through increasing the apprenticeship offer and implementation of the Kent Academy. Through improving workforce capacity and capability staff are better equipped to ensure:
 - Children and young people in Kent get the best start in life
 - Kent communities feel the benefits of economic growth by being in work, healthy and enjoying a good quality of life
 - Older and vulnerable residents are safe and supported with choices to live independently.

3. The Kent Academy for Children's and Adults' Workforce

- 3.1 The Kent Academy for Children's and Adults' Workforce is a key development for growing and maintaining an effective and sustainable workforce for ASCH, including how apprenticeships are taken forward. Following the decision in December 2018 by the Corporate Management Team the concept of creating a Social Care Academy was agreed, subsequently named as the Kent Academy for Children's and Adults' Workforce. The initial portal design agreed earlier in the year has recently been revised, the outcome being that the Adults' and Children's content is separated, but that some key areas remain joint. Faculty design is currently underway in both the Adult Social Care and Health and Children, Young People and Education Directorates, with a view to the initial launch of the Kent Academy on 1 December 2019 and a formal launch in April 2020.

3.2 During July 2019 an exercise was carried out with ASCH staff to explore the scope and in-depth learning needs that could be addressed through the Kent Academy. A workshop took place on 6 August 2019 to collate and process the results. Analysis of this information continues and will underpin the content planning phase for each faculty during Autumn 2019. In ASCH the faculty areas are being designed and built as follows:

- Student
- Professional Development
- Talent Management and Succession Planning
- Leadership and Management
- Adult’s and Children’s Safeguarding
- Resources
- Social Care Community

Apprenticeships in ASCH will be taken forward as part of the Student faculty.

4. Apprenticeship Targets and Activity

4.1 The requirement for Public Sector Organisations to achieve a target of Apprenticeship training starts of 2.3% of the total headcount, accordingly ASCH has a target of 70 Apprenticeship training starts during 2019/20. Progress has been gradual, as per the overall KCC approach, due to the lack of appropriate nationally accredited apprenticeship programmes until this year.

4.2 There have been 26 apprenticeship starts in ASCH so far this year (including three for Disabled Children and Young People service), equating to 37% of the target, however with the introduction of the Social Work and Occupational Therapy degrees and other relevant apprenticeships, the target of 70 Apprenticeship training starts is potentially achievable. The table below shows a comparison against previous years.

Table 1 Apprenticeship Starts Comparison	KCC Apprenticeship Starts	ASCH Apprenticeship Starts
2017/18	182	66 *
2018/19	189	54

* NB: The higher figure for 2017/18 takes in to account Adult Care Diploma qualifications from 2016/17 that were put on hold, until the availability of the apprenticeship.

4.3 Current ASCH Apprenticeships activity is summarised in the following tables:

Table 2 Current ASCH Apprenticeships	Level	Number	Levy Funding £
Adult Care Worker	2	6	14,700
Lead Adult Care Worker	3	9	22,600
Care Leadership and Management	5	5	10,000
Business and Administration	2	1	2,000
Business and Administration	4	2	8,000
Occupational Therapy Degree	6	6	144,000
Social Work Degree	6	15	345,000
<i>Improvement Practitioner – in progress</i>	4	1	6,000
<i>Events Management - in progress</i>	3	1	<i>tbc</i>

Table 3 Wider Social Care Sector Apprenticeships Supported by KCC Levy	Level	Number	Levy Funding £
Nursing Associate	5	4	60,000
<i>Leadership and Management – in progress</i>	3 to 7	Up to 10	<i>tbc</i>

4.4 Where apprenticeships in tables 2 and 3 are described as '*in progress*', they are at the individual application stage and have not yet commenced. In the case of leadership and management for the wider social care sector, the application criteria and awareness raising of the opportunity are in progress, with a view to increasing engagement with the sector at an Apprenticeship event on 2 October 2019.

5. Degree Apprenticeships for Occupational Therapy and Social Work

5.1 During 2019 accredited degree level apprenticeship standards were launched for occupational therapy and social work. Procurement exercises have taken place for accessible education and training provision. Arrangements are in progress regarding the offer for staff and implementation of selection processes. Task and finish groups were set up to oversee implementation and delivery of the respective project plans. Currently the timescale is that both degree apprenticeships will be in place by early 2020.

5.2 The Integrated Occupational Therapy Degree Apprenticeship was approved for delivery by the Institute for Apprenticeships in December 2018. Apprentices will be required to complete a BSc (Hons) Degree in Occupational Therapy (OT) or Level 7 qualification approved by the Health and Care Professions Council (HCPC) and accredited by the Royal College of Occupational Therapists (RCOT) where the apprentice already holds a Level 6 Degree.

5.3 A collaborative approach has been developed across London and the South East for Local Authority and Health organisations, for a range of Allied Health Professions Degree Apprenticeships, which includes the OT Degree. The following education providers were selected by the collaborative:

- Canterbury Christ Church University
- Coventry University
- London South Bank University
- University of Brighton
- University of East London

5.4 Six places have been offered within KCC for the OT Degree Apprenticeship, two with the University of Brighton and four with Canterbury Christ Church University. Final details are now being put in place to ensure university and workplace education and training provision and the apprentices themselves are ready for commencement in January 2020.

5.5 The Integrated Social Work Degree Apprenticeship was approved for implementation at KCC in November 2018. The apprenticeship is an Honours Degree in Social Work at Level 6, aligned to the requirements of the HCPC Standards of Proficiency for Social Workers in England (2017). The procurement process to select education and training provision is due to conclude in September 2019.

5.6 A launch event was held for potential applicants and their managers on 25 July 2019, to outline the offer for staff and further shape the arrangements for the 15 places available. This engagement opportunity was repeated with a webinar on 12 September 2019. All other arrangements such as the job description and contractual arrangements are in development, with support from Human Resources, with a view to commencing by February 2020.

5.7 The Degree Apprenticeships for Occupational Therapy and Social Work are employer led programmes incorporating academic and workplace learning with an end point assessment, to test the knowledge, skills and behaviours as required by each of the standards. Both programmes are dependent upon workplace Practice Education provision being readily available and education and training providers being clear on their responsibilities. Mapping exercises are currently in progress to calculate current Practice Education resources and address any shortfalls, in readiness for both apprenticeships commencing in early 2020. Clear specifications are being developed to ensure education and training providers deliver their responsibilities and requirements.

6. Sharing the Apprenticeship Levy and support for the wider care sector

6.1 In line with the Care Act 2014 requirements to support the external care market, apprenticeships are being promoted to support workforce upskilling, development and long-term sustainability of the wider care sector in Kent. This includes use of the 25% of the KCC Apprenticeship Levy that can be transferred to non-levy paying companies and organisations. In order to target skills development likely to have the most impact, the focus currently is on Nursing

Associate Apprenticeships and leadership and management, although the plan is to broaden this out to include a wider range of relevant apprenticeships, as standards become more readily available.

- 6.2 Two of the four social care Nursing Associate apprentices joining the next intake in September 2019 are funded through KCC levy with a further two commencing in January 2020. Levy funding has also been identified for investment in leadership and management apprenticeships, as part of a development support programme and learning hub for the wider care sector. An apprenticeship event is being hosted by the Design and Learning Centre (DLC) for Clinical and Social Innovation on 2 October 2019, to promote and empower care sector businesses to fully embrace apprenticeships and potential investment opportunities through the KCC levy sharing arrangements. On-going support and information is provided to the wider care sector through the DLC website and learning hub, to promote and encourage take up of apprenticeships.

7. Conclusions

- 7.1 Arrangements for development of the Kent Academy for Children's and Adults' Workforce and faculties are progressing well, with a view to incorporating arrangements for apprenticeships within the Student faculty. The Kent Academy will provide a comprehensive platform to support recruitment, development, career progression, retention of social work and social care staff and help KCC stand out with potential job applicants and those seeking career and professional development.
- 7.2 There has been good progress made on raising awareness and engagement with apprenticeships within ASCH and the wider care sector. An increasing number of staff are accessing apprenticeship training and the range of subject areas and qualifications is expanding. With the increasing numbers and the target of 70 likely to be met in ASCH in 2019/20, the investment in apprenticeships is beginning to positively impact on improved workforce upskilling, development, retention, talent management and succession planning.
- 7.3 As a measure of success, 13 members of staff from ASCH who have completed an apprenticeship during 2018/19 are expected to attend the KCC apprenticeship celebration event on 10 October 2019. Their achievements span apprenticeship qualifications Levels 2 to 5 in Care, Business Administration and Leadership and Management.
- 7.4 Use of the KCC levy to support non-levying paying wider care sector organisations is increasing and having a positive impact on upskilling, development and sustainability. Since 1 April 2019, 21 requests have been received for KCC to share its levy, 10 of which have come from the wider care sector, with more likely to follow, after the DLC apprenticeship event on 2 October 2019.

8. Recommendation

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

9. Background Documents

None

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From: Claire Bell, 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 – 27 September 2019

Subject: **ADULT SOCIAL CARE ACCOMMODATION STRATEGY 2019 RENEWAL**

Classification: Unrestricted

Past Pathway of Paper: Adult Social Care and Health Directorate Management Team Meeting -10 April, 2 June and 11 September 2019
Adult Social Care Cabinet Committee - 17 July 2019

Future Pathway of Paper: None

Electoral Division: All

Summary: To present the renewed Kent Adult Social Care Accommodation Strategy (in publishable format). The original strategy was launched in 2014, with some minor updates and adaptations in the five years since. However, with some significant changes in the last five years a more detailed revision has been completed.

Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the content of the report and the draft publishable version of the strategy – attached as Appendix 1.

1. Introduction

- 1.1 Kent County Council, the Clinical Commissioning Groups (CCG) and District/Borough Councils launched an integrated social care accommodation strategy in 2014.
- 1.2 The strategy has been well received across the county and provides good strategic direction for local decision makers and markets in the development of various care services.

2. Strategic Statement and Policy Framework

- 2.1 This paper and the related Strategy links with KCC's Strategic Statement, specifically the following strategic outcomes:
 - Kent communities feel the benefits of economic growth by being in work, healthy and enjoying a good quality of life

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

2.2 The renewed Kent Social Care Accommodation Strategy and supporting Market Position Statement will set the future vision and direction for accommodation to support vulnerable Kent residents alongside the Adult Social Care Strategy – Your Life, Your Wellbeing.

2.3 This paper does not relate to a strategy in the Council's Policy Framework.

3. The Report

3.1 The strategy launched in 2014 has had several updates, particularly with respect to data and analytics and the inclusion of some relevant projects in the last five years. However there have been some significant changes across both national and local strategies and policy that mean the strategy is due for a more detailed and robust revision.

3.2 The project scope is as follows:

- To update analytics within the strategy and to show any trends in performance since the strategy launch
- To update and include a wider scope of client groups and accommodation and support provision
- To ensure the strategy is fit for purpose and aligned with all other Kent County Council and District / Borough Council strategies
- To develop and publish a Market Position Statement aligned to the outcomes and strategic priorities for the current and potential market providers in Kent.

3.3 The project timeline is as follows:

Action	Complete by
Data collation and analysis	31/03/2019
Project plan governance – Adult Social Care and Health Directorate Management (ASCH DMT) Team Meeting	04/2019
Project plan governance – Adult Social Care Cabinet Committee	05/2019
Stakeholder engagement	30/04/2019
Resident engagement (in collaboration with Healthwatch)	30/04/2019
Provider engagement	30/04/2019
Document revision and writing	15/05/2019
Draft Strategy - ASCH DMT	31/05/2019
Draft Strategy – Adult Social Care Cabinet Committee	17/07/2019
Final Strategy - ASCH DMT	14/09/2019
Final Strategy – Adult Social Care Cabinet Committee	27/09/2019
External Communications plan commences	01/10/2019

3.4 The Corporate Director of Adult Social Care and Health is the Senior Responsible Officer for the project.

- 3.5 The engagement plan for this project identifies stakeholders in three main categories:
- Residents (including Kent’s ‘future older people’)
 - Kent County Council, District/ Borough Councils and Kent CCGs
 - Market providers and Housing Developers
- 3.6 Healthwatch and local voluntary sector support organisations were engaged with to identify where possible Kent residents and those people who will be Kent’s ‘future older people’ and gain their views.
- 3.7 Collaborated with Kent Housing Group (KHG) to engage with the relevant stakeholders within District and Borough Councils.
- 3.8 Kent Sustainability and Transformation Partnership (STP) Programme engaged to work with Kent CCGs. Further work is outlined in order to ensure Health engagement and inclusion in the strategy. Adult social care operational teams have been engaged.
- 3.10 It is proposed to run some market/provider engagement workshops to ensure the thoughts and views of the market are understood in the development of the Market Position Statement.

4. Conclusions

- 4.1 The revised and updated strategy will shape the Council direction for the next 5–10 years. The accompanying Market Position Statement will be a useful tool to engage and work with suppliers.

5. Recommendation

5.1 Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the content of the report and the draft publishable version of the strategy – attached as Appendix 1.

6. Background Documents

- 6.1 Kent Social Care Accommodation Strategy (2014):
<https://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/accommodation-strategy-for-adult-social-care>

7. Contact details

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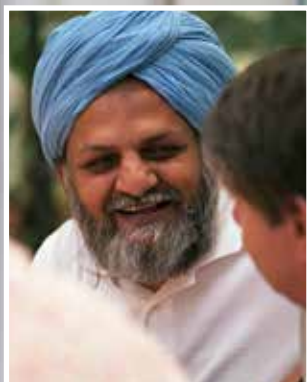
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Kent Adult Social Care and Health Accommodation Strategy

Right Homes : Right Place : Right Support



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

Foreword

By: Paul Carter,
Leader of Kent County Council



Awaiting text

A handwritten signature in black ink, appearing to read 'Paul Carter', with a horizontal line underneath the signature.

Paul Carter
Leader of Kent County Council

Introduction



The Adult Social Care Accommodation Strategy (originally launched in 2014) is unique in the respect that it sets out a Kent wide position, bringing together the aims of Districts, Boroughs, the County Council and other key stakeholders, to maximise opportunities for integrated approaches, identifying collective demand and projects and wherever possible aim to pool resources and work together to improve the outcomes and life chances for Kent’s residents. The strategy will highlight the progress achieved since 2014, examine the local strategies, policies, projects, current market provision, demand for services and future population growth projections that impact on the future priorities.

This updated strategy provides the strategic direction for, and will help to enable the delivery of, suitable housing and care home provision for all Kent County Council Adult Social Care client groups. The Strategy will be supported by Market Position Statements outlining strategic commissioning intentions for the future.

Since the launch of the Strategy in 2014 the Care Act (2014) has been passed into Legislation, which aims to improve people’s quality of life, delay and reduce the need for care, ensure positive care experiences and safeguard adults from harm. This legislation along with many other strategies, policies and research have been considered when writing this strategy and formulating Strategic Priorities for the future. All relevant documents are referenced in the bibliography in the Appendix.

Progress and achievements (summary)

In summary the performance against the Strategic Priorities between 2014 and the end of 2018 are highlighted below:



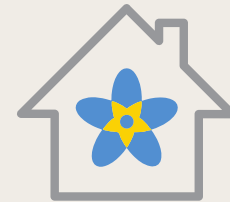
Right beds in the right place

- A number of varying factors across the County by District and Care Group
- Number of Care Homes in areas of largest population growth projects would not at this time appear to be in line with the growth projected.



Increase in extra care housing

- Since 2014 almost 1000 Extra Care homes have been completed
- Extra Care Housing development has been taken up in limited areas, leading to a concentration in some areas.



Increase in dementia specific care homes

- More care homes supporting those with Dementia – though not specifically an increase in care homes for those with complex Dementia.



Increase in nursing homes

- As CQC data shows the total number of Nursing beds available has increased.



Increase in supported accommodation

- There has been an increase in use of Supported Accommodation across all care groups



Less reliance on care homes

- KCC data shows there has been a steady decline in the number of people placed in residential or nursing care homes.

The following table shows several measures used to be able to account whether the Progress and achievements have been met.

Goal	Measure	2014	2015	2016	2017	2018	Direction of travel
Increase in housing completions	Housing information audit	3815	4874	7036	7176		
Increase number of extra care housing units		429	50.9	898	898		
Increase proportion of adult (aged 18-64) social care clients with community services	Adults receiving long term adult social care community services per 10,000 population aged 18 to 64		1.6	54.1	54.2		
Reduce residential and nursing care admissions (aged 18 to 64)	Older people receiving long term adult social care community services per 1,000 population aged 65 or over	1.6	15.8	1.7	0.5		
Increase proportion of older people (aged 65+) social care clients with community services	Supported admissions to permanent residential and nursing care per 1,000		6	18.2	16.6		
Reduce residential and nursing care admissions (aged 65+)		6.7		5.9	5.7		
Average size of care home in Kent		35					

The Local Picture

The following section sets out relevant local strategies, policy and projects, and the current demand and population forecasts for Kent.

Local Strategy and Policy

The Kent and Medway Housing Strategy (2012-2015) identified and delivered key objectives regarding older people, including the development of an Older Persons Accommodation Protocol, Better Homes: Housing for the Third Age. The focus of this protocol was to set out a framework to ensure a consistent and positive approach to the delivery of older persons accommodation across Kent and Medway, responding to the existing and growing needs of the aging population across the County. The review and development of a new Kent and Medway Housing Strategy 'A Place People want to call home' (2019-2023) has identified the importance and commitment to meet the accommodation needs of older people, across all tenure types. The emerging strategy builds upon the successful commitment and outcome of relevant partners from the previous edition of the Kent and Medway Housing Strategy, with new consideration of a more flexible approach to the delivery of accommodation for older people, including how the type, tenure, place and designation of accommodation, including access to support and care services, can ensure that older people maintain independent living for as long as appropriate.

Kent County Council launched its Strategic Statement: **Increasing Opportunities, Improving Outcomes (2015-2020)** in 2015, setting out a vision to *"focus... on improving lives by ensuring that every pound spent in Kent is delivering better outcomes for Kent's residents, communities and business"*. The statement articulates the vision and priorities of the council into three outcomes to guide the work of the council in a time of increasing complexity and financial challenge. The three strategic outcomes are:

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

Outcomes 2 and 3 are relevant to this strategy. The strategic statement sets out a mandate for both commissioners and providers across the public, private and voluntary sectors to innovate and redesign services to meet those outcomes. Work has started to refresh the Strategic Statement for 2020 onwards.

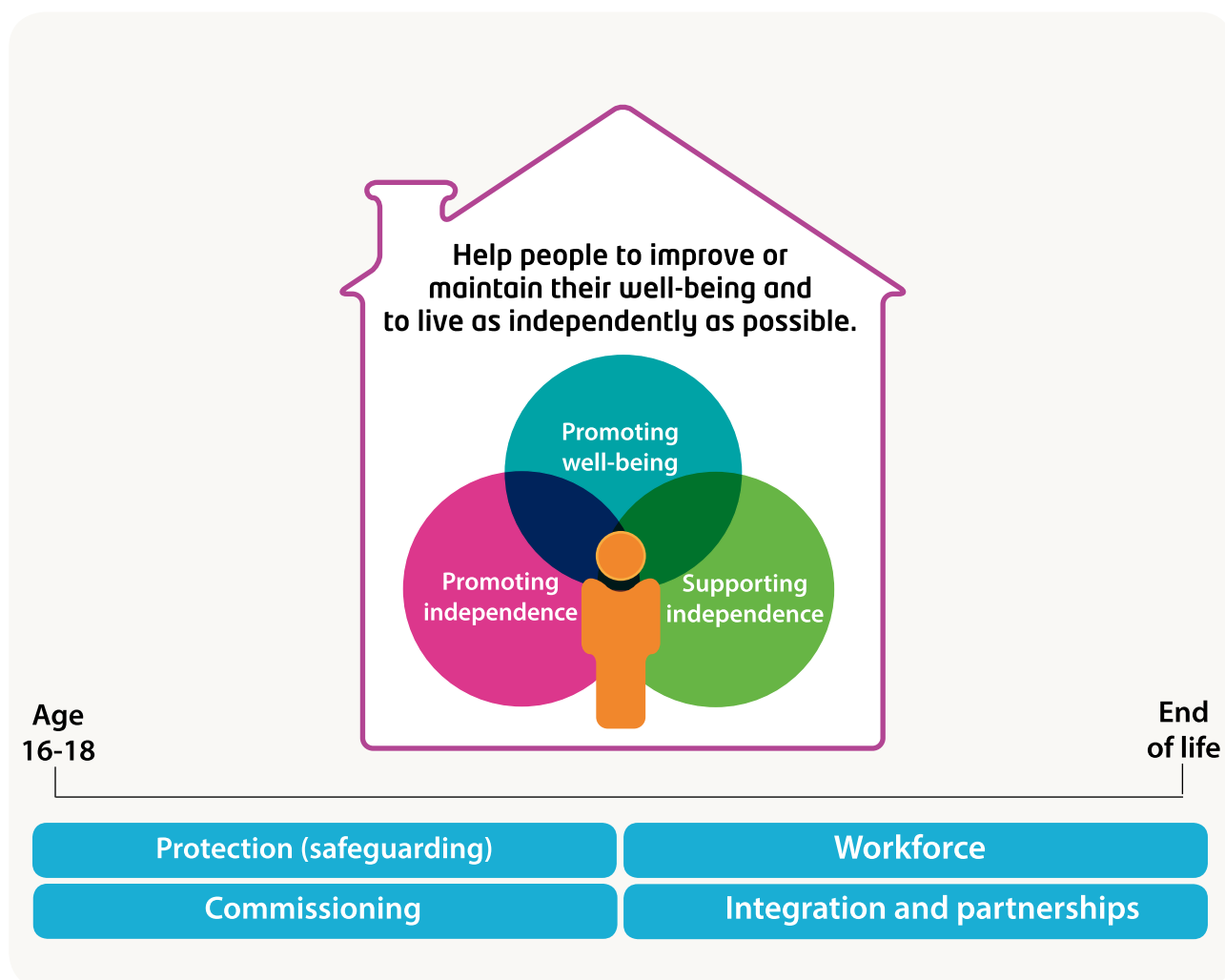
'**Your life, your well-being**' is Kent County Council's vision and strategy for the future of Adult Social Care (2018-2021). The vision aims to help people to improve or maintain their well-being and to live as independently as possible. The demand for Adult Social Care is increasing, expectations are changing and Council finances are under pressure.

The Adult Social Care vision highlights three themes that cover the whole range of services provided for people with social care and support needs and their carers:

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

To achieve this vision, in place must be effective protection (safeguarding), a flexible workforce, smarter commissioning and improved partnership working (see graphic overleaf).

KCC's Adult Social Care Vision



Kent County Council has a statutory duty to provide support to identified vulnerable adults who meet the eligibility criteria for care and support. Statutory responsibility for housing sits with the twelve Kent District and Borough Councils.

The Being Digital Strategy (2019-2021) for Kent County Council Adult Social Care and Health sets out the strategic direction for, and help to enable the delivery of, digital innovation and technology to transform and support the new operating models in Adult Social Care. The vision is to help people 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.

The strategy seeks to achieve three high-level aims:

- **Enabled People:** Embedding intelligent information and new technologies that promote individual health and well-being 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

Kent and Medway Transforming Care Partnership (TCP) Housing Strategy launched in 2017 aims to manage and progress the development of accommodation and support needs for the specific cohort of people with complex needs and or significant behaviour that challenges.

The **Kent Sufficiency Strategy (2019-22)** dovetails with Adult Social Care in the period when a child moves from Children's to Adult's services. There is an approach of working with children from 0 to 25 years across social care, health and education. The accommodation needs of this group of young people need to be enshrined within this.

System Transformation

Kent (and Medway), like other parts of England, have the challenge of balancing significantly increasing demand, the need to improve quality of care and improve access all within the financial constraints of taxpayer affordability over the next five years. Health and social care, with partners, have come together to develop the **Sustainability and Transformation Plan (STP)**. The partners have a track record of working together and, increasingly, of integrating our approach to benefit our population by achieving more seamless care, and workforce and financial efficiencies. The emerging integrated health and care model across Kent and Medway is illustrated in the graphic on page 9.

The main priority is to transform Local Care through the integration of primary, community, mental health and social care and re-orientate some elements of traditional acute hospital care into the community, this allows residents to get joined-up care that considers the individual holistically. This transformation aims to:

- meet rising demand, including providing better care for the frail elderly, end of life care, and other people with complex needs;
- deliver prevention interventions at scale, improve the health of our population, and reduce reliance on institutional care.

With the progression towards further integration, and integrated commissioning, the strategy would benefit from further engagement and input from Health partners to ensure a full picture of needs across all health and social care accommodation and support.

Local Projects






In 2015 the '**Your Life, Your Home**' project was launched, focussing on the accommodation needs for people with a learning disability, with objectives that;

- reduce the number of Learning Disability residential placements and the development of supported living options;
- design future cost effective service models to support both existing and future service users to live in the way they want, through a range of housing options.

In 2017 the project principles were extended across services for people with mental health needs with objectives to;

- create suitable supported living options to increase flow through services from acute to complex and forensic care home provision, through fewer placements in standard mental health residential provision;
- design future cost effective service models to support both existing and future service users to live in the way they want through a range of housing options.

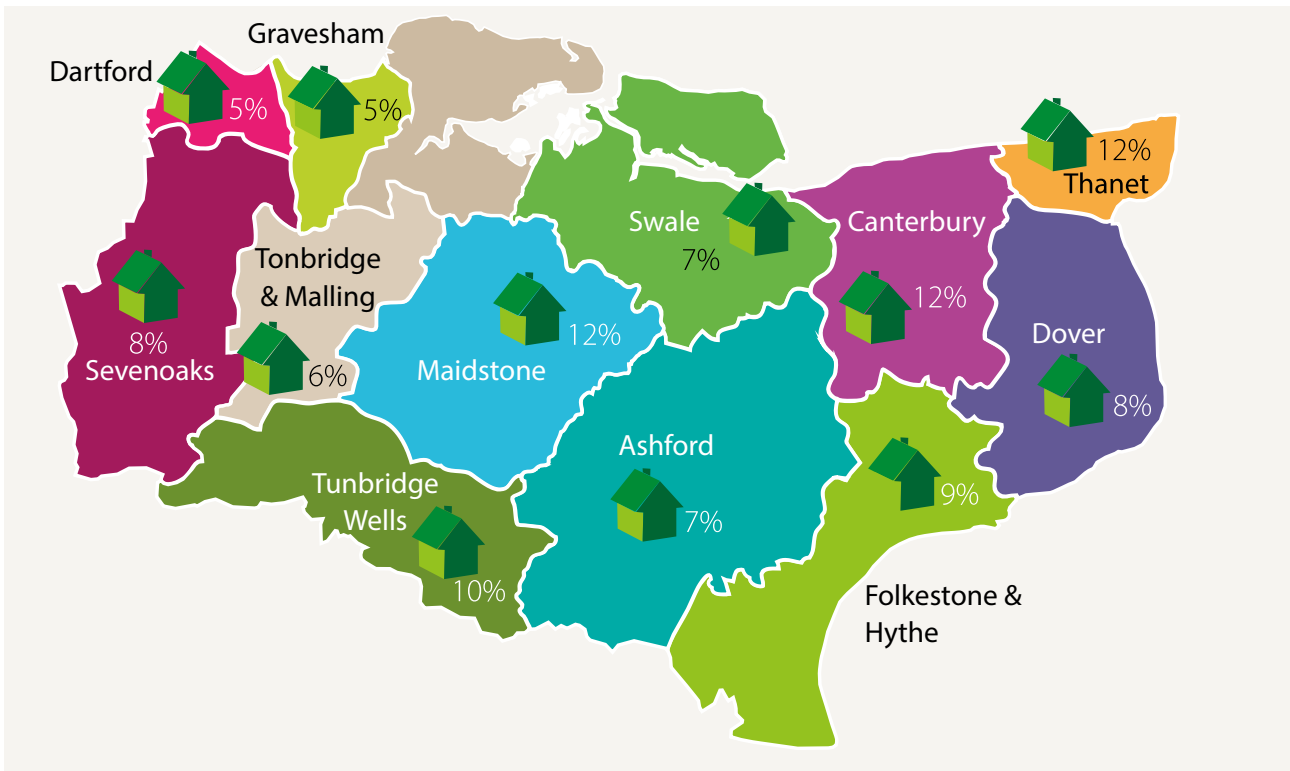
The **Kent Integrated Homelessness Support Service** (commissioned by Kent County Council) is comprised of a range of Supported Housing, Floating Support and Rough Sleeper outreach services that enable Adult Social Care and Health to support vulnerable people that are homeless in each District. The service supports vulnerable adults with support needs who are homeless to learn the skills necessary to recover from homelessness (and circumstances that lead to it) and establish or regain their independence.

 <p>Integrated Care System (ICS)</p>	<p>NHS organisations, in particular with local councils and others across Kent and Medway take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve. Will take more control of funding and performance with less involvement by national bodies and regulators.</p>	<p>Providing system leadership to bring together NHS providers and commissioners and local authorities to work in partnership in improving health and care in their area.</p>
 <p>Integrated Care Partnership</p>	<p>Organisations within a defined geography forming an alliance to deliver services.</p> <p>Working together to deliver care by agreeing to collaborate rather than compete.</p>	<p>Hospitals , community services, mental health services, social care and independent and third sector providers may be involved.</p> <p>An example of an ICP has evidence of improved health benefits of joined up working.</p>
 <p>Primary Care Network (PCN)</p>	<p>Groups of GP practices coming together in partnership (GP Federations) along with community services, social care and other providers of health and care services typically servicing populations of 30-50,000. “small enough to care, big enough to cope” Networks provide a platform for providers of care to be sustainable in the future.</p>	<p>Retain the very best of how Primary Care currently operates. Whilst finding improved ways to deliver care that: a) continues to meet patients’ needs with support of the wider health and care system b)Helps GPs and other professionals manage workload c)Attract and retain staff.</p>
 <p>Practice</p>	<p>General practice remains the cornerstone of Local Care, providing holistic care to patients and serving the health needs of local communities.</p> <p>Population growth, aging patient profile with more complex needs and rising expectations is placing ever growing pressure on GPs and staff.</p>	<p>Retains the core values and strengths of general practice and the trust the public has in it, however pressures on general practice will mean it is unsustainable without changes in the whole model.</p>
 <p>Person</p>	<p>People are aware of how to look after themselves and are encouraged and assisted to take responsibility for their own health.</p> <p>Helping people to stay well - supported to self care and access the right services when needed.</p>	<p>A key element at the heart of the five year forward view is prevention of non-communicable disease, which starts with encouraging behavioural change. Key areas of focus for Kent and Medway; obesity and exercise, mental health, diabetes, maternal health and heart disease.</p>

Current Provision and Demand

There has been some significant change in the Care Home market and the pattern of placements through Social Care teams, since the launch of the strategy.

The chart below shows the distribution of Care Home (all types) beds across Kent.



Care home (CQC registered) places by District and Care group 'specialism'

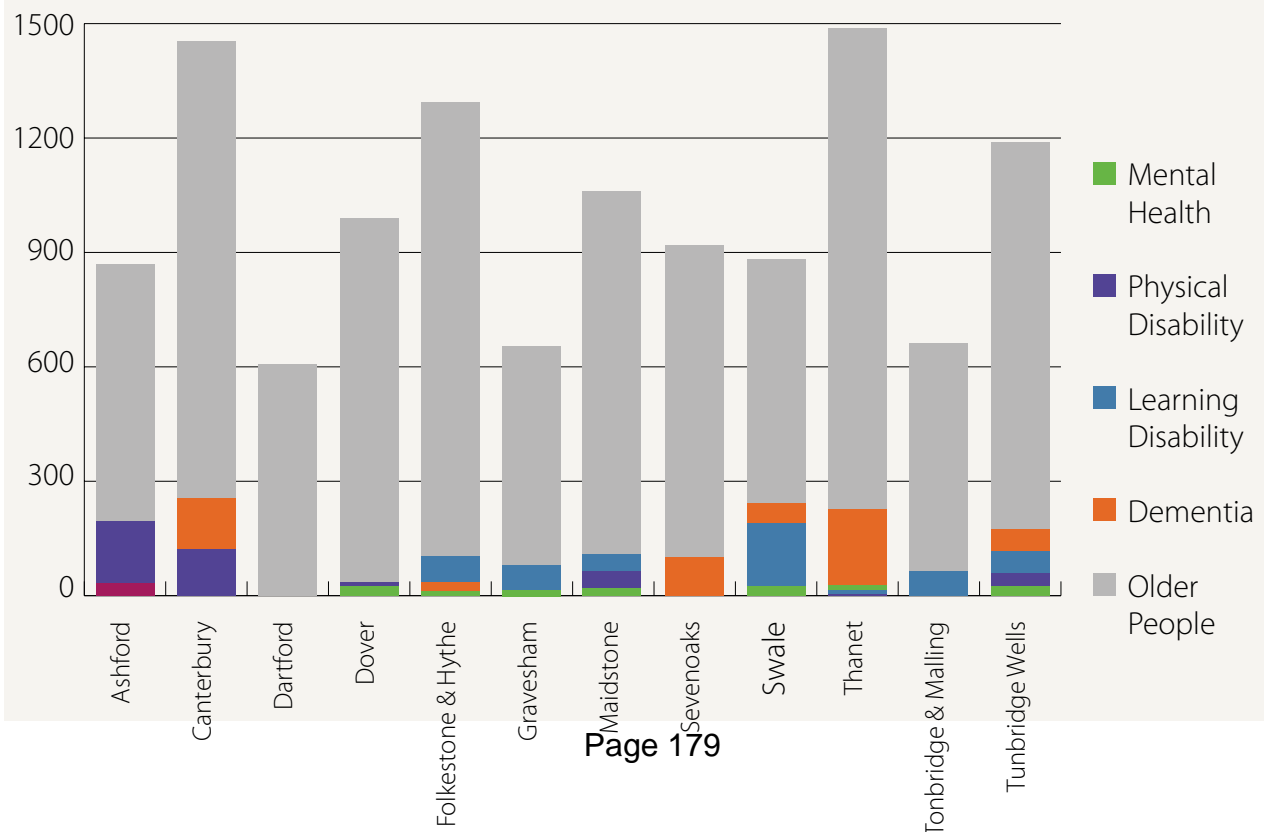
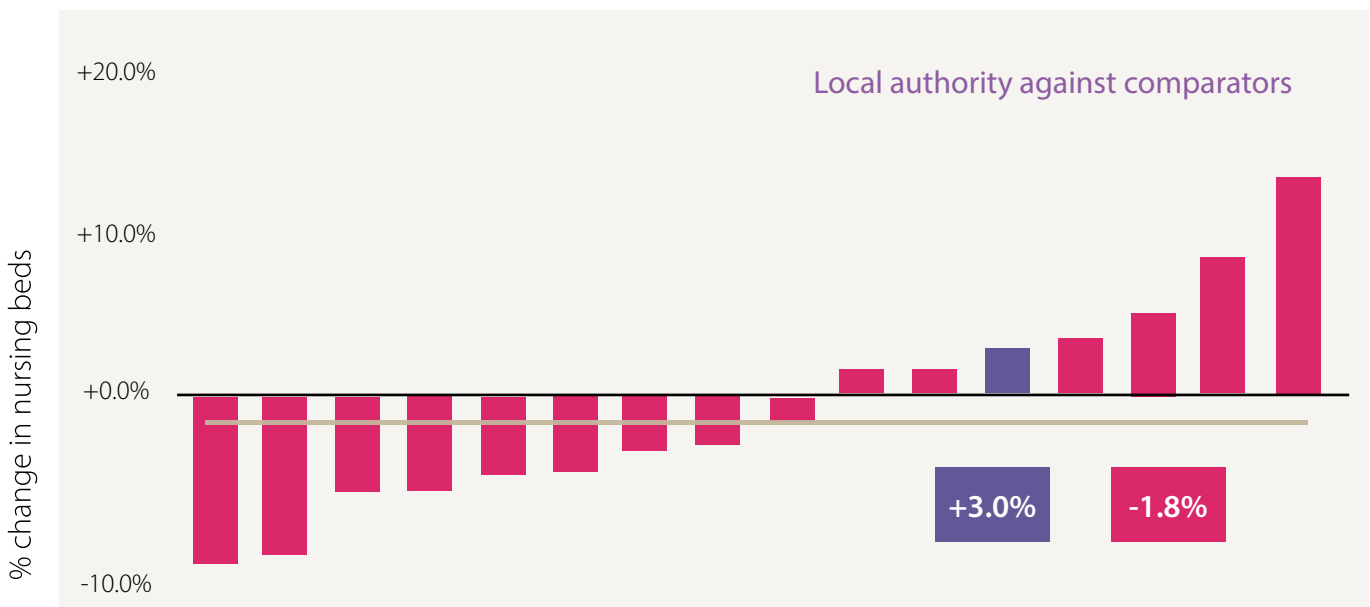
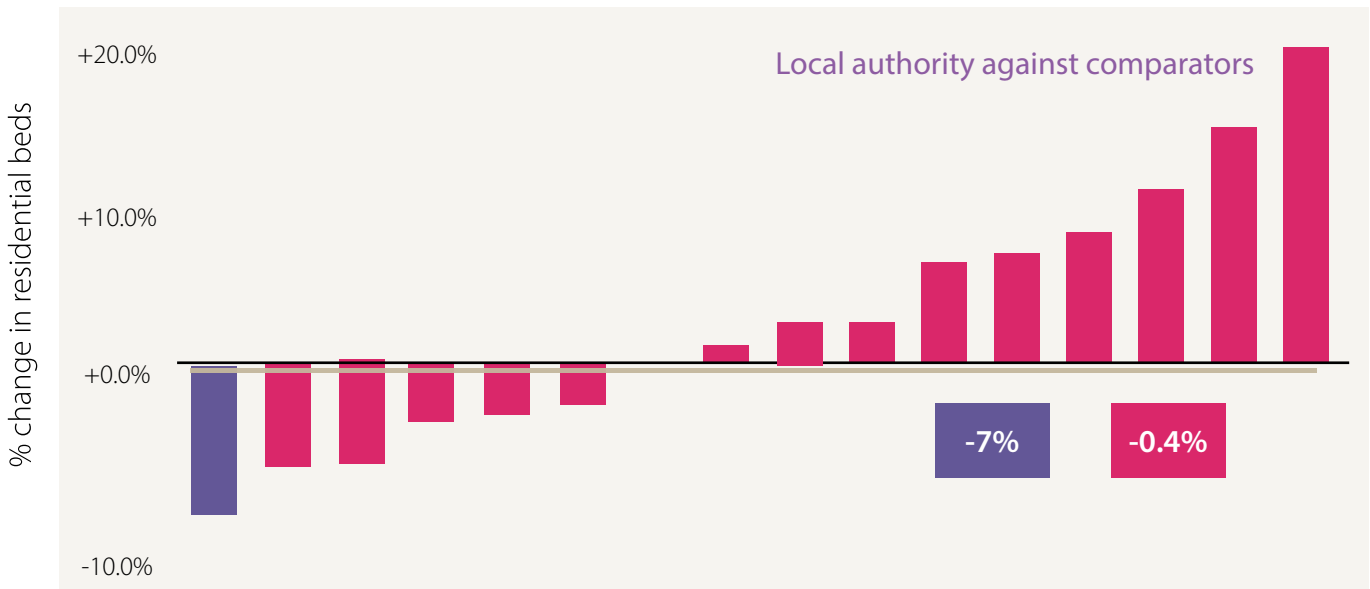


Chart above: Care home (CQC registered) places by District and Care group 'specialism'. NB: Some homes specialise in more than one area – where this is stated the predominant group was used. The chart shows that places for Older People is by far the dominant area, with Learning Disabilities and Dementia the next biggest areas. Three Districts dominate provision; Thanet, Canterbury and Maidstone.

The Care Quality Commission reports Kent has seen a decline in the number of Residential Care beds available (7%) and an increase in the number of Nursing Care beds (3%) since 2015

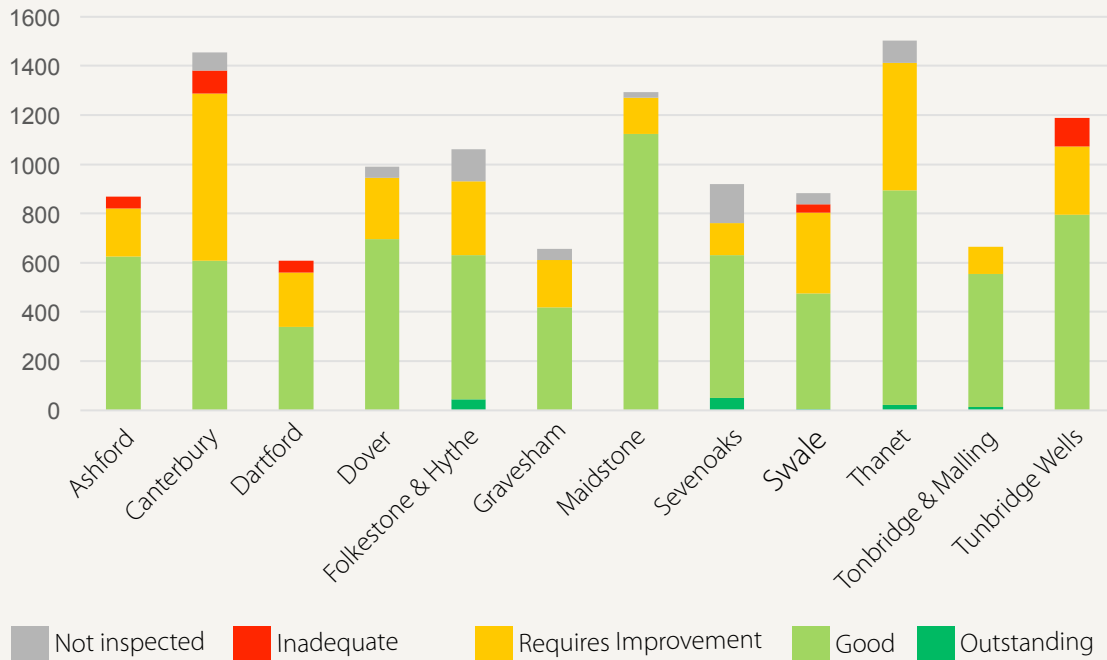
(see graphs below) for Older People. This can be explained in part by Care Home closures (intervention due to poor quality and standards or the market being less stable so providers withdrawing and closing Residential homes) and new developments (Nursing Homes) across the County.

In the same time period Kent has seen a significant increase (almost 200%) in the number of Extra Care Housing units completed and available (see below). The development of these Extra Care homes has not been uniform across the county, with a particular density of development in Ashford.

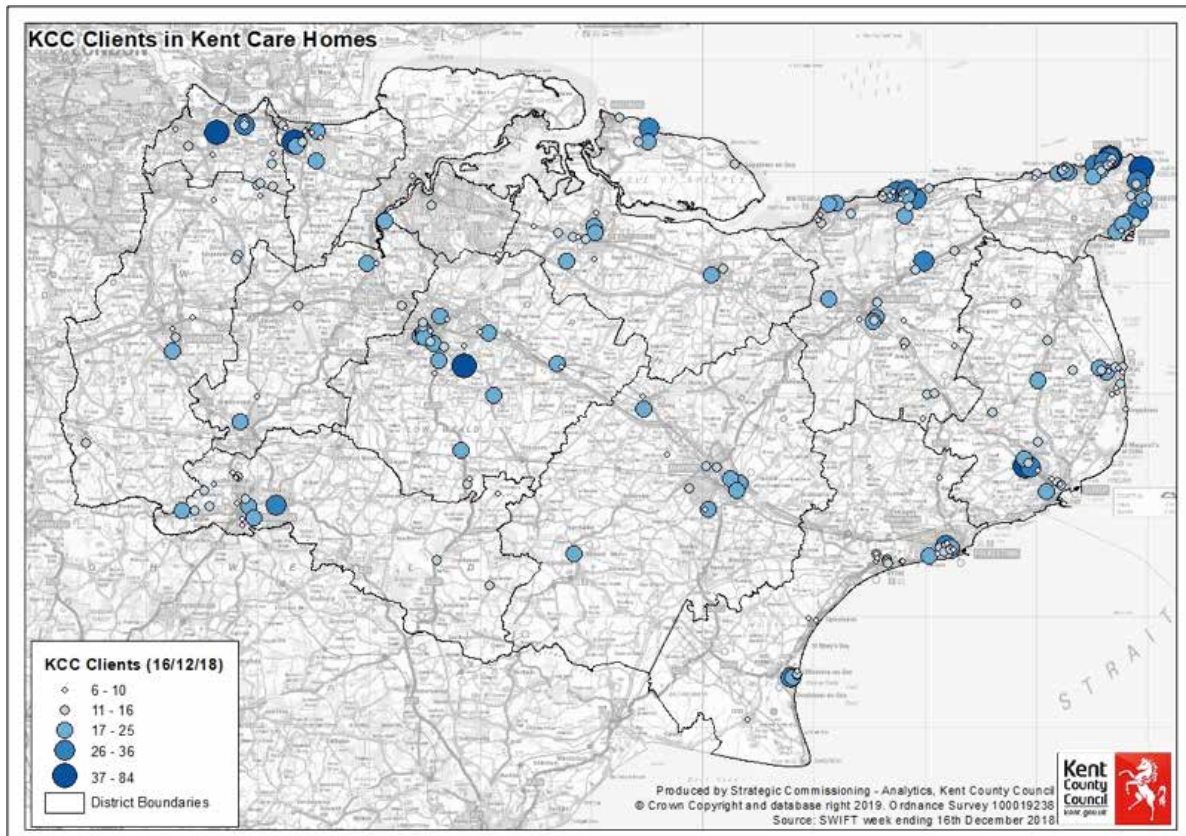


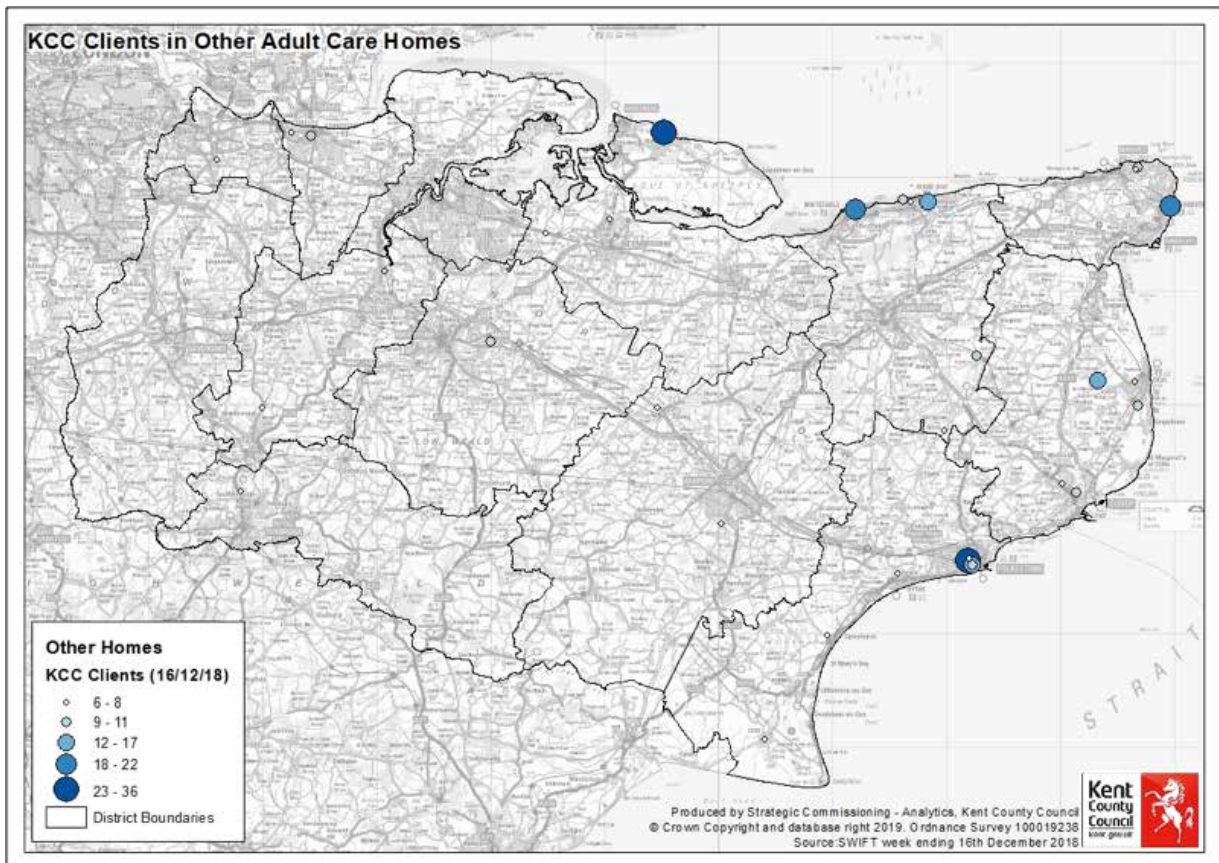
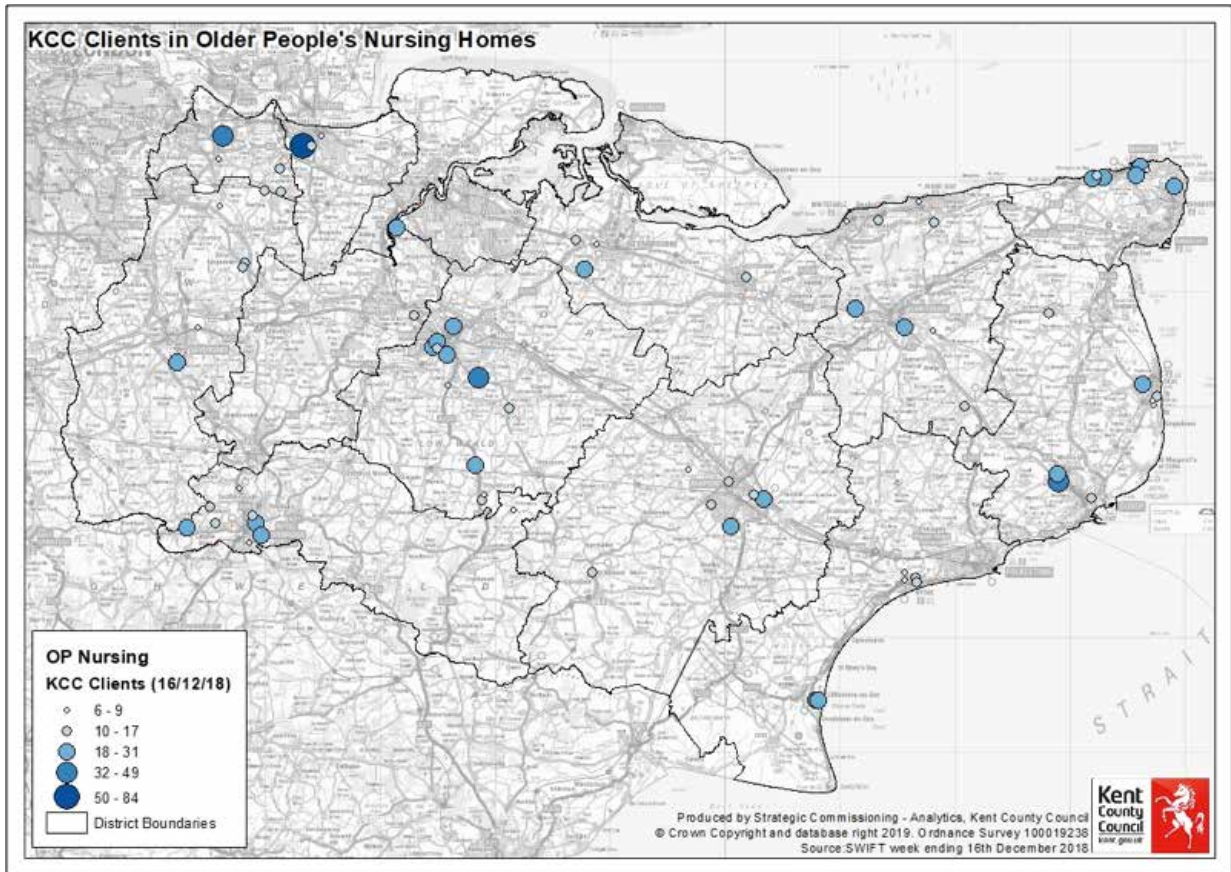
Care home placements

Across all the homes within Kent, there are just over 12,000 available beds, with KCC placing in just over a quarter of those (27%).



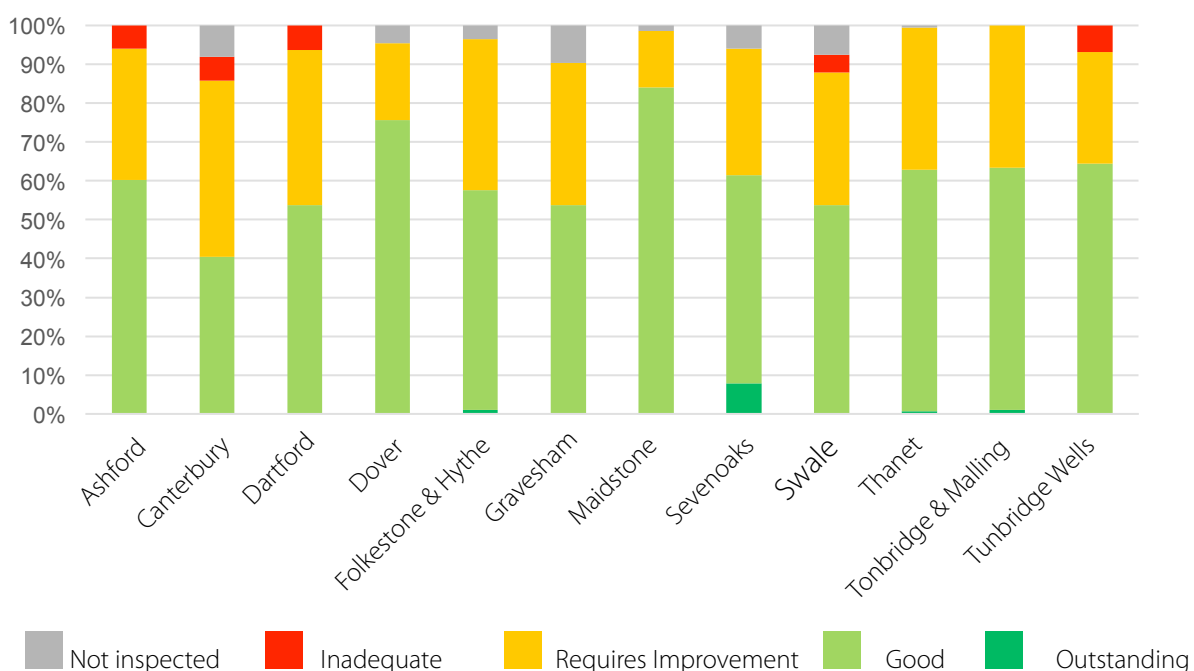
Graph above shows the number of available placements across Kent against care home rating in each District. The following maps show placements by care group.



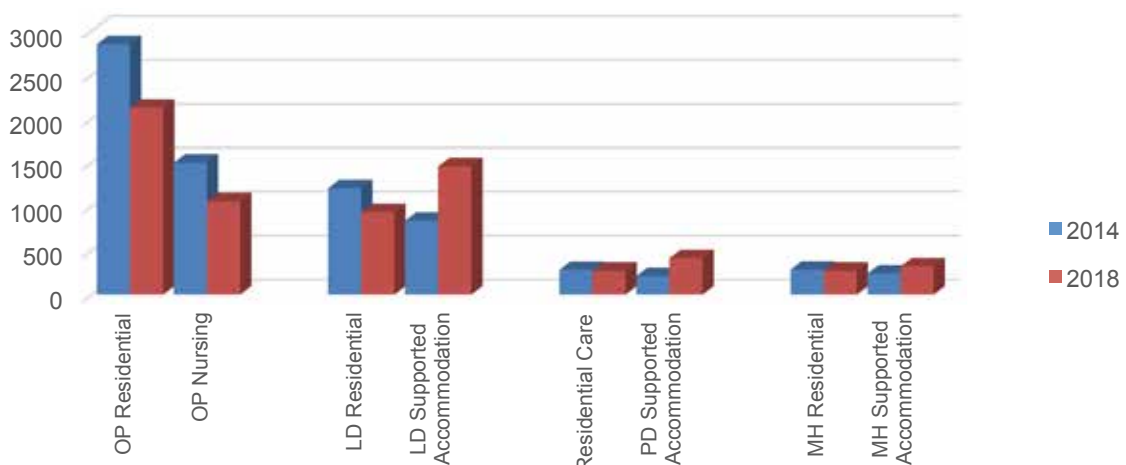


The graph below shows the proportion of KCC placements by care home rating in each District. When looking at number of placements within these homes (in county just over 3200), just under a third of all placements (31%) are currently in homes with 'requires improvement' or 'inadequate' CQC ratings. This proportion differs significantly when looking within each District as a proportion of beds within the District; Canterbury (53%), Dartford (44%), Swale (41%), Thanet (35%) and Tunbridge Wells (33%).

It should be noted ratings can fluctuate, and residents may have been placed in a home when a rating was either 'outstanding' or 'good', and the quality of service has deteriorated while resident in that home. There is also an element of personal choice when it comes to homes also, and residents may well choose to reside in a home that is geographically closer to their family and social networks, regardless of the CQC rating of a home.



There should not be an assumption that clients who are resident in a care home setting or sheltered housing scheme are in the right type of accommodation. This will have an impact upon ensuring there is the right type and amount of accommodation across Kent. Looking at the number of placements by KCC in accommodation settings across all care groups the following graph (with figures shown in the following table) shows the trends.



Older People	2014	2018	Travel
Residential Care	2850	2127	▼
Supported accommodation/extra care	260	785	▲
Community Service	6870	8970	▲
Nursing	1500	1061	▲
Learning Disability			
Residential Care	1210	938	▼
Supported accommodation	840	1460	▲
Community Service	1720	2720	▲
Adult Placement	110	184	▲
Physical Disability			
Residential Care	280	270	▼
Supported accommodation	210	414	▲
Community Service	1300	2510	▲
Shared Lives		18	◀▶
Mental Health			
Residential Care	283	270	▼
Supported accommodation	240	320	▲
Community Service	130	510	▲
Shared Lives		8	◀▶



Older People

Reductions in number of residents within both Residential (**25%**) and Nursing (**29%**) Care homes can be seen. A significant increase (over **30%**) has been seen in those supported with Community Services.

Learning Disability

Reduced number of residents in Residential homes (**22%**) and a significant increase in those in Supported Accommodation (**74%**).

Physical Disability

A small reduction in those in Residential Care (**4%**), with a significant increase in those living in Supported Accommodation (**97%**).

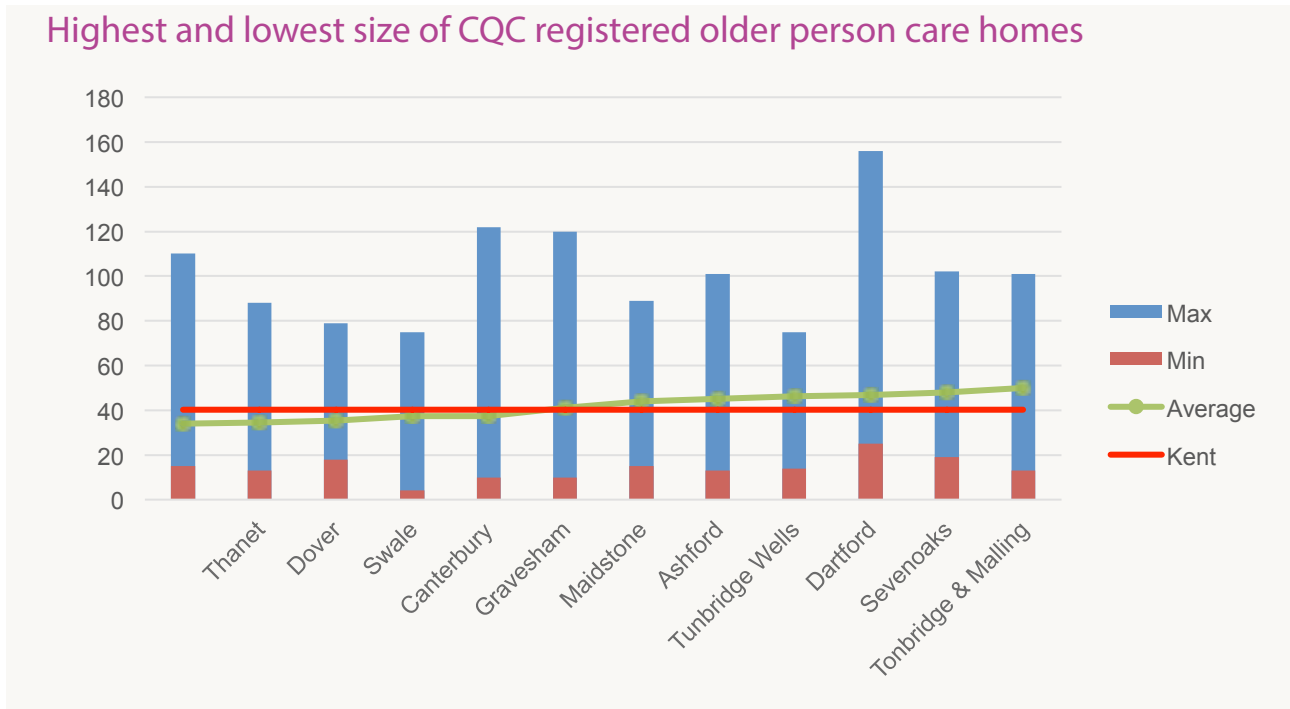
Mental Health

Has remained static, with a small decrease in those in Residential Care (**5%**) and a moderate increase in those in Supported Accommodation (**33%**).

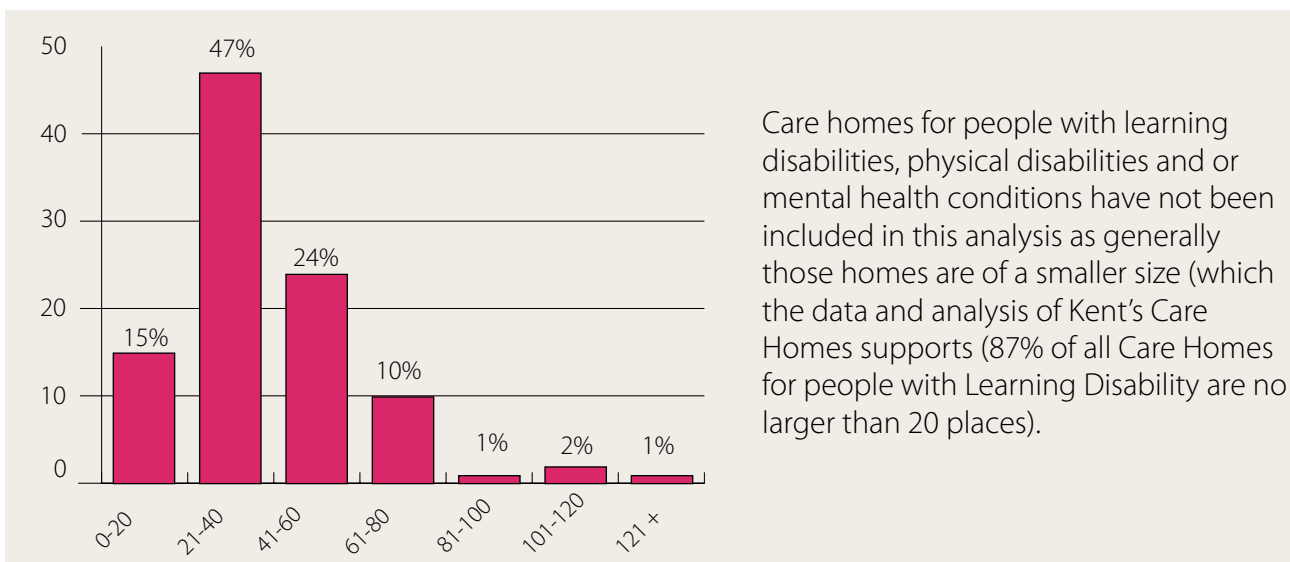
It should be noted that across all care groups the number of residents supported through Adult Social Care has increased in this time period.

Care Home Size and Sustainability

The following section only deals with Care Homes for Older people (due to the generally smaller size of homes for other specialities). The largest care home (for Older People) has 156 places (Dartford) with the smallest coming in at 4 (Swale). Swale and Tunbridge Wells have the smallest of the larger care homes across all the Districts, for older people with 75 places. The chart below shows the highest and lowest sizes of CQC registered care homes for older people by District, with a line to show the average size, graph is aligned with the District with the smallest average for care homes on the left working to the right as the average increases, with a trend-line showing the Kent average.



The average size of a care home (for Older People) in Kent now appears to be aligned with the England average of 40, this has increased over the last 5 years. However, there are still significant numbers of homes of a smaller size, which as demonstrated in the graph above are concentrated in all the Districts in Kent that have a coastal border. Taking the accepted model of care homes (for older people) with over 60 places being more sustainable and operationally effective, the graph below shows that 86% of all care homes in Kent are below the sustainability threshold.

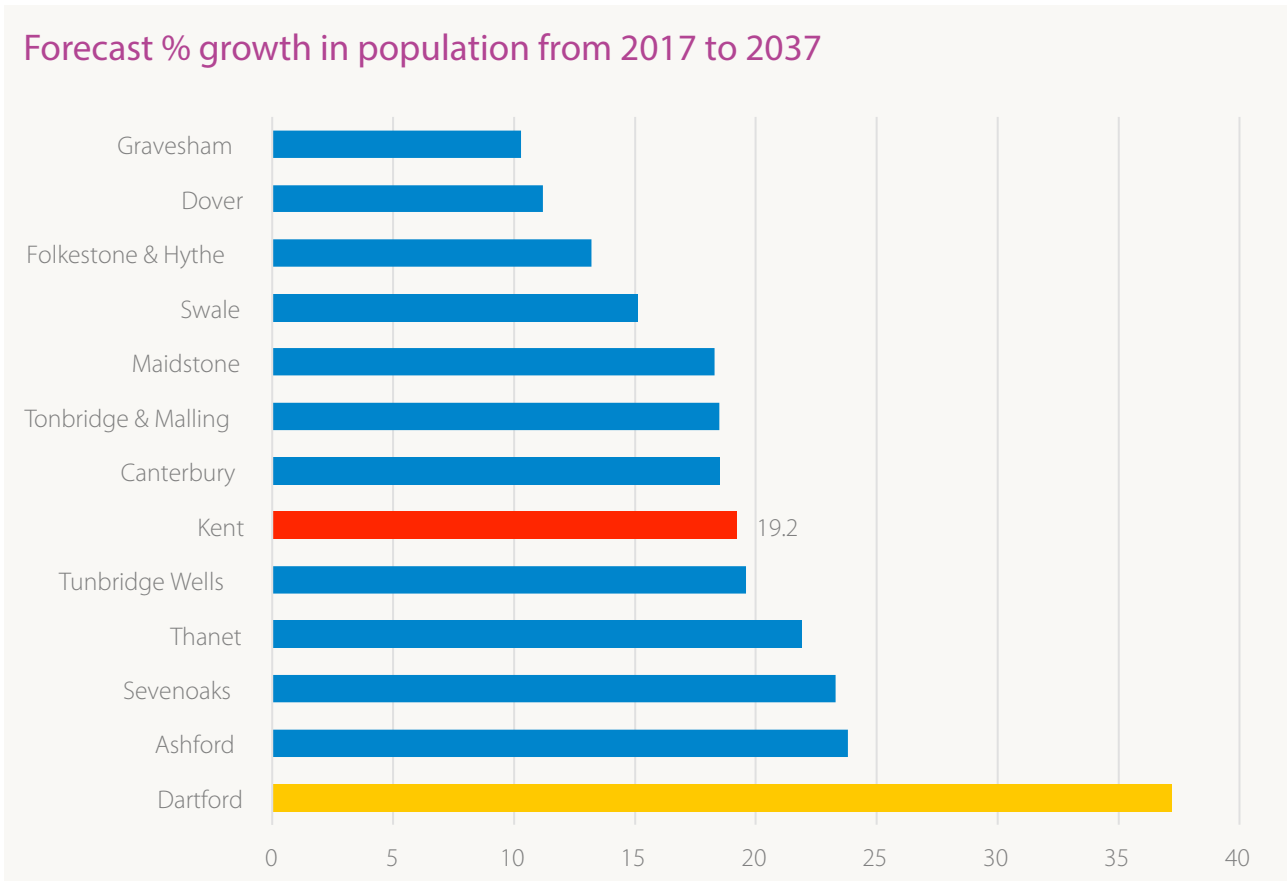


Care homes for people with learning disabilities, physical disabilities and or mental health conditions have not been included in this analysis as generally those homes are of a smaller size (which the data and analysis of Kent's Care Homes supports (87% of all Care Homes for people with Learning Disability are no larger than 20 places).

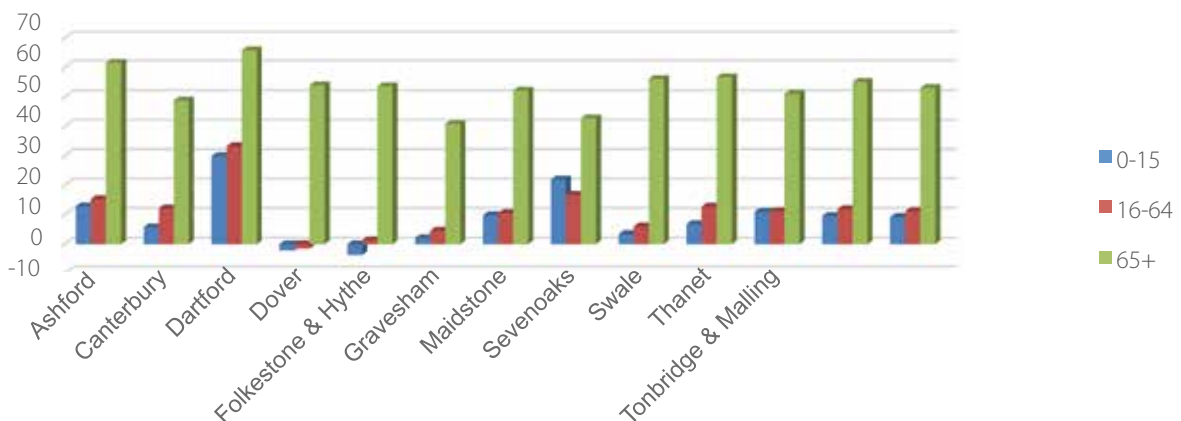
Future Demand Forecasting

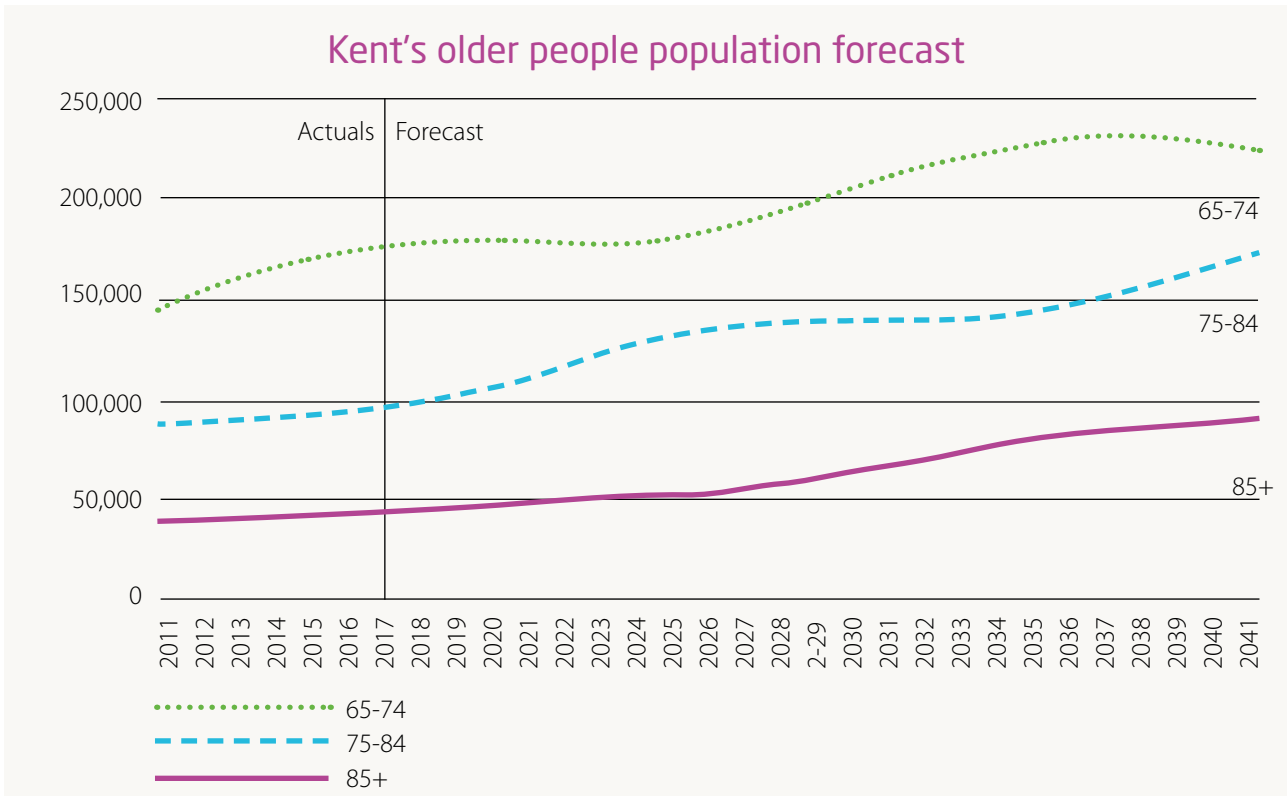
The population of Kent is forecast to grow significantly over the next 20 years (see graph below). There are variations by District – with Dartford’s (highlighted in yellow) forecast to grow much quicker than any other area or District in the County (due to the extensive development in the Ebbsfleet area).

Forecast % growth in population from 2017 to 2037



% Population change (2017-2037) by District and Age



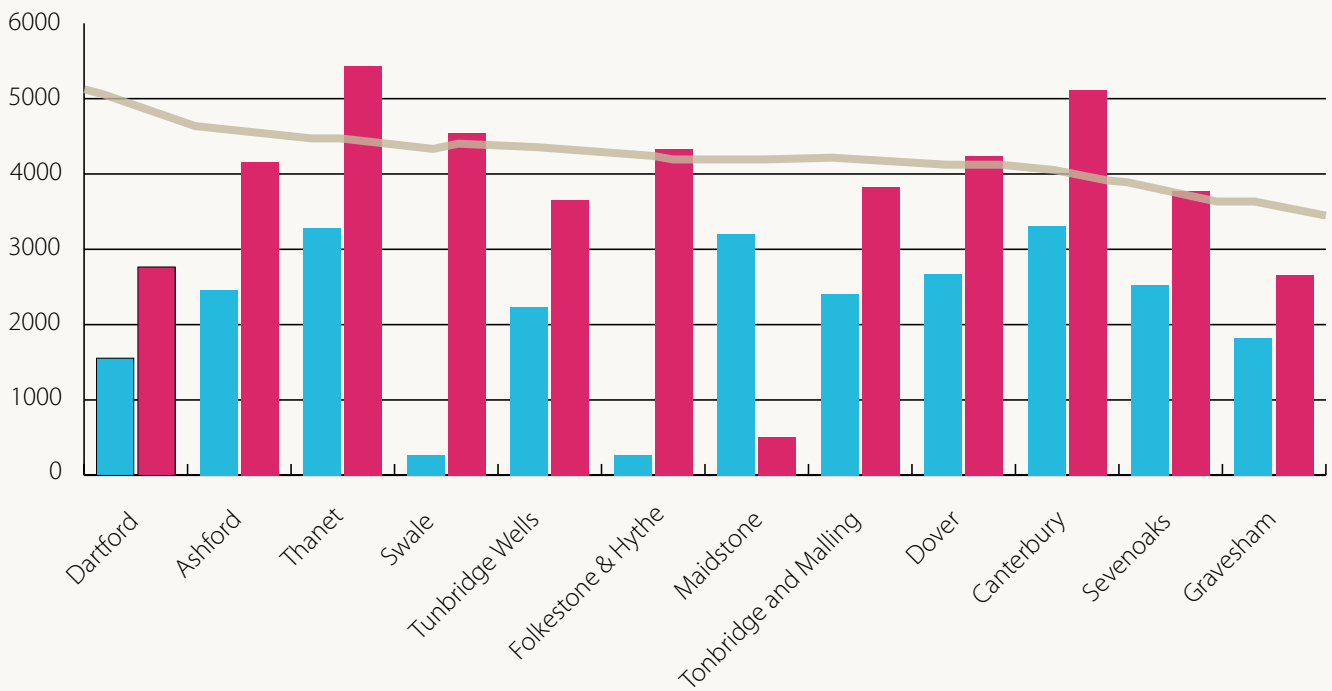


Across all Districts there is forecast to be growth in percentage terms of approximately 40% (Gravesham) and close to 70% (Dartford) in the over 65's. This could have significant implications for Adult Social Care, as the general population is aging and potentially requiring support. The following chart shows the population growth forecast of the older population by District. Thanet shows the largest forecast growth in Kent for people aged 65 and over (by 12,600 people). However, Maidstone shows the largest growth (in numbers) for those aged 85 and over (2,900).

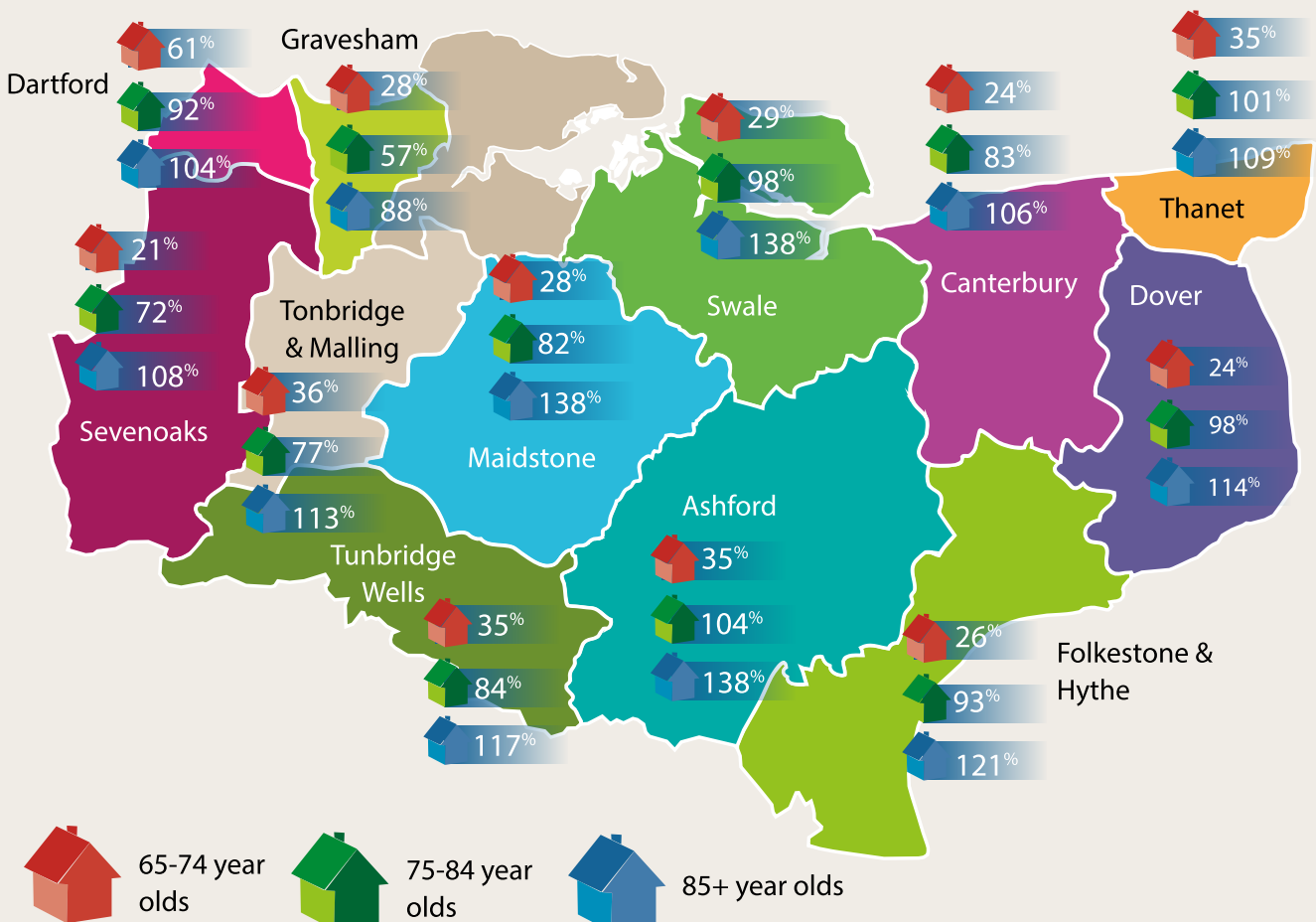
Dartford is forecast to have the largest proportional increase in over 65's by 2041 (a 78% increase), which considering Dartford is forecast to have the largest overall growth in general population is not surprising. However, in terms of actual numbers Dartford's older population is smaller in comparison to areas such as Thanet, Maidstone and Canterbury.



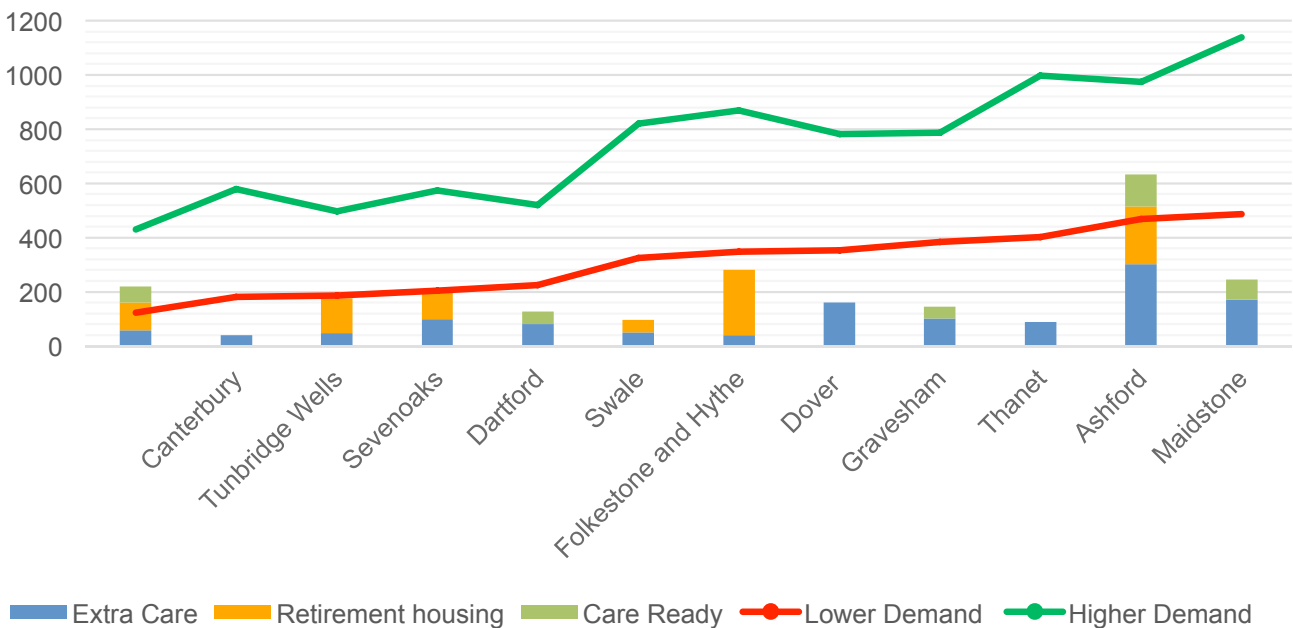
Older people population increase (2017 to 2041)



Area population increase from 2017 to 2041 by age group



Demand forecasting for the potential need for Extra Care housing can be seen in the chart below. Two models have been used to forecast, given current Social Care demand and population growth. The chart below shows what these two models indicate (a lower and higher potential need), current 'housing with care' type homes in existence have been included to show what further progress could be required.



As shown in the chart above, Ashford Borough Council have successfully increased provision of extra care and other housing with care provision supply to be over their potential lower demand forecast. Only Tonbridge & Malling Borough Council, when combining all Housing with Care options, is also within the lower and higher demand thresholds. Tunbridge Wells, Sevenoaks and Folkestone & Hythe District Councils appear close to achieving the lower estimate.

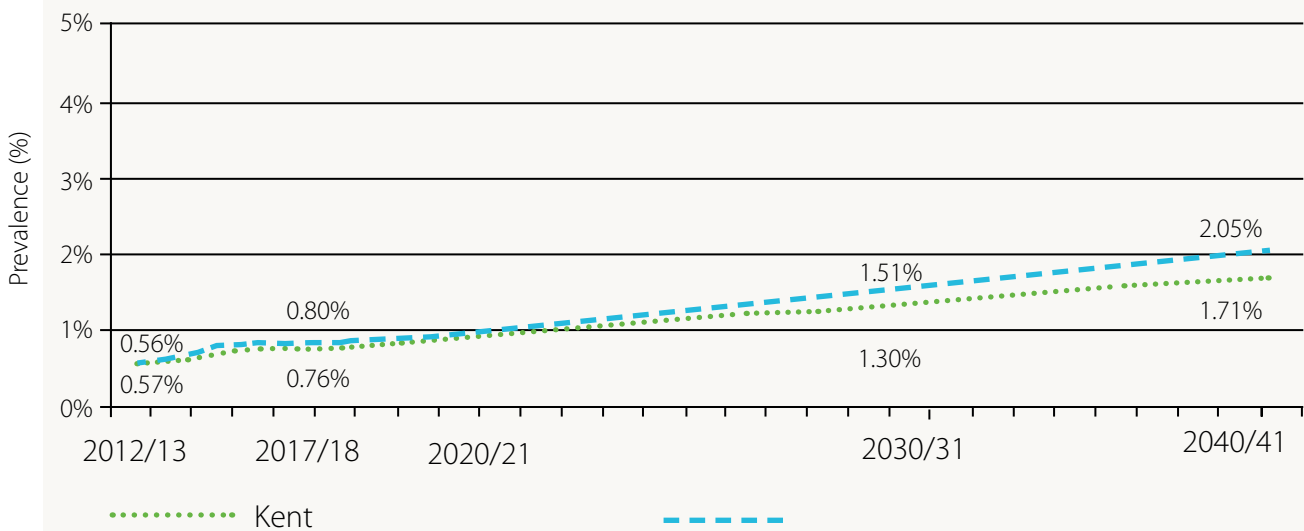
Both approaches suggest that there is a need to expand Housing with Care supply, especially with Social Care placing less within a Residential or Nursing Care home setting and preferring a more independent living style approach to care and support. It is recommended that the lower estimate is used as the target figure and the higher estimate is used as the upper threshold. To keep up with population growth, 2,500 units (4,000 upper threshold) are required by 2031.

In determining the need to meet demand it is important to consider the proportion of self-funders. Analysis of large amounts of complex data would be required to determine this, which is not currently available. In the absence of this data the 2015 IMD - Income Deprivation Affecting Older People was used to understand the 65+ population in deprivation and infer the likelihood of people eligible for Social Care support. It is noted that there are districts that show a high level of demand with a lower level of deprivation e.g. Maidstone. These areas would appear to be the priority districts to target Housing with Care to generate an income or for ownership. There are also districts with a high level of demand and a higher level of deprivation e.g. Thanet. These areas would be priority districts to target Housing with Care to meet the need of KCC's funded residents. Therefore, Districts may be prioritised differently to generate an income, ownership or to meet the need of KCC's Social Care eligible residents.

As people are living longer, Dementia is becoming more prevalent. Dementia is not necessarily linked to old age and younger people are being diagnosed with Dementia. The chart below shows the projected (linear) trend for Dementia prevalence in Kent, which is expected to increase from 0.56% to just over 2% by 2041 (a larger increase than that seen across all of England). This is likely to have a significant impact on the lives of residents, their families and Adult Social Care and Health service provision.

Dementia recorded prevalence: Kent projected trend

Quality and Outcomes framework recorded prevalence, all ages, Kent and England, 2012/13 to 2017/18, with linear projection until 2040/41

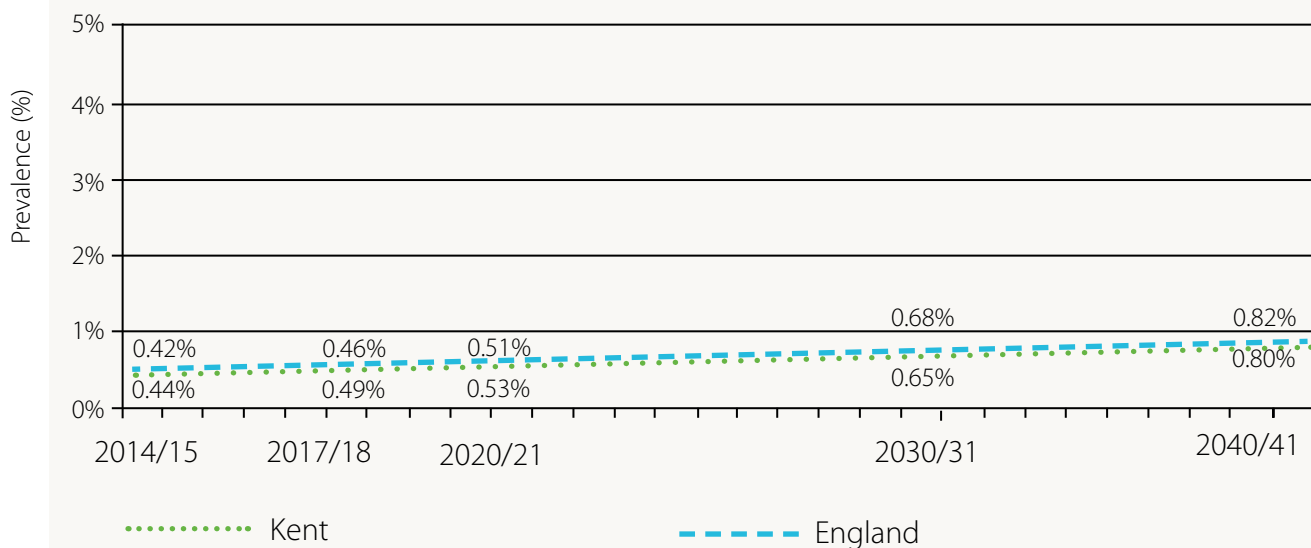


Source: QOF, prepared by KPHO (ZC), updated February 2019

The trend is also for numbers of people with a Learning Disability to increase in the coming years. This can be down to a number of factors, including people with Learning Disability live longer now, than any time in the past. The chart below shows a similar forecast increase to that of the England trend, increasing in prevalence from 0.76% to 1.17%. The impact of this on services is likely to be significant, especially taking into consideration the National Strategy 'Building the Right Support', supporting people with a Learning Disability to remain in local communities and not reside within hospital type settings or institutions.

Learning disability recorded prevalence: Kent projected trend

Quality and Outcomes framework recorded prevalence, all ages, Kent and England, 2014/15 to 2017/18, with linear projection until 2040/41



Source: QOF, prepared by KPHO (ZC), updated February 2019



Financial considerations and opportunities



In a financial climate where sources of funding have and continue to reduce, the challenge is for Kent County Council and its partners to deliver the objectives of this Strategy. This document should be considered as the overarching housing strategy for people who use Social Care services. Specific strategies or commissioning intentions for particular care groups will provide the specific detail. Therefore, when Councils are undertaking housing needs assessments to inform their Local Plans, they and their consultants should have regard to the specialist housing needs identified in this strategy and other supporting documents.

Kent County Council commissioners and providers will have to consider the impact of the personalisation agenda upon their business models with increased choice and control over purchasing by individuals. This means that people will be able to choose who delivers their services and whether, particularly for extra care housing and supported accommodation, they will buy in to the services offered on site.

Value for Money and efficiency will be a focus of any review of service and as the journey of integration is progressed, how the services can be commissioned to realise efficiencies and make the best use of available resources. Using extra care housing as an example, research and evaluation undertaken across the country demonstrates that this model benefits many. There are revenue financial benefits, additional provision of accessible housing for older people supporting housing strategies and reducing the need for Disabled Facilities Grants and better health and social care outcomes for individuals.

Homes England Shared Ownership Affordable Homes Programme 2016-21 (launched in 2016) aims to increase new shared ownership and affordable homes. The programme welcomes a mix of tenures including Affordable Home Ownership, Affordable Rent and Rent to Buy. The rules have been reformed to make these homes available to the widest possible range of buyers and to make capital grant open to the widest possible range of developers and housing providers.

In 2018, Homes England announced the extension of Phase Two of Department of Health and Social Care's 'Care and Support Specialised Housing' (CaSSH) Fund programme for supported and specialist housing for older and vulnerable people. Details of the programme, and the accompanying prospectus, can be found at: <https://www.gov.uk/government/publications/care-and-support-specialised-housing-fund-phase-2-prospectus>

The review of the Future Funding for Supported Housing saw developments stall in and new developments in this area have slowed. The plans to introduce a "Sheltered Rent", announced through the consultation, provides some reassurance for future funding and it is hoped developments will soon commence accordingly.

Districts in Kent are in varying stages of adopting the Community Infrastructure Levy (CIL). Dartford Borough Council, Folkestone & Hythe District Council, Maidstone Borough Council and Sevenoaks District Council have adopted CIL.

The CIL is a tool for local authorities to help deliver infrastructure to support the development of the area. The levy is charged on new developments. The money raised through levying a CIL can be used to fund a wide range of infrastructure that is needed as a result of development. This includes transport schemes, flood defences, schools, hospitals and other health and social care facilities. Kent County Council's priorities for CIL are schools, transport and the needs of older people. The levy is intended to focus on the provision of new infrastructure and cannot be used to remedy pre-existing deficiencies in infrastructure provision unless those deficiencies will be made more severe by new development. Also charging authorities cannot use the levy to fund affordable housing. The introduction of 'self-financing' for Local Authorities with a Housing Revenue Account (HRA) and housing stock allowed the retention and reinvestment of income generated locally where appropriate. Local Authorities

in Kent have used this change in subsidy as an opportunity to review business plans and promote investment and development with use of their own assets. Kent Local Authorities, through the Kent Housing Group are continuing to challenge and lobby the Ministry of Housing, Communities and Local Government (MHCLG), asking them to work with Local Authorities that have reached capacity with regards to their HRA debt cap and agree the opportunities to work with them individually to further increase the debt cap limit and therefore deliver more affordable housing.

The Council operates a Deferred Payment scheme in accordance with the provisions of the Care Act 2014. An existing resident privately funded may apply and become eligible for Deferred Payments. In the case where the Council has a legal charge or operates a Deferred Payment on a resident's property and is funding the resident until the property is sold and the resident becomes self-funding the price payable in respect of the individual will automatically revert to the Providers Indicative Price for the relevant category Level of Need. For new placements, where the Individual Placement Process has been followed and an individual is eligible for Deferred Payments, the price agreed is the price determined through the Individual Placement Process.



Strategic Priorities

This chapter outlines how the data presented in this strategy formulates revised Strategic Priorities, encapsulating the aspiration of Adult Social Care goal of maintaining people’s independence living in their own homes and raising their horizons and how the strategy supports the priorities in the Adults Social Care and Health Strategy ‘Your Life, your well-being’ and Kent County Council’s Strategic Statement. The diagram illustrates how the priorities all relate and support Kent County Council’s overall direction when setting this Strategy’s priorities to ensure delivery to the Council’s overall strategy:

It is widely acknowledged, and shown by the data, that in the next 20 years, the population will grow and with that numbers of older people, aged 65 years or over will increase and so will those with complex care needs. There will be more individuals over 85 years of age with higher levels of dependency or dementia, and more working age adults with complex needs and behaviours that challenge, that Health and Social Care services must adapt to meet. While the Strategic Priorities in the 2014 strategy remain the general direction of travel, five years on the Strategic Priorities are now set to give a broader more encompassing perspective and fit with the Adult Social Care Strategy 'Your life, your well-being!'. While these strategic priorities are set for a county-wide perspective. there are geographical differences within Kent. To understand these differences and therefore the priorities on a smaller geographical footprint see the Market Position Statements that support this strategy.

The strategic priorities (and detailed outcomes) are detailed on page 27.

Kent County Council Strategic Statement Outcomes



Strategic Outcome

- Kent communities feel the benefits of economic growth by being in-work, healthy and enjoying a good quality of life

Strategic Outcome

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



Your Life Your Well-being

- Supporting Independence
- Promoting Independence
- Promoting Well-being



Adult Social Care Accommodation Strategy

Right homes in the right place with the right support

- Increase in housing with care schemes
- Increase in dementia specific care homes
- Increase in supported accommodation
- Best use of land development
- Continual improvement in quality of care homes

<p>1</p>	<p>Strategic Priority 1: Right homes in the right place with the right support</p> <ul style="list-style-type: none"> • Investment in Community Services, both health and social care, to support independent living • Greater use of digital technologies across all provision – including development of smart homes • Digital connectivity – roll-out of Gov Roam to Care Homes • Continue detailed review of the needs of individuals with a Learning Disability to determine whether they are in the best place for them • Continue detailed commercial understanding of sector • Develop more supported accommodation with specialist design and tailored care and support services for those with ASD • Through developer contributions, increase the supply of wheelchair accessible housing
<p>2</p>	<p>Strategic Priority 2: Increase in housing with care schemes</p> <ul style="list-style-type: none"> • Increase provision of extra care housing and other similar models • Provision of more specialist residential provision targeted to move people into independent living
<p>3</p>	<p>Strategic Priority 3: Increase capacity for specialist dementia care</p> <ul style="list-style-type: none"> • Increase provision of nursing and dementia care homes that can support those with complex needs and behaviours that challenge due to Dementia
<p>4</p>	<p>Strategic Priority 4: Increase in supported accommodation</p> <ul style="list-style-type: none"> • Develop and increase housing capacity (Supported Accommodation, shared houses, Shared Lives and independent flats) • Greater use of digital technologies – including development of smart homes
<p>5</p>	<p>Strategic Priority 5: Work with the market to foster continual improvement in the quality of nursing and residential care homes</p> <ul style="list-style-type: none"> • Increase fit for purpose modern care homes and as a result reduce older converted care home provision • Reduce reliance on in-patient facilities • Support the market to work, innovate and provide services using digital technologies • Availability of Learning and Development Opportunities through KCC to ensure standards and economies of scale. • KCC systems available for providers to access to enable sharing of information • Assistive and smart technology available in resident's and care homes.
<p>6</p>	<p>Strategic Priority 6: Make best use of land availability for developments of housing that meet the strategic priorities of this strategy</p> <ul style="list-style-type: none"> • KCC work in partnership with District and Borough Councils and NHS Estates to identify land for development opportunities that make best use of opportunities and work toward meeting the strategic priorities of this strategy • Collegiate working across KCC and the NHS to support the Planning Process for Developers working towards meeting the priorities of this strategy

Right Homes: Right Place: Right Support : Action Plan

	RIGHT HOMES	RIGHT PLACE	RIGHT SUPPORT
SHORT TERM	Provision of more specialist residential provision targeted to move people into independent living	Continue detailed review of the needs of individuals with a Learning Disability to determine whether they are in the best place for them	Investment in Community Services, both health and social care, to prevent reliance on long term residential services
	Reduce reliance on in-patient facilities	Continue detailed commercial understanding of sector	Greater use of digital technologies across all provision
	Develop and increase housing capacity (Supported Accommodation, shared houses and independent flats)	Collegiate working across KCC and the NHS to support the Planning Process for Developers working towards meeting the priorities of this strategy	Support the market to work, innovate and provide services using digital technologies
		KCC work in partnership with District and Borough Councils and NHS Estates to identify land for development opportunities that make best use of opportunities and work toward meeting the strategic priorities of this strategy	
MEDIUM TERM	Develop more supported accommodation with specialist design and tailored care and support services for those with ASD	Increase provision of extra care housing and other models	
	Increase provision of nursing and dementia care homes that can support those with complex needs and behaviours that challenge due to Dementia		
LONG TERM	Through developer contributions, increase the supply of wheelchair accessible housing		
	Increase fit for purpose modern care homes and as a result reduce older converted care home provision		

Implementation and Measuring Impact

The Accommodation Strategy is an evolving dynamic document. The strategy has been developed in partnership and collaboration with a number of key stakeholders.

Engagement with those key stakeholders highlighted a lack of reporting on achievements and accountability for partners and stakeholders in delivering against the strategic priorities.

Therefore the following mechanisms will be built into the implementation and measuring impact of this strategy.

Delivery of the Accommodation Strategy will be monitored and governed by Kent County Council Strategic Commissioning team, with a communication strategy developed to report progress to Cabinet Members of Kent County Council (through the Social Care Cabinet Committee) and the Health and Well-being Board on an annual basis), and through Kent Housing Group on a more regular quarterly update basis.

Kent County Council and all relevant partners will come together to consider potential opportunities. These are going to be areas where there is potential to use the evidence base to reduce/increase or remodel existing provision, including working across local boundaries where appropriate. This may also include the identification of where services or accommodation solutions can be 'clustered', ensuring the provision of more services across more than one location and a more efficient commissioning process, or where there are potential opportunities in the availability of land for development that could help meet the strategic priorities of this strategy and the Council and key partners.

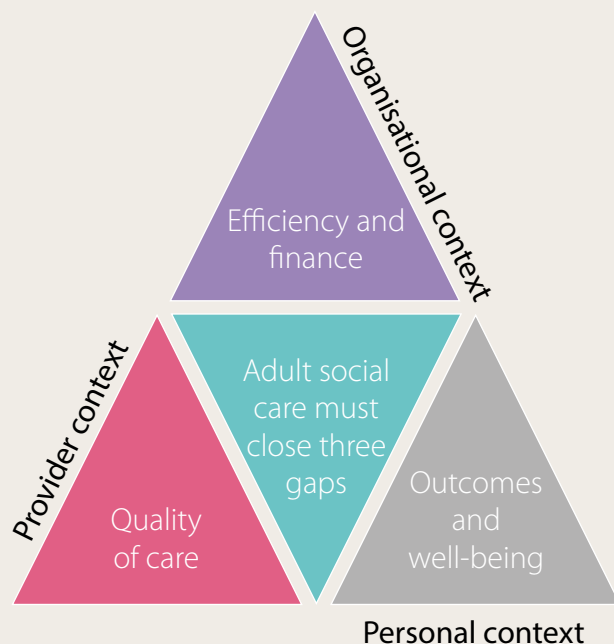
It may well be necessary to create project or task and finish groups from time to time in order to facilitate projects or work to progress against the strategic priorities of this strategy.

How will we know we are delivering the strategy?

The Adult Social Care Strategy sets out a monitoring model that should be replicated within this strategy (see graphic to the left). Three areas need to be monitored in relation to achievements against the strategic priorities:

1. Efficiency and Finance
2. Quality of Care
3. Outcomes and Well-being

Focussing on progress against the strategic priorities in this context will also ensure translation across to the Adult Social Care Strategy and achievements toward the priorities there.





Collecting information in the following ways (also identified within the Adult Social Care Strategy) will again ensure data collection is happening in a co-ordinated way and able to be shared and jointly managed.

The three domains for collecting information are set out in the following graphics, and should feed into regular highlight reports and an annual progress update.

<p>Outcomes Measures</p>	<p>We will base our annual report on the outcome measures identified in this statement, but where other performance or financial measures impact on our outcomes, we will include that information.</p>
<p>Contextual Information</p>	<p>We will draw on reports from inspectors and regulators, surveys by other national and local organisations and evaluations by our own services and programmes to set our progress in the wider context.</p>
<p>Residents, Providers and Partner Surveys</p>	<p>We will regularly survey our residents, service providers and partners across the public, private and voluntary sectors to understand what we are doing well and what we could do better.</p>

Appendices

Progress and Achievements

The following section details what progress has been achieved against the Strategy’s goals and aspirations.

To review the progress of this strategy several engagement events were held including a variety of key stakeholders. A summary of the comments and achievements are included in the tables below.

Generic Adult Social Care	Progress Made (2018)
Responsible, flexible and integrated commissioning of services to respond to current and future need	An aspiration made in the original strategy. Commissioning has come together across Kent County Council and now housed within Strategic Commissioning, bringing together Public Health, Adults and Children’s Commissioning. There is also an Integrated Commissioning Team working across Health and Social Care.
More people residing in accommodation that meets their individual accommodation and care and support needs, evidenced by cross agency needs assessments	<p>No evidence has been submitted or found that enables this to be answered. However, as Health and Social Care further integrates, this is an area that could be implemented and monitored more robustly.</p> <p>It was suggested that Housing with Care was currently being used to support a housing need as opposed to a social care need</p> <p>However, housing provision with care and care homes attract people with eligible needs and where a model of care provided is not in line with Kent County Council strategic direction, the consequences for Kent include increased numbers of empty units, out of County placements and increased resource pressure on all statutory services.</p>
More extra care housing, exploring the opportunities to develop mixed tenure models of extra care housing	<p>Extra Care Housing schemes of various mixes of tenures have been developed since 2014. The number of units available now is almost three times as many as when the strategy was launched. The development of these schemes does vary by District.</p> <p>The immediate requirement for Housing with Care varied from district to district i.e. there were long waiting lists in some areas and none in others. It was felt that this was related to differing operational practice, eligibility criteria and differences in understanding in relation to the purpose of this type of provision. GPs stated that they could readily identify candidates for Housing with Care</p> <p>In phase one of the Care and Support Specialised Housing Fund (CaSSH) Kent was awarded £5,922,000, delivering 119 units across three schemes. Phase two funding delivered 34 units across one scheme. The allocation of this funding was critical to meeting the objectives of this Accommodation Strategy, providing a long-term solution to housing and care needs, avoiding where possible unnecessary placements into residential care. Page 200</p>

<p>A greater focus on preventative services designed to keep people at home longer</p>	<p>The numbers of residents supported through Community Services has significantly increased across all care groups since 2014 (OP = 30% / LD = 58% / PD = 93% / MH = 192%) though not all groups are showing as significant a decrease in care home placements (OP = 25% / LD = 12% / PD = 4% / MH = 5%)</p> <p>Need to consider and include isolation and loneliness and the benefits that Extra Care can bring to reduce this, affordability to the resident and the presence of care needs.</p>
<p>Regular review of placements into care homes when this is the immediate appropriate accommodation solution</p>	<p>No evidence has been submitted or found that enables this to be answered. However, as Health and Social Care further integrates, this is an area that could be implemented and monitored more robustly.</p>
<p>Flexible business models in both care homes and housing to adapt to the need for short- and long-term re-enablement needs</p>	
<p>A range of housing options available for all the Adult Social Care client groups</p>	<p>A range of housing options remains available for all Adult Social Care client groups</p> <p>Difficulties in introducing the right cohort to Housing with Care. Attendees noted that it is imperative to ensure schemes are attractive to the resident and that they can have the opportunity to own the property given the right means.</p>
<p>A commitment to avoid isolation and ensure integration within a community</p>	<p>Feedback from engagement with stakeholders would seem to indicate that this aspiration is not being met. Many developments are cited as being too remote from local amenities with little or poor transport links into main towns or services. This has led to an increased isolation of residents that are less mobile and unable to make journeys of too long a distance from where they live. Further consideration needs to be given for applications for developments and where they are located and what local amenities are nearby and or transport links.</p>

<p>A commitment to review existing provision across all accommodation types, to re-model/develop to more specialised provision where required, undertaking cross agency needs assessments</p>	<p>There have been reviews and recommissioning of Nursing and Residential Care for Older People, with the implementation of a new Dynamic Purchasing System.</p> <p>There has been a review and recommissioning of Housing Related Support Services.</p> <p>There is a current review of the future needs and aspirations for Extra Care Housing for Older People.</p> <p>There are reviews underway for the provision and commissioning of accommodation for residents with a Learning Disability, Mental Health issue or a Physical Disability.</p>
<p>Innovative design and technology ready accommodation</p>	<p>Adult Social Care, before the Accommodation Strategy, was selective on the new care homes it supported based on alternative provision in the market at the cost of new developments with modern design standards. ASC will be actively encouraging new care homes for older people in an attempt to redress the balance of ageing provision.</p>
<p>Partnership working and delivery of accommodation solutions across District and Borough Council boundaries and Clinical Commissioning Groups</p>	<p>Examples of delivery through partnership working can be found in some Districts (Ashford, Gravesham, Ebbsfleet).</p> <p>It is recognised that Housing with Care can play a pivotal role in reducing health costs through creating a community that has access to health services in one place. Health colleagues have highlighted difficulties in accessing capital funding, citing that it is easier to access revenue funding.</p>
<p>Older People (including Dementia)</p>	<p>Progress Made (2018)</p>
<p>Over-provision of residential care for general frailty</p>	<p>There has been an overall decrease in numbers of beds in Residential Care provision. The majority of provision is still focussed on general frailty.</p>
<p>Average size of a care home in Kent is 39 beds</p>	<p>Average size of care home (Nursing and Residential) in Kent is:</p>
<p>Under-provision of dementia nursing care</p>	
<p>Under-provision of extra care housing</p>	<p>There has been a significant increase in Extra Care Housing. Given the population growth forecast, particularly in the over 65 age range, there is forecast to be need and demand. However, the picture differs across the Districts. Provision in Ashford is already over the forecast demand for 2037. All other Districts could benefit from development of Extra Care, Housing with Care or Care Ready housing.</p>

	It was felt that Housing with Care should be aimed at 75+ (with exceptions allowed).
Evidenced efficiencies through extra care housing	
Community hospital provision older and smaller not getting best value	
Inefficient rehabilitation and enablement model for intermediate care	
Learning Disability	Progress Made (2018)
Greater understanding of the care home market, although some homes are still not supported strategically by KCC	There has been considerable work undertaken to get a better understanding of the local care home market. There has been no change in the position regarding strategic support of care homes. However, a significant procurement exercise is due to be undertaken in the near future.
Other local authorities placing people in Kent providing issues for ordinary residence	The Care Act (2014) has resolved this issue in general – placing Local Authorities remain responsible for the individual wherever they are placed. However, this does impact on the Local Authority in terms of Safeguarding as it would fall on the responsibility of the Authority where the individual is living to deal with any safeguarding issues. This also impacts on health services and budgets, as the individual would most likely register with a local GP and therefore become the responsibility of the local CCG and not the CCG from where they came from.
Varying availability of supported accommodation	This position has not changed.
Need further progress in delivering more choice and availability of alternative provision to residential care	This position has not changed. Figures would suggest that there is less reliance now on residential care, and more people supported to live independently.

Needs of more complex individuals not clearly understood	There is some significant partnership working between Strategic Commissioning and Social Care Operational staff to fully understand the complexity and spectrum of needs, demands and behaviours in order to ensure a robust and successful procurement exercise in the near future.
Needs of people in residential care currently range from very low to very high	This position has changed through the Your Life, Your Home project. The current position is there are fewer in residential care with low needs. There remains a mix of low and high needs in residential care.
Reliance on in-patient facilities for people with LD and/or autism and people with mental health needs who display behaviour that challenges	
Autistic Spectrum Disorder (ASD)	Progress Made (2018)
Insufficient provision for those that challenge services	
Continued use of services for people with learning disabilities or mental health needs as a lack of alternative suitable services	
Physical Disability	Progress Made (2018)
Some specialist residential provision across the County	Specialist provision remains limited across the county.
Varying waiting lists for DFG's across the County	This position remains unchanged.

Wide ranging needs of individuals difficult to predict	Of all Social Care client groups Physical Disabilities is the one group that forecasting and predicting need and demand is challenging. There are limited models and robust data in order to predict need and demand.
Specialist provision developed for access across the country means local provision is impacted	This position remains unchanged.
Mental Health	Progress Made (2018)
The market believes there is a need to develop more residential care, this is not supported strategically by KCC unless for complex/forensic	
Some interest from the market to develop large supported accommodation schemes, determined as more than 12 units, this is not supported strategically by KCC	
Supported accommodation with assured shorthold tenancies effectively working to progress people through services	

Market Position Statements



The figures and forecasts in the Market Position Statements (MPS's) are not designed to be targets for each Local Authority to deliver. The development of different accommodation and services will assist Kent County Council in meeting objectives in terms of the transformation agenda and efficiencies, in line with the vision of this Accommodation Strategy. Kent County Council and its partners have a long history of delivering and developing innovative accommodation solutions across the spectrum of vulnerable people in Kent and will welcome any opportunity to continue this partnership working.

Maps have been developed by district and client group detailing the current supply of accommodation against deprivation. It is envisaged that these maps will be utilised and supported by SHAPE, an interactive mapping tool, to overlay with other services including GP provision and populations going forward. District profiles for each Kent local authority area have been developed and these are in two parts. Part one is written context that includes development and progress, part two is the specific data sources and forecasts using a range of assumptions which may be different for each district and CCG area. These district profiles have been ratified and agreed by all stakeholders.

Case Studies

HOLD – Home Ownership for People with Long-Term Disabilities

If you have a long-term disability, the HOLD scheme in England could help you buy any home for sale on a shared ownership basis (part-rent/part-buy). You could buy a share of your home (between 25% and 75% of the home's value) and pay rent on the remaining share.

You can only apply for the HOLD scheme if the homes available in the other shared ownership schemes don't meet your needs, e.g. you need a ground-floor home.

You could buy a home through the HOLD scheme if you have a long-term disability and meet the following criteria:

- your household earns £80,000 a year or less outside London, or your household earns £90,000 a year or less in London
- you are a first-time buyer, you used to own a home but can't afford to buy one now or are an existing shared owner looking to move.

Only military personnel will be given priority over other groups through government funded shared ownership schemes. However, Councils with their own shared ownership home-building programmes may have some priority groups, based on local housing needs.

Dementia Village Development - Dover

Funding has been secured from the Interreg 2 Seas programme (co-founded by the European Regional Development Fund) which is a 4-year project called CASCADE (Community Areas of Sustainable Care and Dementia Excellence in Europe). The project will see the construction of new facilities for the elderly and for people living with dementia and will create a Centre of Excellence for dementia sufferers across partner regions. Medway and Christ Church University are involved in Kent as well as Universities and

Care Centres in Belgium, the Netherlands and France.

The dementia facility is a core element of the CASCADE project and will provide longer term and short-term respite care for people living with dementia which will fully engage with the local community. The wider project will be the basis for sharing research results, expertise and knowledge in dementia care for the future. It will support people to live well in therapeutic communities rather than hospitals.

12 Semi-detached 5-bedroom homes that were previously staff accommodation behind Buckland Hospital have been given over to this project and planning permission has been given. The development will provide houses for 5 people in each property, and a Community Centre, the whole area will be gated. The complex will be registered with CQC as a Nursing Home. A guesthouse with 6 rooms to facilitate tourism, where someone who has a relative with dementia could stay for a break whilst visiting the area is also planned.

The proposal is for the homes to be based on a non-risk averse culture where they can take advantage of technology to monitor e.g. sound technology which the carers will be aware by noise what is happening e.g. at night. The plan is to arrange the day around the person's preferences e.g. if they want to sleep in or have breakfast in the evening then that will be tailored to the individual hence with a view to keeping anxiety at a minimum. There will be diagnostic services as required and around the clock monitoring instead of acute care.

The centre is due to open in Aug/Sept 2019.

Ebbfleet Development Corporation

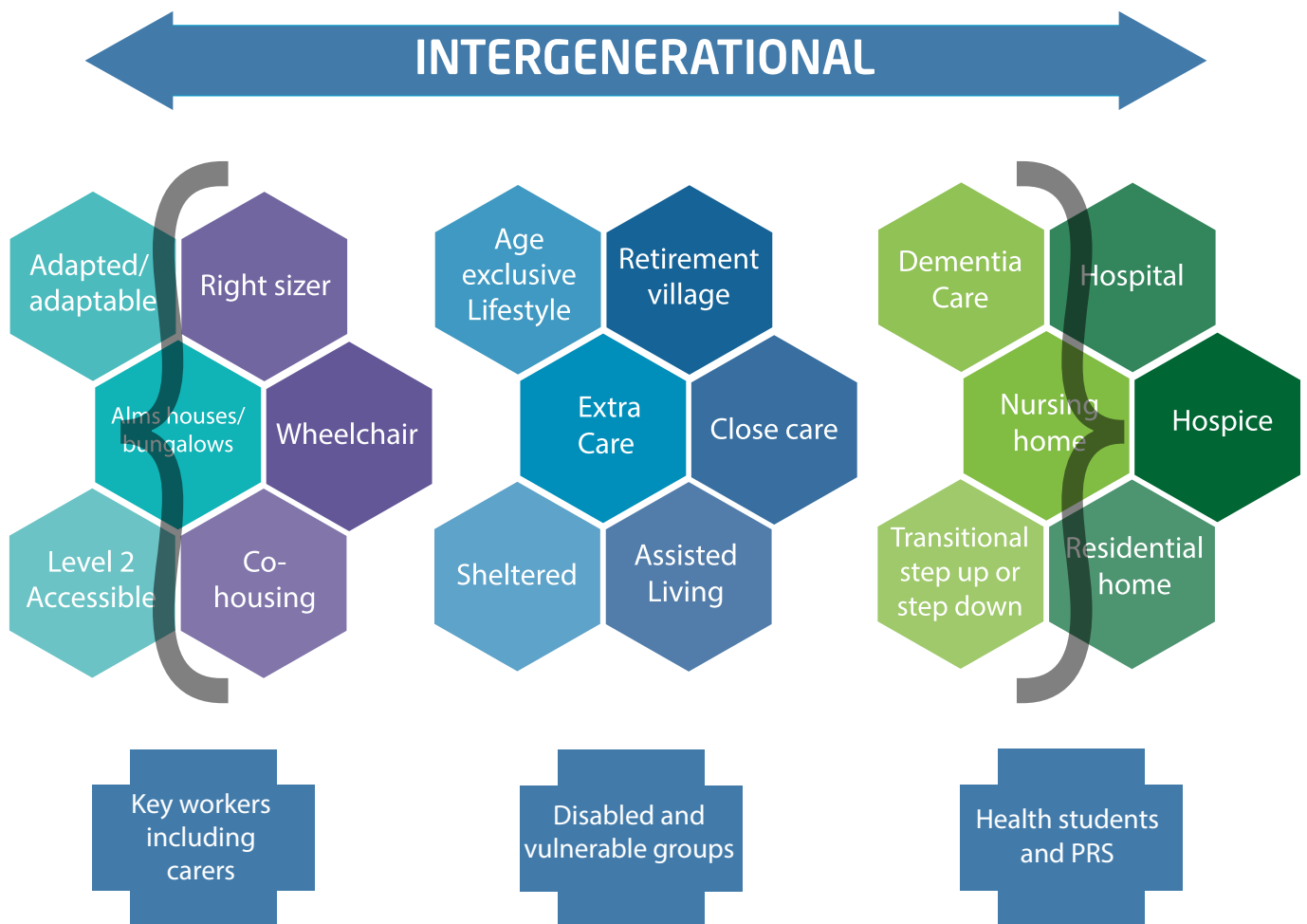
"Our Vision for the Garden City as a model development for the 21st Century has HEALTH at its heart including the delivery of an exemplar built environment, served by an innovative model of care services, where

citizens are positively encouraged to embrace healthier lifestyles, through the use of our green and blue natural assets, which are open and available to 'everyone'."

The working title for the Ebbsfleet bid is, 'The Health and Longevity Community Model'. The aim of The Health and Longevity Community Model is to demonstrate that a strong and unified community framework (and the supporting tools which help realise and sustain it) can help its citizens live longer and healthier. And that this model can be replicated anywhere to create local and global impact at scale.

Ebbsfleet has already made a name for itself as one of the leading innovators in the NHS's Healthy New Towns programme. Many initiatives have been successfully tested and tried within Ebbsfleet, demonstrating real success in increasing the well-being, connectivity and health of its residents. Being chosen to be part of the industrial challenge around healthy ageing, would allow Ebbsfleet to build upon the success of the Healthy Towns foundational activities and to further develop its emerging community model as a way of increasing the health and longevity of all its older residents.

The diagram below shows how Ebbsfleet is looking at and building in an intergenerational approach to the development.



References and other strategies

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

Strategic Kent Documents:

Increasing Opportunities, Improving Outcomes

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

Facing the Challenge: Delivering Better Outcomes

www.kent.gov.uk/about-the-council/strategies-and-policies/corporate-policies/facing-the-challenge

Your Life Your Wellbeing:

www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/your-life-your-wellbeing

Kent County Council – Adult Social Care Local Account:

www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/local-account-for-adult-social-care

Better Housing for Better Health, Kent Public Health Report 2016:

www.kent.gov.uk/about-the-council/strategies-and-policies/health-policies/annual-public-health-report

Kent and Medway Housing Strategy

www.kent.gov.uk/Documents/community-and-living/Regeneration/KFHS%20Refresh%20FINAL.pdf

Kent and Medway Sustainability and Transformation Partnership:

kentandmedway.nhs.uk/stp/

Accessible Housing Strategy:

www.kent.gov.uk/Documents/council-and-democracy/policies-procedures-and-plans/policies/accessible-housing-strategy.pdf

Valuing People Now:

www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/making-valuing-people-now-happen-in-kent

Kent Learning Disability Partnership Board:

www.kentldpb.org.uk/areas/19-kent-partnership-board/index.php

Kent and Medway Transforming Care Partnership: Housing Strategy (2017)

Mental Health Live It Well Strategy:

www.kent.gov.uk/social-care-and-health/health/health-and-public-health-policies/live-it-well-strategy

Looked-after Children and Care Leavers Strategy:

www.kent.gov.uk/search?mode=results&queries_keyword_query=sufficiency+strategy

Children in Care Sufficiency Strategy:

www.kent.gov.uk/search?mode=results&queries_keyword_query=sufficiency+strategy

KCC Sufficiency Strategy:

www.kent.gov.uk/Documents/childrens-social-services/children-in-care/KCC%20Sufficiency%20Strategy%202013-2015.pdf

Kent Housing Group Reports:

Better Homes: Accessible Housing Framework

www.kenthousinggroup.org.uk/uploads/PandDProtocolFinalNov13.pdf

Better Homes: Housing for The Third Age:

www.kenthousinggroup.org.uk/uploads/OPFrameworkFINAL2.pdf

Housing Mind the Gap:

www.kenthousinggroup.org.uk/assets/uploads/2016/07/ThinkHousingFirstNov13-Final.pdf

National Agency Reports / Websites:

Homes England– Affordable Housing Programme 2015-18:

www.homesandcommunities.co.uk/ourwork/affordable-homes-programme-2015-18

Homes England - Shared Ownership and Affordable Homes Programme 2016-2021

www.gov.uk/government/publications/shared-ownership-and-affordable-homes-programme-2016-to-2021-prospectus

Closing the Gap (Mental Health):

www.gov.uk/government/publications/mental-health-priorities-for-change

Better Care Fund:

www.gov.uk/government/publications/better-care-fund

Transforming Care Programme:

www.england.nhs.uk/learning-disabilities/care/

Housing Learning and Improvement Network:

www.housinglin.org.uk/

Sight Loss, Home and the Built Environment

www.housinglin.org.uk/Topics/browse/sight-loss-home-the-built-environment/

HAPPI 3 Report – Housing our ageing population: Positive Ideas. Making Retirement Living a Positive Choice (2016).

HAPPI 4 Report – Rural Housing for an Ageing Population: Preserving Independence - The Rural

HAPPI Inquiry (2018).

www.housinglin.org.uk/_assets/Resources/Housing/Support_materials/Other_reports_and_guidance/HAPPI-4-Rural-Housing-for-an-Ageing-Population.pdf

More Choice, Greater Voice:

https://www.housinglin.org.uk/_assets/Resources/Housing/Support_materials/Reports/MCGVdocument.pdf

The Social Housing Green Paper: A 'new deal' for social housing (2018)**Funding Supported Housing: Policy Statement and Consultation (2017)****Improving Health and Care through the Home: A National Memorandum of Understanding (2018)**

The House of Commons, Communities and Local Government Committee published a report in February 2018, 'Housing for older people'

The NHS Long Term Plan (2019)**LGA Housing our ageing population****Building for the baby boomers: Making a housing market for an ageing population. Policy Exchange 2018****PROJECTED DEMAND FOR SUPPORTED HOUSING IN GREAT BRITAIN 2015 TO 2030 Raphael Wittenberg And Bo Hu. Economics Of Health And Social Care Systems Policy Research Unit. March 2017**

Yu-Tzu Wu A. Matthew Prina Linda E. Barnes Fiona E. Matthews Carol Brayne MRC CFAS, Relocation at older age: results from the Cognitive Function and Ageing Study, Journal of Public Health, Volume 37, Issue 3, 1 September 2015, Pages 480–487, <https://doi.org/10.1093/pubmed/fdv050>

Dementia Links:

www.alzheimers.org.uk/

<http://dementia.stir.ac.uk/>

<http://dementia.stir.ac.uk/blogs/dementia-centred/2016-01-18/dementia-and-housing-are-we-planning-future>

www.kingsfund.org.uk/sites/files/kf/field/field_pdf/is-your-care-home-dementia-friendly-ehe-tool-kingsfund-mar13.pdf

Mental Health links:

www.liveitwell.org.uk

Glossary

Affordable Housing

Housing either for sale or rent, or a combination, at below current market values provided to specified eligible households whose needs are met by the market. Typically, it takes the form of low-cost home ownership or below market rent.

Accessible Housing Register A housing register designed to enable social housing landlords to collect, store and display information which will be relevant and important to disabled people looking for housing.

Affordable Housing Programme (AHP)

Aims to increase the supply of new affordable housing in England.

Better Care Fund

The Better Care Fund provides £3.8 billion to local services to improve local health and social care systems.

Better Homes: Accessible Housing

Kent-wide Framework developed by the Kent Housing Group and Joint Policy and Planning Board to help facilitate and enable the delivery of high-quality housing for people in Kent and Medway that have a physical and/or sensory disability.

Better Homes: Housing for the third age

Kent-wide Framework developed by Kent Housing Group and Joint Policy and Planning Board to help facilitate and enable the delivery of high quality, aspirational accommodation for older people.

Care and Support Fund

The main aim of the fund is to support and accelerate the development of the specialised housing market, particularly at a time when the wider economic factors may place limitations on the growth of this market.

Care Home

A residential setting where people live, usually in single rooms, and have access to on-site care services. A home registered simply as a care home will provide personal care only, help with washing, dressing and giving medication. Some care homes are registered to meet a specific care need, for example dementia or terminal illness.

Care Act

A reform of the law relating to care and support for adults, the law relating to support for carers, to make provision about safeguarding adults from abuse or neglect and to make provision about care standards.

Care Ready

Housing designed with the needs of older people in mind and with the opportunity to access varying levels of care and support available locally, that can be delivered in the home to support independent living. Must be designed to HAPPI standards. Different to Extra Care Housing as care not necessarily on site 24/7.

Clinical Commissioning Group (CCG)

NHS organisations set up by the Health and Social Care Act 2012, to organise the delivery of NHS services in England.

Community Infrastructure Levy (CIL)

New levy that local authorities can choose to charge on new developments in their area. It can be used to support development by funding infrastructure that the council, local community and neighbourhood want.

Community Right to Challenge

Enables communities to challenge to take on local services that they feel they can run differently and better.

Disabled Facilities Grant (DFG)

Grants issued by local authorities to disabled people to adapt their homes to enable them to continue to live there.

Enhanced Sheltered Housing

The provision of Sheltered accommodation where the resident has access to an on-site warden 24/7 to call upon in an emergency. This warden is not a carer able to undertake personal care tasks.

Equity Release

A way in which older people that are asset rich, but cash poor can raise money against the value of their home.

Extra Care Housing

In general terms, extra care housing is related to sheltered housing but with higher level support and care to help residents live independently (for example where the likely alternative might be a residential care home) and could include:

- adaptable accommodation above Lifetime Home standards so the accommodation changes with the needs of the individual (i.e. able to take ceiling track hoists, fully wheelchair accessible with adjustable height kitchen design)
- access to at least one hot meal a day through communal dining whether through full restaurant or bistro café design, depending on local facilities in the area
- access to personal care services 24 hours a day, either on site or within a reasonable response time
- flexible care provision with ability to meet an individual's night time needs as well as emergency or 'checking in' service
- means-tested charges for care including a charge for 24-hour background support (Well-being Charge)
- access via a panel process with an overriding nominations agreement between partners.

Facing the Challenge: Delivering Better Outcomes

Facing the Challenge: Whole Council

Transformation: commitment to meeting the financial challenges over the medium term through taking a transformative approach: Focusing on commissioning outcomes; Redesigning services around needs of customers and the outcomes we want to achieve; Embed a focus on early intervention to better manage future demand; Integrating services and functions around client groups to improve the customer experience.

Floating Support

Service provided by the Supporting People Programme to help support vulnerable people who live in their own home but need help managing with daily life, such as those who have recently moved in from supported housing.

Homes England

Homes England is the new housing agency for England, launched in January 2018, the successor of the Homes and Communities Agency, with the purpose of boosting housing delivery.

Houses in Multiple Occupation (HMO)

This term is generally used to describe accommodation such as a house split into bedsits, a house or flat share where each tenant has their own tenancy agreement or student living in shared accommodation.

Housing Needs Assessment

Studies carried out by local housing authorities to assess future local housing requirements, particularly in relation to affordable housing.

Housing Revenue Account System of local authority housing finance.

Housing with Care Intermediate Care

Services which focus on prevention, rehabilitation, re-enablement and recovery, usually for people aged over 65.

Joint Policy and Planning Board (JPPB)

Kent-wide forum where strategic issues requiring joint working between health, housing and social care can be raised and measures to address them developed.

Kent Choice Based Lettings Partnership (Kent Homechoice) Kent-wide partnership between local housing authorities and private registered providers enabling people on Housing Register to bid for available social rented properties.

Kent Forum Single body of democratically accountable representatives from across the public sector in Kent.

Kent Housing Group (KHG) Kent-wide forum to represent the collective voice of Kent's housing bodies.

Kent Planning Officers Group (KPOG) Kent wide forum to represent the collective voice of the local authority planning departments across Kent and Medway.

Kent Supporting People Programme which helps vulnerable people in Kent to have a better quality of life by providing housing-related support services and helping them to move back to living independently.

Lifetime Homes Standards A set of 16 design criteria that provide a model for building accessible and adaptable homes.

Live it Well Live It Well, which covers 2010-2015, sets out a vision for promoting mental health and well-being, intervening early and providing personal care when people develop problems, and focusing on helping people to recover.

Local Housing Authorities Authorities with direct responsibility for delivering housing within their area. In Kent this is the Districts and Boroughs.

Local Housing Strategy Statutory document produced by local housing authorities setting out their future local housing priorities, including key housing issues such as affordable housing and property condition.

Local Lettings Plan Agreed local plan for the

allocation and letting of homes with an agreed location. Often used for new developments to ensure that a good balance of community is achieved.

Local Planning Authorities Authorities with direct responsibility for delivering planning within their areas. In Kent, this is the District and Boroughs.

Ministry for Housing, Communities and Local Government (MHCLG)

Government Department that sets policy on supporting local government communities and neighbourhoods, regeneration, housing, planning, building the environment and fire.

Mixed-use Development

Schemes which combine residential and commercial buildings on one development site.

Move-on Accommodation Longer-term, settled housing vulnerable people move into when they leave supported housing or temporary accommodation.

Move-on Toolkit Guidance produced by the JPPB to help provide support and information for vulnerable tenants who move from supported housing into the private rented sector.

National Planning Policy Framework (NPPF)

National framework for the planning system in England, which has consolidated all previous national planning policies.

Neighbourhood Plan

The Localism Act introduced new rights and powers to allow local communities to shape new development by coming together and preparing neighbourhood plans.

Nursing Care NHS-funded nursing care is care provided by a registered nurse, paid for by the NHS, for people who live in a care home.

Personalisation Agenda

Individuals will receive their own budget and can decide how, who with and when they want

to spend that budget, in order to meet their needs and achieve their desired outcomes.

Planning Gain

Refers primarily to the increase in the value of land which results from planning permission being granted on that land. A levy or tax may be applied to direct some of the planning gain to the public sector.

Policy Framework for Later Life

Kent-wide Strategy that sets out how people in Kent want to live their later lives and what they want from public and community services and facilities.

Private Registered Providers

Non-local authority providers of social and affordable housing, including rent and low-cost home ownership options.

Private Developments

Self-contained properties normally privately owned. On-site care or support services are not provided. Larger developments may include shops and recreational facilities. Residents can buy in care if they require it.

Registered Providers All providers of social and affordable housing.

Residential and Nursing Care Individual rooms within an overall care home, where there is a weekly charge either to the individual, the local authority or both. Care homes provide the highest level of on-site care and support, both for personal care and for nursing needs if required. Some care homes specialise in particular types of illness, such as dementia.

Respite Care

Temporary care that provides relief for the permanent care giver.

Section 106 Agreement

A legal agreement under section 106 of the 1990 Town & Country Planning Act between a planning authority and a developer, which ensure that certain extra works related to a

development are undertaken. They tend to be used to support the provision of services and infrastructure, such as highways, recreational facilities, education, health and affordable housing.

Self-Financing Housing Revenue Account

HRA Self-Financing started in April 2012. Self-Financing means local housing authorities can retain all the money they receive in rent which enables them to plan and provide services to their current and future tenants.

SHAPE

SHAPE is a web-enabled, evidence-based application which informs and supports the strategic planning of services and physical assets across a whole health economy.

Shared Equity

Scheme whereby a person buys a property using a low-cost loan provided by the government, which buys the government a stake in the equity of the property.

Shared Ownership Form of low-cost home ownership, whereby a person buys a share of their home and pays a rent on the remaining share.

Sheltered Housing

Sheltered housing is housing designated for occupation mainly by over-55s with low-level care and support needs. The majority of residents are above the state pension age, but some are of working age. Their needs are at least in part met by extra housing facilities and services available to residents. This support could be either physical (getting in and out of the property) and/or emotional/mental (emergency help or assurance). Features of a sheltered unit might include: 24-hour emergency help (alarm system); Warden present some of the time; some communal facilities, i.e. lounge, restaurant, laundry, garden; rooms available for outreach services; often accessible buildings designed for communal purposes.

Social Care

Provision of social work, personal care, protection or social support services to children or adults in need or at risk, or adults with needs arising from illness, disability, old age and/or poverty.

Social Innovation Lab for Kent (SILK) Social Innovation Lab for Kent was set up in 2007, with two central tasks. First, to provide a creative, challenging environment for a wide range of staff to work together on some of the toughest challenges the County faces and second, through drawing upon cutting edge practice in the sectors of business, design and the social sciences. SILK set out to embed a way of working across the Council that puts people – citizens – at the centre.

South East Local Enterprise Partnership (SELEP)

The South East Local Enterprise Partnership (SELEP) brings together key leaders from business, local government, further and higher education in order to create the most enterprising economy in England through exploring opportunities for enterprise while addressing barriers to growth. The SELEP covers Essex, Thurrock, Kent, Medway and East Sussex. Strategic Housing Market Assessment (SHMA) A cross-boundary study of the operation of Housing Market Areas.

Successful Communities Communities with a mix of tenure, income levels and household types, supported through appropriate infrastructure and community development initiatives and resources.

Supported Housing Accommodation provided to vulnerable people assessed by the local authority as being in need of residential care.

Telecare

Innovative technology project piloting the use of specialised equipment to help people in Kent with chronic diseases to better manage their own health needs.

Under-occupation

Where a household has decreased in size and their property is now too big for them.

Unlocking Kent's Potential Framework for Regeneration. Sets out an overarching assessment of the key opportunities and challenges facing the County over the coming years, emphasising the links between economic growth, improved skills levels, better quality housing, effective transport infrastructure and the needs to adapt to the changing demands of a growing population.

Valuing People Now Government Strategy for people with learning disabilities, which say that people with learning disabilities have the same rights and choices in life as any other person.

Welfare Reform Bill Introduction of a Universal Credit to replace a range of existing means tested benefits and tax credits for people of working age, starting in April 2013.

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From: Clair Bell, 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 - 27 September 2019

Subject: **ADULT SOCIAL CARE ANNUAL COMPLAINTS REPORT (2018-2019)**

Classification: Unrestricted

Previous Pathway of Paper: Adult Social Care and Health Directorate Management Team Meeting - 11 September 2019

Future Pathway of Paper: None

Electoral Division: All

Summary: This report provides Members with information about the operation of the Adult Social Care Complaints and Representations Procedure between 1 April 2018 and 31 March 2019.

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

1. Introduction

1.1 This report is the Annual Report for Adult Social Care and Health Customer Care and Complaints and provides an overview of the operation of the complaints and representation procedure in 2018/19. The report includes summary data on the complaints, enquiries and compliments received during the year. It also provides Members with examples of the lessons learned from complaints which are used to inform and improve future service delivery.

2. Policy Context and Procedures

2.1 The “Local Authority Social Services and National Health Service Complaints (England) Regulations 2009” placed a duty on Local Authorities and NHS organisations to have arrangements in place for dealing with complaints. One of the reasons for the Regulations was to bring about greater consistency in how health and social care complaints are dealt with. Some aspects of the Regulations were quite prescriptive, for example setting out who can make complaints:

“A person who receives or has received services from a responsible body; or a person who is affected or likely to be affected, by the action, omission or decision of the responsible body which is the subject of the complaint”.

- 2.2 The Regulations were also prescriptive in terms of what can be complained about: including Local Authority Social Services functions and any function discharged under specific partnership arrangements between the Local Authority and an NHS body.
- 2.3 The Regulations set out a duty to cooperate where there are joint complaints that include an element of health and social care. They also set out some constraints on the procedure – for example setting a 12-month limit of complaints except in certain circumstances.
- 2.4 Associated with the Regulations, guidance was issued which outlined the key principles of the procedure. The three main principles were:
 - **Listening** – establishing the facts and the required outcome;
 - **Responding** – investigate and make a reasoned decision based on the facts/information; and
 - **Improving** – using complaints data to improve services and influence/inform the commissioning and business planning process.
- 2.5 The Regulations and the guidance underpin the KCC Adult Social Care Complaints and Representations Procedures. The general approach taken is to be receptive and open to complaints and to try to resolve the complaint but also to learn any lessons where the service has not been to an acceptable standard.
- 2.6 Wherever possible complaints that involve health and social care are dealt with via a single co-ordinated response. To facilitate this, a joint protocol was developed by the Health and Social Care Complaints Managers for Kent and Medway Councils.
- 2.7 For Adult Social Care the complaint response needs to be proportionate to the issues raised. The only timescale in the process relates to the acknowledgment of the complaint which is within three days from receipt. Thereafter the response time is agreed with the complainant and reflects the circumstances and complexity of the complaint. In most cases a 20-working day timescale is agreed however there are cases, such as when an independent investigator is completing the investigation into the complaint or when a joint response with another agency is planned, when a longer time frame is usually agreed.
- 2.8 Complainants are informed that if they remain dissatisfied after the complaint has been considered and responded to by the Local Authority, then they are entitled to contact the Local Government Ombudsman (LGO). The LGO provides the final stage in the process.

2.9 The Regulations require Local Authorities to produce an Annual Report with information about the number and type of complaints received for the 12 months ending on 31 March.

2.10 In addition to complying with the Regulations, the Complaints Team also seeks to deliver best practice in line with LGO guidance.

3. Total Representations received by Adult Social Care

3.1 Appendix 1 contains information about the number and type of complaints received in 2018/19.

3.2 The figures show an increase in the number of complaints received with 780 complaints received in 2018/19 compared with 637 the previous year. This reflects the complexity of demand and pressures on services.

3.3 There were three main contributing factors for the increase in the number of complaints.

- There was a significant increase in the number of complaints relating to the Blue Badge Service, with 76 complaints received. This was due, in large part, to a change in the Department for Transport Blue Badges Information System in February 2019. As a result of the change, a huge data transfer had to take place from the Department for Transport to a local system that had to be put in place. The transfer was largely successful but there were some complaints about delays because of the system change. Most of the 30,000 Kent Blue Badge applications received during the year were dealt with efficiently. A second aspect was increased expectations following publicity for the planned extension of Blue Badge eligibility in September 2019. Some people had heard of the proposed changes but were not aware that the change was still to be implemented.
- During 2018-19, Mental Health Social Care services transferred back to the Local Authority from the Kent and Medway Partnership Foundation Trust. Previously the management of complaints had been delegated to the Trust however the responsibility for complaints transferred back with the service. There were 28 complaints about mental health services that would have been previously reported in the Trust's figures.
- There was also an increase in the number of complaints about the Area Referral Management Service (ARMS) with 52 complaints received. Wider organisational changes impacted on the number of calls to the service and at the same time there was staff turnover in a couple of the ARMS teams which affected the capacity of the teams to respond promptly to the enquiries received.

- 3.4 The 780 statutory complaints received in 2018-19 also need to be seen in the context of the large number of people accessing Adult Social Care services. There were 38,433 open adult social care cases at the start of 2018-19 and a further 28,498 new referrals received during the year (excluding Blue Badge applications). The percentage of people who made a complaint was therefore approximately one per cent of people receiving services or referred to the service.
- 3.5 There was also an increase in the number of Enquiries. Where correspondence is received from a Member of Parliament or local Member on behalf of a constituent or about an aspect of the services then it is logged as an Enquiry. Enquiries can also include instances where someone does not want to make a complaint but does want to formally raise an issue. In 2018/19, there were 345 Enquiries compared with 276 the previous year.
- 3.6 In 2018/19, 480 compliments (or merits) were logged. The compliments provide useful feedback where people have written to Adult Social Care with positive comments about their experience of using the service. Several examples are provided later in the report.

4. Performance against timeframes

- 4.1 The average response time for statutory complaints is set within a complaint plan time frame of 20 working days. Complex cases that require either an off-line or external investigation or a joint response with health services are identified at the commencement of the complaint and a longer timeframe is generally negotiated with the complainant.
- 4.2 61% of complaints were responded to within the 20-day timescale agreed with the complainant. Meeting the timescales can be challenging as managers and practitioners balance the competing demands of complaints investigation with the other demands on their time. Nevertheless, the Directorate is monitoring response times closely and provides updates to complainants where the response is likely to be significantly overdue. A weekly report is also issued to remind staff of any complaints that are pending or overdue. Holding letters are sent to complainants if a response is delayed.
- 4.3 The increased number of complaints and enquiries and the increased complexity of some complaints, for example mental health complaints which can involve other agencies and take some time to resolve, have impacted on response times however investment in the Customer Care and Complaints Team following a redesign of the service in April 2019 should lead to improvements.

5. Themes identified arising from complaints

- 5.1 Communication or the lack of provision of information is a theme in many complaints. Examples include where the service user or a family member feels they have not been kept informed or where there have been delays in communicating decisions or changes in circumstances.
- 5.2 Another theme in many complaints relates to disputes about charges. Examples include where individuals are unhappy that they are being charged or dispute the amount they are being charged where there may have been a change to the level of care delivered.
- 5.3 Disputed decisions also give rise to complaints. Examples include where a family member disagrees with an assessment and considers an elderly relative requires more support than is being provided but the service user is content with the support they are receiving.
- 5.4 Complaints are also received about care providers where the service user or their representative is not happy with the quality of care provided by the care agency or the care home.
- 5.5 Delays are a factor in some complaints where an individual expresses dissatisfaction due to a delay in funding being agreed or a delay in a service being put in place.
- 5.6 Staff conduct is also referred to in some complaints where the service user or carer is unhappy with the perceived behaviour or attitude of the member of staff the service user is in contact with. Where a complaint investigation has found the individual member of staff was at fault or where their practice was not to the required standard, then this is addressed by the manager through supervision with the member of staff.

6. The Outcome of Complaints

- 6.1 The Local Authority is required to report on the number of complaints received that are “well-founded”. In Kent these are logged as “upheld complaints”. This is not always clear as the nature and contents of complaints can vary considerably, and many responses provide an explanation where there might be a misunderstanding or a lack of clarity. Nevertheless in 2018.19, 36% of complaints were upheld; 27% were partially upheld and 31% were not upheld. Approximately 5% were withdrawn or suspended or following initial consideration were passed to another process, such as safeguarding. The number of upheld and partially upheld complaints is a reflection on the open and transparent approach to complaints and the willingness to learn from customer feedback.

7. Learning the Lessons

7.1 Receiving a complaint provides an opportunity to resolve an issue where the service might not have been to the standard required or expected. In addition, complaints and Enquiries, along with other customer feedback, provides valuable insights that can be used to improve service performance. A complaints procedure is only as good as the culture in which it operates so it is important to maintain an open and learning culture that is receptive to feedback from customers.

7.2 Complaints reports are presented to the Management Teams and lessons from complaints are presented to the Quality and Good Practice Group meetings. Whenever a complaint is upheld or partially upheld a lesson or further action is identified to rectify any issues. Sometimes the feedback will be reminders to staff of practice issues and sometimes the lessons will lead to more tangible changes.

7.3 Some of the lessons/issues arising from complaints received in 2018/19 are as follows:

- During 2018-19 there was an increase in the number of complaints about the Area Referral Management Service. This included complaints about delays getting through to the service and the non-return of calls when messages had been left. A Business Support Manager has been appointed to support the service across the county. This will allow resources to be targeted where they are required. There has been a recruitment programme to recruit staff to the teams and a thorough induction programme has been developed for new staff. A management plan has been produced to focus on the most urgent of cases, and additional support has been brought in to clear the backlog.
- In addition, a project has been commissioned to look at the arrangements for accessing services including the opportunities for digital access. The feedback from complaints is being used to inform the project and it is planned that interviews take place with several service users to learn more from their experiences.
- Another complaint raised an issue regarding a delay in engaging a District Nurse to visit a service user in an Integrated Care Centre. This was a concern as it delayed the individual from getting the health support they required. As part of the learning from the complaint, workshops were subsequently held for managers of in-house residential services to remind them of the need to escalate issues of concern or problems contacting partner agencies.
- A safeguarding complaint highlighted the need for officers involved in safeguarding investigations to have a very clear understanding of their roles and responsibilities in line with safeguarding principles. The area where the complaint happened subsequently tested a new way of working and a separate dedicated team was put in place to complete Safeguarding

Enquiries. The pilot proved successful and was implemented across Kent in August 2018.

- In 2018/19 several complaints were received from individuals where there had been an unacceptable delay regarding the provision of financial support for care services where their financial assets had depleted. As a result of the complaints, we now ensure people presenting as depleting with funds have their financial assessment completed before being transferred to the Adult Community Teams. Also, teams are expected to commence the care and financial assessment processes promptly when the individual's assets are depleted, and care providers are expected to advise service users where the individual's assets have depleted to a level that might qualify them for local authority support.
- A theme in some complaints is communication with practitioners. The nature of the work means they are often out of the office and not always contactable. As a result of the introduction of Client Support Service roles within many of the teams there is now a point of contact for the public if the practitioners are not available.
- In the Good Practice meetings there has been a reminder of the need to ensure information is provided to the service user/family where there is likely to be a charge for services. Linked to this is the need to ensure there is clarity regarding who is managing the individual's finance if they are unable to manage their own finances. It was apparent that some members of staff who had transferred to the young people's service from children's services were not familiar with the charging policy. To address this, three workshops were held with the relevant staff in 2018/19 to explain the charging procedures.
- Following discussion in one of the Quality and Good Practice meetings it was apparent that some teams in the 16 to 25 Care Pathways Service were providing information packs to service users whilst other were not. When this became apparent it was agreed that a consistent approach was required for all 16 to 25 Care Pathway Services.
- In 2018-19, several complaints were received from care agencies who complained of delays in payments being made for services they had provided. A working group has been established to address the issue.
- A complaint also highlighted an issue with retrospective charges where an individual's circumstances have changed, and the decision was made to charge retrospectively for services they have received. The implications of this policy are being reviewed.

7.4 Lessons are also learned from the investigation of complaints. Following independent or "offline" investigations, there are adjudication meetings where

actions are agreed and the outcomes and any lessons from the complaints are shared more widely as appropriate. Meetings with Senior Managers are often arranged with complainants following independent investigations to discuss the findings and recommendations as part of the complaint conclusion.

7.5 The outcomes from complaints can also lead to training or specific actions for individuals or teams.

8. External investigations

8.1 The responses to complaints need to be proportionate and an external, independent investigator is usually appointed when the complaint issues are particularly complex or where communication has broken down or confidence in the organisation has been lost. Where an independent investigator has been appointed it provides some reassurance to the complainant that there is independent consideration of the complaint.

9. Financial

9.1 In 2018/19, £28,699 was paid in financial settlements or financial adjustments. This included one case where an individual had paid care home fees which should have been free to the individual as he was eligible for Continuing Health Care. Most of the settlements/adjustments were for under £1,000.

10. Complaints via the Local Government and Social Care Ombudsman (LGO)

10.1 The LGO contacted KCC Adult Social Care regarding 38 cases in 2018/19. This includes cases that were carried forward from the previous year and settled during the reporting year.

10.2 In 16 cases the cases were closed after initial enquiries or were not upheld or were withdrawn. There were 13 cases where the LGO found the council was at fault and 9 cases that were referred back to the council for investigation or the complaint is still with the LGO for consideration

10.3 The reasons giving rise to the complaints where fault was found varied however they included: a complaints regarding a delay in providing information, not involving a family member in a safeguarding enquiry, the application of a retrospective charge, and a delay in completing an assessment and determining a correct level of a Direct Payment.

10.4 Responding to enquires from the LGO is a significant part of the complaints process. Where an individual is not satisfied with the response, they can contact the LGO to ask for their complaint to be independently investigated. The LGO will usually contact the council to ask a number of questions and request copies of key source documents such as assessments and care and support plans. Although the number of enquires is not particularly high, each

enquiry that is being investigated requires a considerable amount of time and effort to ensure to ensure a thorough and robust response from the council.

11. Compliments (or merits)

11.1 The Directorate continues to log compliments or merits, with 480 received in 2018/19. These also provide useful feedback and serve as a reminder of the many people who are very satisfied with the service they have received.

11.2 A few examples are provided below:

- “I applied for a blue badge. I had my interview over the phone today and I wanted to tell you that that the lady I spoke with was wonderful. She was kind, caring, understanding and informative. She is an asset to your team I cannot sing her praises enough. The lack of understanding from people when they hear you have Fibromyalgia and ME is disheartening most of the time this lady really made my week and mostly likely made my entire month. I didn’t catch her name but hopefully you can find my details and find this lady and tell her how wonderful she is and that her kindness is often rare in today’s world”.
- “I wish for my gratitude and praise to be formally recognised as I do appreciate how busy you are. The work is excellent and a great help”.
- “My family and I have just gone through the sad and distressing time placing our lovely Dad into a care home. We have not always heard good stories regarding social services. We were allocated Andrea as our case worker and were pleasantly surprised how wrong we could be. Andrea was a breath of fresh air, very professional but at the same time very compassionate, feeling and so informative. Andrea was fantastic with my Dad who had trouble communicating as he had lost his speech through a stroke. She made this horrible experience less scary. It is good to know you have people on your team like her. We cannot thank her enough and just felt it important to let you know what a credit she is to this team. Dominic from the finance team was equally helpful, we didn’t meet him, but he had a great manner and was also very informative and caring. When families are facing these upsetting times, it is key for them to deal with people who are in check with their humanity and are sensitive to the situation. Both of these lovely people did exactly that”.
- “Very many thanks for all your help and advice. You and KAB have made such a difference to my disability, it is so much easier to live with. I cannot thank you enough”.
- “When I was discharged from hospital recently, I was not aware that the support provided by KCC existed. So many negative attitudes are adopted surrounding health care, but I cannot from my own experience thank you all enough. The human warmth and professional care shown to me by your team and been excellent and supportive in every way”.

- “The Kent Enablement at Home Team have all been absolutely fantastic. They are so reliable, caring, skilled, knowledgeable and compassionate. They have always shown my parents such respect and dignity. They are angels to us. They have held our family together at our most difficult time for which I thank you from the bottom of our hearts. Keep up your amazing work”.
- “Shared Lives is an organisation to be proud of and we would like to express our utmost sincere thanks and regards to you all as a team and individually”.

12. Customer Care and Complaints Operations

12.1 Receiving, administering and responding to complaints, enquires and compliments, and LGO enquiries, is a key part of the Customer Care and Complaints Team activity. Where possible the team seeks to find resolution and identifies wider organisational learning. In 2018/19 over 200 “corrective actions” were identified from complaints.

12.2 In April 2019, following a redesign of services, additional resource was put into the new Customer Experience Team. The new team brings together the complaints activity with the wider Adult Social Care consultation and engagement activity. This will provide greater synergy and the opportunity for greater organisational learning and the cross referencing of the various forms of customer feedback.

12.3 The rich insights from complaints and compliments will be used alongside the feedback from other sources such as focus groups, partnership boards, people’s panels, surveys and Healthwatch Kent. The additional resource in the Customer Experience Team will also enable greater analysis of complaints and the provision of relevant data for management teams, project work and audits.

13. Actions Planned in 2019/20

13.1 As described above, a key action for the team in 2019/20 is to continue to develop the organisational learning from complaints, compliments and other customer feedback. A current example is the input of information from complaints and from older people forums, to a current project on the Being Digital Strategy and access to services.

13.2 With wider organisational changes taking place in 2018/19, including the return of mental health social care services, some managers have requested training on investigating and responding to complaints and enquiries. Three one day workshops are planned to cover key themes such as the complaints procedure, investigating complaints, writing responses to complaints and learning the lessons from complaints.

13.3 The service will continue to seek improvements to the complaints and enquiry response times. Managers dealing with complaints are often balancing several priorities however it is important that complaints are responded to within timescales

as any delays to complaints can lead to further dissatisfaction. It is important that any follow-up actions are completed after a complaint is closed, for example making payments or undertaking assessments in a timely manner.

- 13.4 The team seeks to continually improve by reflecting on practices and processes. This includes scanning the wider environment to identify and learn from best practice, (including relevant documents produced by the LGO). We are also reviewing the weekly reports issued to managers and ensuring best use of systems. We will also work closely with partner agencies on the arrangements for joint complaints and plan to seek feedback on complaints and enquiries.
- 13.5 The service redesign provides the team with the opportunity to focus on the opportunities and challenges with contemporary service delivery. Whilst there is rich learning from incidents where practice has not been to the standard we would expect, the wider feedback, including where the practice has been to a high standard, also provides an important source of organisational insight. During 2019.20 we will be revising our public information booklet to seek a wider range of feedback. We will also work with colleagues in the Practice Development Service to complete “Appreciative Inquiries” to understand what supports positive practice and consider how this can be replicated across the wider Directorate.

14. Report Conclusion

- 14.1 In 2018/19 the directorate continued to operate a robust and effective complaints procedure to meet its obligations under the statutory regulations. The complaints team has logged, administered and managed complaints, enquiries and compliments. The team has also managed the communication with the LGO to ensure the directorate is effectively represented.
- 14.2 The emphasis in complaints management is on bringing about a resolution and putting things right for the individual if the service has not been to the standard required. It is also about learning the lessons from complaints to prevent similar complaints from arising again. Complaints are taken seriously by senior management who receive weekly reports as well as taking an active role in complaints resolution.
- 14.3 Although the number of complaints and enquiries increased in 2018/19, managers continue to focus on delivering a high standard of service. Dealing effectively with complaints and listening to service users, carers and other stakeholders is a key part of this.

15. Recommendations

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

16. Background Documents

None

17. Report Author

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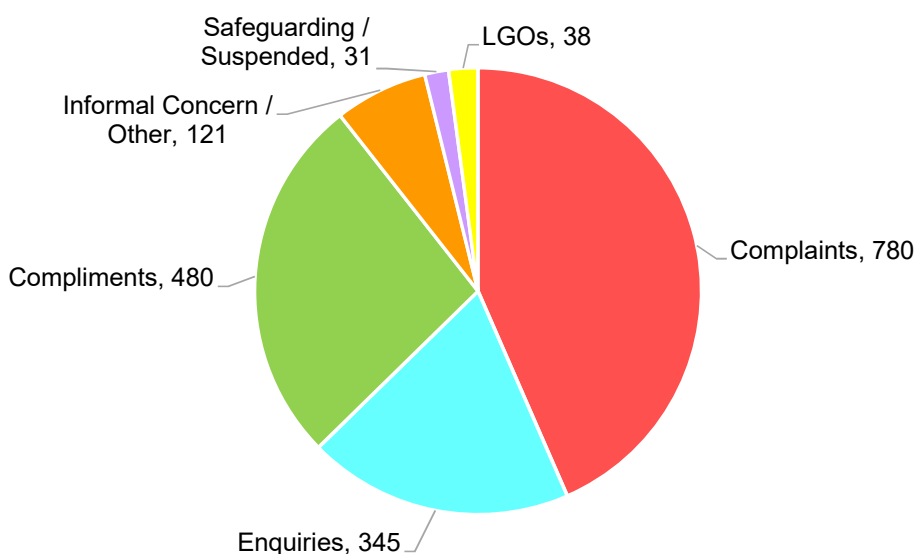
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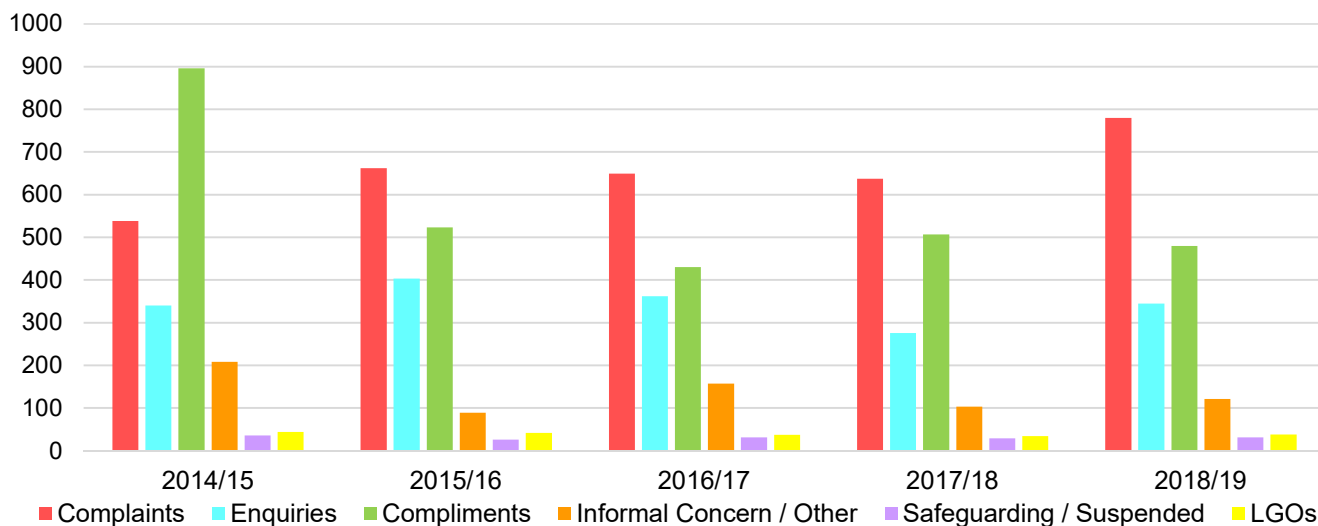
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Complaints and Enquiries Received 1 April 2018 to 31 March 2019



Complaints	780
Enquiries	345
Compliments	480
Informal Concern / Other	121
Safeguarding / Suspended	31
LGOs	38

Comparison with Previous Years



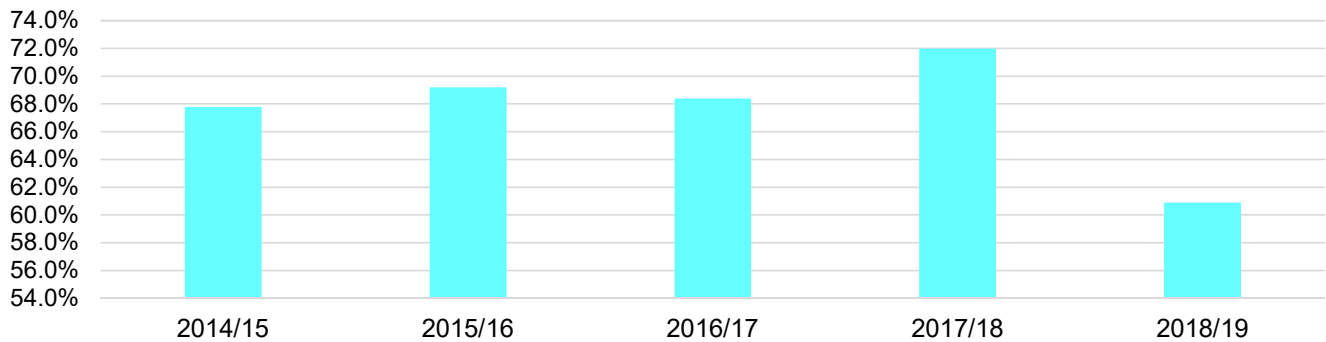
Year	2014/15	2015/16	2016/17	2017/18	2018/19
Complaints	538	662	649	637	780
Enquiries	340	403	362	276	345
Compliments	896	523	430	507	480
Informal Concern / Other	208	89	157	103	121
Safeguarding / Suspended	36	26	31	29	31
LGOs	44	42	37	34	38

Complaints Response Times Within Target

NB: for most cases the target for a response to be sent is 20 days, but is 30 days for Mental Health Complaints, and for other complex complaints the deadline may be extended in agreement with the complainant

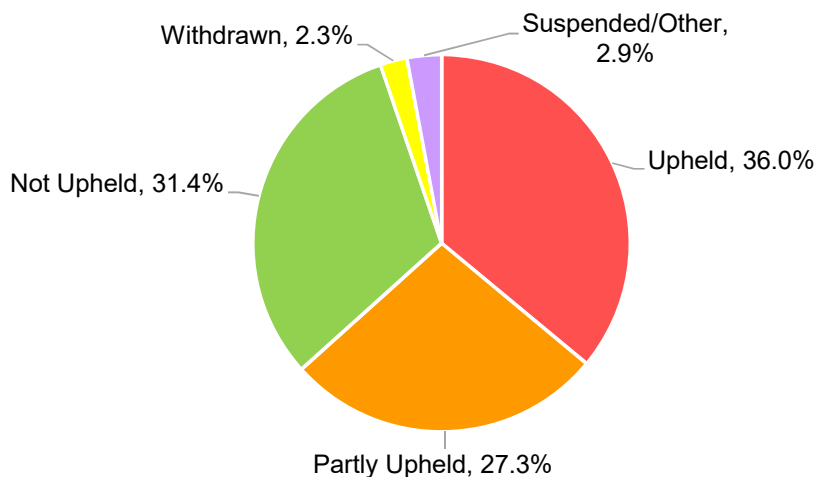
Responses for Cases in 2018/19	Total
Response Within Target	475
Late Response	285
Open / Suspended	20
Total	780
Percentage Within Target	60.9%

Response Times Comparison with Previous Years



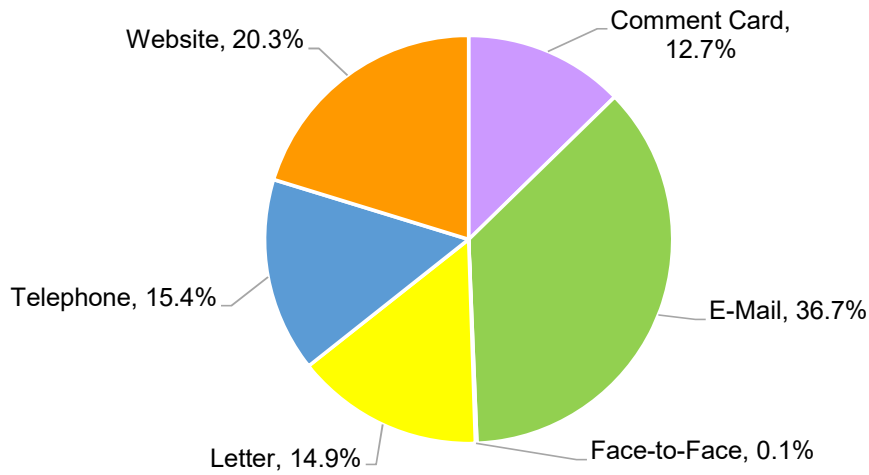
2014/15	67.8%
2015/16	69.2%
2016/17	68.4%
2017/18	72.0%
2018/19	60.9%

Complaints Outcomes



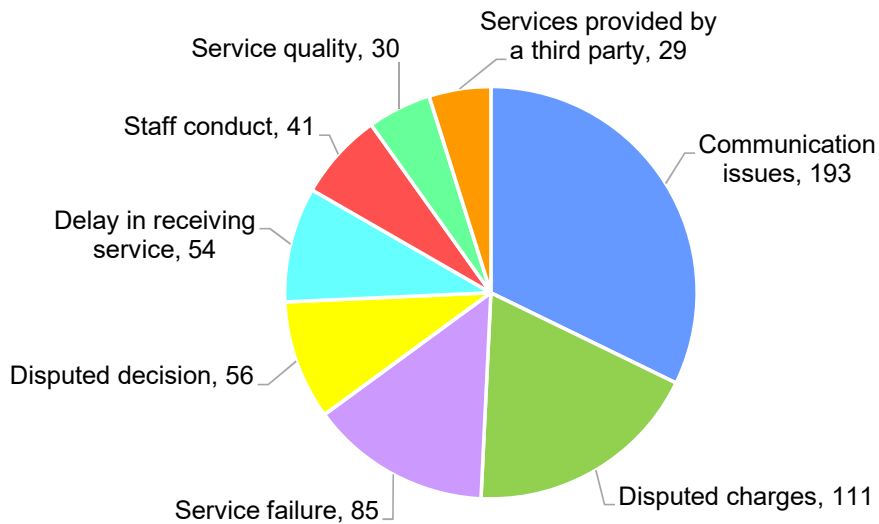
Upheld	281	36.0%
Partly Upheld	213	27.3%
Not Upheld	245	31.4%
Withdrawn	18	2.3%
Suspended/Other	23	2.9%
Total	780	

Methods of Contact for Complaints



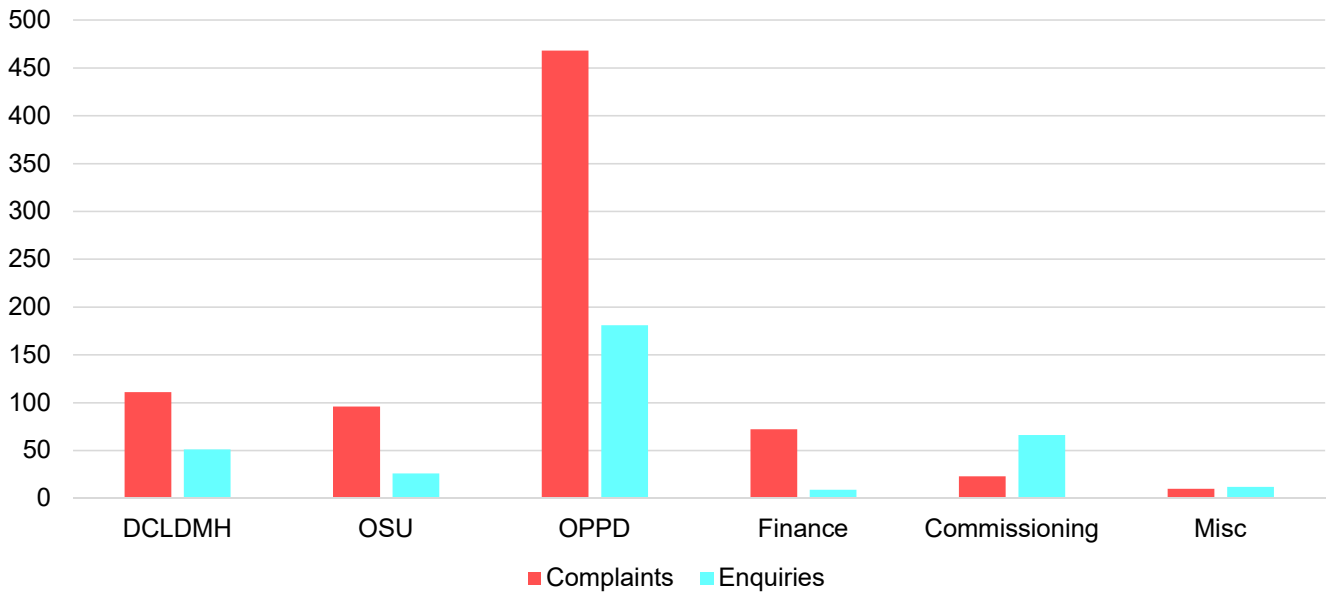
Comment Card	99	12.7%
E-Mail	286	36.7%
Face-to-Face	1	0.1%
Letter	116	14.9%
Telephone	120	15.4%
Website	158	20.3%
Total	780	

Main themes arising from complaints



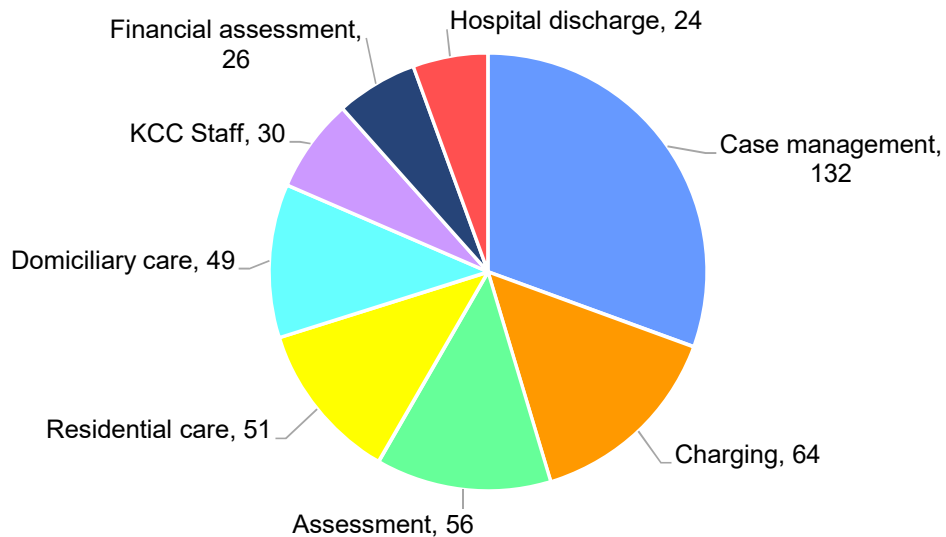
Communication issues	193
Disputed charges	111
Service failure	85
Disputed decision	56
Delay in receiving service	54
Staff conduct	41
Service quality	30
Services provided by a third party	29

Cases Received by Division



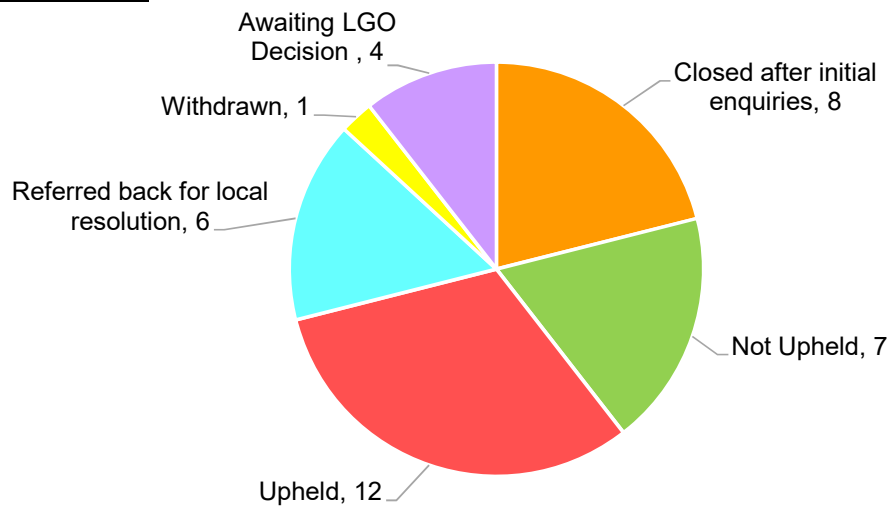
	Complaints	Enquiries
DCLDMH	111	51
OSU	96	26
OPPD	468	181
Finance	72	9
Commissioning	23	66
Misc	10	12
Total	780	345

Main Service Areas for Complaints



Case management	132
Charging	64
Assessment	56
Residential care	51
Domiciliary care	49
KCC Staff	30
Financial assessment	26
Hospital discharge	24

Outcomes of LGO Cases



Closed after initial enquiries	8
Not upheld: No further action	4
Not upheld: No Maladministration	1
Referred back for local resolution	6
Report issued: Not upheld	2
Report issued: Upheld	1
Upheld: Maladministration and Injustice	10
Upheld: No further action	1
Withdrawn	1
Awaiting LGO Decision	4
Total	38

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From: Ben Watts, General Counsel

To: Adult Social Care Cabinet Committee – 27 September 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

WEDNESDAY 27 NOVEMBER 2019

<u>Item Subject:</u>	<u>Item Background Information:</u>
<ul style="list-style-type: none"> • Update on Adult Social Care and Health Being Digital Strategy 2019-2021 	Deferred from 27 September 2019 mtg
<ul style="list-style-type: none"> • Deprivation of Liberty Safeguards (DOLS) Update 	Added after ASC Cabinet Committee mtg on 17 May 2019
<ul style="list-style-type: none"> • Performance Dashboard 	To be brought to ASC Cabinet Committee every other meeting
<ul style="list-style-type: none"> • Assessment and Rehabilitation Services for People with Sensory Impairments – Progress report 	Added after ASC Cabinet Committee mtg on 22 January 2019
<ul style="list-style-type: none"> • Update on progress against British Deaf Association of British Sign Language Pledges 	Added after ASC Cabinet Committee mtg on 22 January 2019
<ul style="list-style-type: none"> • Strategic Delivery Plan Monitoring 	Requested by Corporate Board in July 2019 (to be brought as 6-monthly item)
<ul style="list-style-type: none"> • Verbal Updates by the Cabinet Member and Corporate Director 	Standing Item
<ul style="list-style-type: none"> • Work Programme 2019/20 	Standing Item

THURSDAY 16 JANUARY 2020

<u>Item Subject:</u>	<u>Item Background Information:</u>
<ul style="list-style-type: none"> • Rates Payable and Charges Levied for Adult Social Care 	Annual Report
<ul style="list-style-type: none"> • Corporate Risk Register 	Corporate Requirement
<ul style="list-style-type: none"> • Care Navigation and Social Prescribing 	Contract Monitoring
<ul style="list-style-type: none"> • Adult Social Care Green Paper 	Developing Issue – awaiting further information from Central Government
<ul style="list-style-type: none"> • Verbal Updates by the Cabinet Member and Corporate Director 	Standing Item
<ul style="list-style-type: none"> • Work Programme 2020/21 	Standing Item

FRIDAY 27 MARCH 2020

<u>Item Subject:</u>	<u>Item Background Information:</u>
<ul style="list-style-type: none"> • Performance Dashboard 	To be brought to ASC Cabinet Committee every other meeting
<ul style="list-style-type: none"> • Verbal Updates by the Cabinet Member and Corporate Director 	Standing Item

• Work Programme 2020/21	Standing Item
FRIDAY 22 MAY 2020	
<u>Item Subject:</u>	<u>Item Background Information:</u>
• Strategic Delivery Plan Monitoring	Requested by Corporate Board in July 2019 (to be brought as 6-monthly item)
• Verbal Updates by the Cabinet Member and Corporate Director	Standing Item
• Work Programme 2020/21	Standing Item

Last updated on: 19/09/2019