

CABINET

12 JULY 2016

“GETTING BETTER TOGETHER” MEDWAY ADULT SOCIAL CARE STRATEGY

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Summary

Medway Council's Portfolio Holder for Adult Social Care and Health has overseen the development of “Getting Better Together”, the Adult Social Care Strategy for Medway. It articulates a vision for the development of adult social care in Medway over a four year period, based on six strategic priorities – Prevention, Personalisation, Partnership, Integration, Innovation and Safeguarding.

The primary aim of the strategy is to prevent and reduce social need by providing effective support so that citizens maintain their independence. Wherever possible and appropriate we will support citizens with eligible social care needs to remain in or return to their own home, so that they can maintain important relationships with family, friends, and continue to actively be a part of their own community.

The report describes the leadership and governance arrangements which will be overseen by the Adult Social Care Improvement Board. This includes the development of an improvement programme which will deliver pathway and service re-design. The strategy will be underpinned by effective performance management, strengthened commissioning, and improved partnership working with all key stakeholders.

1. Budget and Policy Framework

1.1 The Adult Social Care [ASC] Strategy has been developed to articulate our future vision for adult social care, and ensure that the key themes and priorities for action are clearly identified. The strategy must align with the overall objectives defined within the Council Plan, and the Health and Wellbeing Strategy for Medway, which are set out in Appendix 2. Therefore, this is a matter for Cabinet.

2. Background

Issues and Analysis:

- 2.1 In order to develop the strategy we have drawn extensively on a range of evidence sources to inform our thinking. This has included work undertaken by Research in Practice for Adults [RiPfA], the Social Care Institute for Excellence [SCIE], and Think Local Act Personal [TLAP]. The evidence from these sources has emphasised the need to develop strategy informed by best practice in adult social care, along with a focus on best use of resources in a challenging financial context.
- 2.2 The ASC Strategy lays out the Vision and Values that will underpin a programme of change in Adult Social Care over a four year period, from 2016-2020. It identifies 6 core themes for action – Prevention, Partnership, Personalisation, Integration, Innovation and Safeguarding.
- 2.3 To ensure effective leadership and governance an Adult Social Care Improvement Board (ASCIB) chaired by the Leader has been established to ensure strong oversight of the key service improvements and changes that need to be made to ensure we meet the aspirations in our ASC Strategy. There are a range of opportunities around care pathway reform, revised service delivery model, and opportunities for improved commissioning. This change programme would contribute significantly to the delivery of the key strategic priorities within Getting Better Together. This improvement programme for adult social care has the potential to significantly improve outcomes for citizens who use our support and care arrangements. It will also support a programme to ensure the best use of the financial resources within the adult social care services provided by Medway Council. The Delivery Plan associated with the ASC Strategy must have a high level of ‘flex’ in the context of the work undertaken across the Council such as Digital Transformation and across our key partnerships such as the CCG Improvement work.
- 2.4 Within each of the themes we have identified key actions, the outcomes for Medway residents, and the outcome measures that can be used to monitor progress. These areas will then be delivered through the development of the Divisional Service Plan, with clear accountability through to Heads of Service and Team Managers. This will ensure a performance management framework is in place to secure delivery of the key objectives within the strategy.
- 2.5 The strategy has been developed within Medway Council’s ASC Division involving Heads of Service, Team Managers, and colleagues from Partnership Commissioning and Performance & Intelligence. The strategy has been updated and provisional agreement reached about theme leads within the ASC Management Group for each of the themes.
- 2.6 The draft strategy was presented to the Council’s Children’s and Adults Divisional Management Team (CADMT) on 16 February 2016, and to the Executive Management Team (EMT) on 9 March, the feedback from these sessions has been incorporated.
- 2.9 The ASC Strategy is being taken through the usual approval and governance processes. Prior to consideration by Cabinet, It has been presented to the Health and Adult Social Care Overview and Scrutiny Committee on 21 June

2016 and the Health and Wellbeing Board on 28 June 2016 (see sections 5 and 6 below for further details). .

- 2.10 A schematic representation of the strategy has been developed as a “plan on a page” style summary and is included as Appendix 2.
- 2.11 A Market Position Statement (MPS) has been produced by the Partnership Commissioning Team. This document will be the vehicle for delivering a new and vibrant market of adult social care in Medway. It is the start of an interactive and iterative dialogue between commissioners and providers to facilitate the development and shaping of the market. The MPS will be published, reviewed and updated regularly. The MPS is a supporting document to the strategy, and attached at Appendix 3.

3. Risk Management

- 3.1 The financial challenge facing the Directorate over the next four years is significant and has previously been considered by Cabinet/Corporate Management Team at earlier meetings. Adult Social Care will need to undertake a radical programme of change in order to be able to achieve the level of efficiency and savings required, whilst maintaining a strong offer to adults in need of advice and care and support in Medway.
- 3.2 We are in the early stages of completing the LGA/ADASS (Association of Directors of Adult Social Services) Risk Assessment Tool for Adult Social Care, and this will give us an internal assessment of the risks associated with the key areas around the delivery of adult social care. This will inform further discussions with the Portfolio Holder and the Adult Social Care Improvement Board on the nature and extent of action required to address any risks which are identified.
- 3.3 There are significant equality considerations to be addressed in the delivery of the strategy to ensure that the Council complies with its legal obligation in section 149 Equality Act 2010 to have due regard to the need to eliminate discrimination, advance equality, and foster good relations between those with a protected characteristic (pregnancy and maternity, age discrimination, disability, gender reassignment, marriage and civil partnerships, race, religion or belief, sex and sexual orientation) and those who do not share it. These matters must form an integral part of the decision making processes in relation to the Medway Adult Social Care Strategy. There will be a need to have robust processes in place for engagement at the implementation phase, so that partnership approaches are evident in the overall delivery. See the attached draft, interim Diversity Impact Assessment, attached as Appendix 4.

Risk	Description	Action to avoid or mitigate risk	Risk rating
Financial pressures related to growth in demand for Adults Social Care	Risk that the continuing growth in demand for adult social care and support cannot be addressed through existing resources	Increased focus on forecasting of demand and associated expenditure, and development of a transformation plan for adult social care	C2
Lack of capacity to deliver the changes required	Risk that the organisation will lack the capacity to deliver the actions required to deliver change and efficiencies	Development of internal capacity or engage an experienced strategic partner to help deliver the adult social care improvement programme	C2
Strategy could fail to keep pace with dynamic change	The scale and rate of change within Adult Social Care Services could lead to the strategy becoming out of date	Delivery plan will be reviewed and updated annually	C3
Failure to effectively engage Key Stakeholders	Risk that key stakeholders do not feel involved and engaged in the delivery of the strategy	Development of an effective communication and engagement strategy	C3

4 Consultation

- 4.1 Consultation took place at a workshop within the ASC Division involving Heads of Service, Team Managers, and some colleagues from Partnership Commissioning and Performance & Intelligence which took place on the 3rd of February. The strategy has been updated and provisional agreement reached about theme leads within the ASC Management Group for each of the themes.
- 4.2 Engagement will take place in relation to the development of a robust delivery plan to support the strategy. This programme of activity is in the early planning stages, and will be supported by the Commissioning Support Team during summer 2016.

4.3 The ASC Strategy is being taken through the usual approval and governance processes as set out in paragraph 2.9 above.

5. Health and Adult Social Care Overview and Scrutiny Committee

5.1 The Health and Adult Social Care Overview and Scrutiny Committee considered “Getting Better Together”, the Adult Social Care Strategy for Medway at their meeting held on 21 June 2016.

5.2 The Deputy Director – Children and Adult Services introduced the report which advised the Committee that the strategy articulated a vision for the development of adult social care in Medway over a four year period, based on six strategic priorities – Prevention, Personalisation, Partnership, Integration, Innovation and Safeguarding. The primary aim of the strategy was to prevent and reduce social need by providing effective support so that citizens maintained their independence. Wherever possible and appropriate, the Council would support citizens with eligible social care needs to remain in or return to their own home, so that they could maintain important relationships with family, friends, and continue to actively be a part of their own community.

5.3 Members then raised a number of points and questions which included:

- **Purpose and readability of strategy** - in response to a comment that the strategy represented an idealised vision of adult social care which was not always reflected on the ground, the Deputy Director commented that the strategy had been developed in response to requests from service users and employees for greater clarity about what the Council considered good quality social care to look like. It was important to effectively monitor performance and delivery against the strategy and he was keen to develop more qualitative measures. The Deputy Director highlighted that this would be overseen by the Adult Social Care Improvement Board chaired by the Leader. Some Members recognised the aspirational nature of the strategy and commented that if this led to improvements in adult social care then that was clearly a positive development. Whilst the high level nature of the strategy was accepted, some Members felt the document, whilst reading well in parts, was difficult to understand in places and could be repetitive (particularly the business opportunities sections of the Market Position Statement). The point was made that for use at a grass roots level it needed to be much simpler and easier to read. The Deputy Director commented that feedback so far on the strategy had been positive but he acknowledged there may be a need to provide separate material when talking to specific audiences. He saw the document as iterative in nature and there would be roadshows with staff and service users to secure broader engagement. The Deputy Director commented that he understood Members’ concerns and would take them on board.
- **Target Audience** – the target audience was questioned and the point was made that if the strategy was meant to encourage people to think about the future and possible future care needs then probably another way of doing that was needed.

- **Older people’s care market/planning** – a Member noted that the strategy acknowledged that the number of smaller care homes would decrease in the future but noted that planning applications for larger homes had been refused by the Council. In response to a question about how the strategy could be used to address this within the Council, the Deputy Director replied that the strategy would support more integrated working within the Council, and specifically influenced work being developed with Public Health and Housing. A Member hoped the strategy could be used as a driver to secure more extra care housing.
- **Digitisation** – in response to comments, the Deputy Director stated that digitisation was important but information needed to be provided in a range of media and in a way it could be understood. It was important staff were properly trained so they could provide service users with information about care or be able to sign post them. In response to a comment about older people finding technology expensive, he noted that a proportion of older people used technology extensively. In addition, technology could offer significant benefits to older people and improve their quality of life and help reduce isolation. It could also free up staff time so they could provide better quality care.
- **Direct payments** – in response to a request for an assurance that older people in particular would not be pressured to take up direct payments, the Deputy Director assured Members that no-one would be required to receive direct payments if they did not wish to.
- **Co-ordination of services** – the importance of a service stepping in where another had not met a user’s needs was emphasised by a Committee Member. The Deputy Director responded that this was central to the strategic priority of integration to ensure that each individual receiving health and care services had their needs met in a well co-ordinated and joined up way.

5.4 The Committee agreed to recommend the Strategy to Cabinet for approval with the proviso that the readability of the document should be improved for other audiences.

6. Health and Wellbeing Board

6.1 The Health and Wellbeing Board considered “Getting Better Together”, the Adult Social Care Strategy for Medway at their meeting held on 29 June 2016.

6.2 The Deputy Director - Children and Adult Services, Medway Council, presented “Getting Better Together”, the Adult Social Care Strategy for Medway. It articulated a vision for the development of adult social care in Medway over a four year period, based on six strategic priorities – Prevention, Personalisation, Partnership, Integration, Innovation and Safeguarding.

6.3 The Health and Adult Social Care Overview and Scrutiny Committee had considered the Strategy at its meeting held on 21 June 2016. Members of that Committee had raised various issues which were reported to the Board in the supplementary agenda. The Deputy Director said that these issues would be addressed. For example, the strategy would be presented in a range of

ways appropriate for different audiences. "Easy read" was already being given consideration following a request by the Portfolio Holder.

6.4 Members of the Board raised a number of issues which were responded to including the following:

- The strategy would make a positive change for Medway.
- The views of the Overview and Scrutiny Committee were supported especially in respect of ensuring further engagement with the community in the development of the delivery plan which should be accessible to all in terms of dates, times and venues to ensure that a wide range of views was captured.
- There was a need to ensure that the pursuit of the strategic aim of the Prevention priority was fully embedded. The long term focus should be on primary prevention. The Deputy Director said that the strategy document sought to demonstrate that there would be an effective menu of re-ablement and recovery services to give people back the skills to return to their optimum level of independence following a period of ill-health.
- Recognising the need for different versions of the strategy document for a range of audiences, the version presented to the Board was a good, clear document.

6.5 The Board recommended the Medway Adult Social Care Strategy to Medway Council's Cabinet for approval.

7. Deputy Director's Comments

7.1 There will be a process of engagement on the strategy and the delivery plan with staff, service users, carers and the voluntary sector, which will take place from July-September. The consultation will run on the internet in late July, with an engagement event taking place in September. We will also carry out consultation with existing engagement forums such as the Carers Partnership Board, Learning Disabilities Partnership Board and Physical Disability Partnership Board, which will allow us to record wider opinion relating to the strategy and help shape the delivery plan.

8. Financial Implications

8.1 Although there are no direct financial implications contained within this report, the strategy will need to help inform the future development of the Council's Medium Term Financial Plan through highlighting areas of transformation and possible efficiencies that might be achieved.

9. Legal Implications

9.1 The strategy needs to support the delivery of all key statutory functions related to adult social care, particularly those associated within the Care Act (2014) and section 149 of the Equality Act 2010.

10. Recommendation

- 10.1 It is recommended that the Cabinet considers the comments of the Health and Adult Social Care Overview and Scrutiny Committee and the Health and Wellbeing Board and approve the Medway Adult Social Care Strategy.

11. Suggested Reasons for Decision

- 11.1 Approval of the Strategy will enable the Council to articulate our vision for social care and support in Medway and set the strategic direction which will underpin a programme of improvement for adult social care over the period 2016 – 2020.

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Appendices

- 1 Getting Better Together, Adult Social Care Strategy for Medway Council
- 2 Getting Better Together, 'plan on a page' summary presentation
- 3 Medway Market Position Statements
- 4 Diversity Impact Assessment (Draft/Interim)

Background papers

None

Adult Social Care Strategy 2016 – 2020

Getting Better Together



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Foreword



Councillor David Brake, Portfolio Holder for Adult Services

As Lead Member for Adult Social Care and Health in Medway Council I am pleased to introduce “Getting Better Together”, the Adult Social Care Strategy for Medway. It provides a vision for adult social care in Medway based on 6 strategic priorities – Prevention, Personalisation, Partnership, Integration, Innovation and Safeguarding. By focussing our actions and efforts on these key areas for action I believe will allow us over the next 4 years to strengthen and improve the support and care that we provide to citizens and their carers.

The central idea in the strategy is that we will support individuals to live as independently as possible, and recognise their rights and choices about what is right for them, and to ensure they are safeguarded when necessary. We want to make sure that wherever possible citizens in Medway are supported to stay or return to their own home, so that they can maintain important relationships with family, friends and continue to actively be a part of their own community.

We’ve called the strategy “Getting Better Together” because we believe that the best social care is delivered through partnership working with all of our key stakeholders. These include the people who get support from us and those who care for them, our staff and those in work in other key partner organisations. Strong partnerships will be the best way to deliver support which allows our citizens to have full and valued lives.

“Getting Better Together” also demands that we make best use of our resources, as all of Medway’s citizens expect us to provide fair and affordable care which represents good value for the public purse. Linked to this vision we will develop a framework to check our performance so that we can all be confident that both the supply and quality of our support and care are right. All of this will be underpinned by a commitment to safeguard anyone who needs specialist support and help, and at all times to show respect and dignity for those we work with.

I hope that you will help and support us to make this vision a reality so that we can all celebrate “Getting Better Together”.

Our vision

Medway's vision for Adult Social Care is:

We will support the people of Medway to live full, active lives; to live independently for as long as possible, and to play a full part in their local communities.

Medway Council works closely with colleagues across the full range of health services, including Public Health, and within the community and voluntary sector to ensure we deliver the best outcomes for our residents. Our vision for adult social care supports the delivery of Council Plan priorities, in particular 'Supporting Medway's people to realise their potential'; 'Older and disabled people living independently'; and 'Healthy and active communities'.



Our values

Best value

We will make the best use of our resources to get maximum value for the people of Medway.

Quality

We will make sure that people receive appropriate, high quality support, that meets their needs in a way that is timely and safe.

Co-production & Partnerships

We will ensure that everything we do is developed through the participation of people who use services, and their carers, including the design, monitoring and evaluation of services. We will work with other key stakeholders to ensure that everything we do is designed and delivered in partnership.

Personalisation

We will ensure we focus on the needs of individuals to achieve best outcomes in a way that supports choice and control and ensures a personalised approach to safeguarding.

Context

Adult Social Care makes a unique and distinctive contribution to society in Medway, by ensuring that vulnerable adults are protected and that adults with support needs are able to live full and valued lives.

Social care responds to a wide range of needs, helping people to live as independently as possible, whilst supporting people during times of crisis and balancing rights and risks. Medway Council delivers a range of important legal duties to protect people's interests and rights at times when they are vulnerable. However social care now needs to grasp the opportunity for far-reaching change in order to be better equipped to face the challenges posed by a rapidly increasing population, increasing costs and increasing demand.

There were approximately 274,015 people resident in Medway in 2014, according to figures produced by the Office for National Statistics. The majority of the population (89.6%) in Medway is classified as White, with the next largest ethnic group being Asian or Asian British (5.2%) including Chinese. Both male and female life expectancy in Medway is significantly worse than the England average¹. Many older people are enjoying longer and healthier lives, which is to be celebrated. Projections to 2020 suggest that the number of people aged 65 and over will increase by 29% to 46,900 and the number of people over 85 will grow by 34% to 5,500. This growth in the older population will inevitably require substantial change in the delivery of health and care services.



¹ Medway Joint Strategic Needs Analysis

A considerable proportion of the health and social care challenge relates to long-term conditions or situations. Increasing numbers of older people means that there will be greater numbers of people developing long-term conditions who will need more complex support. For example, the number of people aged 65 and over predicted to have a long standing health condition caused by a stroke will rise from 889 in 2012 to 1,657 in 2037 and in the same age range, those predicted to have diabetes will rise from 4,870 to 8,687 in the same time frame. Ageing of the population is likely to result in a substantial increase in costs to the health and social care system and primary and secondary prevention of conditions such as diabetes, chronic obstructive pulmonary disease (COPD) and heart disease, combined with improved care for people with conditions such as dementia, is essential to reduce or limit the numbers of high-intensity users of services and reduce the costs to the health and social care system.²

The Learning Disabilities Observatory highlights the expectation that over the next 20 years we will see an increase in the number of people with learning disabilities and that by 2030 the number of people aged 70 and over with learning disabilities will more than double. This is expected to be accompanied by an increase in the complexity of needs as young people with learning disabilities with extremely complex needs are now living well into adulthood.

Mental health is particularly important in determining quality of life and wellbeing. At any one time, 34,800 people in Medway are living with a mild to moderate mental health problem. About 800 people are living with psychosis, with conditions such as schizophrenia and bi-polar disorder. In older people, depression is still the most common mental health problem. It is estimated that 3,620 older people will be living with depression in Medway by 2015. Citizen's Advice Bureau believe 50% of people that suffer a mental health problem also have a significant debt problem.

Despite the large numbers of people living with a long-term condition in Medway, only a small number of people actually receive long-term care. In 2014/15 around 4,800 people received care and support provided by Medway Council and the Council spent approximately £82m (gross) on adult social care services. Most people received care and support in their own home, with around 1,250 people receiving care via residential facilities. Each year approximately 300 older adults move into residential or nursing care and approximately 30 adults of working age, with a disability or mental health need similarly move into a residential care setting.



² Medway Joint Strategic Needs Analysis

Nationally, social care budgets have reduced by 26% in real terms over the last four years. To continue to deliver the same level of support means we must adopt new ways of working. In Medway, the council has continued to prioritise social care and is investing additional resources to meet the increased demands; however, it faces a significant financial challenge as the complexity of need increases within specific populations, such as people with disabilities or dementia.

In response to the Care Act (2014), which is the single biggest change to social care legislation in decades, Medway Council is working to give people more choice and control over the support they receive from adult social care. We want to empower and enable people to choose support tailored to their individual needs, by placing them at the centre of how they receive that support.

The purpose of this strategy is to acknowledge the changing adult social care needs of the Medway population, and the process of transformation that will take place to increase personalisation for each individual we support. The strategy sets out our strategic priorities for action, identifies the improved outcomes we want to see for adult social care service users, and looks at how we will measure success. It provides the roadmap for the changes in adult social care that we will make in Medway over the coming four years, to ensure that all our citizens are supported to achieve their personal goals and ambitions, in a context which promotes safety, whilst recognizing each person's right to independence and choice.



Strategic aims

In order to deliver our aims and achieve our vision, we will need to take action. This section details the key strategic aims that underpin the support we provide in Medway. These are:

- **Prevention**
- **Personalisation**
- **Innovation**
- **Participation and partnerships**
- **Integration**
- **Safeguarding**

Prevention

Prevention and early intervention have been key elements in Government policy for many years. These are critical to our vision in ensuring that the care and support system works to actively promote wellbeing and independence, and does not just wait to respond when people reach a crisis point. To meet the challenges of the future, it will be vital that care and support in Medway intervenes early to support individuals; helps people retain or regain their skills and confidence, and prevents or delays deterioration wherever possible.

In Medway, we work to support adults from a range of backgrounds, with a wide range of needs, and we do that in a context that puts them at the centre of everything we do. We work with older people; people with learning disabilities; people with mental health needs and working age adults with disabilities. Prevention and the associated support we can provide will differ for each individual we work with. The following sections give some examples and case studies of what this preventative activity, or early intervention should look like.



Preventing needs

In order to help individuals to remain as independent as possible, for as long as possible, it will be essential to provide information and advice to help people to make decisions and choices that support this outcome. Information and advice will need to be provided in a range of ways, recognising that in order for individuals to be able to look after themselves and each other, it is essential that they have access to the right help at the right time.

We will:

- Improve access to information and advice about care and support
- Promote access to 'universal services', which are available to all residents
- Provide support in the community, to help people stay independent, including building community capacity in the care market and voluntary sector



Case Study

Joan is 60 and wanted to make plans for her future, after being diagnosed with dementia. Joan needed help to understand her future needs and the options available to her. Joan has now put in place a lasting power of attorney so her wishes can be enacted if she is unable to make decisions for herself later in life, and she is looking at housing options, that will both help her live independently for as long as possible and meet her future care needs.

Reducing needs

We will identify those people most at risk of needing support from adult social care in the future, and intervene as early as possible, to help them stay healthy and prevent the need for future support. Our work will be targeted and effective, making use of information and advice, technology such as personal alarms, home adaptations and communication technology.

We will:

- Work with health partners to ensure early identification of those at risk of needing future support
- Work in partnership to develop interventions that reduce the need for support, such as personalised advice and information and community support groups
- Support Carers to maintain their caring role, and stay well

Case Study

Sanjeet is 77 and cares for her husband, who is the same age and has had a stroke. They have no family nearby and Sanjeet wants to continue to care for her husband, but is struggling with lifting and supporting him physically. She was referred to the Medway contact centre by Carers First, and an adviser arranged for some equipment and home adaptations to make her caring role easier. She has also attended some local training to learn new techniques for supporting her husband.

Delaying needs

We will delay the development of long-term care needs by targeting our support at those who have experienced a recent crisis, or have acquired an illness or disability. We will try to minimise the impact of the disability or illness through the use of interventions, such as reablement and rehabilitation support. These are usually time-limited, intensive support that aim to get the individual back to independence as soon as possible.

We will:

- Target intensive support through our Reablement Service to assist people to recover quickly and regain their independence
- Work with partners in health and the voluntary and community sector to delay the need for social care support
- Help people living with health conditions to plan early for their future needs

Case Study

Graham is 82 and had a minor stroke nine months ago, leaving him with weakness on his right side. Graham recently lost his wife, who had previously managed all the meal preparation and was reliant on his daughter and domiciliary care services for meals and drinks. Medway's reablement service worked with Graham for four weeks, to learn how to use a microwave and other kitchen aids including a kettle fitted on to a tipper, so he could prepare his own drinks safely. He is now happy to prepare his own meals and drinks is more independent and less reliant on his daughter. He no longer receives any domiciliary care services.

Case Study

Diana is 35 and has a significant history of admissions to hospital and engagement with the NHS Crisis Team, Community mental health team and support from the mental health social work team. She has a diagnosis of borderline personality disorder. Diana wants to work with her social worker to look at how she can be supported along her recovery journey. Diana receives advice and information about the kind of support that will enable her to maintain her wellbeing in the community and specifically, what is available to meet her individual needs as a female and as a member of an ethnic minority group. Diana does not feel that admission to hospital is best for her so she and her social worker put in place plans to prevent this when she is entering a period of crisis.

Meeting needs

We will work with individuals to look at the support and help available to them through their existing family networks or community. We will look at what an individual can do for themselves, and what they might need help with. For those who need, and are eligible for Council support, we will provide a personal budget, which may be taken as a direct payment to enable individuals to arrange their own care. It could be taken as an Individual Service Fund, which is managed by a provider of the individual's choice, on their behalf and tailored to their individual needs and preferences; or can be managed by the Council. Wherever possible, we will work with an individual to ensure they have a choice of how their social care needs are met.

We will:

- Help people to identify and develop their strengths and increase resilience by working with their family and community networks, where possible
- Be responsible with public money and ensure best value when we purchase or commission services
- Support our staff to develop the right skills and knowledge to enable them to be innovative and creative when helping someone

Case Study

Tina is 44 and has a learning disability. She recently moved to a supported living flat after her elderly mother passed away and was feeling quite isolated. Tina received 15 hours of domiciliary care support each week, but after six months, she had learned how to prepare her own meals, keep her home clean and tidy, and how to stay safe at home. Tina also started an adult education course, which helps her socialise and meet new people. Her support package has now reduced to six hours a week, and focuses on maintaining her independence.



Participation and partnerships

The change that is set out in this strategy can only be delivered through a range of strong partnerships that will ensure the participation of all the key stakeholders. We will work in partnership with people who receive care and support to ensure that they have choice and control over the options available to them.

We will work in partnership with carers to ensure that they receive recognition and support to enable them to fulfil their central role in caring, whilst maintaining their wellbeing and lifestyle. We will not only work with individuals, but also with groups that represent the interests of specific individuals to improve the outcomes in specified areas. We will work to ensure that the existing Partnership Boards are fully engaged in both shaping and delivering the transformation of adult social care. This will include work on more specific strategic plans around key groups such as people with dementia, people with autism, and others where we need a targeted approach to get things right for those groups.

Striving for the successful delivery of excellent adult social care will require significant effort in empowering resilient communities to develop and release their resources to support and include vulnerable members of their neighbourhoods in community life. It is essential that we tackle social isolation which contributes to poor overall health and well-being and can lead to more serious health problems and care requirements. It is important that we engage with hard to reach communities who may have been excluded in the past.

These aspirations need to be seen in the context of improved joint working between the full range of statutory agencies and voluntary and community sector partners that make such a significant contribution to improving the health and well being of people with social support needs in Medway. These include health partners, and the community and voluntary sector.

In order for our collaborations to be successful and support the delivery of this strategy, we will develop a communication and engagement strategy that ensures that all those that need to know are kept well informed and involved in the changes that we are making. It will be especially important that those who are providing support – both our own Council and staff, throughout the whole of the structure and lines of accountability and those who are commissioned to provide care on behalf of the Council – are clear about how their own personal contribution makes such a critical difference to the quality of life of the people we serve.



Personalisation

In order to promote independence, choice and control we will seek to provide information, advice and support at the earliest stages of need, so that we focus on supporting individuals to maintain their optimum levels of independence in their own homes and communities.

We will seek to help people develop resilience by working with individuals in need of care and support to ensure that they have access to a strong network of supportive relationships to help them to maintain their independence and autonomy. This will involve engagement with those requiring support, their carers, wider family networks, peer support networks from communities of shared interest, and the support of resilient geographical communities.

We will ensure that every individual who receives support and care will experience this in a way that promotes and protects their dignity and allows them to feel respected and valued. We will be particularly mindful of the Equality Act 2010 which supports good decision-making by ensuring that public bodies consider how different people will be affected by their activities, helping us to deliver policies and services which are efficient and effective; accessible to all; and which meet different people's needs.



It will be absolutely essential that empowerment and choice is readily available through a focus on personalisation. We have already seen how personal budgets, direct payments and the promotion of self-directed support has provided people with care needs the ability to develop more flexible, inclusive and responsive solutions to the challenges they face.

We need to ensure that we continue to strengthen this approach and incorporate new opportunities that are emerging as the health and care system improves the integration of care and support. The introduction of personal health budgets will support integrated personalised commissioning that will allow individuals with a range of health and care needs to access a pooled budget to address all of their needs. Individual Service Funds, as an alternative mechanism to enable choice and control for individuals, is also an important area of development for Medway.

This approach is entirely consistent with the core values of Medway Council which is committed to ensuring that we put people at the centre of everything that we do.

Integration

Social care acts for citizens in Medway as a vital 'connector' to other public services, especially health care, but also to housing, welfare benefits, leisure and recreation, education providers and other organisations which support people to remain in their own home and play an active part in their community. Our needs as a population are changing with a greater focus on chronic illness. There is a clear requirement for care to be well 'joined up' so that an individual has a clear plan supported by all the agencies working well together.

In order to achieve this we will need to maintain and strengthen our arrangements for working with a range of health colleagues and voluntary sector partners. We will need to work closely with GPs and primary care colleagues, secondary care providers both in community and hospital based settings, and specialist providers of health care in areas such as mental health and learning disability. We will align and strengthen what we do, so that the help people receive is well co-ordinated across the whole system, and will need to ensure that we share information in a way that ensures citizens receive the best possible experience of care wherever they are.



The development of this strategy will help to inform developments over the next four years, and it is our intention that the aims and strategic direction set out here will support the development of integrated commissioning between health and the Council, and underpin other strategic documents and plans, such as the Dementia Strategy and the Carers Strategy.

This will require us to work as a whole system of health and care with a shared purpose in terms of the priorities, and to ensure that there are real and tangible benefits in terms of avoiding duplication of effort, getting better value out of the hard pressed resources in the system, and most importantly giving citizens an experience of care that feels well co-ordinated, focused on the outcomes that are really important for them, and that gives them the opportunities that they want.

When commissioning care and support, Medway Council will work with the market to develop a supply of new and innovative services that can support new ways of working in adult social care. We foresee that there will be a new focus on helping people, whatever their age or disability, to live independently at home with short term reablement or recovery, supported by the most up to date forms of technology enabled care.



Innovation

In order to deliver the transformation of care it will be important to draw on the evidence of what works best. We will use the messages from research and engage with organisations such as Research in Practice for Adults [RiPfa], the Social Care Institute for Excellence [SCIE], and Think Local Act Personal [TLAP] to ensure that we are drawing on this evidence and incorporating it in to the ways things get done in Medway.

There have been tremendous advances in technology which can support the safety and welfare of individuals living in their own home or in specialist accommodation. If we are going to get the best care and support for people living in Medway we will need to make sure that we make use of the opportunities that Technology Enabled Care Services (TECS) provide. The evidence shows that in areas where TECS are operating effectively this contributes to fewer falls, fewer admissions to hospital, as well as fewer and delayed admissions to nursing and residential homes.

Not all innovations in social care rely on technology. In fact, many of the best innovations in care are coming about through approaches which can be described as 'people powered health and well being'. There are some excellent emerging examples of this in Medway. In particular we are working initially with two communities, one on the Hoo Peninsula and the other in Walderslade, and an organisation called DERiC [Developing and Empowering Resources in Communities] to look at how these communities can work in partnership to find new ways of meeting the needs of people who live in these areas.

In this arena we will want to work closely with our colleagues in Public Health, Leisure, Housing and the voluntary sector along with our partner organisations to ensure that we are developing a range of Council led initiatives that tackle the social determinants which are responsible for poor health and well-being, such as social isolation.



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 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)

We will work with vulnerable adults to ensure that they are protected from abuse, neglect or exploitation, and ensure their views inform any action taken as much as possible.

We will ensure that the people who seek our help to feel safe and obtain care and support are offered this in a way which optimises their independence, choice and control over the key decisions in their lives, and is in their best interests

A major responsibility for adult social care is to ensure that people who are vulnerable can be assured of appropriate protection in a context which acknowledges their rights as individuals to live independently and make their own choices. In order to work positively with individuals who could be deemed to be at risk of harm we will strengthen the Council’s leadership responsibility through improved working arrangements with other agencies who share responsibilities to keep people safe in all settings. This will require us to work closely with key partners in health and police, but also to ensure that we co-operate with the Care Quality Commission as the regulatory body for social care delivered in nursing and residential settings, and by home care agencies delivering care in citizen’s own homes.

Prevention will be an essential element of the way that we safeguard potentially vulnerable adults. To achieve this we use local information to continuously develop ways to minimise the risk of adults experiencing harm.

We will work to ensure that there is a broader awareness and understanding by the public and key stakeholders of the potential for abuse, recognition of key concerns, and an understanding of the ways to get help. This work will be overseen by the establishment of a new Medway Safeguarding Executive Group.

We will work with providers of care in hospital and care homes where there may be a requirement to restrict the liberty of an individual for a period, to ensure that the appropriate statutory requirements are met and that these arrangements are regularly reviewed and withdrawn when/if no longer necessary. At all times we will ensure that we put in place the least restrictive available option which is in the best interests of the individual.

Making change happen

This improvement programme for adult social care in Medway will require committed and enthusiastic leadership within the Council.

Leadership & Governance

In order to deliver the strategy it will be essential that there is strong political leadership, and effective executive and officer support to ensure the organisational change required is achieved. The Adult Social Care Improvement Board chaired by the Council Leader, will provide the strategic leadership and oversight. The delivery of the strategy will require effective performance management to promote improved outcomes for service users and their carers; a clear focus on strengthened commissioning to support improved quality; to ensure effective resource management; and to develop an effective communication and engagement strategy so that all key stakeholders remain fully involved.

In addition the programme will be supported through a project management process. Robust governance, scrutiny and accountability processes will be in place in accordance with the usual requirements of the authority. The Health and Wellbeing Board will be key sponsors of this strategy, and the joint strategic needs analysis which the board develops, will be used to refresh and update the delivery plan annually.

These governance arrangements will also ensure that a performance management framework is established which is based on co-production principles, where local people who are experts through their experience of the support they are receiving, will work together with commissioners to ensure that the key performance indicators measuring success are both reported on and delivered against. These measures, both quantitative and qualitative, will be linked to the national Adult Social Care Outcomes Framework [ASCOF]. The analysis of performance data will provide us with the information to support improvement planning and will be reported through the Council Plan.

A recent diagnostic looking at the delivery of adult social care indicates that to ensure appropriate services and best outcomes for our residents, we need to focus more of our resources on prevention; we need to carry out more frequent reviews of those with care and support; and we need to develop our approach to supporting those with additional needs.

In addition to this strategic drive we will develop leadership at all levels in the system and especially in the front line where our service managers, team leaders and senior commissioners will support their staff to deliver the highest quality of support and care.

Our workforce

Medway has a wealth of talent available from the people involved in social care. We want to recognise the knowledge and wisdom that “experts by experience” contribute to our understanding of what’s important and what works. Our staff and service leaders will act as champions for change.

In order to deliver the best outcomes for clients we will need to ensure that our staff have continuing professional development so that their skills are updated to reflect best evidence on professional practice.

For the delivery of adult social care to be both effective and safe requires the development of a set of operating policies and procedures for staff. These will articulate the standards required and the processes to achieve these.

Communication and engagement

The delivery of this strategy will rely heavily on the commitment to improvement and change by our staff and other key stakeholders at all levels. Therefore delivery will be supported by a comprehensive communication and engagement strategy which will ensure that change happens at all levels of Adult Social Care.

We will establish a Getting Better Together Engagement Forum for staff to engage with our improvement plans and help support delivery of this strategy. We want this forum to represent our adult social care workforce and we will commit to supporting staff to contribute to this important work. The Engagement Forum will use the results of a recent communication and engagement survey to inform our approach.



Delivery plan 2016- 2020

Prevention

Action	The outcome for residents	Outcome Measures
We will develop an e-marketplace / citizen's portal for improved, consistent information and advice and signposting to other support.	I know where to find information about social care services, and how to access advice and support when required.	Monthly Portal Board monitoring
We will review information, advice and advocacy support in the community and commission to ensure they are effective and joined up.	I know where to find information and how to get support.	Measured via the Adult Social Care Outcomes Framework
We will analyse the effectiveness of reablement and commission a cost-effective intervention service that maximises the appropriate use of equipment and technology enabled care services.	I am helped to remain as independent as possible in my own home for as long as possible, using the minimum support so that I can keep doing things for myself.	Measured via the Adult Social Care Outcomes Framework
We will review our support for carers, especially those providing significant unpaid care or those caring for people with dementia and commission services that are appropriate for their needs.	As a carer, I am supported to maintain my caring role and look after my own health: <ul style="list-style-type: none"> • My physical health and emotional wellbeing has been maintained • I am able to manage stress • I feel confident to fulfil my role as a carer • I am able to maintain a dignified relationship with the person I care for 	Measured via the Adult Social Care Outcomes Framework

Participation and Partnership

Action	The outcome for residents	Outcome Measures
<p>We will review our partnership arrangements, formalising the support for Boards and engagement with the wider client groups. We will improve the lines of communication, both within the individual Partnership Boards, their wider client groups and through sharing information between boards.</p> <p>Feedback and learning from the boards will impact on front line practice by being shared through the Council’s communications processes and will be monitored throughout the workforce via the supervision process and a continual feedback loop.</p>	<p>I am able to help shape the care and support I receive through my participation with local Partnership Boards and I feel like these are forums for genuine engagement.</p>	<p>Measured via the Adult Social Care Outcomes Framework</p>
<p>We will develop an Employment Strategy that supports disabled people and those with mental health needs into paid employment. This strategy will include support and education for the employers and support where required for the employed.</p> <p>We will also help schools and colleges to prepare people with disabilities, for work, raising expectations and skills.</p>	<p>I can explore opportunities to take up paid employment that is suitable for my abilities.</p>	<p>Measured via the Adult Social Care Outcomes Framework</p>

Action	The outcome for residents	Outcome Measures
<p>We will support and extend the DERiC programme in Hoo and Walderslade to promote, develop and invest in new community-owned social enterprises which offer real incentives, including financial, to all involved.</p> <p>We will include Housing within our collaborative working and develop a housing strategy for adult social care with commissioners, to enable more people to remain at home in accommodation appropriate to their needs, and to enable more people early transfer from hospital to home through the availability of suitable housing including that of a specialist nature.</p>	<p>I am part of a strong local community, where people are supported locally to improve their health and wellbeing, and to remain in their homes and local communities for as long as possible</p> <p>My accommodation is suitable for my needs.</p>	

Personalisation

Action	The outcome for residents	Outcome Measures
We will improve the support for those receiving a Direct Payment through commissioning and co-production.	I manage my own care and support via a direct payment that provides the right amount to meet my needs.	Measured via the Adult Social Care Outcomes Framework
We will work with providers in Medway to develop an Individual Service Fund (ISF) option for those receiving care and support, which should also be available to self-funders.	I receive flexible support enabled by an ISF as I can't or don't want to manage a direct payment.	Uptake of ISFs % clients receiving community based care
We will review the care pathway between enablement and long term care and support to improve outcomes.	I am helped to remain as independent as possible in my own home for as long as possible, using the minimum support so that I can keep doing things for myself.	Measured via the Adult Social Care Outcomes Framework
We will continuously monitor equalities to improve personalisation and promote equality and human rights, including prevention of discrimination.	I know that the specific needs of my community will be met so that what I receive is appropriate for me.	
Ensure diversity impact assessments are carried out where changes are being proposed.	I know that the specific needs of my community will be met so that what I receive is appropriate for me.	
		Measured via the Adult Social Care Outcomes Framework

Integration

Action	The outcome for residents	Outcome Measures
We will develop integrated care pathways through the review and recommissioning of Dementia, Autism, Mental Health, and Information, Advice and Advocacy support.	The care and support I receive is delivered at the right time for me. Where more than one provider or agency is involved, my support is co-ordinated.	Measured via the Adult Social Care Outcomes Framework
We will develop an integrated service model, including joint health and social care personal budgets, direct payments, individual service funds and joint funding of long term condition support as part of the Better Care Fund.		Measured via the Adult Social Care Outcomes Framework
We will work with housing planners and providers to produce a co-ordinated social care housing strategy that improves access for older and disabled people to appropriate housing.	I am able to live in housing that is suitable for my needs.	Measured via the Adult Social Care Outcomes Framework
Develop shared end of life policy covering all health and social care partners on end of life care, including adoption of Gold Standards Framework and prevention of unnecessary transfers from home to hospital at end of life.	I will be supported to die with dignity in my home rather than in hospital if that's what I or my family choose.	Measured via the Adult Social Care Outcomes Framework
Delayed transfers of care: as part of the Better Care Fund plan, we will develop an improvement plan to increase our performance in relation to Delayed Transfers of Care – both whole system and attributable to adult social care.	I will not remain in hospital longer than clinically required to meet my health care needs.	Measured via the Adult Social Care Outcomes Framework

Innovation

Action	The outcome for residents	Outcome Measures
We will publish a new Technology Enabled Care Services (TECS) Strategy, to promote and deliver the wider use of Telecare services across Medway.	I use technology enabled care which allows me to control my care, empowering me to manage it in a way that is right for me.	We will see a reduction in the number of clients in receipt of long term support, through the use of TECS/Equipment.
We will maximise the use of information technology including the use of the best recording and reporting systems and developing mobile working options, including the use of 'offline' forms.	Social work in Medway helps me to gain the right support when I need it	We will see an increase in the number of Long Term Assessments/Reviews completed
We will develop effective forecasting of long term care costs which will help us to predict potential future care needs.	I know that Medway are seeking to achieve the best value for money for my services.	The number of clients in receipt of long term services will be reduced
We will monitor our transition from children's social care to adult social care to minimise the impact on long term disability care costs.		Measured via the Adult Social Care Outcomes Framework

Safeguarding

Action	The outcome for residents	Outcome Measures
<p>We will establish a Medway Adult Safeguarding Executive Group.</p>		<p>The Medway Safeguarding Adults Executive Group will be established.</p> <p>The board will achieve the objectives in a dedicated Medway Safeguarding Adults Strategic Plan.</p>
<p>Adults will be fully involved when a safeguarding concern is raised. They will be asked what they want their outcomes to be and these will inform any action taken where possible.</p>	<p>I feel safe, empowered and believe my rights are promoted. I feel my independence is optimised and I have the appropriate level of care and support in place. Overall, I consider myself to be a valued resident of Medway.</p>	<p>- Monitored through Kent and Medway Safeguarding Adult Board and Medway Safeguarding Adults Executive Group.</p> <p>Increased number of safeguarding concerns</p> <p>A coordinated and timely response to safeguarding concerns</p> <p>Measured via the Adult Social Care Outcomes Framework</p> <p>An increase in adults feeling safer</p> <p>An increase in adult's wellbeing and quality of life, through their personal outcomes being achieved.</p> <p>Reduction in the number of inconclusive safeguarding outcomes</p>

Action	The outcome for residents	Outcome Measures
Through the Medway Adult Safeguarding Executive Group we will review all multi-agency protocols, processes and practices embedded across sectors (especially health partners), to ensure they are evidence based and are in accordance with nationally recognised standards.	I know that when I need help and support to remain safe, services will work together and I will receive the best services to help me.	Measured via the Adult Social Care Outcomes Framework
We will analyse information from safeguarding outcomes to continuously develop supports and strategies and strengthen our preventative approach, using co-production techniques where possible.	I can get involved in making Medway a safer place.	Annual Medway Safeguarding report
We will raise Public awareness in addition to ensuring that all staff have a basic awareness of how to recognise abuse and what to do to seek help and support. We will ensure safeguarding is embedded into all of the Council's services.	<p>I know that all staff in Medway are aware of the need to keep me safe.</p> <p>I will feel reassured that members of the public will know how to help me if they are worried I am not safe.</p>	<p>Measured via the Adult Social Care Outcomes Framework</p> <p>Increased safeguarding concerns</p> <p>Increased public confidence in what safeguarding is and what to do if they have a concern.</p>

Action	The outcome for residents	Outcome Measures
<p>We will identify specialist safeguarding adult’s staff along with establishing robust workforce development and performance management frameworks that set out expected behaviours, competencies and professional standards, effectively monitor staff actions and recognise good delivery.</p>	<p>I know that staff are well trained and have clear policies and procedures to follow.</p>	<p>Individual productivity targets set and monitored through PDS and supervision. Increased staff development/capability action.</p> <p>An increase in safeguarding concerns.</p> <p>Coordinated enquires carried out and completed timely.</p> <p>Appropriate involvement of adults in safeguarding enquiries.</p> <p>An increase in adult’s feeling safer</p> <p>An increase in adult’s wellbeing and quality of life, through their personal outcomes being achieved.</p> <p>Staff feeling more confident about their roles and responsibilities.</p>

Links to further reading:

[Medway Joint Strategic Needs Assessment](#)

[Care Act 2014](#)

[Care Act 2014 Statutory Guidance](#)

[Kent and Medway Safeguarding Adults](#)

[Deprivation of Liberty Safeguards](#)

DRAFT

Medway Adult Social Care Strategy 2016-2020

Getting better together

Our vision

We will support the people of Medway to live full, active lives; to live independently for as long as possible, and to play a full part in their local communities.

Our values

Best value

Quality

Co-production & partnerships

Personalisation

Resident outcomes

I know where to find information about social care services, and how to access advice and support when required

I manage my own care and support via a direct payment that provides the right amount to meet my needs.

I use technology enabled care which allows me to control my care, empowering me to manage it in a way that is right for me.

I am part of a strong local community, where people are supported locally to improve their health and wellbeing, and to remain in their homes and local communities for as long as possible

The care and support I receive is delivered at the right time for me. Where more than one provider or agency is involved, my support is co-ordinated

I feel safe, empowered and believe my rights are promoted. I feel my independence is optimised and I have the appropriate level of care and support in place.

Our strategic aims

PREVENTION

PERSONALISATION

INNOVATION

PARTICIPATION & PARTNERSHIPS

INTEGRATION

SAFEGUARDING

Leadership & Governance

Adult Social Care Improvement Board

Portfolio holder Adult Services

Director Children & Adults Services

Health and Wellbeing Board

Measuring success

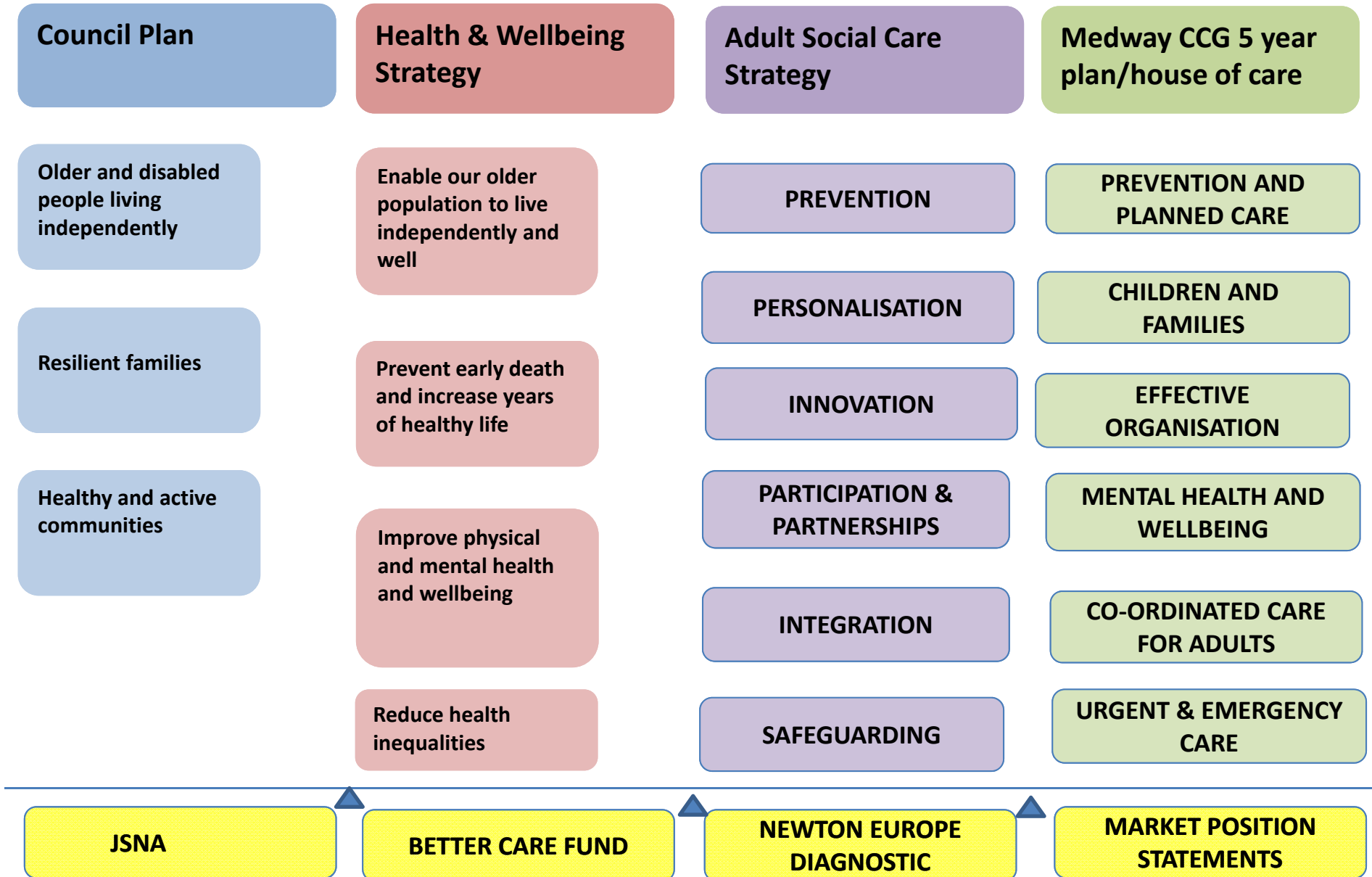
Adult social care outcomes framework

Reduction of long-term support via increased use of TECS

Increase in uptake of DP's and ISF's

A coordinated and timely response to safeguarding concerns

Strategic links



Prevention

Adult Social Care Strategy Actions

We will develop an e-marketplace / citizen's portal for improved, consistent information and advice and signposting to other support

We will review information, advice and advocacy support in the community and commission to ensure they are effective and joined up

We will analyse the effectiveness of reablement and commission a cost-effective intervention service that maximises the appropriate use of equipment and technology enabled care services.

We will review our support for carers, especially those providing significant unpaid care or those caring for people with dementia and commission services that are appropriate for their needs.

Planned outcomes for Medway residents

I know where to find information about social care services, and how to access advice and support when required

I am helped to remain as independent as possible in my own home for as long as possible, using the minimum support so that I can keep doing things for myself

As a carer, I am supported to maintain my caring role and look after my own health:

- My physical health and emotional wellbeing has been maintained
- I am able to manage stress
- I feel confident to fulfil my role as a carer
- I am able to maintain a dignified relationship with the person I care for

Participation & Partnerships

Adult Social Care Strategy Actions

We will review our partnership arrangements, formalising the support for Boards and engagement with the wider client groups.

We will develop an Employment Strategy that supports disabled people and those with mental health needs into paid employment.

We will support and extend the DERiC programme in Hoo and Walderslade to promote, develop and invest in new community-owned social enterprises which offer real incentives, including financial, to all involved.

We will include Housing within our collaborative working and develop a housing strategy for adult social care with commissioners

Planned outcomes for Medway residents

I am able to help shape the care and support I receive through my participation with local Partnership Boards and I feel like these are forums for genuine engagement

I can explore opportunities to take up paid employment that is suitable for my abilities.

I am part of a strong local community, where people are supported locally to improve their health and wellbeing, and to remain in their homes and local communities for as long as possible

My accommodation is suitable for my needs.

Personalisation

Adult Social Care Strategy Actions

We will improve the support for those receiving a Direct Payment through commissioning and co-production

We will work with providers in Medway to develop an Individual Service Fund (ISF) option for those receiving care and support, that should also be available to self-funders.

We will review the care pathway between enablement and long term care and support to improve outcomes

We will continuously monitor equalities to improve personalisation and promote equality and human rights, including prevention of discrimination.

Planned outcomes for Medway residents

I manage my own care and support via a direct payment that provides the right amount to meet my needs

I receive flexible support enabled by an ISF as I can't or don't want to manage a direct payment.

I am helped to remain as independent as possible in my own home for as long as possible, using the minimum support so that I can keep doing things for myself.

I know that the specific needs of my community will be met so that what I receive is appropriate for me

Integration

Adult Social Care Strategy Actions

We will develop integrated care pathways through the review and recommissioning of Dementia, Autism, Mental Health, and Information, Advice and Advocacy support.

We will develop an integrated service model, including joint health and social care personal budgets, direct payments, individual service funds and joint funding of long term condition support as part of the Better Care Fund.

We will work with housing planners and providers to produce a co-ordinated social care housing strategy that improves access for older and disabled people to appropriate housing

We will develop shared end of life policy covering all health and social care partners on end of life care, including adoption of Gold Standards Framework and prevention of unnecessary transfers from home to hospital at end of life.

Delayed transfers of care: as part of the Better Care Fund plan, we will develop an improvement plan to increase our performance in relation to Delayed Transfers of Care – both whole system and attributable to adult social care

Planned outcomes for Medway residents

The care and support I receive is delivered at the right time for me. Where more than one provider or agency is involved, my support is co-ordinated

I am able to live in housing that is suitable for my needs.

I will be supported to die with dignity in my home rather than in hospital if that's what I or my family choose.

I will not remain in hospital longer than clinically required to meet my health care needs.

Innovation

Adult Social Care Strategy Actions

We will publish a new Technology Enabled Care Services (TECS) Strategy, to promote and deliver the wider use of Telecare services across Medway.

We will maximise the use of information technology including the use of the best recording and reporting systems and developing mobile working options, including the use of 'offline' forms.

We will develop effective forecasting of long term care costs which will help us to predict potential future care needs.

We will monitor our transition from children's social care to adult social care to minimise the impact on long term disability care costs.

Planned outcomes for Medway residents

I use technology enabled care which allows me to control my care, empowering me to manage it in a way that is right for me.

Social work in Medway helps me to gain the right support when I need it

I know that Medway are seeking to achieve the best value for money for my services.

Safeguarding

Adult Social Care Strategy Actions

We will establish a Medway Adult Safeguarding Executive Group.

Adults will be fully involved when a safeguarding concern is raised. They will be asked what they want their outcomes to be and these will inform any action taken where possible

The Medway Adult Safeguarding Executive Group will review all multi-agency protocols, processes and practices embedded across sectors (especially health partners), to ensure they are evidence based and are in accordance with nationally recognised standards.

We will raise Public awareness in addition to ensuring that all staff have a basic awareness of how to recognise abuse and what to do to seek help and support. We will ensure safeguarding is embedded into all of the Council's services.

We will identify specialist safeguarding adults staff along with establishing robust workforce development and performance management frameworks that set out expected behaviours, competencies and professional standards, effectively monitor staff actions and recognise good delivery.

Planned outcomes for Medway residents

I feel safe, empowered and believe my rights are promoted. I feel my independence is optimised and I have the appropriate level of care and support in place. Overall, I consider myself to be a valued resident of Medway.

We will analyse information from safeguarding outcomes to continuously develop supports and strategies and strengthen our preventative approach, using co-production techniques where possible.

I know that all staff in Medway are aware of the need to keep me safe. I will feel reassured that members of the public will know how to help me if they are worried I am not safe.

I know that staff are well trained and have clear policies and procedures to follow.

Market Position Statement for Adult Social Care in Medway

Business Opportunities– 2016/17



1. Working in Medway

We want to make it possible for people to stay independent and have choice over the care services they use. As part of this we want to support people in making healthy lifestyle choices that might benefit their longer-term well-being. The Better Care Plan, the Joint Health and Wellbeing Strategy for Medway and the Strategy to Reduce Social Isolation are good examples of partnership working in Medway.

Outlined below is what we aim to do to achieve this objective and create a positive difference to the people of Medway:

- We will work closely with our NHS and voluntary sector partners
- We will ensure that people have choice and control in the support they receive
- We will support carers in the valuable work they do
- We will ensure that vulnerable adults and older people are safe
- We will promote and encourage healthy lifestyles for adults

We will do this by strengthening preventative services, improving the choice of services that people can purchase with direct payments, integrating social care with local health care, promoting innovation and doing things differently, encouraging staff, service users and their carers to co-produce services and make sure that vulnerable adults are safe. These themes are integral to the soon to be published Medway Adult Social Care Strategy, and will underpin everything we do.

Set out in this Market Position Statement is the start of our conversation with you, the market, in order to work together to create strong and robust services for the people of Medway.

You will see that we are looking to make a long term strategic shift in spend. The vast majority of business opportunities in this MPS will not be realised by formal tendering processes. The shift will be made by providers recognising opportunities in Medway and making their own business decisions to invest in new services that will be attractive to private customers and to Medway Council and the NHS.

This document gives only a flavour of the opportunities to providers. It is not a prescriptive document either – it is simply to stimulate discussions about doing business in Medway.

All tender opportunities are published on www.kentbusinessportal.org.uk.

If you would like to discuss delivering new adult social care services in Medway, please email partcomm@medway.gov.uk saying what business you are interested in developing, and we will put the most appropriate commissioner in touch with you

We particularly wish to talk to:

- Providers that offer social value
- Providers that promote personalisation
- Providers that create inclusive services that meet the needs of the individual service user
- Providers that meet the needs of private customers
- Providers that promote independence and can reable people
- Providers that have experience of integration with health services
- Providers that are keen to work in the community



Why have we got a Market Position Statement?

Local authorities need to consider how they are going to meet their requirements under the Care Act to 'promote diversity and quality in the provision of services'. The Care Act requires commissioners to develop a common and shared perspective of supply and demand for care services. The Care Act also talks about ensuring sufficiency of provision, for private customers as well as the Council, making sure the local care market is sustainable and fostering continuous improvement.

The Public Services (Social Value) Act 2012 requires local to consider how the services they commission and procure might improve the economic, social and environmental well-being of the area and the people that live in it. Providers who are tendering to deliver adult social care services in Medway will be required to say how they propose to do locally. Providers that offer their services to people to purchase themselves will be encouraged (for instance, on the Citizens Portal) to publicise how they add social value to Medway.

The vehicle for delivering a new and vibrant market of adult social care services in Medway will be the Market Position Statement, which comprises of the following:

1. A picture of Medway's demand and supply

A picture of demand and supply now, what that might look like in the future and how the Council will support and work with in the local market.

2. A strategic vision for Medway

Providers will come to their own business decisions about where and in what amount to invest in a market. The MPS will help providers to understand the direction Medway is taking and why, based on evidence.

3. Data from Medway sources as well as national ones

This Market Position Statement is informed by material from a range of sources such as the Medway Joint Strategic Needs Assessment, surveys, contract monitoring, market reviews and statistics to help providers to develop effective business plans.

4. Information about what service users tell us they want

In this document, we have provided data and information about all potential and actual users of services in Medway, but we have not restricted it to those that receive Local Authority funding. It is important that private service users have a choice of high quality services that they can buy too.

Important to note!

This is a start of an interactive and iterative dialogue between commissioners and providers to facilitate the development and shaping of the market. The MPS will be published, reviewed and updated regularly. A diagnostic of the adult social care service is underway and we are expecting the way that we do things to change radically as a result. This MPS will be updated following the diagnostic exercise and agreement of the recommendations that we will be implementing.

2. What do the themes in the Adult Social Care Strategy mean for providers?

Prevention

It is critical the local care and support system works to promote wellbeing and independence, and supports people retain or regain their skills and confidence, so that the need for long term care is prevented wherever possible.

Personalised Services

Local care needs to be responsive to individuals' needs and preferences. Medway Council will work with the market to offers a menu of services that people can buy using direct payments.

Integration

To live independently, people need health and social care. There is a limit to how much can be offered with the financial resources available. Integration offers the opportunity to design services that are better co-ordinated for the people using them, and to deliver more service for the money, because duplication is eradicated.

Innovation

We want to talk to providers that want to do things differently. There are also opportunities for innovation in the way that providers can work with local communities to respond better to people with care and support needs. This will also help reduce isolation and will help people be independent of statutory services.

Participation and co-production

By collaborating with our providers, service users, carers and community groups, Medway can achieve better outcomes. We providers to work with service users to personalise services and achieve the outcomes that people want.

Safeguarding

We need to support vulnerable people to live independently, take positive risks and making their own choices. At the same time we need vulnerable people to be safe. We will work with providers so that our standards of quality and of safeguarding are maintained.

3. Factors Influencing the Market

Population projections indicate the anticipated growth in the proportion and number of older people in Medway over coming years. In terms of service, the need for care services increases significantly over the age of 85. Not only are the numbers of older people growing, the complexity of the physical health and mental health problems that they are living with is also increasing. Currently there is too much of a dependency on residential care. This needs to change.

The direction of travel is towards independence and recovery. Over the next few years, we need to make a significant shift from expenditure on traditional institutional style services such as care homes and day centres into services delivered in people's own homes and in local communities. For example, we will see the amount spent on residential care homes reduce and the amount spent on reablement packages delivered at home increase.

As well as demand in terms of numbers and complexity growing, so are people's aspirations and their expectations of services. People new to services now are not the passive recipients of services of the past. The post war baby boomers that will start to enter services in the next few years onwards will have grown up with the NHS. Most will have occupational pensions, property and they will be used to being consumers. They will not tolerate traditional services and they will have modern expectations, such as en suite rooms, evening meals as the main meals of the day and freedom to make their own decisions.

Equally the sons and daughters of the baby boomers will have higher expectations of services for their parents, and they will expect services to be able to support them in their caring roles by being available in weekends and evenings, fitting in with busy 21 century life.

At the other end of the age spectrum, parents that have sons or daughters with disabilities have modern expectations of services. They will expect services to support their son or daughter to have the same adult life as their non disabled peers – to live independently with support, to have relationships, friends, get out and about, and to be able to do something meaningful with their lives. Equally, disabled children and young people have told us that they don't want to mix only with disabled children and young people – they want support to go to the same youth club as their school friends and they want to be helped to learn how to be independent in their adulthood.

How to use this Market Position Statement

This initial Market Position Statement is set out in chapters by client group. Each chapter will give providers the headlines about local need, information about the services that we have now and the types of provider that delivers them. The chapters will tell providers what we (service users and Medway Council) want for the future, the implications for service provision, and we will set out our commissioning intentions and let providers know if there are any upcoming tender opportunities.

At the end of the document is a table that gives more information about the potential business opportunities in Medway that adult social care providers may be interested in.

The suggestions in that table are by no means exhaustive. If you have an idea or you deliver a service that works well elsewhere and you think it would work well in Medway too, get in touch!

4. Older Peoples Care Market

Demand Highlights

- Average Medway life expectancy is estimated at 81.7 years for women and 77.6 for men
- 14.1% of the local population are over 65 years old
- People aged 85 and over make up 1.6% of Medway's population (4,136 people according to 2010 estimates)
- We estimate there are 2,727 people over 65 who live in Medway and have dementia
- Demand is rising as the population is living longer, and experiencing more complex physical and mental health issues as they live those additional years

What older people say they want:

- Care workers who show the following personal qualities: a respectful attitude, friendly, personable, naturally compassionate, genuine and warm, and have a sense of humour
- Care workers who are reliable and committed
- Services which enable, rather than 'do for'
- Care staff who can communicate clearly in older people's own languages
- Services which treat people with dignity and respect, and who value older people's own skills and strengths

(Source – Service User & Carer Perspectives: Emerging findings from the Longitudinal Care Work Study (LoCS, 2015))

Home First

Medway Council and Medway Clinical Commissioning Group (CCG), working with its partners in local health services is implementing new pathways out of hospital. We have just launched a new pathway called Home First which supports people to come home from hospital and undertake a reablement programme. We do not have enough capacity in the market to meet demand so there is a business opportunity for providers to offer a reablement service. The opportunity to deliver reablement services will expand again in the autumn of 2016 when the new intermediate care system is implemented. Over the next few years we will shift resources from inpatient intermediate care beds to reablement programmes delivered in people's own homes.

What we have now: Local Supply of Older Peoples Services

Medway Council does not deliver any form of direct care provision. All older people's services are provided by external service providers.

Medway Council has a framework agreement in place for domiciliary care, from which it contracts with mainly private sector care providers in order to purchase individual packages of care. The CQC registers and regulates domiciliary care providers and there are around 30 domiciliary care agencies in Medway.

There are twelve privately-run nursing homes in Medway. Four nursing homes have more than 50 beds. People are living longer and with increasingly complex conditions. The supply of nursing homes in Medway is smaller than residential care homes. There are fewer vacancies in nursing homes because of the proportionately higher demand and the smaller supply. The latest vacancies show that the majority of nursing care vacancies are in shared rooms, which are unpopular and difficult to fill.

There are 21 mostly privately owned older peoples residential care homes in Medway. Many are long established, owned by private local couples or individuals, and have bed numbers that are well below the numbers that are accepted nowadays as being the most cost effective and economically viable, ie 50 plus. There is one home with over 50 beds.

Implication of market changes

The supply of residential care in Medway is contracting. Over time, like other local care markets, the residential care market will shrink further in numbers of beds. Part of the decline in numbers will be due to the shift towards independent living with support. Providers, particularly the long established traditional care homes providers, will make planned exits from the market perhaps, making the decision to retire because their homes no longer meet people's expectations of care. There will also be unplanned exits from the market – individual provider failures, for examples, if the CQC closed a home because it did not meet the standard required to be allowed to remain open.

It is possible that shared rooms will be acceptable to people who have a short stay in nursing homes as part of their plan to return home and independent living, but for people with moderate or severe dementia / end-of-life these are inappropriate. The demand for shared rooms is negligible nowadays.

Retirement living (sheltered housing) is provided in Medway primarily by the social rented sector. Increasingly older people prefer not to live in these old-style social rented sheltered housing schemes, preferring to remain in their family homes with equipment such as the community alarm service and support from care workers.

Some of the total capacity of the market is only available to Medway Council because Medway Council has block contracts with some care homes, two of which are a not for profit organisations and the others are private sector organisations. There are 103 beds that are block contracted.

Business Opportunities:

Apart from people who need nursing care because of physical frailty and cannot be supported by the community nursing services as currently configured, there are three areas of opportunity for nursing care in the future: moderate or severe dementia where behaviour challenges, end of life care and short term nursing care with enablement to support timely discharge from hospital and a return home to independence.

Older people and their families have higher expectations and will expect to live in the more highly specified extracare units now available. If older people have a condition that means that they need to be somewhere that 24 hour care is available, most people will choose independent living with support, commonly known as extracare or locally as flexicare. This provides an apartment with a bedroom, living room, kitchen and bathroom, and care when needed.

Older people enjoy the feeling of personal safety that modern extracare schemes can provide over and above the personal safety they may feel in sheltered housing schemes or their family homes.

In Medway we want a mix of schemes; small, large, urban and rural, and for dementia as well as for older people that are physically frail. We want to encourage a mix of tenures too. As well as social rented we want schemes for people interested in outright purchase and shared ownership



5. Learning Disability Care Services

Demand Headlines:

- Estimated 4,525 people in Medway have learning disabilities
- Estimated 2,740 people in Medway have an autistic spectrum disorder, of which 15% will also have a learning disability, so around 400 people in Medway will also be living with both a learning disability and autism.
- Not all people with a learning disability or diagnosed with an autistic spectrum disorder have a social care need. The likelihood of having social care needs will increase as the severity of the condition or disability increases.
- People with learning disabilities have more health problems and die at a younger age than the rest of the population. There is no reason to think this is any different in Medway.
- The incidence of dementia in older people with a learning disability is higher than the general population, and people with learning disabilities are living longer
- The learning disability population overall will increase in its complexity of needs as young people with learning disabilities with extremely complex needs are now living well into adulthood.

What people with learning disabilities say they want:

- To choose who they live with
- To choose where they live
- To have their own home
- To choose how they are supported
- To choose who supports them
- To get good support
- To choose their friends and relationships
- To choose how to be healthy and safe
- To choose how to take part in the community
- To have the same rights as everybody else
- To get help to make changes in their lives

(Source – Paradigm standards)

Services in Medway for people with learning disabilities remain traditional. We have a disproportionately large number of people with learning disabilities in residential care. We consequently have a lack of supported living and independent living services, and a lack of community access services and work opportunities.

There is a traditional day centre delivered by the local community health provider, a day centre for people with complex needs and a residential respite unit delivered by a private provider under contract with the Council, a Council-run Shared Lives scheme that we want more people with learning difficulties to benefit from.

We have 38 privately owned residential care homes, providing 251 beds, which although we have a disproportionately large number of people in residential care, the care homes are holding vacancy rates of 25% across the sector. There are no nursing homes for people with learning or physical disabilities in Medway. 2% of disability spend is on nursing care and this will be delivered in homes that are outside of Medway.

Our strategic direction is to support people with learning disabilities to live independently in their own homes. We do not see new residential care for people with low and moderate learning disabilities as being a market that providers should consider investing in Medway.

There are 2 purpose built supported living schemes (Polder House and Chaucer Court) with a total of 12 units of housing in Medway for people with a learning disability. We want to work with providers that will help us support a shift in social care budgets from residential and nursing care for those people that have the highest and most complex needs, and who are currently living out of area, towards new supported living in Medway so that people can live in the community and be near to their families again. Providers would also help people to access leisure, sport, work (including supported work and voluntary work) – in short, to play their part in society.

An independent analysis is currently underway of Medway's over use of residential care, so although we cannot yet quantify how many people are living in residential care but should be living more independently with support, we know that there will be a growing market for supported living and supported accommodation in Medway over the next few years.

In Medway, we have almost 20 people with learning disabilities living independently in their own homes with live in care. We therefore would welcome providers who could develop their offer in Medway and provide live in care in a way that provides innovative ways of providing live in care cost effectively.



Business Opportunities:

Supported living schemes are an ideal bridge between residential care and living independently so we would welcome providers that could develop new supported living schemes in Medway that support people to move out of residential care into supported living – and to support them to develop the skills they need to move on to further independence.

We will update this chapter in the summer to give providers a better idea of likely numbers of people, and their needs. Currently, we are estimating that over 70 people will be assessed as able to move from residential homes into supported living.

6. Physical Disability Care Market

Demand Headlines

- An estimated 6,300 people of working age in Medway live with a moderate disability
- An estimated 6,700 people in Medway live with sight loss
- An estimated 6,400 people of working age in Medway live with moderate or severe hearing loss, meaning they require a hearing aid or support with different forms of communication such as lip reading or the use of British Sign Language.

What people with physical disabilities say they want:

- Support that fits around any fluctuating needs
- Services which support their day to day living needs
- Help to be more active in their communities
- Choice and control in planning their care
- Help with looking for and accessing work

(Source – Research from Scope)

What do we mean by physical disabilities?

Physical disabilities cover a wide spectrum of conditions. They may be conditions that develop before birth or during birth, conditions caused by diseases, injuries and accidents, and neurological, long term and deteriorating conditions that come on in adulthood. Physical disability also encompasses debilitating conditions of old age such as arthritis. Sensory impairments such as hearing or sight impairment are also physical disabilities, with hearing and sight loss being more prevalent as age increases.

The number of people of working age living with physical disabilities supported by Medway Council's adult social care services was in 2014/15 was around 600, including people with sensory impairments. The number of people living with a serious disability in 2015 in Medway was estimated at 1400. Assuming that people with serious personal care disabilities are most likely to be the people supported by adult social care, Medway Council is currently supporting 40% of people. There may be unmet need in the population, and there may also be people who are being supported entirely by family and friends.

The market of services for people with physical disabilities in Medway is small and by and large the services that are offered are traditional. We are disproportionately reliant on residential care for adults of working age and people living in the family home as adults. An independent analysis is currently underway which will help us understand the numbers that could live independently with support, and their needs.

There are no day centres only for people with physical disabilities of working age in Medway. We do not see this as an area in which providers should develop their businesses. As we see a shift from residential care and adults remaining in their family home into independent living with support, we will want to commission services that support people to gain work opportunities, get involved with their local communities and to have a social life with people of their own age.

We also want to support independent living with the use of technology such as telecare, telehealth and other forms of Technology Enhanced Care (TECs). We will be working with the Medway telecare provider and the wider technology market to develop a menu of options so that people can take advantage of the rapidly evolving technology that can help them to live in their own homes with minimal dependence on care workers.

Coupled with this is the need to promote independence through reablement. Medway needs to develop its market of reablement services urgently. The Home First initiative as well as the forthcoming new intermediate care system of services that will commence delivery on 1 October 2016 will require a rapid and a large expansion in the amount of reablement service available.

Added to that, the direction of travel will be to have reablement and telecare as the first offer to all people new to adult social care, including people with physical disabilities, and then to offer a period of reablement to all adult social care users upon their annual review, to increase their levels of independence. The local market is delivering insufficient reablement currently, and the reablement services need to increase their ambitions for independence.



Business Opportunities:

There are huge opportunities for providers to offer reablement services that evidence sustained improvements in people's independence across a number of domains, and consequent dependence on long term care packages. Providers are encouraged to make contact with commissioners to explore opportunities in Medway.

Telecare and other forms of technology enhanced care is an area in which there are business opportunities. Use of technology for independence is currently under exploited in Medway and we will be inviting the market to engage with us and to add to the menu of options currently available.

Providers are encouraged to offer services that help people to work or remain in work, access their local communities, and to undertake normal family roles, such as parenting, managing their homes, working (whether that work is paid or unpaid) and taking part in community life.

There are business opportunities in Medway for people that do not meet the criteria for adult social services, such as people that have moderate personal care disabilities and may have some needs. They will have a need for equipment and assistive technology that they can purchase themselves. They may also wish to purchase self management programmes, support with managing their homes, gardens, or animals. Services helping people to get out and about in Medway may also be attractive to this market, as might convenience products and gadgets. These sorts of products and services will help people to be more independent of unpaid carers and of statutory services.

People with physical and learning disabilities are living longer and with increasingly complex conditions. Nursing homes for older people in Medway will accept people with physical disabilities of working age, however this means that they have to live with older people. The numbers of people with physical disabilities that require 24/7 nursing care is low, so the opportunity now is to reconfigure existing services to meet the needs of younger people so that they can remain in Medway near their families and their friends.

People with disabilities are living longer thanks to improvements in healthcare. In the future there will be opportunities to provide nursing care that meets the particular needs of people with disabilities who are ageing.

There are two residential care homes for people with physical disabilities of working age in Medway. In terms of total supply, there are 45 beds available and there are approximately 10 vacancies. We also have people with disabilities living in care homes outside of Medway. We know from our performance indicators and our independent diagnostic exercise underway that we are disproportionately reliant on the use of residential care and that a proportion of those people should be living more independently with support. Developing additional residential care in Medway for people of working age living with disabilities is therefore not recommended.

There is one supported living scheme (Hattie Webb House, run by KASBAH with a total of 4 units of housing in Medway for people with a physical disability. This is not enough supply to meet the needs of people with disabilities in Medway. Work is underway now to quantify the shift needed from residential care to supported living, but providers can be sure that this is an area of growth over the next few years. There will be significant business opportunities to develop a mix of different supported living schemes and independent living with support. We will provide more information on likely numbers of people and their needs in the summer.

7. Mental Health Care Market

Demand highlights

- In Medway nearly 35,000 people of working age will be living with a common mental disorder, such as depression, anxiety and obsessive compulsive disorder
- Over 12,000 people in Medway are estimated to be living with two or more psychiatric disorders
- Psychotic mental health issues such as schizophrenia are far less common than the common psychiatric disorders, occurring in about 0.5% of the population; around 700 people of working age. These disorders can often be severe and enduring.
- People's expectations are to live independently in their own homes and to recover from mental ill health, or at the very least be supported to self manage their mental health

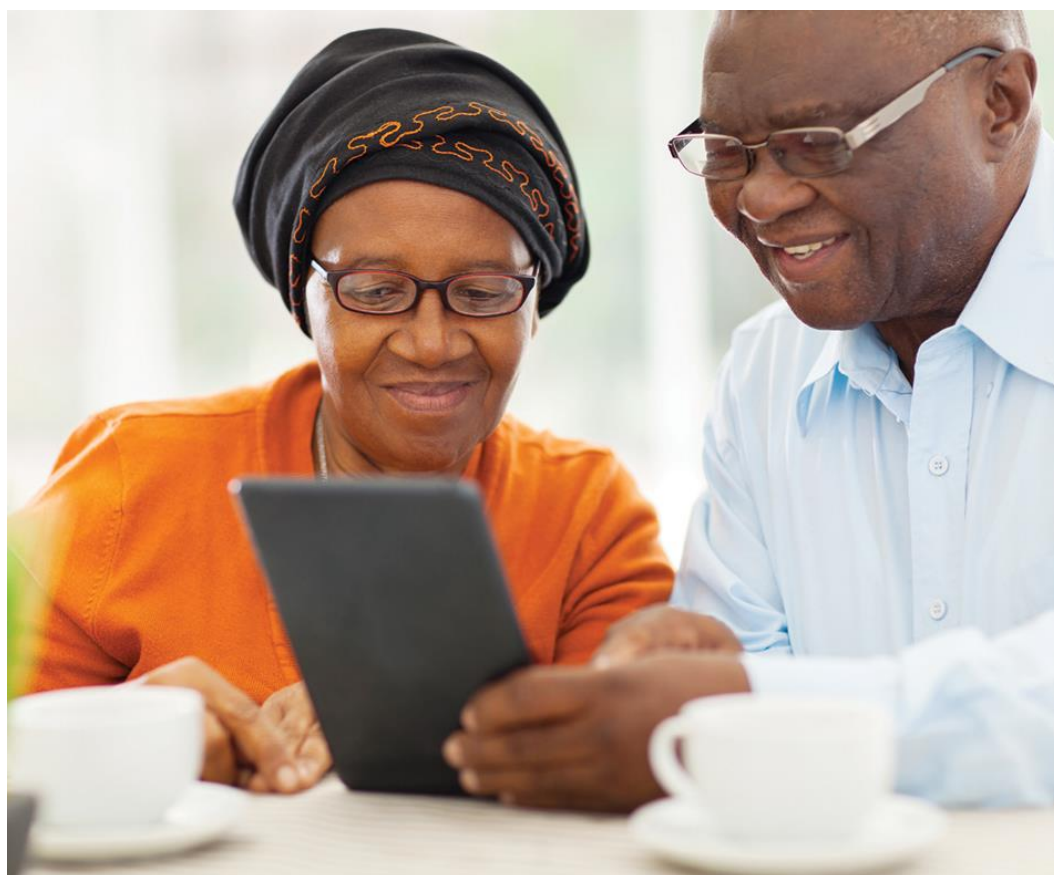
What people with mental health needs **say they** want:

- Their culture and identity to be understood and respected when in contact with services and professionals
- To feel safe
- To have a place they can call home not just 'accommodation'
- To have support to help them access benefits, housing and other services they might need
- Their strengths, skills and talents are recognised and valued
- They are treated as a person, not just according to their behaviour
- Their personal goals are recognised by support services
- They determine different levels of information sharing about themselves with their friends, family, carers and people close to them
- They are confident that, if they need care or treatment, timely arrangements are made to look after any people or animals that depend on them

(Source – National Voices and Think Local, Act Personal 'I' Statements)

As well as statutory mental health services delivered by NHS Trusts and Medway Council adult social care, Medway has a relatively healthy mix of services delivered by the voluntary sector and peer support organisations. These are MIND in Rochester, Rethink at the Sunlight Centre and The Service User Involvement Project at Under1roof in Rochester.

The implication of this healthy market mix of statutory and statutory funded services is that we do not see this as an area in which providers need to develop their business in order to make profit. We will be working with our existing services to further strengthen their recovery focus and to ensure that services are person centred and personalised solutions are available to meet peoples individual needs. We are also interested in promoting the use of direct payments further and to look at the possibility of implementing personal health budgets within secondary mental health services.



With the emphasis on recovery and personalisation we see a gap in the market for small bespoke services that people can purchase for themselves to meet their individual needs. We would encourage service user led peer support groups to develop responsive locally delivered services. We are looking at the potential to support microenterprises to develop in Medway and to offer services to people to purchase with direct payments and their own money.

Business Opportunities:

We anticipate that people will increasingly choose to use direct payments, particularly as an alternative to traditional institutional forms of day care. We want to talk to providers that would provide community access or peer support on a 1:1 or a group basis so that people with mental health issues can take part in community life or enjoy leisure and sports activities in their local community. This is an area of business that will grow as the use of direct payments increase. We are interested to develop microenterprises offering bespoke services in local areas.

There are 13 residential care homes for people with mental health issues of working age in Medway. In terms of total supply, there are 113 beds available. We also have a number of people living in care homes out of area.

There are eight supported living schemes with a total of 50 units of housing in Medway for people with a mental health issue.

We are currently calculating how many of those people living in residential care could live in new supported living schemes in Medway, with the intention of further moving on to further independence as they recover from or learn to self manage their mental health issues. This will be an area of growth in the next few years.

We will be providing more information in the summer when we know how many people and what their needs are, so that providers will have a firm basis upon which to make their business decisions.

8. Unpaid Carers Support Services Market

Demand Headlines

- There are an estimated 25,000 unpaid carers in Medway
- A small proportion appear to be known to support services, with working age carers particularly not being involved with local carers support services.
- Carers that have protected characteristics are also under represented in local carers support services
- Over 20% of carers had been caring for 20 years plus
- Over 20% had been caring for between 5 and 10 years
- Medway carers provide significantly more practical help than carers in similar local authorities
- Carers provide unpaid care and support to all sorts of people with all sorts of illnesses and long term conditions. The person cared for may be an adult or a child. This care can make the difference between the person living at home or in an institutional setting. The value to the UK economy of this unpaid care is currently estimated to be £132 billion a year.

What carers needs say they want:

- **To be identified early on**
- **To have their contribution recognised**
- **To be included in designing local provision**
- **To be included in planning care and support packages for the person that they care for**
- **To be supported for carers to fulfil their educational potential**
- **To be supported to fulfil their employment potential**
- **To have personalised support for themselves and the person that they care for to take part in family & community life**
- **And to have support to remain mentally and physically well**

(Source – *Recognised, Valued and Supported*, HM Government 2010)

Carers have needs that are the same as other carers. To meet these carers-specific needs Medway has a good selection of generic carers support services delivered by the voluntary sector, much of which is commissioned by Medway Council and Medway Clinical Commissioning Group. The services commissioned are for all carers of all ages, irrespective of the condition that the person cared for is living with. As such, the services that we commission includes services for young carers as well as adult carers. These generic carers support services include information advice and guidance, support group, counselling, a support worker attached to the Integrated Discharge Team at Medway Hospital, sitting services so that the carer can take a break, carers support payments and support for young carers and awareness raising in schools.

Carers will also have needs that are particular to the needs of the person that they are caring for. These needs will often be met by specialist services that deliver support and services for particular conditions, for example the Alzheimers Society or the Muscular Sclerosis (MS) Society. Supporting carers is a core part of social care's business and with the Care Act, increasingly it is also a core part of most condition specific services' business too. Supporting the carer to continue in their caring role is part of supporting the person cared for. As such, providers are advised to read the relevant chapters of this MPS and to consider the needs of carers and how they could offer services to meet their needs, as well as the needs of the people that the service is for.

Young carers are an important priority for adult social care as well as childrens social care. Apart from sibling carers of a child with disabilities young carers are primarily carers of adults, such as a parent or other family member. This means that adult social care needs to consider the needs of the young carer when considering the needs of an adult with social care needs. It is important that the adults care package is such that the child or young person is not undertaking inappropriate caring tasks (such as personal care or emotional support that is beyond their own stage of development). Young carers need to have a childhood and to take part in the same thing that their peers take part in, educationally and socially.

Adult social care providers, in taking account of the needs of carers, need to be mindful of the needs of young carers, and could make strategic partnerships with children and young peoples services to make a joint offer of services to meet the adults and the young peoples needs. The next stage of the development of the Medway Market Position Statement will be to produce chapters on the markets for children and families services. There will be a full chapter on young carers.

Every caring situation is different. Personalisation and the opportunity to use direct payments and peoples own money is tailor-made for carers. As well as services delivered to the person cared for, carers benefit from carers support services that are provided to them. As well as the generic services mentioned above, carers support services can be practical in nature or they can be items that help them to balance life so that they can care. Examples could be a laptop so they can order the weekly food shop online, freeing up time to spend with the person cared for, or gardening or housework so that they could use that time with the person that they care for. There is much scope to develop a market of services that support carers in Medway. Key to developing this market will be for providers to engage with carers and find out what sorts of services they would want to purchase.

Business Opportunities:

Partnership commissioners are currently undertaking a strategic review of generic carers support services, including support provided by Medway Council adult social care, and including support for young carers. The review will inform how we re-tender generic carers support services next year. The opportunity to tender will be posted on the Kent Business Portal.

Condition specific services can increase the breadth of the services that they offer to offer services that support carers too. Providers can also add social value by providing opportunities for carers of people with specific conditions to benefit from peer support.

Personalised services and service that carers can buy using direct payments will grow. Providers of adult social care services or condition specific services are recommended to develop services that meet carers' needs, such as being available outside of traditional working hours to fit round work or carers aspirations for a social life outside of their caring role. Providers of carers support services are recommended to talk with carers and find out what sort of practical services would support them in their caring role.

Microenterprises are an opportunity that carers could take advantage of, to offer other carers bespoke services in their locality, or to develop time banking opportunities.



9. Your Business Opportunities, Our Outcomes: Additional Ideas

Service area	
Older People	<ul style="list-style-type: none"> • A spectrum of housing and accommodation types, and a choice of tenures. People want to live in a home of their own, whether that is their family home or whether it is modern older people’s housing, including retirement living, assisted living and extracare/flexicare developments. • We want to develop the nursing care market so that it can meet the increasingly complex needs that people are living with, for longer. We want to make sure high quality specialist nursing services exist for moderate dementia where behaviour challenges, and severe dementia where nursing care is required for physical health needs that accompany the advancing stages of dementia as well as the mental health needs • The other nursing homes market development opportunities for providers is for short term stays for people leaving hospital who need nursing care and residential reablement so that they can then return home and continue their reablement at home • Another area of nursing care that we would welcome is high quality and flexible care for people at the end of their lives, both in nursing homes and in people’s own homes
Learning Disability	<ul style="list-style-type: none"> • The market of services for people with learning disabilities who use direct payments personal health budgets or their own money, including support with maintaining friendships, family relationships and making their own decisions about the support they need for an ordinary life • Meeting the clients’ needs for meaningful and enjoyable social contact, and offer services that take into account modern expectations and people choosing to use direct payments or their own private money. People with learning disabilities want to have non learning disabled friends and

they want to spend time with friends outside of service provision, like in the evenings or at weekends

- Service delivery in communities and in people's own homes that will need to meet health needs as well as social care needs
- Services that meet the needs of older people with learning disabilities, particularly working age dementia
- Services that help families and people with learning disabilities plan for the future
- Services that provide nursing care that meets the particular needs of people with learning disabilities who are ageing
- Services offering housing related support to enable more people with learning disabilities to live independently
- Services for people who have the highest needs, including behaviour that challenges or people with severe autism who may benefit from living apart from other people with similar needs – especially those who live at a distance from their families in Medway because there are not suitable facilities locally
- Providers that can raise their ambition to deliver age appropriate, meaningful community access support as an alternative to traditional institutional forms of day care. People with learning disabilities want to make non disabled friends and develop relationships, and they want to join in with the same things as other people – they want support to go clubbing for example, and what most do not want is the late afternoon discos for people with learning disabilities!
- Service development where nursing care for people with learning disabilities could be provided

	<p>flexibly. We will be working with the older peoples market to stimulate a supply of nursing homes that are able to meet the specific needs of older people with learning disabilities alongside the residents without learning disabilities.</p>
<p>Physical Disability</p>	<ul style="list-style-type: none"> • Nursing homes that can deliver good quality palliative care and end of life services that meet the needs of people of working age. We would encourage providers to develop services where nursing care could be provided flexibly to meet the needs and aspirations of people of working age and their families. • Equally, we will be working with the older peoples market to stimulate a supply of nursing homes places that are able to meet the specific needs of older people with physical disabilities who perhaps would prefer a different environment to people of working age and their families. • Providers are also encouraged to think about developments where supported living or extracare and nursing care are delivered on the same site with the same team, so that people experience continuity of care and remain in the same location as their condition changes.
<p>Mental Health</p>	<ul style="list-style-type: none"> • Investigate whether there is a need for nursing home provision for people with mental health issues of working age in Medway. It is preferable to keep people in Medway so that friends and family can play a role in their recovery, rather than placing them out of area • Services can be provided at weekends and evenings, particularly that which decreases social isolation as well as being easier for people who work • Providers that deliver integrated mental health and substance misuse services rather than the partial or sequential services of the past. People want to use services that address their needs holistically. People lead busy lives and lack time in their weeks to use two services when they

	<p>could use one.</p>
<p>Unpaid Carers Support Services</p>	<ul style="list-style-type: none"> • Increase the breath of support services for carers in Medway, particularly for those carers who do not or would not meet the criteria for support for adult social care services • Increase the provision of telecare services as these can be helpful to prompt with medication, raise an alert if needed and provide a mechanism for checking people are alright from a distance • Increase services that help carers plan for the future including legal, housing, financial products and financial advice and also emotional support carers also benefit from the ability to flexibly purchase additional services that support the person cared for, which in turn reduces the impact of the caring role. • Services where carers and the person cared for can take a break together. Whilst it is important that carers have the opportunity to have separate assessments and time away from the caring role, it is also important to recognise that carers often have deep personal relationships with the person that they are caring for, and their families. In order to sustain those positive relationships it is important that there are opportunities for people to spend time together, and to have fun. • Carers support services that are accessible to and meet the needs of people with protected characteristics, because they are under-represented in carers support services currently



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Diversity impact assessment (draft, interim)

TITLE

Adult Social Care Strategy

DATE

April 2016

LEAD OFFICER

Jo Barrie, Senior Commissioning Officer Better Care Fund.

1 Summary description of the proposed change

The development of an Adult Social Care Strategy for Medway will be essential to drive an ambitious programme of transformation and change. The strategy provides a strategic vision and set of underpinning values about “Getting Better Together” and identifies the key strategic themes of Prevention, Partnership, Personalisation, Integration, Innovation and Safeguarding.

The strategy includes a high level delivery plan which will require further development in light of the diagnostic recently undertaken in partnership with Newton Europe.

2 Summary of evidence used to support this assessment

- *Eg: Feedback from consultation, performance information, service user records etc.*
- *Eg: Comparison of service user profile with Medway Community Profile*

Consultation took place at a workshop on 3rd February 2016 within the ASC Division involving Heads of Service, Team Managers, Partnership Commissioning and Performance & Intelligence. The strategy has been updated following the consultation, and theme leads identified within the ASC Management Group for each of the themes.

Further engagement in relation to the strategy and shaping the delivery plan will take place over summer 2016. A programme of activity will be planned to engage with service users, carers and the voluntary and community sector. It is anticipated that this activity will shape the delivery plan and actions, but not alter the strategic direction and principles contained within the strategy itself, which has already been consulted on with relevant experts and programme leads within adult social care.

In terms of service user profile, these broadly reflect the ethnic profile of the community as a whole, with 87% of those aged 18-64 and 85% of those aged 65+ classing themselves as White British.

3 What is the likely impact of the proposed change?

Is it likely to :

- Adversely impact on one or more of the protected characteristic groups?
- Advance equality of opportunity for one or more of the protected characteristic groups?
- Foster good relations between people who share a protected characteristic and those who don't?

(insert ✓ in one or more boxes)

Protected characteristic groups	Adverse impact	Advance equality	Foster good relations
Age		X	X
Disability		X	X
Gender reassignment *			
Marriage/civil partnership *			
Pregnancy/maternity *			
Race			
Religion/belief			
Sex			
Sexual orientation *			
Other (eg low income groups)			

* For those protected characteristics starred, adult social care in Medway does not currently collect the relevant data.

4 Summary of the likely impacts

- Who will be affected?
- How will they be affected?

The Medway Adult Social Care Strategy aims to increase personalisation of services, and choice and control for all service users, through the increasing use and uptake of direct payments and ISF's.

Proposals to develop an employment strategy which supports disabled people and those with mental health needs into paid employment, will advance equality and foster good relations for those groups of people.

It is unlikely that the proposals within the strategy will negatively impact on any one protected characteristic, the overall aim being to improve the

experience of those who may require care and support, and to intervene as early as possible to prevent escalating needs, for example, through the use of early interventions such as our reablement services.

For those receiving longer term care and support, we aim to take an increasingly personalised approach, focussed on achieving personal outcomes, whilst enabling those in receipt of care and support and their families to maintain as much choice and control as possible.

For Carers, we will move towards better engagement and co-production in the development of care and support that assists carers to maintain their role. We will also support the refresh of the Carers Strategy for Medway.

In Medway, approximately 10% of the population provides some sort of unpaid care. National figures from the 2011 Census relating to those providing unpaid care, show that females were notably more likely to be unpaid carers than males; 57.7 per cent of unpaid carers were females and 42.3 per cent were males in England and Wales. Females also took on a higher share of the unpaid care burden than males in a similar proportion, regardless of the amount of unpaid care the region's usually resident population provided. The share of unpaid care provision fell most heavily on women aged 50-64; but the gender inequality diminished among retired people.

In terms of gender, for the age range 18-64 the proportions of those in receipt of an adult social care service are broadly balanced with the wider population profile. For 65+ however, over 1000 more women than men receive care and support. Therefore any impact arising from service changes, either positively or negatively, disproportionately affects women aged 65+.

Data relating to religious belief shows that the majority of those in receipt of care and support chose not to state their religion, with the next highest group being Christian.

5 What actions can be taken to mitigate likely adverse impacts, improve equality of opportunity or foster good relations?

- *Are there alternative providers?*
- *What alternative ways can the Council provide the service?*
- *Can demand for services be managed differently?*

There are no adverse impacts identified within this DIA for the Adult Social Care Strategy. The strategy itself does not make any direct service changes, rather provides a framework, establishing the strategic direction, vision and aims for the future of care and support in Medway.

6 Action plan

- *Actions to mitigate adverse impact, improve equality of opportunity or foster good relations and/or obtain new evidence*

Action	Lead	Deadline or review date
No adverse effects on protected characteristic groups are likely from the strategy. None of the actions highlighted under each of the strategic themes are detrimental to any protected characteristic groups.		

7 Recommendation

The recommendation by the lead officer should be stated below. This may be:

- *to proceed with the change, implementing the Action Plan if appropriate*
- *consider alternatives*
- *gather further evidence*

If the recommendation is to proceed with the change and there are no actions that can be taken to mitigate likely adverse impact, it is important to state why.

To proceed with the publication of an adult social care strategy for Medway, with the delivery plan to be updated in light of Newton Europe findings.

To proceed with a process of consultation and engagement on the delivery plan with partners, the community and service users and their families.

8 Authorisation

The authorising officer is consenting that:

- *the recommendation can be implemented*
- *sufficient evidence has been obtained and appropriate mitigation is planned*
- *the Action Plan will be incorporated into the relevant Service Plan and monitored*

Assistant Director

Date