

# Here for you, how did we do?

Local account for Kent Adult Social Care



April 2018 - March 2019

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

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and Photosymbols page 35.



# Foreword

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

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

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

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

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

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

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



Clair Bell



Penny Southern

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

In 2018-19, we strived to:

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

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

## Introduction

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

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

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

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

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

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

If you have not had the opportunity to contribute to the Local Account or have been involved in the past and would like to continue to help us shape how the Local Account looks and what it includes going forward, please email us at: [kentlocalaccount@kent.gov.uk](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](http://www.kent.gov.uk/localaccount) where you can also find plain text and easy read versions as well. Alternatively, please contact us and we can arrange for further copies to be sent to you.

You told us that you would like to know:

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

## Symbols used in this report



Refers to what is new this year.



Refers to an update on last year.



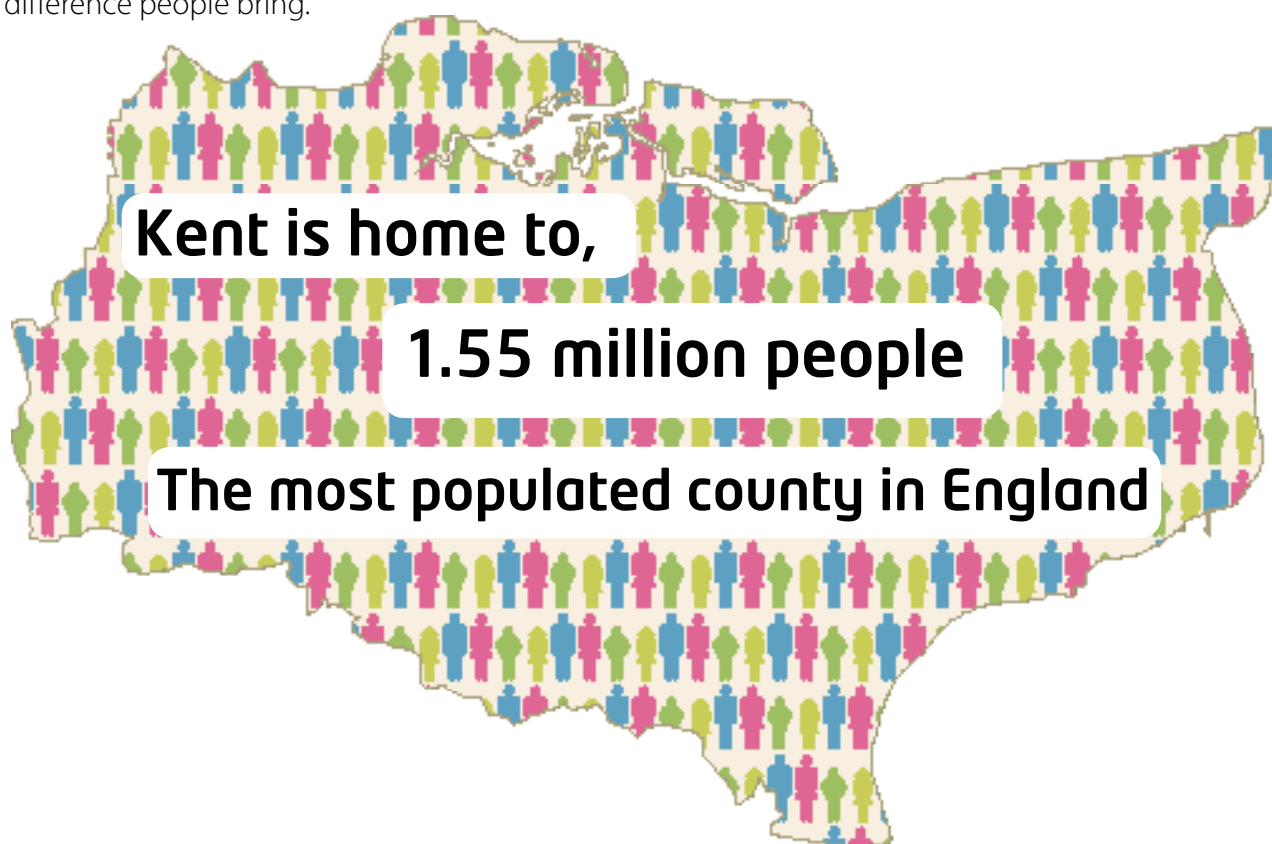
Get involved and give us your feedback.

## Kent and its people

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

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

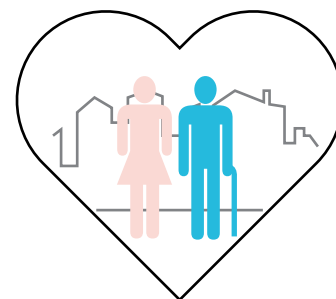
This means treating people with dignity and respect and helping people to be safe and socially included, supporting people's own sense of identity so that we acknowledge and celebrate the difference people bring.



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

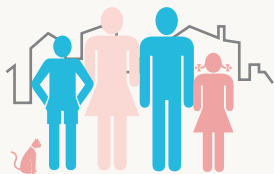


**35,385** people in  
Kent are supported  
by Adult Social Care

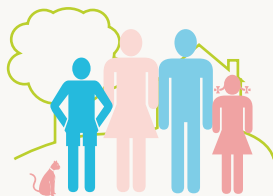


**20,719** people  
supported by Adult  
Social Care are over  
the age of 65

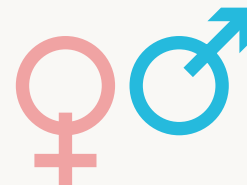
## Facts and figures about Kent



**74%** of the Kent population live in urban areas



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



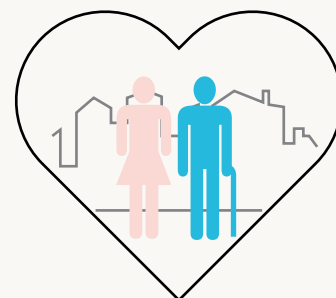
**51%** of the population is female and **49%** male



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



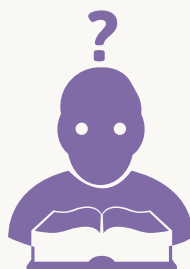
**8,672** people in Kent supported by Adult Social Care are over the age of 85



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



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



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



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

# What does Kent Adult Social Care do?

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



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

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

# How Adult Social Care in Kent is structured

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

OUR STRUCTURE SUPPORTS THIS

## Operations



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

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

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

## Partnerships



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

It includes:

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

Adult Social Care and Health Commissioning

Partners and stakeholder organisations



## Corporate Director

Penny Southern  
Corporate Director Adult Social  
Care and Health

## Business Delivery Unit



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

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

## Service Provision



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

It includes:

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

Adult Social Care and Health Commissioning

Partners and stakeholder organisations

## Challenges facing Adult Social Care Services



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

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

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

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

### Predicted Kent population growth (excluding Medway) 2016 - 2024

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

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

# Your journey with Adult Social Care

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

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

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



## Contact

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



## Your Needs Assessment:

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

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



## Planning your Support (your Care and Support Plan)

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



### Supporting you to be Independent

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



### Paying for your care and support

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



### Arranging your Support

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



### Reviewing your care and support

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

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

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



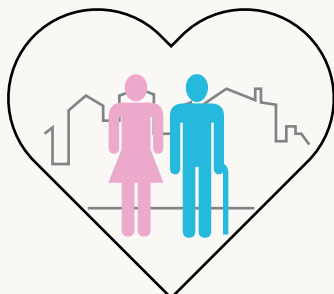
## Headline figures



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



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



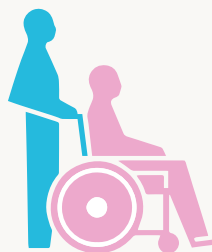
**20,719** people supported by Adult Social Care are over the age of 65

## Assessments



**22,490** people received an assessment of their needs

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



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

## Personal Budgets



**7,399** people had a Personal Budget

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

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

## Services in the community



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

**7,937** people received an enablement service

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

**2,291** people received a day care service

**1,746** supported living placements were made

## Residential and nursing care



**3,972** people in permanent residential placements

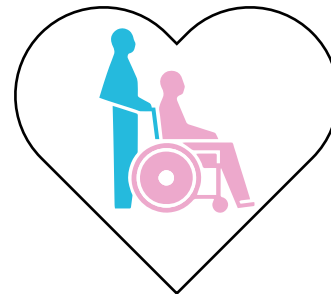
**1,171** older people were resident in nursing care homes

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

**440** suppliers provided services in relation to permanent residential placements

**114** suppliers provide services in relation to nursing care homes

## Carers



**531** carers received a 'something for me' payment

## Reviews



**12,319** people received a review of their needs

## How we spend our money

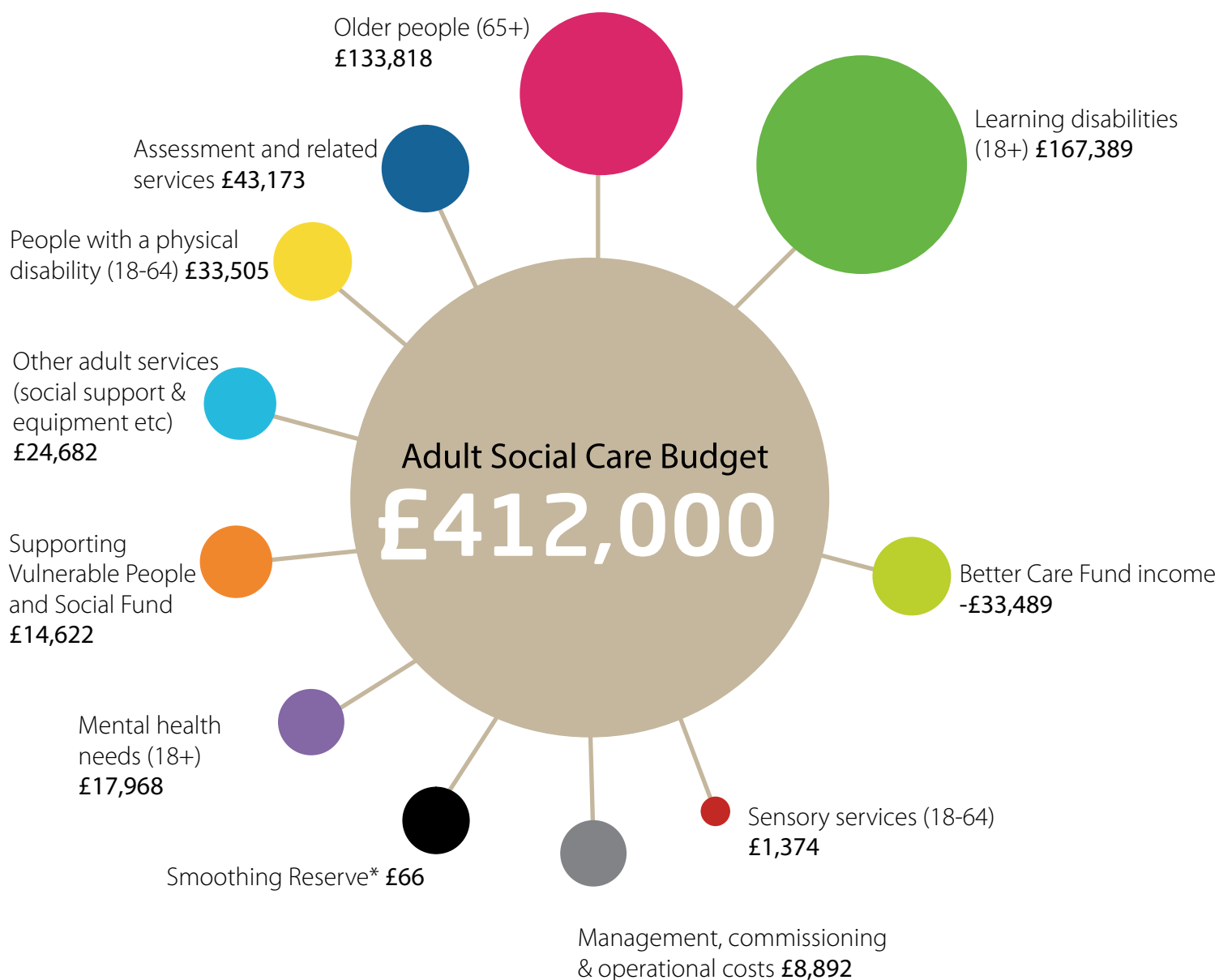
KCC's net expenditure is **£1.844** billion per annum and the budget is split into three areas:

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

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

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

### How we spent our money £'000's



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

## How we spend our money

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



# April 2018 to March 2019 Highlights

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

APRIL



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

JUNE



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

JULY



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

OCT



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

JAN



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

MAR



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

# Our work and what we do

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

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



# Supporting adults

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

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

## Inspiring Lives

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

**New**

## The Quality Assurance Framework

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

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

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



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

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

### We want to hear from you

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

Email: [kentlocalaccount@kent.gov.uk](mailto:kentlocalaccount@kent.gov.uk)

**Get Involved**



Our first therapy dog, Khan

## The Initiative Fund

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

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

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

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

## Just the medicine

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

## Art Ability

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

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

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



Craft fair and art exhibition





## Kent Pathway Service

Enabling people with a learning disability to live more independently

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

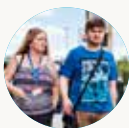
The support provided (up to twelve weeks) is intensive and task specific enabling people to learn and develop skills at home and in the community such as daily living skills, community safety, learning to travel independently, preparing for work or college and finding daily and social activities.

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

### How KPS supports individuals



**Bespoke to the person**



**Single Support Worker**



**Realistic goals**



**Regular reviews**



**Monitored outcomes**



## Supported Living for Adults with Learning Disabilities

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

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

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



## Shared Lives

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

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

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

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

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

## How does Shared Lives work?

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

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

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

## What difference can it make?

### Improved quality of life



- ✓ new life experiences, whether it's birthdays and weddings or going on a holiday for the first time
- ✓ a live-in family environment, developing relationships that could last a lifetime

### Social inclusion



- ✓ a family network, introducing them to an extensive group of people in the wider community
- ✓ getting involved with their local community, many get jobs or develop a new social activity

### Support



- ✓ a better service for users than traditional forms of care
- ✓ consistent and continuous personalised care.

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

## Case Study

**Alan's Journey**

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

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

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

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

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

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

\*names changed to protect identity

**Alison and Rosie's Story – overcoming Social Isolation**

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

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

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

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

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

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

## Sensory and Autism Services

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

### The Teams:

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

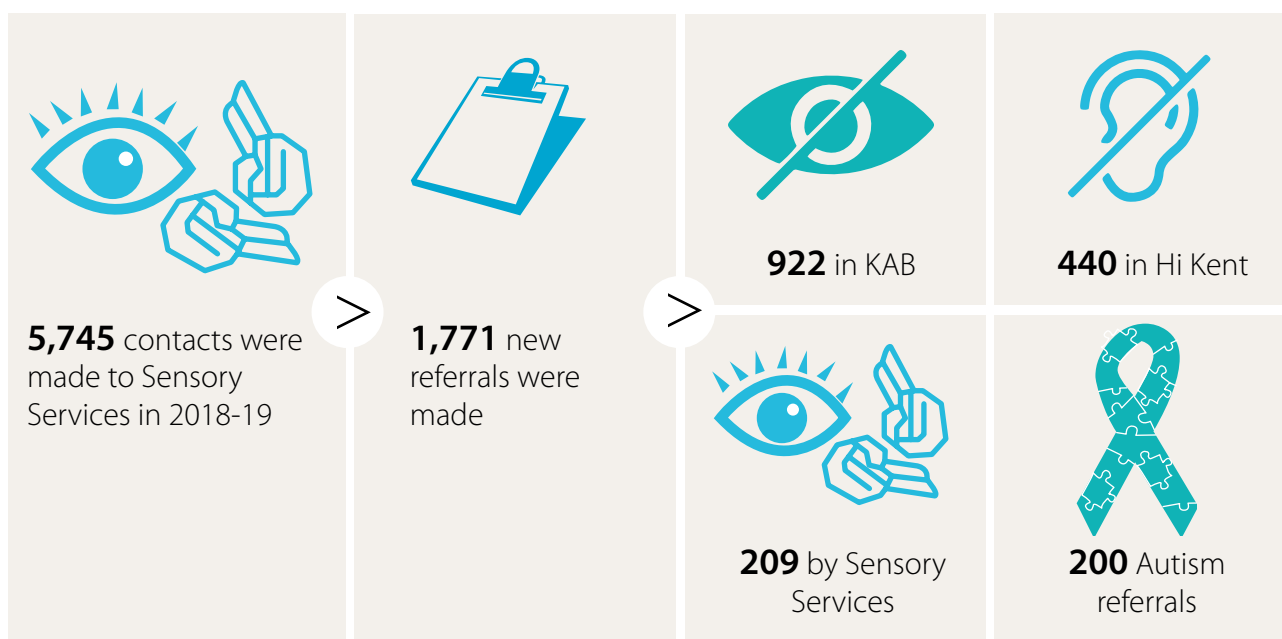
Provide a county wide specialist service for people with autism including self-management and promoting independence, in support of clients with higher functioning autism

### The specialist services in the unit include:

- **Hi-Kent** who provide statutory assessments for equipment for older people, hearing aid after care clinics and resource centres (based all around Kent) for the purchase of equipment for deaf or hearing-impaired people
- **Kent Association for the Blind (KAB)** who provide statutory assessments, rehabilitation training (mobility, daily living and communication skills training), registration as sight impaired and a Guide Communicator service – a specialist one to one support service for deafblind people
- **Kent Deaf Interpreting Services (KDIS)** is run by Sensory Services to provide British Sign Language interpreting and other communication support to people who are d/Deaf and deafblind, through a



## Headline figures





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

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



## Sensory Strategy

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

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

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

### What have you told us?

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

## Sensory Facts in Kent

### Older People

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

### Hearing Impairment

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

### Learning Disabilities

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

## Where are we now?

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

Update

### Assessment and Rehabilitation Services for People with Sensory Impairments

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

Update

### Deaf Wellbeing and Access Project

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

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



### Comments from the Deaf Community Forum

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

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

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

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

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

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

## Sensory Facts

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

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

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

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

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

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

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

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

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



## British Deaf Association Charter for British Sign Language

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

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

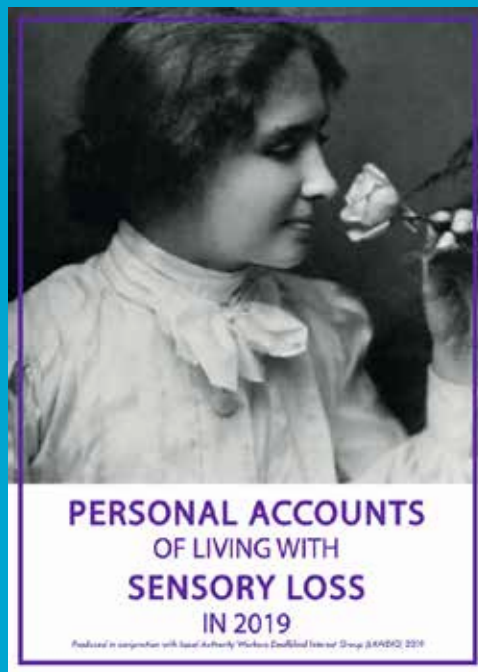
These considerations have been raised with members in Kent to look at how we can

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

new

## Personal Accounts of Sensory Loss e-book launch

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





## Kent Autistic Spectrum Conditions Team

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

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

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

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

### Strategy for Adults with Autism in Kent

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

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

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



### The Autistic Spectrum Conditions Team go international

**new**

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

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





## Developments in Autism

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

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

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

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



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

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



### Claire's Journey

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

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

### Claire's Assessment

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

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

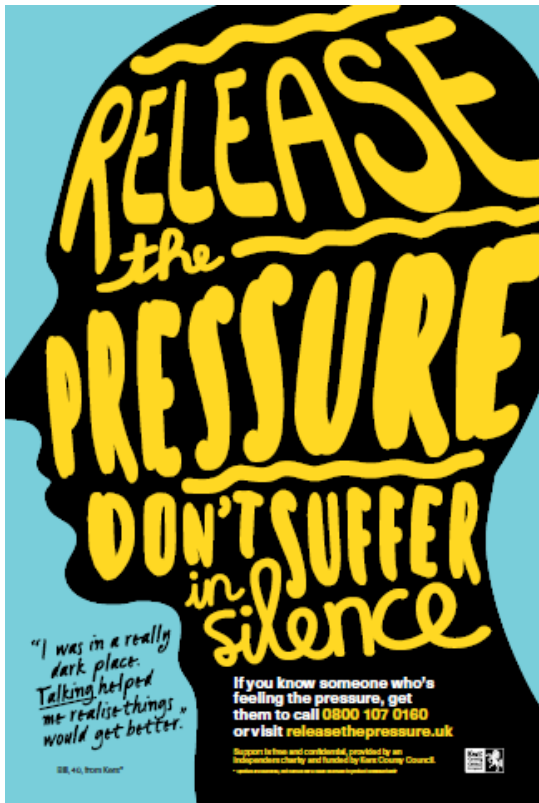
### Where Claire is now

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

\*Name has been changed to protect identity.

# Supporting Mental Health and Well-being

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



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

- community mental health
- crisis resolution
- telephone support

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

## Doc Ready

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

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

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

Doc Ready can be found at:  
[www.kent.gov.uk](http://www.kent.gov.uk) and search 'Mental Health'.



## Mental Health Facts

### Nationally

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

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

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

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

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

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

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

### In Kent

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

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

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

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

(Source: Kent and Medway Joint Strategic Needs Assessment for Mental Health, April 2009).



## Live Well Kent Service

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

The Live Well Kent Service aims to:

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

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

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

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



## Kent Enablement and Recovery Service

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

The service can support people in the following ways:

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

Additional information about the services can be found at [www.kent.gov.uk](http://www.kent.gov.uk) and search Kent Enablement and Recovery Service for mental health.



## Mental Health Matters

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

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



# Supporting older people

## Headline Figures (2018 - 19)

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

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



## Our services and what we do



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

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

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

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

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



## Gravesham Place

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

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

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

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

### Positive Inspections

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

## West View

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

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

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







New

## Westbrook House

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

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



## A transfer of care success story

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

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

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

\* Image and name changed to protect identity.



## Broadmeadow

**new**

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

### Blooming Beautiful Broadmeadow!

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

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

## Helping to reduce Loneliness

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

## Helping to reduce Social Isolation



Joan\* was living at home on her own and was relying on her son and daughter in law to care for her. Her son had his own health problems and the

family were struggling to cope with Joan's constant calls asking for help. Joan would call several times during the night and her son spent most of his time sleeping on her sofa which was putting pressure on his marriage.

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

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

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

\*Name, details and image have been changed .



# Independent Living Support Services



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

## The County Technician Service

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

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

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

## Headline figures

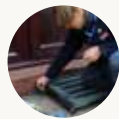
From April 2018 – March 2019

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

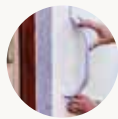
### A typical morning with Jade, one of our County Technicians.



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



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



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



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



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



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



### Rising to the Challenge!

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

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

### Integrated Community Equipment Service and Technology Enabled Care Services

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

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

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

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



## The Kent Blue Badge Service

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

### How to Apply or Renew a Blue Badge

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

	<b>APPLY ONLINE</b> <a href="http://www.kent.gov.uk/bluebadge">www.kent.gov.uk/bluebadge</a>
	<b>APPLY BY POST</b> Complete the Blue Badge Form from our website - or email: <a href="mailto:bluebadgeteam@kent.gov.uk">bluebadgeteam@kent.gov.uk</a> for a copy
	<b>APPLY IN PERSON</b> At your local Gateway. You'll need to make an appointment - telephone 03000 416262

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

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

### Hidden Disabilities

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



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

### New innovations to make the process easier

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

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

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

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

## Carers in Kent

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

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

### The Kent Carer's Emergency Card

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

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

### Carers Assessments

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

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

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



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

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

### Local carer organisations

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

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

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

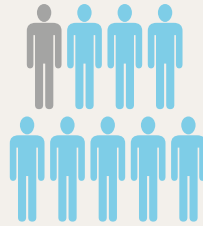


## Facts about Caring

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



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

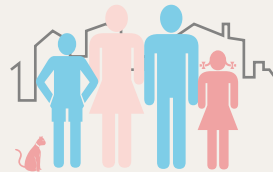


The number of Carers in the UK is set to grow from **6 million to 9 million** in the next 30 years and 3 in 5 people will end up caring for someone at some point in their lives.

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



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



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

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

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



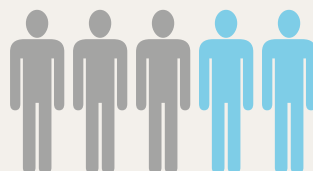
**25% of Carers** say they haven't had a day off from caring for more than five years and 40% haven't had a day off from caring for more than a year.



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

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

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



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

# Listening, responding, improving

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



# Comments, compliments and complaints

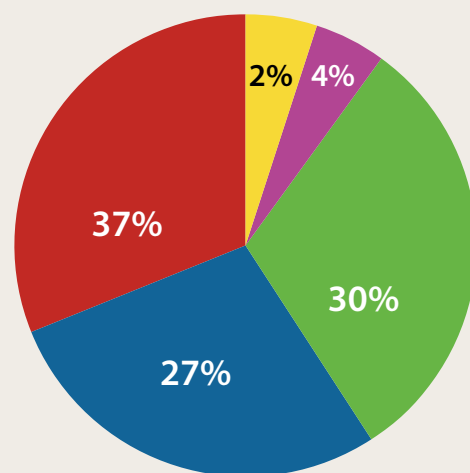


We welcome feedback on the services that we provide and on the services we arrange for people but might be provided by another care provider. Hearing people's views on the services helps us to identify where improvements are required as well as where things are going well.

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

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

Complaints received  
April 2018 - March 2019



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

## In 2018-19 we received:

- 780 Complaints
- 345 Enquiries
- 480 Compliments.

## Some of the main reasons for complaints included:

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

## Learning from complaints

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

### Area Referral Management Service (ARMS)

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

### Contacting Partner Agencies

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

### Communication

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

### Safeguarding

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

### Depletion of assets

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

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



# Compliments

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

"My family and I have just gone through the sad and distressing time placing our lovely Dad into a care home. We have not always heard good stories regarding Social Services.

We were allocated Andrea as our case worker and were pleasantly surprised how wrong we could be. Andrea was a breath of fresh air, very professional but at the same time very compassionate, feeling and so informative.

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

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

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

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

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

# Feedback from the National Adult Social Care Survey

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

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

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

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

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

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

# Adult Safeguarding

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



## What is safeguarding?

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

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

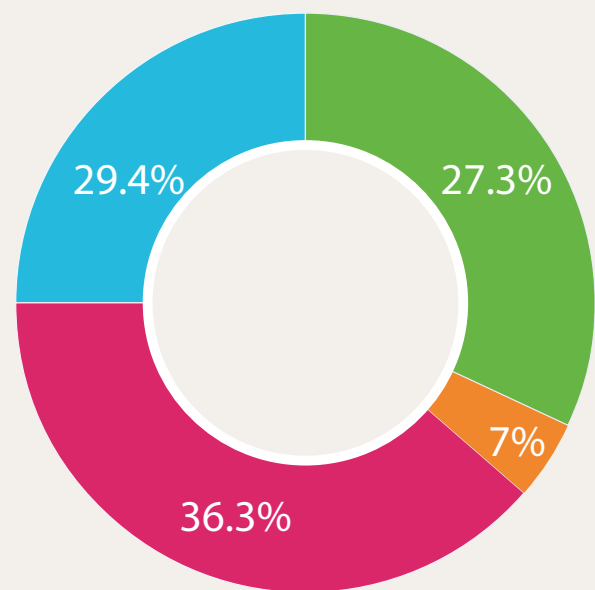
Abuse may be deliberate, or it may happen because of poor care practices or ignorance. People who abuse are not always strangers, they can also be partners, relatives, a friend, neighbour or carer. It can happen anywhere, including your home, your child's school, a residential or nursing home, at hospital,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

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

## Facts and figures

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

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



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

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

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

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

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



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

**Tell us as much as you can**

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

**You should contact the following:**

**Adult Social Care**

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

or

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

We advise against approaching the person directly.

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

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

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

Modern slavery\*

Self-neglect\*

Psychological abuse\*

Neglect and Acts of Omission\*

Sexual abuse\*

Organisational abuse\*

Hate crime

Discriminatory abuse\*

Financial or material abuse\*

Mate crime

Forced honour based violence

Domestic abuse\*



## The Kent and Medway Safeguarding Adults Board (KMSAB)

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

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

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

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



## Safeguarding Adult Reviews (SARs)

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

The SARs:

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

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

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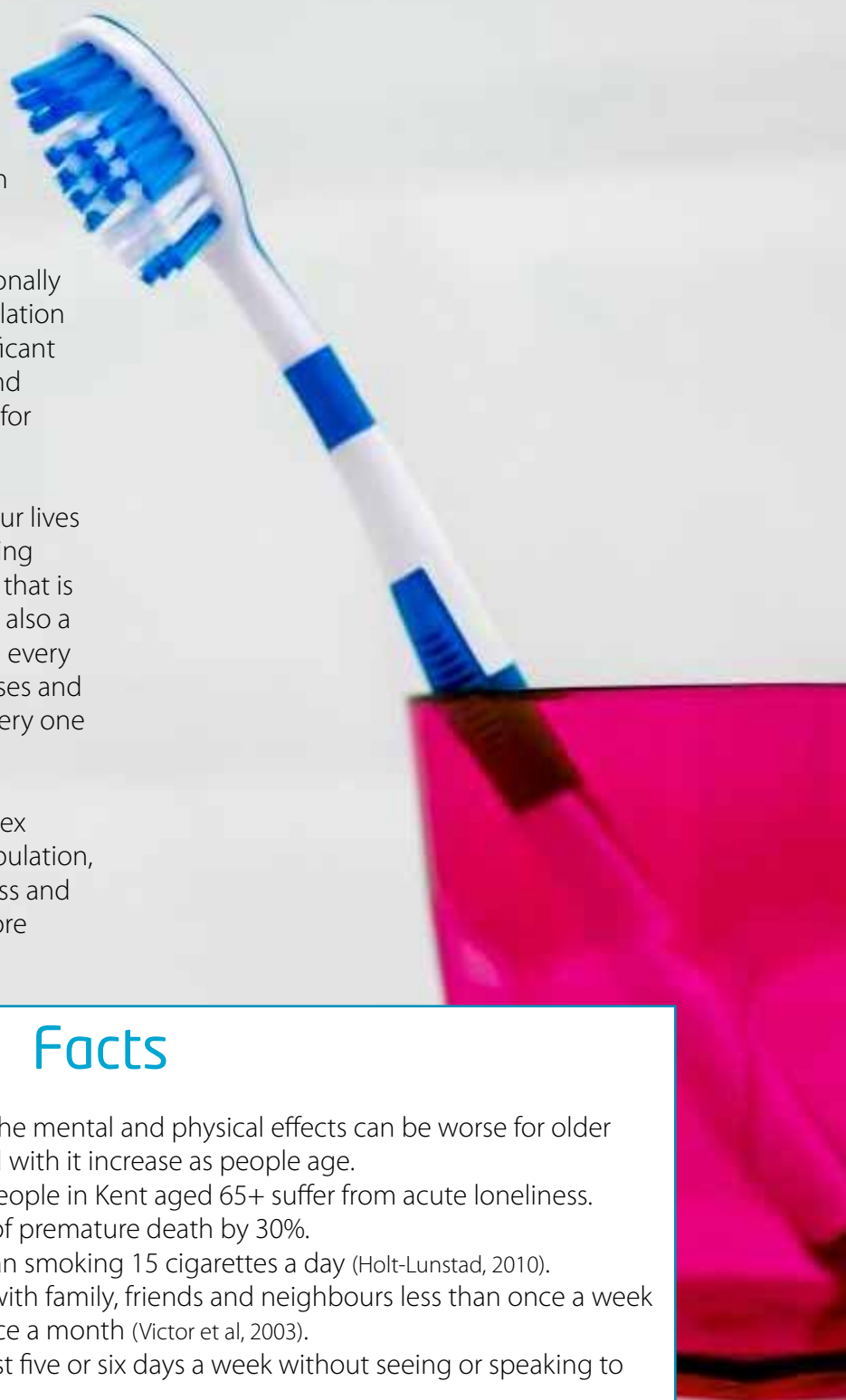
## Loneliness and Social Isolation

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

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

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

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



### Facts

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

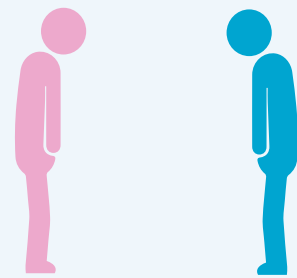
*"You can be lonely in a crowded room, but you will not be socially isolated."*

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

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

**Over 9 million adults are often or always lonely**

(British Red Cross and Co-Op)



### Loneliness - impact on Health and Social Care

Lonely individuals are more likely to:

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

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

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

(Age UK)



### Loneliness - impact on Mental Health

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

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

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

(Carers UK)



new

# How are we tackling Loneliness and Social Isolation?

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

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

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

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

## What else is being planned?

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

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

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

Get Involved

More information on the Loneliness and Social Isolation Committee is on [www.kent.gov.uk](http://www.kent.gov.uk) - search 'select committee reports'.

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

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



# Delayed Transfers of Care

## What are delayed transfers of care?

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

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

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

## How are these measured?

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

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

## Why do delayed transfers of care occur?

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

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



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



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



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

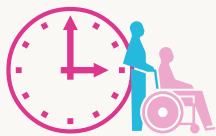


Waiting for equipment to be installed in the community, public funding or housing issues.



## Delayed transfers of care - how Kent is performing?

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



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



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



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



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

### Why are delayed transfers of care important?

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

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

Source: The National audit of intermediate care.

### Reducing delayed transfers of care across Kent

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

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

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

## Specific actions to reduce delayed transfers of care

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

More on DTCs in Kent: [www.kent.gov.uk](http://www.kent.gov.uk) and search Strategic Statement Annual Report.

Government statistics: [www.gov.uk/government/statistics/delayed-transfers-of-care-for-march-2019](http://www.gov.uk/government/statistics/delayed-transfers-of-care-for-march-2019)

# Health and Social Care Integration

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

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

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

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

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

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

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

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



## Design and Learning Centre for Clinical and Social Innovation

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

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

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

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



Current work includes:

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

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

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

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

Further information about the Design and Learning Centre can be found on our website at [www.designandlearningcentre.com](http://www.designandlearningcentre.com)



## Forget-Me-Knit

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

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

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

# Kent Learning Disability Partnership Board



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

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

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

More information on the Board and the different ways people could be involved can be found at [www.kentldpb.org.uk](http://www.kentldpb.org.uk)



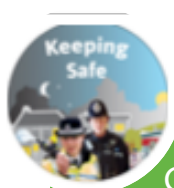
## Valuing People is all about you!

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



### Good Health Group

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



### Keeping Safe Group

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



### What I Do Group

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

# Glossary

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

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

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

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

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

**BME:** Black minority ethnic residents in Kent.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

#### Data Sources

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

## Getting in Touch

There are several ways for you to contact us.

### Telephone our contact centre

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

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

Telephone: 03000 41 61 61

### Text relay

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

Text Relay: 18001 03000 41 61 61

### Out of hours service

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

Telephone 03000 41 91 91

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

### Email and website

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

Email: [social.services@kent.gov.uk](mailto:social.services@kent.gov.uk) or see our website at: [www.kent.gov.uk/careandsupport](http://www.kent.gov.uk/careandsupport)

For more information on the Local Account

email: [kentlocalaccount@kent.gov.uk](mailto:kentlocalaccount@kent.gov.uk)

[www.kent.gov.uk](http://www.kent.gov.uk) and search 'local account'

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