**Here for you, how did we do?**

**Local Account for Adult Social Care**

**April 2017 - March 2018**

Report highlighting the achievements, improvements and challenges of Kent County Council Adult Social Care and Health during the past year and our vision for the future.

Image of Kent County Council Logo

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# Foreword

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

We are pleased to publish, “Here for you, how did we do?” the Local Account for Kent County Council Adult Social Care for April 2017 - March 2018.

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 our 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 2017-18, we strived to:

* keep vulnerable adults 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
* support more people through a person-centred approach, building on an individuals’ 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 2017 - March 2018 which describes the achievements, improvements and challenges faced by Kent 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 seventh 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](mailto: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 XX)
* How are we supporting people with mental health needs (page XX)
* How we support carers (page XX).

# 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 supporting people’s own sense of identity and working from a clear diversity perspective so that we acknowledge and celebrate the difference people bring.

Further information on the council’s objectives for equality and diversity can be found at [www.kent.gov.uk/diversity](http://www.kent.gov.uk/diversity)

**Facts and figures about Kent**

* 12,902 people aged between 18-64 are supported by Adult Social Care
* 33,598 people in Kent are supported by Adult Social Care
* 20,696 people supported by Adult Social Care are over the age of 65
* 74% of the Kent population live in urban areas
* 51% of the population is female and 49% male
* 26% of the Kent population live in rural areas
* 17.6% of the Kent population have an activity limiting illness or condition (257,000 people)
* 46% of 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
* 5,335 people (18-64) supported by KCC Adult Social Care have a physical disability
* 4,878 people (18-64) supported by KCC Adult Social Care have a learning disability
* 3,215 people   
  (18-64) 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?**

To provide person centred, practical care and support to adults and carers of all ages, disabled children and young people.

To work with individuals with care and support needs, arranging person centres outcome based care and support to help them lead independent and fulfilling lives, wherever possible in their own homes and communities.

**What is our aim?**

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.

To ensure that the right level of support is provided at the right time, right place and the right cost for vulnerable adults, children, young people, their families and carers in Kent.

**What are our responsibilities?**

* provide information, advice and advocacy
* carry out needs assessments
* 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).

**Who do we support?**

* 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

The Adult Social Care and Health Directorate is made up of two Divisions which are recognised as a formal part of the organisational structure of Kent County Council.

* Disabled Children, Adult Learning Disability and Mental Health (DCALDMH) Division
* Older People and Physical Disability (OPPD) Division

Both Divisions work together to meet the statutory responsibilities for social care that Kent County Council is obliged to fulfil as well as working in partnership with the NHS, District and Borough Councils, the Police, care providers, community, voluntary and social enterprises and other partners.

**Disabled Children, Adults Learning Disability and Mental Health (DCALDMH) Division**

Commission and provide a range of services for people with mental health conditions; and for children, young people and adults with disabilities.

The purpose of the Division is to support vulnerable adults and children by promoting their well-being and supporting them to live independent and fulfilling lives in their own homes and communities.

Key business areas - Disabled Children and Young People Teams, Community Learning Disability Teams, In-House Provision, Mental Health Services and the Operational Support Unit.

The Division’s services for adult mental health and learning disability already work in integrated teams with NHS colleagues.

**Older People and Physical Disability (OPPD) Division**

Arrange and provide a range of services to improve outcomes for older people and physically disabled adults, and their carers.

The purpose of the Division is to support older people and working age adults to improve or maintain their well-being, and to live independent and fulfilling lives in their own homes and communities.

Key business areas – Area Referral Unit, Adult Community Teams, Kent Enablement at Home, Sensory and Autistic Spectrum Conditions Service, Integrated/Registered Care Centres, Day Centres, and the Health and Social Care Integration Team.

The Directorate works closely with the Children, Young People and Education Directorate in providing appropriate support services to disabled children and the Strategic Commissioning Division who deliver our commissioning activity.

Additional information about the business areas of the Adult Social Care and Health Directorate can be found in the Annual Business Plan at [www.kent.gov.uk](http://www.kent.gov.uk) and search Business Plans.

# Challenges facing Adult Social Care Services

Adult Social Care Services across Kent continue to face four huge challenges:

* people want better quality and choice in the services they use
* the population is living longer with complex needs putting further demand on social care
* the financial climate is imposing massive constraints on local authorities
* we need to deliver joint services with the NHS and other partners.

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

Table showing predicted population growth in Kent 2016 till 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 of the table: KCC Housing Led forecast (Oct 2015), Strategic Business Development & Intelligence, KCC.

# Your journey with Adult Social Care

**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 page XX for our contact details.

**Your Needs Assessment:**

* is an opportunity for you to tell us about your situation and discuss your care needs to helps 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 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 KCC employees.

# Clinical Commissioning Groups - CCGs

CCGs are groups of GPs that are responsible for planning and designing local Health and Care in their area and working closely with patients, healthcare professionals and in partnership with local communities and Kent County Council. There are seven CCGs across Kent as well as Medway CCG.

West Kent is the largest CCG. It has the biggest overall population and highest number of people aged 16-64, over 65+ and aged over 85+. Thanet is the most densely populated followed by Dartford, Gravesham and Swanley CCG.

Of all the local authority districts in Kent, Maidstone has the largest population with 165,700 people, Dartford has the smallest population with 105,100 people.

People living in the East of the County (Thanet, Dover, Shepway, Canterbury and Swale) are more likely to consider themselves to have a limiting health problem or disability than the average for the county.

Further information on how Kent County Council is working with your local CCG can be found at www.kent.gov.uk and search Kent Clinical Commissioning Groups

# How we spend our money

KCC’s net expenditure is £1.854 billion per annum and the budget is split into three areas:

* direct services to the public - £1.67 billion
* financing items - £115 million (authority wide costs that are not service specific)
* management, support services and overheads - £69 million.

The Adult Social Care net budget is £416,711 million per annum, below is an illustration of how this is spent across all our client groups. For more detailed information go to: www.kent.gov.uk/budget

|  |  |  |  |
| --- | --- | --- | --- |
| Service | Net (£’000s) 2017-18 | Percentage of Budget | Net (£’000s) 2016-17 |
| Assessment - staff costs for carrying out community care assessments, support plans and reviews | 42,941 | 10.3% | 42,459 |
| Residential care and nursing care including non-permanent care such as respite | 163,514 | 39.2% | 160,561 |
| Domiciliary Care services provided to individuals in their own homes and those within extra care housing | 38,328 | 9.2% | 33,575 |
| Direct payments - money which is passed directly to individuals so they can purchase and manage services to meet their eligible needs | 44,420 | 10.7% | 47,662 |
| Supported Living and Supported Accommodation arrangements | 73,754 | 17.7% | 58,596 |
| Day Care, Community Support Services and Meals | 18,925 | 4.6% | 20,073 |
| Non-residential client charging – client contributions towards community based services | -17,742 | -4.3% | -14,901 |
| Enablement - intensive short term support which encourages people to be as independent as possible | 11,427 | 2.7% | 8,220 |
| Advanced Assistive Technology | 5,793 | 1.4% | 4,627 |
| Voluntary organisations contributions for social support  related services | 20,320 | 4.9% | 18,175 |
| Support for Vulnerable People - Supporting People and  Social Fund | 19,914 | 4.8% | 19,900 |
| Better Care Fund income | -32,865 | -7.9% | -31,819 |
| Management, commissioning and operational costs | 12,519 | 3.0% | 12,661 |
| Smoothing Reserve Movement\* | 15,463 | 3.7% |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Total adult spend | 416,711 |  | 379,789 |

# Headline figures

* 33,598 people in Kent are supported by Adult Social Care
* 12,902 people aged between 18-64 are supported by Adult Social Care
* 20,696 people supported by Adult Social Care are over the age of 65

**Assessments**

* 32,100 people received an assessment of   
  their needs
* 27,704 people who received an assessment had eligible needs
* 6,827 assessments were completed that took account of carers’ needs.

**Personal Budgets**

* 12,187 people had a Personal Budget
* 5,146 people decided to take their Personal Budget as a Direct Payment
* 3,202 people received their Direct Payment through a Kent Card

**Services in the community**

* 6,993 people received a home care support service so they could stay in their home  
  7,976 people received an enablement service
* 75**%** of people could return home due to an enablement service
* 2,363 people received a day   
  care service
* 1,397 supported living placements were made

**Residential and nursing care**

* 4,140 people in permanent residential placements  
  1,171 older people were resident in nursing care homes
* 1,040 residential placements were made for people with learning disabilities
* 451 suppliers provided services in relation to permanent residential placements
* 451 suppliers provided services in relation to permanent residential placements

**Carers**

* 693 carers received a ‘something for me’ payment

**Reviews**

* 14,105 people received a review of their needs

# Transformation programme

Our transformation programme has enabled outcomes for thousands of older and vulnerable people across Kent to be improved

To meet the challenges facing Adult Social Care Services across Kent, we have been transforming our existing services to deliver better outcomes for people building on people’s strengths and capabilities, promoting their independence and improving their health and well-being.

We have been driving forward transformation, working closely with people who use our services, their carers, the public, our staff, Health, the voluntary and community sector and other organisations to help us achieve our desired outcomes and deliver savings.

Having completed a number of successful programmes, the current transformation programme is more complex and requires more involvement of other agencies.

The programme is being delivered in line with our strategy for Adult Social Care “Your Life, Your Well-being” and aims to:

* create a practical translation of the vision
* enable greater integration with Health
* provide a basis for further improvement in the future.
* We are focusing on services and pathways that involve interaction with partners in Health and other services and we are identifying innovative approaches that require the development and implementation of new models of delivery.

**What have we been working on?**

The transformation programme is focused on opportunities to re-design the client pathway of support from preventative support in the community through to ongoing support for people who need long-term care.

We are continuing to modernise our services as well as our approach to the provision and delivery of services. We are implementing new operating models which will focus on being preventative, enabling, maximising independence and choice, and providing targeted personalised support where it is required.

**OPPD operating model** – this defines specific pathways for clients where the primary intention will be to work in a focused manner. It includes an integrated triage point, a robust assessment function to support decision making and a short-term rehabilitation service to support people to be able to carry on with their lives as independently as possible. People with ongoing care and support will have the right package of care to support them to live as independently as possible in the community. Promoting Independence reviews will be in place working with providers to ensure the care remains as effective as possible.

**Mental Health Operating Model** - a new approach will be developed and delivered to provide an integrated and seamless response to people and their carers across Kent and Medway Partnership Trust (KMPT), Kent County Council and wider partnerships.

**Autism & Sensory operating model** – this is currently being designed to create a long-term Social Care team; which will incorporate an ‘integration ready’ service for a new model of care when the expected new Neurodevelopmental (ND) Health Service is procured and embedded across Kent and Medway in mid-2019. It will also create an all age multi-agency (children, young people and adults) Sensory pathway for D/deaf, sight impaired and deafblind people in Kent.

**The Kent and Medway Sustainability and Transformation Plan** is “seeking to deliver an integrated Health and Social Care model that focuses on delivering high quality, outcome focused, person centred, coordinated care that is easy to access and enables people to stay well and live independently and for as long as possible in their home setting”. Within this, the model for Local Care and its accompanying toolkit are focused on delivering eight core components:

* care planning and navigation
* supporting people to improve their health and well-being
* healthy living environment
* integrated Health and Social Care multi-disciplinary team
* single point of access
* rapid response
* discharge planning and reablement
* access to expert opinion and timely access to diagnostics.

We are working closely with Health colleagues to develop Local Care teams, working across a range of service providers and GP practices within the local care geographical area.

Local Care teams will co-ordinate care and support networks that can be accessed by clients when required and will:

* work closely with the voluntary sector to set up a network of support
* co-ordinate any specialist intervention such as safeguarding concern or a specialist health intervention to manage an exacerbation of long term condition to prevent a hospital admission
* work with GP practices to reduce hospital admissions and support any hospital discharge in a timely manner to reduce delayed transfers of care

**Lifespan Pathway operating model** - taking a practice-led approach to deliver the best outcomes for people ensuring that all reviews are as effective as possible, that everyone has the package of support that best helps to improve or maintain their well-being and to help them live as independently as possible.

**In-house provision (Inspiring Lives)** - improving quality whilst providing a flexible workforce able to support Inspiring Lives Community Services and Adult Short Breaks, streamlining processes to make best use of resources, provide support for those with complex needs and upgrading and developing some of our buildings.

We are also reviewing areas of commissioned spend and practice, implementing solutions to streamline expenditure and, where possible refining practice whilst ensuring a correct package of care is put in place to support independence. This requires us to work with care providers to ensure they are delivering outcome focused care and support to meet individual’s goals.

**Ongoing Challenges in our transformation**

One of our biggest challenges is to ensure people are at the centre of their care and live as independent a life as is possible given their needs and circumstances.

Although we have achieved significant savings and implemented more efficient ways to deliver our services, we are not complacent and continue to face significant challenges as we move forward.

We need to ensure we continue to deliver quality care that offers value for money for the future, improve social care outcomes within the constraints of a challenging financial climate, pay a fair and affordable price for our services, work closely with the NHS to co-ordinate joint priorities, planning and sharing of data and that our social care practitioners are supported by efficient and effective functions.

**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 Partnership oversees the development of the Health and Social Care Sustainability and Transformation Plan (STP) for Kent and Medway.

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 to bring about better health and well-being, better standards of care, and better use of staff and funds.

However, it is work in progress. We will only be able to decide on and implement any changes following a period of engagement and consultation with local communities in Kent and Medway.

**What a difference our Transformation has made so far!**

* Additional 3,600 people each year receiving Promoting Independence Reviews.
* Average package size for people receiving care after enablement has reduced by 55 minutes per week.
* 3,500 more people every year benefiting from our enablement service.
* Additional 350 people per year going home when discharged from hospital.

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# 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.’

**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 is based at Discovery Park in Sandwich and was officially launched in 2016. The Design and Learning Centre was created to support how we transform and integrate 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 as we work towards making out-of-hospital care safer for both citizens and professionals.

To achieve this, the Design and Learning Centre is enabling new ways of working by co-designing and evaluating sustainable solutions to meet the needs of a changing population.

To support co-designing solutions, the Design and Learning Centre has held a number of Innovation Workshops, which bring people together across organisations and disciplines, so we can work together to find the best possible solutions.

Workshops have covered a range of topics including medication, dementia support in the community and research and evaluation.

The Design and Learning Centre is also bringing new models of care to Kent such as ESTHER and Buurtzorg to transform the delivery of Health and Social Care.

The Centre recognises that we are not alone in our ambition to make care better for people and a number of partnerships and collaborations have been developed both locally and internationally.

The Design and Learning Centre, in collaboration with the Academic Health Science Network (AHSN) Kent, Surrey & Sussex and the Medway and Swale Centre of Organisational Excellence (MaSCoE) has been recognised as the innovation facility for the Kent & Medway Sustainability and Transformation Partnership (STP) Clinical and Professional Board. This partnership is known as the Collaborative.

***The Design and Learning Centre is currently leading and supporting a range of projects:***

**Medication in the Community**

With an increasing number of people being diagnosed with multiple long-term conditions, managing medications can become very complex with care providers having huge challenges in relation to supporting people with medications.

The Design and Learning Centre has recruited a Project Manager to take this project forward and has been working with a multi-professional group including staff from Adult Social Care, Health, Hospital Pharmacists and providers. Together this group and the Design and Learning Centre are working towards developing an agreed ‘Medication in the Community’ model for Kent and Medway.

The project has received endorsement from the Kent and Medway Sustainability and Transformation Partnership. We are also working with the Association of Directors of Adult Social Services to discuss and agree the responsibilities of social care in relation to the administration of medication.

As part of this project we are working to release guidance for care staff for the administration of medication. We will also be running a Medicines Administration Record (MAR) chart pilot which will be looking at a standardised MAR Chart that will be adopted across Kent and Medway. In the future the project will be looking at creating a digitialised MAR chart.

**Transforming Integrated Care in the Community – Bringing Buurtzorg to Kent and Medway**

Transforming Integrated Care in the Community (TICC) is a four-year social innovation project seeking to transform the delivery of community care, guided by the principles of Buurtzorg. The project has been approved and funded by the Interreg 2 Seas Programme 2014 – 2020 (co-funded by the European Regional Development Fund).

The Buurtzorg model is a nurse led model of holistic care that revolutionised care in the Netherlands. The model, which was founded by Jos de Blok in 2007, started with one team of four nurses which increased to 850 teams within ten years.

One of the defining features of the model is that the teams of nurses are self-managing. The teams are responsible for the delivery of care and support as well as managing themselves as a team including planning, sharing responsibilities, decision making and building their own caseloads.

The Buurtzorg model in the Netherlands has been successful with the highest client satisfaction rates, high staff satisfaction and generating savings of 40% to the Dutch healthcare system.

As part of the Transforming Integrated Care in the Community Project, we are working to bring Buurtzorg to Kent and Medway by implementing a new model of community care that will be guided by the principles of Buurtzorg.

Within this project, our vision is to create systematic change in our Health and Social Care services that will better suit an ageing population and provide high quality local care delivered by fully integrated self-managed teams.

In Kent, Kent County Council is working with Kent Community Health Foundation Trust to implement the new model of community care to ensure the teams will be fully integrated. The new teams will work closely with and be aligned to local GP Practices.

The project officially began in July 2017 with our first pilot site identified to implement an integrated community team being in Edenbridge. We are currently in the initial planning stage with implementation planned for September 2018.

There are fourteen partners across France, Belgium, Netherlands and the UK working on this project. Kent and Medway have been identified as implementation sites in the UK with further implementation sites in France and Belgium.

**The Learning and Development Hub – A One Stop Shop**

The Design and Learning Centre with support from the STP workforce has implemented the Learning and Development hub to support the care sector workforce. The hub is designed to establish an integrated, sustainable and competent care sector workforce through:

* enhancing the quality and focus on outcomes
* skilled and competent care workforce through development and new ways of working as new models of care are developed
* creating a new and sustainable supply of workforce
* developing career pathways and new roles for the future
* supporting the sector to innovate and utilise technology
* developing innovative and confident leaders.

During the year, there has been a lot of activity and support to the Care Sector workforce including a care sector conference attended by over 200 providers and the launch of a care sector recruitment campaign which included a short film to raise the profile of working in the sector. You can view the film at: https://vimeo.com/277111409/f233f5e09d

**The Esther model - Learning from Health and Social Care in Sweden**

Esther has everyone inspired!

In Kent, we are continuing our ESTHER journey. We have now trained over 300 ESTHER Ambassadors and this number continues to grow. We have also trained 50 ESTHER Coaches with even more future coaches currently in training.

ESTHER is a way of working developed in Sweden to look at how a person’s experience of Health and Social Care can be more joined up, proactive and engaged with the person themselves. The approach focuses on what is important to the individual.

The programme, which has been running for more than 20 years in Sweden, has seen hospital admissions drop by 30 per cent.

Esther was a real person who became unwell with serious heart failure and was admitted to hospital. There were delays in diagnosis, treatment and care planning. Overall the experience that Esther had was not good and the staff involved in her care recognised that there was a different way of doing things that would lead to better outcomes, higher quality care and efficiency.

**Esther Cafés**

We held five ESTHER cafés during 2017/18. An ESTHER Café is an informal meeting place where ESTHERs and all the organisations involved in their care can informally come together.

As part of the ESTHER Café, ESTHERs share their experience of care with those in the room so that Health and Social Care providers can hear experiences first hand and from this can seek to work together to make improvements that matter to ESTHER and make best use of resources.

An ESTHER café in January 2018 focused on people accessing Mental Health services and outcomes from this have informed where improvements are required.

**What have we achieved in Kent with ESTHER?**

We have continued to share the ESTHER philosophy of care through our training opportunities and we are seeing the numbers of ESTHER Ambassadors and ESTHER Coaches constantly increasing.

We held our first ESTHER Inspiration Day in November 2017 which was attended by 100 people including Health, Social Care and those who use our services. As part of the event, we introduced the ESTHER Model and gave attendees the chance to take part in a number of workshops which included a mini ESTHER café, the impact of implementing ESTHER at Hawkinge House, ESTHER Training Opportunities and ESTHER Coaches and their improvement projects.

At the end of the day and following the event, attendees were invited to join one of our ESTHER Ambassador training sessions.

ESTHER has been introduced to trainee GPs in East Kent as part of a frailty workshop that took place in May 2018. During this event, an ESTHER Ambassador training session was held along with an ESTHER café with three ESTHERs joining us on the day to share their experiences of care.

The Kent ESTHER philosophy and way of working has gained recognition by national bodies, such as Health Education England and the Department of Health and Social Care and was highlighted as a model of good practice within the Lyn Romeo Chief Social Worker Annual Report for 2017/18. The ESTHER model was also recently a winner of the ICT Enabled Social Innovation (IESI) award for European Social innovations.

**What is next for ESTHER in Kent?**

We will be continuing to roll out ESTHER across Kent. Next steps include holding a second ESTHER Inspiration Day to continue to raise awareness of ESTHER and our progress in Kent.

We are also looking forward to launching our ESTHER Network for our ESTHER Coaches which will enable our ESTHER Coaches to connect virtually to share their experiences, improvement work and to support each other.

Further information about the Design and Learning Centre and our work can be found on our website at:

[www.designandlearningcentre.com](http://www.designandlearningcentre.com)

**Case study: Colin’s Story - The Journey from Nil by Mouth to Christmas Lunch**

New ESTHER coach and Speech and Language Therapist Belinda Walker and ESTHER Colin Black (Wilfred) talk about Colin’s journey back from ‘nil by mouth’ tube feeding to eating Christmas lunch with his wife.

When Speech and Language Therapist Belinda Walker received a referral for Colin after his stroke, she admits her heart sank. The prognosis, on paper, did not look good. His stroke had left him with severe dysphagia (swallowing disorder) and it seemed unlikely that he would make much of a recovery.

She went to meet him and before she had even taken her jacket off, he said ‘I will be able to eat again, won’t I? I so want to eat’. It was early October, and he said that, more than anything, he wanted to eat Christmas lunch when the time came. Here was something that mattered to ESTHER, yet this looked like it would be very hard to achieve.

Belinda checked the exercises given to him to by colleagues at the William Harvey and added some new ones. Colin was diligent in carrying these out and soon began trying sips of water. As the weeks passed, more fluids and small amounts of puréed foods were added. Colin’s chest remained clear and he began keeping a food and fluid chart himself and wrote down how many times he had performed the exercises.

The ESTHER ethos was picked up by the home and staff involved with Colin. He had his breakfast at 7.30, so Belinda arrived at that time, so he could eat at his preferred time. The chef at the home prepared lovely small breakfasts and lunches – all well-presented and of the right texture. He also provided this food at unusual times outside the normal ‘meal run’.

Medical staff monitored Colin’s chest and nurses sat with him to ensure his enthusiasm for eating was kept in check by gently reminding him of the safe swallow strategies. Even the other residents cheered from the side-lines. ‘Colin is an amiable man who struck up many friendships.’

Swept away on this tide of goodwill, he kept to his exercise goal and at Christmas was able to enjoy a small, slightly modified texture Christmas meal with his wife. His wife had also been unwell but was given a clean bill of health, so this meal was a double celebration!

Belinda says ‘Colin was real joy to work with. By changing work patterns and involving everyone at Wells House care home, he was able to achieve his dream. At times he needed to be held back! He was keen to try more and more, but hopefully the good relationship between Colin, myself and the other care staff contributed to the fact he was prepared to hold back and follow what must have seemed like over-cautious precautions.

I could see the ESTHER approach in action here. It is difficult when what an ESTHER wants to achieve looks difficult on paper. We always have to be mindful of being hopeful, yet realistic about what can be done.’

Colin said ‘I cannot believe I am eating! It is marvellous!’

Belinda Walker - ESTHER Improvement Coach

# Kent Enablement at Home

**What is Kent Enablement at Home?**

Kent Enablement at Home or KEaH is a short term service which supports people to do more for themselves at home, by learning or re-learning skills to make an individual feel safe and happy in their own home. The service offers support that aims to encourage and enable people to lead as independent and fulfilling a life as they can, in the way that they want.

**How does it work?**

KEaH is not about doing things for people, it is about giving people the skills and confidence to complete daily living tasks for themselves.

Support may include help getting in or out of bed, washing, dressing, getting to work or being part of the community, providing Fast Track Equipment (basic pieces of equipment to make daily tasks around the home easier or the provision of Telecare – personal and environmental sensors in the home that provide 24-hour monitoring.

**How long is it for?**

The programme does not have a fixed duration. It will depend on a person’s progress, may last up to 6 weeks and is part of the needs assessment.

The KEaH Team have three key priorities:

everyone should get the best chance to be independent through structured delivery of enablement

everyone who can benefit from the service should have access to it. We should try our best to never turn someone away

to deliver the support service users need efficiently and we should adjust our operational practices to best meet this need.

These priorities are met by:

* sharing best practices and knowledge between teams, introducing input from Occupational therapy, Case Managers and Purchasing Officer to help achieve best outcomes
* setting enablement goals which aim for the greatest level of independence possible for a service user
* actively managing the visit time with service users, ensuring they are working towards the end goal of enablement in a structured way
* providing visibility of visit lengths to enable the team to make more informed scheduling decisions
* reducing unnecessary service user visits by mapping and tracking a clear end goal to enablement and by managing the transition to increased independence for those whom have met their enablement goals
* providing visibility of service users progress
* highlighting and learning from the reasons why outcomes have not been achieved.

KEaH is monitored by the Care Quality Commission (CQC) and in May 2018, the service was rated overall as GOOD.

# 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 children and 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 assessment for equipment for older people, resource centres for the purchase of equipment and a hearing aid maintenance service
* 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
* The Royal Association for Deaf People (RAD) provide interpreting services for d/Deaf and deafblind people
* Advocacy for All provides 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
* Specialist Teaching and Learning Service who have a team of intervenors to support Deafblind children.

**Headline figures**

* 5,066 contacts were made to Sensory Services in 2017-18
* 2,872 new referrals were made
* 1,527 in KAB
* 307 by Sensory Services
* 517 Autism referrals

**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 are now deaf.
* 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.

**Sensory Strategy**

The Sensory Strategy, which 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 over the next three years has been developed following extensive consultation with individuals with sensory impairment and their families and carers.

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, our own review of how services are delivered, the need to redesign services to create efficiencies, improve outcomes, reduce costs in line with our Transformation agenda and the need to improve Health and Social Care integration

The Strategy has been approved by the Adult Social Care Cabinet Committee and will be driven forward through a Sensory Collaborative comprising of service users and carers, KCC, Health and the voluntary sector.

What have you told us?

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

**Where are we now?**

We provide a rehabilitation programme for service users and several self-management and peer support pilot programmes have taken place in partnership with voluntary agencies such as Hearing Link, Kent Association for the Blind, Sense, Kent Deaf Children’s Society and Guide Dogs for the Blind Association.

Specialist programmes are delivered to children and young people to help them understand their sensory impairment and improve their independence.

Family Days and Short Break opportunities have been provided to develop resilience and independence for young people and their families.

**Development of an All Age Sensory Pathway**

Work has commenced on developing an All Age Sensory Pathway and redesigning the current Social Care teams for children, young people and adults who are d/Deaf, visually impaired and deafblind to enable a smooth transition from Children’s to Adult services.

We are working with Health Commissioners and the Local Eye Health Network to explore opportunities for more integrated services and joint commissioning.

We are also working with people with sensory impairments, families and carers, our staff, and our partner organisations (the voluntary sector, Education, Health) to see how we can deliver support in new ways and achieve improved outcomes for the people we work with in Kent.

**Deaf Well-being 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.

A new pilot project, the Deaf Well-being and Access project was established in April 2017 and this has resulted in the establishment of a Deaf forum and significant engagement with local Deaf people in Thanet, including in partnership with Health.

We have engaged a Deaf Community Worker to work with the Deaf community in Thanet (where there is a high number of Deaf people) to improve their access to services.

The project has recently been evaluated and found to be successful in delivering change so will be extended to cover the whole of Kent.

Key outcomes:

* accessible information workshops tailored for Deaf people who use sign language
* inclusion in steering meetings with Community Health, Healthwatch Kent, Kent Police and a Deaf Charity
* improved health outcomes such as Deaf accessible ‘quit smoking’ group
* deaf accessible social opportunities
* KCC Sensory Services Facebook page with information/events in BSL and subtitled which has promoted two-way communication.

**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.

Progress made by Kent County Council to implement the pledges.

During public consultations, organisers can access the Council’s BSL interpreting service and we have undertaken several consultation events with local Deaf people including “We Share You Share” event to enable Deaf people to raise issues with local public services.

We manage a public partnership contract for sign language interpreting for Deaf and deafblind people on behalf of other public bodies in Kent including Kent Police, Kent Fire and Rescue, Kent and Medway NHS and Social Care Partnership Trust, Kent Community Health Foundation Trust and Dover District Council.

The interpreting service is provided by the Royal Association of Deaf People (RAD) and only qualified and registered interpreters are used. This contract is held up nationally as an example of Best Practice. All council services have access to this contract including Kent schools so that Deaf people can have equal access to services.

New technologies are being explored to meet the information and access needs of Deaf people including video interpreting and the use of Skype. Our Sensory Services Facebook page provides information for Deaf people in BSL.

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

Staff in our specialist Sensory Services teams are skilled in BSL and have a good understanding of the Deaf community and Deaf culture. Practitioners have a minimum of BSL level 2 and several have higher levels. Staff are given regular opportunities to further develop their skills and have a long history of pro-actively recruiting d/Deaf staff and assisting them to qualify as Social Workers.

**Case study: Bill’s Journey**

Bill\* (aged 70) is a very gentle and unassuming man. He has very complex needs and he is unable to communicate freely. He never complains, even though this does mean that it is very easy for him to be overlooked.

He is Profoundly Deaf, without speech and has undiagnosed ASD. He lives alone, has no friends and his extended family (elderly brother) lives 250 miles away. His only communication with his brother is by fax and he sees his family very infrequently (only once in the last two years).

Because Bill finds it hard to communicate easily, he has always experienced great difficulties in accessing appropriate facilities to enable him to have equitable access to various services and he is very suspicious of others. He is also extremely isolated due to his inability to mix with others because of his complex needs. This has resulted in him having a history of mental health issues.

Because Bill also has ASD, anyone visiting his home would think that he is managing well as his house is immaculate. This belies the fact that he is just existing and doesn’t ever use any room other than his bedroom, which is practically bare, the toilet and kitchen. Until a little while ago, he would even go to the local swimming baths to take a shower to avoid using his bathroom.

**Bill’s Assessment**

Bill was visited by a sensory worker just after his medication was stopped by his GP because he had developed what was thought to be the start of Parkinson’s disease. At that time, he was in a very serious psychotic state.

Although it was initially difficult for Bill to accept people coming into his house and that he required support to keep him safe, the sensory worker identified that unless Bill was monitored, he would be extremely vulnerable.

Although Bill could communicate initially by writing a message, he became unable to write at all, having to point to words. His current health also deteriorated to a point of him needing daily care calls and a signing personal assistant to help establish his actual needs as unless someone was there to observe his daily living, it would be easy to miss the detail, particularly as Bill was unable or unwilling to ask for help.

**Where Bill is now**

Gaining Bill’s trust and working through the difficulties he has had with communication has meant moving at Bill’s pace, working with him to help him see what risks he is putting himself in by not having appropriate support in place and encouraging him to accept the support he needs.

Although Bill requires ongoing support, the involvement of the sensory team has enabled multi-agency working to take place with occupational therapy, specialist nurses, Bill’s own GP, speech and language therapy and Community Mental Health all working together to ensure that Bill’s support needs continue to be addressed.

*\*Name, details and image have been changed to protect identity.*

**Strategy for Adults with Autism in Kent**

In our last brochure, we updated you about our new 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 which was developed by the Kent Autism Collaborative taking into account the views of people with autism, their families and carers, professionals and voluntary organisations who work with people who have autism was launched in July 2017.

The Strategy and the Autistic Spectrum Conditions Joint Needs Assessment can be found on the kent.gov.uk website.

**Developments in Autism**

We have been working 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 action plan for Adults with Autism and or ADHD targets key priorities and objectives identified from the Adults Autism Strategy and the JNA to improve the gaps experienced in services across Health, Social Care and Education for people with higher functioning Autistic Spectrum Conditions (ASC) and or ADHD.

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.

The Neurodevelopmental (ND) Transformation Programme has been set up to oversee and monitor the progress of the required transformation.

Update on projects initiated so far under this new programme of work:

The Integrated Neurodevelopmental (ND) Multidisciplinary Team (MDT) for Health & Social Care Service  
  
Working In collaboration with Health Commissioners to develop a Kent and Medway wide Neurodevelopmental (ND) Health Service, with the intention of integration with Kent Social Care Autism service under an Alliance partnership within Kent for the future. The development is still at an early stage with Health Commissioners considering a business case for this new service.

**The Complex Autism Service (Transforming Care)**  
  
NHSE Transforming Care, along with Kent County Council, Medway Council and Kent and Medway Clinical Commissioning Groups have funded a new service across Kent and Medway for those presenting with complex autism and or behaviour that challenges.  
  
This new service provides community-based clinical interventions as an alternative to out of area placements and or hospitalisation for those with high level needs. It also provides a stepdown facility for those already in out of area placements or hospitals to enable people to return to their own communities.

**The Social Care Autism Team Redesign**   
  
The ASC Social Care Team is redesigning its service to ensure it is ‘integration ready’; when it forms a functional multidisciplinary team (MDT) with Health commissioned diagnostic services post 2019. This specialist Social Care Service has expanded rapidly since it was commissioned in 2012. What commenced as a short-term Interventions service will soon become a long-term team, supporting adults with Autism throughout their duration of need for services.   
  
The service will be considering expanding its specialism in working with autistic spectrum conditions to include other neurodevelopmental conditions, such as ADHD. The redesign project is due to be completed by January 2019, when the newly redesigned service will be active.

**Case Study: Andrew’s\* Journey**

Andrew\* was a young man (23 years old) who was living with his family when the ASC Team first met him. Andrew wanted to live independently, however he had no daily living skills. He also wasn’t accessing any benefits to support him.

**Andrew’s Assessment**

A holistic assessment was completed with Andrew where it was identified that one of his key strengths was his confidence working with strangers and his passion to achieve his goal of living independently. This enabled the ASC Team to start intensive work with him from day one.

A further strength was Andrew’s relationship with his Mother who took the lead from the ACS team and the support worker on areas to “step back from” and areas where she needed to continue to provide support. This joint working approach encouraged Andrew to develop the key skills needed for him to become independent, whilst enabling him to continue to feel supported.

An eight-hour care and support package to develop daily living skills was set up for Andrew and support was also given to him to enable him to apply for relevant benefits and to identify housing options.

**Where Andrew is now**

Andrew made progress in all aspects of daily living skills and now lives in an independent flat that is a two-minute walk from his Mother’s house. His support package was reduced to two hours for complex tasks such as budget management. Andrew is now in full receipt of benefits, he has a positive balance in his life of social based activities and he has a job at his local superstore.

*\*Name, details and image have been changed to protect identity*

The Adult Social Care Autistic Spectrums Conditions Service has been working actively to source funding across Health, Social Care and Education for several more projects which will enhance and support the wider transformation of services; these will include training and developing of the wider workforce, effective risk mitigation for those individuals who are at risk of in-patient care, the development of building resource and support within the community to provide an alternative to transforming in-patient care and out of area placements for those individuals with complex and or behaviour that challenge.

**Innovative approach to enablement for adults with autism**

In November 2017, the Autistic Spectrum Conditions team hosted an inspirational event on its new enablement approach, which has been developed to promote the independence of adults with autism.

The session explored the learning from the team’s research looking at:

* the intervention’s impact upon costs and personal outcomes
* the use of assessment tools and assistive aids
* research findings, including personal stories from clients who participated
* the potential for further development of the approach for this client group.

The event also saw the official launch of a book on the new approach based upon the work done in Kent.

**Case study: David’s\* Journey**

David\* was a young man in his mid-twenties who was living with his family in over-crowded accommodation when the ASC Team first met him. David had limited experience with independent living skills, was socially isolated outside of his family, struggling to manage part time employment and he had been refused benefits at assessment.

**David’s Assessment**

Primary desire from David was for independence and to be able to manage his life without support from parents, whilst his parents felt he would require some form of supported accommodation. A needs assessment was completed focused on goal setting.

A six-hour support package was put in place, initially to begin developing daily living skills around cooking, meal preparation and food shopping whilst David remained in the family home.

Intervention through Kent Supported Employment was used to seek reasonable adjustments at the workplace to allow David to remain in employment. David was also supported to engage with local ‘talking therapies’ who counselled him to manage social anxiety and to use peer support groups to provide social opportunity. Support was provided through case management to complete an application for housing through his local council and to appeal the benefit decision.

**Where David is now**

David is now living independently in his own council tenancy, he has maintained employment long term and he continues to engage with support services to manage the transition to independent living and further develop independent living skills. His benefits appeal was also successful, resulting in a high level Personal Independence Payment (PIP) which has providing financial security to enable David to continue to live independently.

# 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.

Nottingham Rehab Limited (trading as NRS Healthcare) provide these services under a contract let in partnership with KCC and the seven NHS CCGs in Kent.

We also commission Invicta Telecare Limited (trading as Centra Pulse and Connect) to provide a Digital Care and Telecare service to supply, install, maintain and monitor telecare alarms, 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.

**Headline figures**

**From April 2017 – March 2018**

* 50,461 service users were seen by the Integrated Community Equipment Service
* 159,791 items of equipment were provided to support the most vulnerable people in Kent to remain in their own home
* 73,954 items of equipment were collected and recycled
* In March 2018, Kent had 8,900 telecare connections in place to support people to live independently.

In December 2017, the Integrated Community Equipment Service received recognition of achievement from the Kent Environmental Champions Group for their commitment towards the environment.

**Safe and Well**

Safe and Well is a service provided by NRS Healthcare which enables people who aren’t eligible for social care to find out about getting personal equipment to support their independent living. The service includes free online self-assessment, local demonstration and telephone advice, links to Centra services (technology and Telecare), occupational therapist visits (fee charged) and a directory of trusted local suppliers

Further information on Safe and Well can be found at [www.safeandwell.co.uk](http://www.safeandwell.co.uk)

**County Technician Service**

The team provide 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 is fully mobile and out and about within the county with simple, minor adaptations provided within seven days with more complex work requiring further time to complete.

In the last 12 months, the service provided 9,795 adaptations/ equipment to 5,492 people. In addition, the service also completed 932 bathing assessments.

**The Kent Blue Badge Service**

Between April 2017 and March 2018, the KCC Blue Badge Team received 26,390 Blue Badge applications and issued 24,969 badges.

# 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 five 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, against 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.

**What difference can it make?**

The Shared Lives scheme can make a real difference to the people who use the service.

Over 220 people have accessed our Shared Lives service and we have many individuals in placements with hosts and their families.

We have also continued to recruit new hosts in all areas of Kent and the service now has over 180 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.

Shared Lives is monitored by the Care Quality Commission (CQC) and in July 2017, the service was rated overall as GOOD.

Further information on Shared Lives can be found on our website at www.kent.gov.uk/ sharedlives, phone: 03000 412 400 or email: sharedlives@kent.gov.uk.

**Case study: Nicole’s Story**

Nicole who has Cerebral Palsy and is a wheelchair user, has been living with Godfrey since 2001. At 18, Nicole came over to Shared Lives to enable her to stay living with Godfrey as she is very happy and settled there. Nicole loves animals and has completed a Diploma in Advanced Animal Management at Mid Kent College. Since then she has done some voluntary work at a local vets and also at the Dogs Trust.

Nicole loves wheelchair football and plays regularly in a team/ league. She has recently been interviewed on local TV regarding her football. Nicole has her own car and is currently learning to drive and regularly goes out with Godfrey for practise lessons as well as continuing her driving lessons.

**Godfrey’s Story**

Godfrey has been a foster carer for over 25 years and in that time has looked after many children. Nicole has lived with Godfrey since she was 7 years old and he wanted her to be able to continue residing with them when she became an adult as this was what Nicole wanted. Being part of Shared Lives has enabled this to happen. Godfrey actively encourages Nicole’s independence and he has put in specially adapted worktops in the kitchen area to aid her. When Godfrey has some free time, he likes walking and he and his partner Mary go on lots of short walking breaks when they are able to.

**Case study: Susie’s Story**

Susie is a lady in her early 50’s with a learning disability who was living in a residential setting since 1994 before she moved in with her Shared Lives Host Maria, Kevin, their two dogs and a cat.

In the very short space of time since moving in, Susie and Maria have accomplished a great deal...

Susie went on holiday for the first time in years to Devon, enjoying train rides, going on walks, taking in the scenery, going to the beach and visiting the valley of the rocks.

Susie was previously prone to trips and falls, but now walks with Maria and her two dogs daily and is able to walk much further and no longer trips. Susie goes on the local swings when on her walk with the dogs, something she thoroughly enjoys, going really high and scaring Maria!

Susie enjoys cooking with Maria and regularly makes cakes and is able to help prepare meals by cutting up vegetables, giving Susie a sense of achievement.

Susie and Maria went on the Shared Lives day event at Brogdale Farm and Susie particularly enjoyed the tractor trailer ride.

Susie meets up regularly with some of the people she shared her residential home with and they have done numerous activities including crazy golf, bowling, feeding the ducks and various lunches out! As well as going to a local boot fair and also a local fayre where she played ‘hook a duck’.

Susie is very proud of her new bedroom which has been decorated in pink and features a large picture of ‘Frozen’ adorned with fairly lights and Susie says she is very happy in her new home.

For the future, a pantomime at the Marlow Theatre and a trip to Butlins next April have already been booked so many opportunities are now open to Susie.

# 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).

# Kent Pathway Service

**Enabling people with a learning disability to live more independently**

The Kent Pathways Service (KPS) 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.

From April 2017 to March 2018, 524 successful referrals have been completed increasing individuals’ skills and confidence in many areas of daily living.

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.

How Kent Pathways Supports Individuals:

* to ensure continuity and build a successful working relationship, individuals work exclusively with a single Support Worker during their programme
* programmes are bespoke and the frequency and timing of support is flexible to best meet the individuals needs and outcomes
* the rate of progression is individual to each person. Support workers may spend the first couple of weeks simply building a relationship with the individual
* individuals and their Support Workers work in partnership to come up with SMART objectives so that they have realistic goals to work towards
* progress towards outcomes is monitored through regular reviews with the individual at three, six and nine weeks where the next stage of support is planned with them.

**Cast study: Kieran was referred to Pathways for finding work as he was intending to finish at college and needed placements to fill his time.**

Kieran was supported to find volunteer placements at local heritage sites, local conservation projects and others. Kieran chose to volunteer at Sissinghurst Castle Gardens and help with conservation projects run by Kent Wildlife Trust. Kieran was supported to make his applications and attend taster sessions. He was also supported to build his independence.

Kieran is now attending the Kent Wildlife Trust each week independently and enjoys being outside. He is also completing his induction at Sissinghurst Castle Gardens working as a steward and is developing his independence there.

# The Kent Learning Disability Partnership Board

**Valuing People is all about you!**

The Kent Learning Disability Partnership Board (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 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.

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.

The Board looks at the main issues affecting the lives of people with learning disabilities. It does this through the following Delivery Groups - Good Health, Keeping Safe, What I Do.

The KLDPB 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 Kent Learning Disability Partnership Board and the different ways people could be involved can be found on the KLDPB website at www.kentldpb.org.uk

# Supporting Mental Health and Wellbeing -Live Well Kent

Mental health problems can affect any of us at any time in our lives. For most people with mental health needs, the first place to get help is your doctor, who can often 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). Other services are provided by independent providers, voluntary organisations and others.

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

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. The vision for Live Well Kent is to keep people well and provide a holistic offer of support for individuals living with both common mental illness and severe and enduring mental health diagnosis.

The approach puts a greater focus on outcomes and engages people in innovative ways to achieve these outcomes, based on recovery and social inclusion.

Key aims of the Live Well Kent Service are 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.
* Kent Enablement and Recovery Service (KERS) works with people experiencing mental health difficulties to address social care needs over a short period of time (up to 12 weeks). We provide support to maximise your wellbeing and quality of life, in a way that suits you. We also work with local community services to help you find a creative and realistic response to your needs.

**Time to Change pledge**

Kent County Council along with a number of our partner organisations has signed the Time to Change pledge, a national mental health campaign (supported by the Department of Health and leading charities such as Rethink and Mind) to demonstrate our commitment to changing the way we all think and act about mental health in the workplace.

**Mental Health Facts**

* 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.

**Mental Health facts 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).

# 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.

**Carers Assessments**

If you provide care and support to an adult friend or family member, you may be able to get more help to carry on caring and to look after your own wellbeing.

If you give unpaid care to someone who is over the age of 18, you can ask for a carer’s assessment.

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 also don’t need the permission of the person you are caring for to request a carer’s assessment. You are entitled to ask for one in your own right.

However, you can request a combined assessment - where you will be assessed at the same time as the person you care for has their needs assessment.

**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.

**A break from caring**

Being a carer can be physically and emotionally challenging and it’s important you have the opportunity to take a break from your caring role.

There are lots of ways you can take what we call a ‘short break’ from caring. This could be for a few hours, overnight, a weekend or longer. The person you care for will be looked after in a supportive, safe environment and perhaps enjoy new activities while you take some time for yourself.

There are different kinds of short breaks available, depending on the sort of needs the person you’re caring for has.

Crossroads Care can provide you with a break from caring if you are providing care or support to a family member or friend who is ill, elderly or has a physical or learning disability.

Volcare provide a respite service between 1 day and two weeks for carers who provide full time care to relatives in their own home. This service is available in Canterbury, Thanet and Dover districts.

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 Canterbury, Dover and Thanet

Carers’ Support for carers in Ashford, Shepway & Swale

Involve Kent for carers in Maidstone and Malling

Carers FIRST for carers in South West Kent, Dartford, Gravesham, Swanley or Medway

Crossroads Care Kent for Carers aged 5-18 years in Maidstone and Malling

Kent Young Carers, a county wide service for Carers aged 5-18 years.

**Facts about Caring**

* 1 in 9 adults in Kent are carers (Census 2011).
* 23,253 is the increase over the past ten years in the number of people providing unpaid care in Kent.
* 24% of Kent’s residents who provide unpaid care estimate that they provide care for 50 hours or more a week.
* 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).
* 152,000 people (10.4%) of Kent’s total population or 1 in 9 adults estimate they provide unpaid care.
* Many Carers don’t use the term Carer to describe themselves - “I’m just a wife, husband, parent, friend, neighbour.”
* 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.
* 3 in 5 people in Kent will become a Carer at some point in their lives (State of Caring 2017, Carers UK).
* 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.
* 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
* Physical disabilities and dementia comprise the primary health condition of half those being cared for by carers working with Carers Assessment and Support organisations.
* 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.

# ****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 and it can happen anywhere.

**Facts and figures**

We have continued to see an increase in the number of Safeguarding Enquiries carried out.

5,884 Safeguarding Enquiries were carried out during 2017/18 compared to 2016/17 when there were 5,715. This is partly due to increased awareness of safeguarding and more robust reporting following the implementation of the Care Act 2014.

6,939 Safeguarding Enquiries were concluded during 2017/18 and of these:

* 31.5% of the Enquiries carried out had insufficient evidence to confirm or discount them\*. This is an increase from 2016-17 where the percentage was 25%.
* 5% of Enquiry ceased at the individual’s request.
* 38.5% of the Enquiries had abuse confirmed or partially confirmed.
* 25% of the Enquiries were not evaluated as abuse or discounted.

\*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?**

You should contact Adult Social Care on 03000 41 61 61 (social.services@kent.gov.uk) for Kent and 01634 33 44 66 (ss.accessandinfo@medway.gov.uk ) for Medway. 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:

**The Kent and Medway Safeguarding Adults Board**

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 on www.kent.gov.uk and search ‘Kent and Medway Safeguarding Adults Board’.

# **Advocacy - someone to speak up for you**

**What is Advocacy?**

Advocacy is a process of supporting and enabling people to:

* express their views and concerns
* access information and services
* defend and promote their rights and responsibilities
* explore choices and options.

Sometimes you may feel you are not being listened to by Health and Social Care workers or your own family. You may feel unable to communicate or express yourself in order to get your own view point across.

An advocate is someone who will support you to make sure that your views and rights are respected, that you are treated fairly, your concerns are taken into account and you have real control over the big decisions in your life. They can help you speak up at meetings, deal with difficult issues and help understand important decisions that are being made. They are professionally trained, fair and impartial, and the service is completely confidential and independent of the local authority.

Some advocacy services you can get for yourself, without any help from us, by contacting our local advocacy providers direct. Other advocacy, usually the advocacy we have to provide by law will only be given to you if we agree that you are eligible for it.

If you’re unsure about your right to have an advocate, you can speak to one of our local advocacy providers or your case worker, if you have one.

**Kent Advocacy**

The Kent Advocacy Contract is a countywide independent advocacy service which provides all of the Council’s statutory and non-statutory advocacy for vulnerable people aged 16 years and over.

The Council used a co-production approach to commission the Kent Advocacy Contract. A range of people, including those who use advocacy services, carers and service providers were involved to help define what advocacy means to people and how it should be delivered.

The contract was awarded to seAp (Support, Empower, Advocate and Promote) who work collaboratively with seven organisations (independent of the NHS and KCC) that all specialise in providing different services across the county. Together, they offer their advocacy services under the same name.

There is now one website and contact number for all advocacy services for adults within Kent and one referral form which makes referring to advocacy very simple.

The co-production approach used to commission the Kent Advocacy Contract was highlighted on the Think Local Act Personal (TLAP) website as a practical example of how co-production can lead to better commissioning and improved outcomes. The Council was also nominated for a National Advocacy Award for co-production.

More information can be found at: www.kentadvocacy.org.uk

# Home care services

Home care services are provided by care workers to people in their own home, so they can be supported to live independently and can manage activities of daily living.

Home care services are delivered by private companies on our behalf and are arranged through the Kent County Council Home Care contract.

We reviewed and re-let these contracts in 2017, keen to ensure the services provided were of a good quality, were value for money and supported people to live as independently as possible in their own home.

Strategic Commissioning manage the home care contracts, in close liaison with Adult Social Care and specifically Area Support Managers. We use intelligence gathered from teams, the home care specification and key performance indicators to manage home care agencies to deliver improving home care services.

**Care Navigators**

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

Care Navigators can help with:

* managing your money and benefits
* finding the right sort of home
* staying safe in your own home
* maintaining and adapting your home to your needs
* planning the support you need
* filling in forms
* going through an assessment process.

# 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.

In 2017-18 we received:

* 637 Complaints
* 276 Enquiries
* 507 Compliments.
* 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 2017/18**

The need to ensure any change of circumstances for the service user is logged in a timely way. Delays in the information being recorded on the system can cause delays in the person being charged the correct amount for the care they receive or a delay in a financial assessment being completed. At the Quality and Good Practice meetings, practitioners were reminded of the need for any changes to the case records to be made promptly.

Some of the complaints received related to a lack of communication relating to safeguarding where families did not feel they were being kept sufficiently informed. The national “Making Safeguarding Personal” initiative has helped to address this, along with the provision of relevant information leaflets. In addition, a major initiative to reduce the timescales for safeguarding enquires has enabled people to be informed of outcomes more promptly.

Following a reorganisation of a service, it was apparent that some of the practitioners were new to Adult Social Care and did not have a comprehensive understanding of the Adult Social Care financial assessment and charging arrangements. To address this, workshops were provided for the staff group

A complaint about one of the in house residential care units highlighted the need for staff to “escalate” issues to a senior manager if they have encountered difficulties in engaging a practitioner from a partner organisation. A workshop was held with relevant staff to ensure lessons were learned from the complaint.

It was apparent from feedback that some staff were finding it difficult to convey difficult messages to service users or their representatives particularly about contentious issues. This was covered in presentations and workshops with staff.

Feedback from service users and carers helps us to improve our services and people are entitled to complain if they are not happy with the service they have received. A person can complain on their own behalf or with the help of someone else such as a relative, carer, friend or advocate. We may need to seek consent from an individual if someone is making a complaint on their behalf. A member of our complaints team can assist if help is needed in making a complaint or if an advocate is needed.

The Kent Adult Social Care “Have Your Say” leaflet provides more information about the Adult Social Care complaints procedure and further information can be found on the Kent County Council website.

# 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 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

County Council chaired by the Director of Commissioning for Social Care, Health and Wellbeing. 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 (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.

**Enablemen**t: 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.

**Good Day Programme**: This programme enables people with learning disabilities in Kent to choose what they want to do during the day, evenings and weekends, have support when and where they need it, and be an equal citizen of their local community.

**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 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 Local Authority in Kent and Medway, CCGs, Police, Health, Kent Fire and Rescue, Prison Service, District Councils, Carers and Voluntary and Private sector representatives. A range of these partners may be involved in an investigation/Social Care enquiry regarding suspected abuse or neglect.

**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

**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’