

Answer to Q5, General comments by Sevenoaks District Council on “Your life, your well-being”, the draft vision and strategy for adult social care 2016-2021

This consultation response should also be viewed in the wider context of the West Kent Public Health Preventative Services devolution model. This is currently being discussed between the three West Kent districts and boroughs and Kent County Council.

Earlier this year, the three districts and boroughs developed a West Kent Health Deal, setting out a vision for the three Councils' roles in health going forward. The County Council's new countywide preventative service strategy is to offer seamless support to individuals who need to make change, to help motivate change, make the change and then maintain the change. Their aim is to do this through a service based around the individual and this approach is supported by the district and this approach is supported by the district and borough councils.

Our comments are arranged according to some of the key themes and issues in the consultation draft:

Transition from children to adult services:

- The “Introduction” on page 5 mentions the transition process for young people into adult services. Children's and young people's services can help prepare for this transition. More thought needs to be given around how children and adult services work together on this issue.
- It is stated on page 5, that the plan sits between the council-wide strategies and other specific social care group strategies. No reference is made to district and borough driven Health Action Team and Health Inequalities Strategies.

Consultation:

- The strategy does not set out what consultation has taken place with users of services. District and Borough Council's are well placed to enable contact with community and representative groups.

Integration of NHS and Social Care services:

- The views and ideas of staff are not clearly represented. If members of staff are being relied upon to deliver this strategy and promote key messages within it, their engagement needs to be evidenced.
- A continual process of engagement with users and stakeholders should be a central theme of the strategy.
- There is a central theme of using “community hubs” as a way of integrating social care and NHS services and for delivering key elements of the strategy. While the difficulties of funding these hubs

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are acknowledged in the strategy, placing them at “the heart of our future vision”, without a clear way of delivering them, places the strategy and integration at risk.

- The strategy does not provide any information about the form “community hubs” may take, or what populations they may serve. For instance, will they be in form of new build or a reconfiguration of existing GP surgeries? Sevenoaks District is very rural and sparse in its geography. Given how much reliance on improving services is placed upon the hubs, the strategy does not give any indications on how it will address issues about improving access to services through the them.
- There is a lack of reference to the local plan process. We are currently reviewing our local plan. The marriage of community and stakeholder aspiration with the physical infrastructure provided through the planning process is essential to deliver real change in the community.
- Clearly integration is hugely complex issue and real integration between NHS and social care has to address some fundamental issues in order to be successful:
 - As previously mentioned, consultation with staff and their part in the journey is absolutely critical, particularly given different workforce practices and organisational cultures and attitudes acknowledged on page 29. The strategy needs to acknowledge lessons from previous pilot projects.
 - The issues relating to an ageing workforce and skills gaps should also acknowledge issues faced by rural communities in attracting and retaining care staff. The rural and sparse nature of the District means that care provision is already a significant issue. Poor salaries for care staff and the extent of travel mean that an area specific focus for retention needs to be recognised in the strategy.
 - Given the fundamental nature of some of the organisational differences, it would be worthwhile acknowledging the need to set out a strategic pathway to address these issues in the strategy.

Information and advice

- The consultation draft states that this information and advice will be found in the “Community hubs” or in other prominent locations where people can pop in for advice and support. The use of Libraries could also be considered, however, the Citizens Advice Bureaux (CABx) could also be well placed to provide this service. The CABx are already providing information and advice face to face, by phone and by email.

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- Information sharing is a theme that emerges across the strategy and is so critical to its delivery, that we feel it should be given greater prominence.

Promoting well-being

- Comments on “Community Hubs” as above.
- We would expect that the clear need for more “Care navigators’ or other forms of community worker” will involve discussions with the District Council’s HERO service. HERO is already providing these services and expanding its model to look across health and housing. It also incorporates staff with trusted assessor status. We feel that the strategy should ensure that as part of the delivery, it should seek to review and remove duplication in the “community worker” roles that already exist.
- Page 15 the strategy states that “We will encourage volunteering, befriending and good neighbour schemes.” The case studies quote referrals to voluntary agencies for Befriending Services, but all voluntary services are suffering from a lack of volunteers.

Supporting independence

- The strategy needs to have greater emphasis on the fact that for some older people, the problems occur when an emergency happens then the services are hard to identify and the response can be slow.
- Page 7 of the consultation document builds on basis that the strategy will enable people to receive quality care at home. This will need a fundamental rethink of how and by whom, and at what cost, that care is to be provided.
- Evidencing consultation undertaken would enable the strategy to show that it reflects choices that people want to make and have expressed.
- There is a lack of acknowledgement of the local plan process at the District level. This will include reviews of housing and housing support needs in the District, including a review of the needs of older and vulnerable people.
- There is also a lack of acknowledgement about the critical role the District Council plays in supporting independence, for example through Healthy lifestyles programmes, the HERO project, disabled facilities grants, supported housing initiatives.
- The strategy places an emphasis on using technology to reduce isolation and improve independence. This should be matched with an explicit desire to look at ways of reducing digital exclusion in partnership with other agencies.

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- There needs to be greater acknowledgement in the strategy of the problems caused by a lack of public transport and the strain on existing voluntary transport services which are of concern to many older people in our District. Of particular concern in Sevenoaks District is while transport links to London are excellent, links across the District are poor and some key services difficult to access. The strategy should take a lead on addressing these concerns, including how we can better address rural isolation.

Carers

- The role of carers is acknowledged in the strategy. As you know, many carers do not come forward to ask for help. Even in families it is sometimes hard to appreciate that the husband or wife or even adult child carers are also getting old and need support.
- There needs to be greater information about services and the different types of support available to carers. The support should also take into account the wider family and friend support networks carers sometimes use for help and support. One of the most significant issues facing carers can be the extent of support and flexibility an employer can provide to allow them to undertake caring responsibilities, often for their parent/s, without suffering significant increased financial hardship.
- The strategy should lead on a more positive engagement with employers and making businesses carer friendly.

Public health and prevention

- The strategy identifies the crucial role of the health prevention agenda with acknowledgement of the role district councils have to play in this. However, given we play a crucial role in supporting the reduction of health inequalities, we would expect there to be appropriate discussions with the District Council about providing greater financial stability to support the work with directly supports this strategy.
- This consultation draft also needs to be considered in the light of the West Kent Public Health Preventative Services devolution model currently being discussed between the three West Kent districts and boroughs and Kent County Council.

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Balancing efficiency and finance with quality and outcomes.

- The pressures that local government is facing are clear from the strategy. However, the draft strategy falls short in identifying how it is going to address the key issues and funding issues it identifies.
- Outcomes based monitoring is presented as a way of improving efficiencies. Alongside this is an increasing reliance on commissioned services and the voluntary and community sector. In our discussions with the voluntary and community sector, they have been clear that reduced funding together with increased expectations and strong competition to bid for work, has put huge pressure on the sector. This is on top of savings being made on existing contracts and budget efficiencies being sought with social care and the NHS, that is putting pressure on existing recruitment and service delivery.

Comments on the draft Equality Impact Assessment document

- Page 10, Disability, states that 17.6% of the population of Kent have a health problem or disability which limits their day to day activities.
- It also states that 7.6% of population of Kent are claiming disability benefit.
- These figures imply this refers to the entire population of Kent. Is this correct assumption?

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