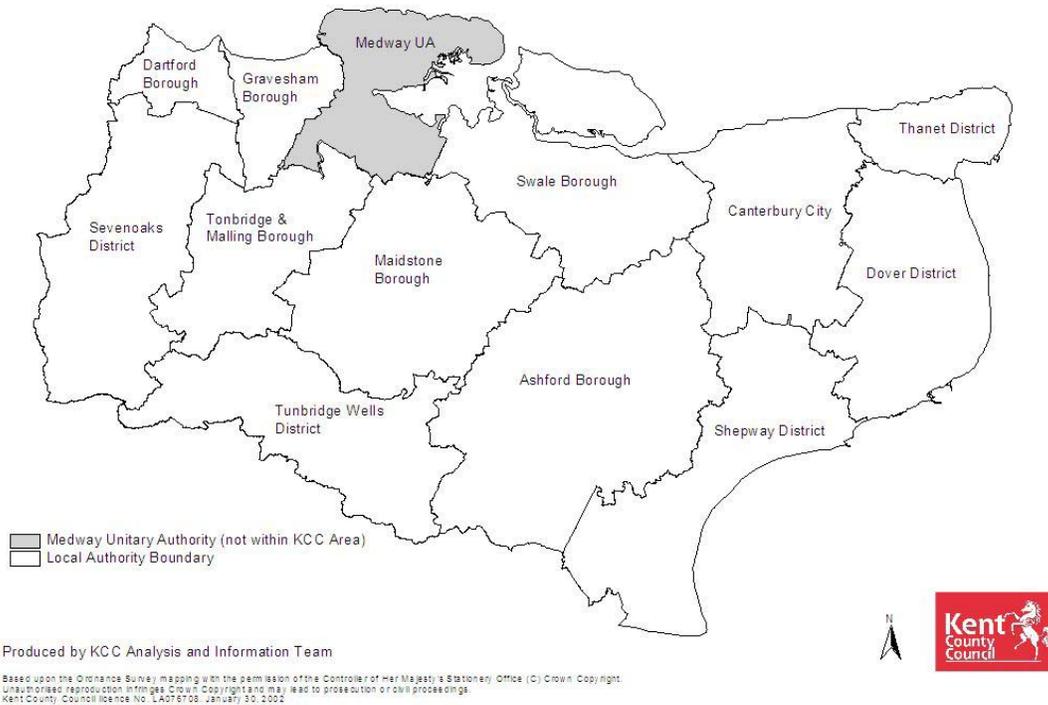


Kent County Council

**Commissioning Strategy for Social Care Services Provided to Adults
with HIV and AIDS in Kent**

Local Authorities in Kent County



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1. Foreword

The challenges facing Kent Adult Social Service (KASS), Eastern and Coastal PCT and West Kent PCT are ones of modernisation of existing services, working within a tight resource position and an increasing demand in the need of services that support people living with HIV and AIDS. This will mean the need to reorganize services in a way, which makes sense for each organisation and meets the diverse and differing needs of the population of people with HIV and AIDS in Kent

This strategy will outline the steps that KASS, in collaboration with partners in the NHS community, the voluntary community sector, the independent social care sector, and the wider community, will take to deliver quality person centered services for people with HIV and AIDS in Kent. This strategy has two main objectives;

3. To explain the need for change
4. To describe a proposed model for the modernisation of Adult Social Services for people with HIV and AIDS in Kent

2. The need for change

2.1 Future predictions of service requirements

By 2010 there will be more than 100,000 people with HIV, one third of whom will remain undiagnosed. HIV is the fastest growing serious health condition in the UK, with more than a third of people with HIV beginning HIV treatment later than recommended.¹

Within Kent there has been a growing demand for social services support. In 2007 within the South East Coastal region, as reported to end June 2008, there were 734 new HIV diagnoses. The 2007 figure represents a 552% increase on the 133 new diagnoses in 1998 (overall UK increase since 1998 was 170%).

The South East Coast reported the second largest numerical increase (after London) over the past ten years. In 2007, an estimated 29% of newly diagnosed individuals acquired their infection heterosexually and were of black African ethnicity (UK average 38%) and 46% (highest proportion after Wales) acquired their infection through sex between men and were of white ethnicity (UK average 35%)².

Within Kent there are 150³ people that are in receipt of specialist care manager input, 105 people are receiving support from the East Kent area and 45 from West Kent⁴ the breakdown can be detailed in the table below, although in 2007 within the South East Coast region there were 3,734 people accessing HIV-related care⁵. With effective treatments available for HIV, the majority of people diagnosed with HIV in the UK now have a very good prognosis and life expectancy has increased by an average of 13 years since the late 1990's due to better HIV treatment⁶.

Area	D'ford G'sham & Swanley	Maidstone & Malling	South West Kent	Total
West Kent	24	15 ⁷	13 ⁸	52
Area	Dover & Thanet	Canterbury & Swale	Ashford & Shepway	Total
East Kent	30	24	41	95

However people living with HIV/AIDS still need to be able to access comprehensive health and social care to enable them to live well with HIV/AIDS. Many people will experience side effects from HIV medication and have health conditions relating to their HIV status. People also need support and information to help them come to terms with an HIV diagnosis and manage their condition effectively. This would indicate that a greater demand on resources, therefore Kent Adult Social Services and its partners need to respond innovatively to meet the demand.

¹ A Sexual revolution 'Terrence Higgins trust'

² Health Protection Agency

³ 3 people are from out of area

⁴ KASS Client data

⁵ Health protection Agency Survey of Prevalent HIV Infections Diagnosed (SOPHID)

⁶ <http://news.bbc.co.uk/1/hi/health/7523212.stm>

⁷ 7 clients are supported by East Kent Specialist care managers

⁸ Client data from old districts 3 people from Tonbridge & Malling therefore have been added to South West Kent NOT Maidstone & Malling, and a further 3 people receive support from East Kent care manager

2.2 Ensuring Quality Services

These changes are occurring at a time of change in policy direction. It is essential that Kent Adult Social services be concerned with not just delivery levels but the quality of services. A range of papers must be given consideration in the future commissioning and delivery of services. These include;

'The White Paper, Our Health, Our Care, Our Say'

The Government White Paper (published January 2006) which outlines a new direction for the whole of the health and social care system, with a radical shift in the way services are delivered. The paper aims to put people in control and shift to a greater emphasis on prevention.

Active Lives for Adults (ALFA) is the modernisation programme that will help Kent Adult Social Services (KASS) change the way services are provided, placing greater choice and control in the hands of the people who use them.

The Kent Agreement –outlines key objectives towards independent living, preventative services, specialist services and putting service users and carers first. The LAA2 is presently being developed.

Towards 2010 - Kent's community strategy that looks forward over the next 3 years focused upon independence and inclusion for all within the local community.

Modernising Social Services Health Act 1999 - The Health Act 1999 enabled health and social services to pool budgets, and deliver joint services.

Supporting People Programme - provides Housing Related Support to make a difference to people's lives, enabling people with support needs to choose from the widest range of housing and support options.

Carer's (Equal Opportunities) Act 2004

Social Services have a duty to inform carers of their right to have an assessment that must take into account of their leisure, employment and education needs.

The common **Key objectives** throughout these papers are aimed at supporting people with particular needs to

- ◆ Live as independently and fully as possible
- ◆ Access advice, information and services easily
- ◆ Improved health and quality of life
- ◆ Feel part of their local community, and make a positive contribution
- ◆ Freedom from discrimination or harassment
- ◆ Maintain Personal dignity and Self Respect
- ◆ Choose and control how and where they live their lives through Person Centered Planning
- ◆ In addition the need to provide carers with support and consistency of information is of paramount importance.

2.3 Cost Effectiveness

Under the Local Government Act 1999, all local authorities have been charged with a statutory duty of Best Value, which requires them to produce continuous improvement in services and to deliver those services, by the most effective, economical and efficient means available. In pursuing this regime of Best Value, councils are expected to apply what came to be known as the four Cs: Consult, Challenge, Compare and Compete.

The council is required to produce an annual Best Value Performance Plan but, more importantly it is expected to develop a culture in which it implements its duties to provide social care in the context of a mixed economy subject to market forces. At a local level this means making the best use of resources that are available to us to meet the increasing demands made upon the Social Services Department. This is a particular challenge for the Social Services Department, to continue to work in line with Kent County Councils 4 star rating to achieve Best Value in all aspects of provision and commissioning for people with HIV and AIDS.

On 30th May 2008 the Department of Health circular LAC (2008)3 provided local authorities with details of the allocation of 2008/09 Aids Support Grant (ASG). The grant is to be used as a contribution to wards expenditure on HIV/AIDS related social services in 2008/2009.

The grant is in support of revenue expenditure; it cannot be set against capital expenditure. The aims of the grant scheme are;

- To enable Social services Departments to draw up strategic plans, based on local population needs assessments, for commissioning social care for people with HIV/AIDS; and
- To enable Social Service Departments to finance the provision of social care for people with HIV/AIDS, and where appropriate, their partners, carers and families.

The grant is to assist local authorities with the costs of providing HIV related personal social services. Other sources of funding for personal social services, such as Partnership and Prevention Grants and Supporting People are also available to be used for people with HIV/AIDS. This could facilitate access for people with HIV/AIDS to the full range of services available within all sectors, both specialist and generic.

The grant may be used to support the costs of staff training related to the provision of personal Social services for people living with HIV/AIDS, although attention is drawn to the Training Support Grant, which will also support training in relation to HIV/AIDS. Expenditure on the provision of housing will *not* be eligible for ASG under the terms of the scheme but exceptions may be made where joint projects are established addressing accommodation needs as part of a co-ordinated strategy.

Kent's ASG allocation for 2008/2009 is £239,000; this funding is confirmed with the Department Of Health (DOH) that it will continue for the next 3 years with a total of 19.8 million allocated for 2008/09, rising to 21.8 million in 2009/10 and up to 25.5 million in 2010/11. At the end of this period there will be a spending review by the DOH, decisions will be made as to whether the ASG shall continue to be ring fenced or absorbed into area budgets.

Kent County Council's contribution of 30% of the ASG comes from base budget. This has not been formalised, therefore there is no cash limit for the two areas, however expenditure exceeds the ASG grant. The ASG is split equally between East and West Kent with 2% being held at HQ in policy.

In addition to the ASG, There is a county wide supporting people contract with the provision floating support service to the value of 60K, supporting people monies are used to support individuals with housing related supported , this contract is ends on 31st March 09 and will need

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subsequent review, with a view to renew the contract. It is proposed that from April 09 the supporting people contract is renewed.

In 2007/2008 Kent Adult Social Services actual spend was £246,596.00

Current forecasts for 2008/09 indicate East and West Kent's spend which is detailed in the table below;

West Kent	2007/08 Actual	08/09 Forecast
Staffing and expenses	76,781	66,842
Transport	4,011	1,875
Services	787	614
Vol Org (West Kent Positive) ⁹	21,937	22,486
Private contractors ¹⁰	44,656	54,723
Client contributions (income)	-1,738	-452

East Kent	2007/08 Actual	08/09 Forecast
Staffing and expenses	87,500	115,000
Transport		300
Services	66,300	120,000
Vol Org (Elements 1year grant agreement)	-	3,000
Supporting People (income)	-31,700	-60,200

Area	07/08 Allocation	07/08 Actual	2008/09 Allocation	08/09 Forecast	Variance +/-
East Kent	89,200	122,100	117,700	178,100	+ 60,400 ¹¹
West Kent	113,000	146,434	143,200	146,088	+ 2,888 ¹²
Totals	202,200.00	268,534	260,900	324,188	+ 63,288

⁹ Vol Org payments are paid under a Vol Org payment process and monitored separately

¹⁰ 08/09 forecast includes additional £11,768.00 for Vol Org West Kent Positive, agreed at last review.

¹¹ This variance will need to be recovered from base budget.

¹² Variance low due to 6 month vacancy

3. Commissioning principles

There are some key issues that people with HIV/AIDS face, this commissioning plan intends to promote sound principles that will enable people with HIV/AIDS to have greater choice and control over the services that they receive.

The Self Directed Support project will transform KASS so that everyone will have more choice and control over the way they live their lives. The total transformation is designed to ensure that people:

- Have better access to information, advice and guidance to support them in finding their own solutions, whatever they may be
- Are able to self assess with as much or as little support as they need. The assessment, will follow the principles of single assessment, 'do once and share'.¹³
- Have an opportunity to take part in short term enablement programmes designed to promote independence
- Who are eligible for public support (after a needs and financial assessment) will have a Personal Budget, so they know what money they have to plan their support
- Will have control over the way the money is spent, so they can plan their own lives and get the services/support they want
- Can get as much or as little help in directing their own support and managing the money as they want.

To enable the provision of quality services that meet the needs of the individuals it is vital that there is an overhaul of the current planning and funding of HIV related services, whilst this would be different between organisations in differing areas, there should be a number of common themes:

- Robust and effective mechanisms for involving local people using services in needs assessment work, and in the planning and development of services.
- The establishment of sexual and reproductive health as a local priority across the NHS and Local Government.
- Integrated local planning between NHS and Local Government departments especially Education and Social Services.
- Establishing a duty of partnership for all organisations working in the sexual and reproductive health field so as to require them to actively work together.

Within East Kent mechanisms are in place to work, plan and commission services. The formulation of a multi agency steering group involving Sexual Health commissioner, health consultants and KASS representation seeks to ensure that sufficient needs assessments have taken place in order to effectively plan and commission future services. Due to initial Sexual health assessments funded by the East and Coastal Kent PCT completed by 'Design Options UK limited' have instigated some joint funded commissioning with the voluntary sector.

This needs assessment has also instigated the exploration of a research and engagement proposal to the value of 90K for 'hard to reach groups', via three local voluntary organisations to support this work.

¹³ Good practice for all social services staff on the delivery of social services for people living with and those affected by HIV and AIDS April 2008

It is noted that in West Kent the links with the PCT are not as firmly established, and will need time to develop. West Kent PCT has expressed their commitment to joint working in the future.

Kent Adult Social Services Will:

- Protect the confidentiality of service users and carers with provision that respects individual's rights including the right to privacy. See 'Case Recording with Care in Kent Adult Services'
- Respond promptly to referrals, in line with timescales defined in Fair Access to Care Services
- Require all workers to work in a positive and non prejudicial way with people living with or affected by HIV or AIDS. See 'Equality and Diversity, Equality Standard for local Government'
- Ensure that all staff have access to the knowledge required through training and provision of reading material.
- Integrate HIV issues into mainstream provision for all client groups.
- Develop involvement of users and carers, statutory and voluntary agencies in planning and delivery of services.
- Be committed to take account of the needs of minority groups when formulating policy documents in relation to HIV/AIDS. Policies will be compliant with the Race Relations Amendment Act (2000) and an Equalities Impact Assessment will be applied in accordance with KCC policy¹⁴

4. **Staffing**

The East Kent HIV service is made up of 2 part time care manager posts, 1 full time care manager assistant as well as 1 full time admin support. This is line managed by the Head of Strategic commissioning for Learning Disability.

The West Kent HIV service consists of 1 full time care manager (Vacant), 1 full time care manager assistant and part time admin. This is line managed through the Head of Adult Social Services for West Kent.

Kent Adult Social Services directorate is going through a management restructure and subsequent realignment of its workforce to enable the delivery of Self Directed Support. It is proposed that both East and West Kent have a separate specialist team that is line managed by the new Head of Service (Locality). The commissioning with Health lies with the Head of Strategic Commissioning for East and West Kent.

5. **Supporting people from Black and Minority Ethnic communities**

Within Kent, 30% of people who are receipt of the specialist social service support are White and Black Africans.

The continent of Africa has 53 countries and several thousand languages and dialects; as a result this makes planning services for people from Africa a complex process. Due to fears of deportation and rejection from their own communities/families, HIV infected Africans tend to be diagnosed at a later stage of their infection than other populations in the UK.

Black Africans tend to prefer to get support from people who know and understand their culture, support services need to be mindful of issues of Gender, culturally there are power imbalances between males and females, men may feel that they have lost their presence within the family, that, coupled with a positive HIV status can have serious implications for the individual, which

¹⁴ KASS HIV and AIDS Policy

services would need to be reactive and supportive to. Eastern Coastal Kent PCT, in partnership with East Kent Adult Social Services are preparing a proposal for a research and engagement project to support people from 'hard to reach' groups, the outcomes of which will inform future service planning.

For people who come from abroad and may be destitute will be assessed using Guidance for: Assessing and supporting destitute people from abroad with no recourse to public funds document¹⁵. KASS currently has 11 clients who are supported through section 21 payments.

6. Current commissioning activity

Within West Kent, KCC have a contract with 'West Kent Positive Support' this service is to provide support for service users whose lives are affected by HIV. Its main aims are to reduce the social and emotional isolation, to reduce the stigma associated with HIV, to increase the access to HIV specialist information. The service seeks to recruit, train and support volunteers to provide practical, emotional and social work support on a one to one basis. The value of the contract for 08/09 is £34,253.57. A service review was held on 1st May 08 the contract end date is 31st March 2010.

Respite is a critical component to a person who is living with HIV/AIDS, the respite supports the individual to 'get away' from their normal day to day life, encouraging the reduction of stress levels and subsequently increasing the well being of the individual.

KASS have two main services that are designated as respite providers, The Beacon in Brighton and Tyddan-bach in Wales. These providers cost out at approx £1000 per week, other options are also used such as Hotels, Holiday parks etc, these can be more cost effective, but most importantly can be more suitable for the individual ensuring choice and control over where a person wants to access respite to promote their well being.

East Kent Adult Social Services also fund via a grant agreement the voluntary organisation 'Elements', this is a one year agreement for 2008/09.

A proportion of money from the ASG is used as a crisis support for individuals, this takes the form of financial assistance, and is used for White goods, travel fares/costs, escorting, subsidies, and nursery fees for parents. This money is not expected to be reimbursed to KASS.

A range of services are also purchased, care packages for domestic and shopping support, and short courses to empower, and retrain individuals. Alternative therapies are also purchased in block; therapies are delivered through the drop in sessions based at Ashford. The drop in sessions provides alternative therapies one week and meals the other week. Generally the meal weeks are more popular with users.

Sessional counselling and Advocacy are purchased on a spot purchase within the voluntary sector, to support both newly diagnosed individuals and those who are long term survivors.

Eastern and Coastal PCT provide an East Kent HIV service; this covers the districts of Ashford, Canterbury, Dover, Thanet and Shepway. The clinical nurse specialists work in conjunction with the specialist care managers to provide a range of services that support individuals who are affected by HIV/AIDS. This valuable way of working seeks to ensure that a service user focus is maintained. Within West Kent HIV services are provided through the GUM clinics, there is no specific HIV service. Through the principles of 'World Class commissioning' it is the desire that Kent County Council, Eastern and Coastal PCT and West Kent PCT work together in planning

¹⁵ [KASS Guidance for: Assessing and supporting destitute people from abroad with no recourse to public funds](#)

and commissioning future services for people who have HIV/AIDS to ensure best value and quality services

7. User consultation

At the heart of all planning of services must be the service user. During the research phase of this plan, users were invited to attend a consultation, to discuss and include people's aspirations and views of future commissioning of HIV related social services. The future commissioning intentions of Kent Adult Social Services reflects the results of that data.

Outcomes of the user consultation revealed that the things that were important to people within the current included;

- Support with traveling
- Support with childcare, for when people become ill
- Cover for care manager support
- Having support to access respite
- Current specialist clinical nurse input
- Support to remain well, and free from stress

People also identified a number of things via the formulation of a 'wish list';

- Access to up to date information on HIV/AIDS, provided by clinical nurse specialists, internet and specialist care managers
- Benefits advice, this can be achieved through KASS benefits officers and mainstream services
- Alternative therapies- provided through GP, surgeries or local within the area, (delivered through practice based commissioning or SDS)
- Being able to choose where to access respite.
- Health, fitness and well-being facilities, this can also be accessed through mainstream services.
- Introduction of a 'buddy scheme'
- Increased opportunities for dental services.

8. Carers of people with HIV/AIDS

This commissioning strategy also seeks to recognise the invaluable work that is done by carers of people that support those with HIV/AIDS. The commitment to supporting carers is reflected in the KCC vision statement 'Towards 2010' targets₅₃ "Strengthen the support provided to people caring for relatives and friends". Various carer support groups are firmly established in each district/locality, information on how to access these is made available from www.kent.gov.uk/SocialCare/carers-and-family-support/carers.

9. Future commissioning Plans

Because HIV disproportionately affects marginalized communities, many people with HIV have high levels of social care need. Yet in many services the delivery of HIV social care is not integrated with health care. This can be achieved in two ways, firstly by empowering and encouraging people with HIV to organize their own care by using direct payments and self directed support, and secondly by establishing integrated services through close joint working between NHS, local authorities and Voluntary community organisations

Through consultation with users, voluntary community sector, Coastal and Eastern PCT, and specialist workers Kent County Council will commission through the tendering process in line with Contracting and quality assurance operational procedures for purchasing and managing social care contracts in Kent Adult Social Services and Spending the Council's Money.

A critical intention for the Kent Adult Social Services HIV service is to secure the ASG and base budget funding in order to take forward the following commissioning commitments;

1. In line with KCC Active Lives; To help the people of Kent live independent and fulfilled lives safely in their local communities, by being able to access advice, information and services easily when they need them.
2. To continue to provide personalized services in line with the SDS model. User consultation has confirmed that current practices are in line with self directed support and a large proportion of the ASG will be used to achieve this through ensuring that people have access to locally provided services, and that people who want to travel to support groups that are not in their area, due to issues of confidentiality and fear of stigma are supported to do so.

We will move away from traditional packages of care, empowering individuals to purchase their own support and continue the development of their individual support plans incorporating alternative therapies if identified by the person. We will enable people to access alternatives to the recognized respite providers via personal budgets and direct payments.

3. We shall continue to support and increase our investment into the Voluntary Sector to provide ongoing quality support to people with HIV/AIDS. This commitment is reflected in the recent increase of the commissioned support provided by West Kent Positive, and the 1 year grant agreement with 'Elements' in East Kent.
Through KCC tender process, expressions of interest the development of a 'buddy system, as identified in the user consultation
Continued arrangements for joint funding the private and voluntary sector with Eastern Coastal Kent PCT to develop HIV related services.
4. We shall continue the integrated working with Eastern Coastal Kent PCT via the 'virtual team' made up of Specialist care managers, consultants, commissioners, and clinical nurse specialists. The team meet twice yearly to identify areas for service development and identify future needs and reduce the continued stigma associated with HIV/AIDS. Other key priorities for the group will focus on health promotion and the increase of engagement and access to mental health and dental services.
We will also work at developing a similar model in West Kent.

10. Summary

This commissioning strategy sets out the future for HIV social care services in Kent, it explains the need for change and the challenges facing KASS, Eastern and Coastal PCT and West Kent PCT and makes recommendations on how the service would deliver as part of the modernisation agenda.

There is no denial of the numbers and the fact that it still remains the fastest growing serious health condition and that this has in Kent resulted in a growing demand for social care support. The South East Coast reporting the second largest numerical increase (after London) over the past ten years. These demands are occurring at a time of change in policy direction with the Self Directed Support project transforming KASS which is resulting in a restructure and model for how services are assessed and delivered in Kent

The Aids Support Grant will continue to be available to Local Authorities over the next 3 years and local authorities need to ensure this is available to people living with HIV in the county.

The way we deliver services to people with HIV and the recommendations for future commissioning fit well with the personalised agenda and user involvement has confirmed their satisfaction with the person centred approach currently delivered across the county.

Partnerships with health are crucial and the model in East Kent reflects all the rhetoric on close joint working between NHS, local authorities and voluntary organisations delivering a one stop shop approach to HIV health and social care provision at the point of health care delivery.

The transformation in KASS is welcomed in the current HIV services and the recommendations set out in this report will help meet the challenges for all those working in the field which will result in greater outcomes for people using the services and for society as a whole.