

**ADULT SOCIAL SERVICES POLICY OVERVIEW
COMMITTEE**

Thursday, 15th January, 2009

10.00 am

Council Chamber, Sessions House, County Hall, Maidstone

Members are asked to bring with them to the meeting their copy of the Budget, circulated on 7 January.





AGENDA

ADULT SOCIAL SERVICES POLICY OVERVIEW COMMITTEE

Thursday, 15 January 2009 at 10.00 am Ask for: Theresa Grayell
Council Chamber, Sessions House, County Telephone 01622 694277
Hall, Maidstone

Tea/Coffee will be available 30 minutes before the meeting

Membership (15)

Conservative (10): Mr R F Manning (Chairman), Mrs A D Allen, Mr M J Angell,
Mr J Curwood, Mr C G Findlay, Mr T Gates, Mr D A Hirst,
Dr T R Robinson, Ms B J Simpson and Mr M V Snelling

Labour (4): Mr T A Maddison (Vice-Chairman), Mr L Christie, Ms C J Cribbon
and Mrs M Newell

Liberal Democrat (1): Mr S J G Koowaree

UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

The Committee has the option of breaking for lunch and continuing its business afterwards, if the weight of business dictates. The timing of the meeting will be determined on the day by the Chairman. All timings shown on this agenda are approximate.

Item No

A.COMMITTEE BUSINESS

- A1 Substitutes
- A2 Declarations of Members' Interest relating to items on today's agenda
- A3 Minutes of the meeting held on 18 November 2008 (Pages 1 - 28)
- A4 Minutes of an Informal Member Group on the Medium Term Plan, held on 20 November 2008 (Pages 29 - 30)
- A5 Chairman's Announcements

PRESENTATION - Public Health and Adult Social Care - Making it Happen

B. ITEMS FOR CONSIDERATION

- B1 Adult Social Services Budget Monitoring 2008/09 (Pages 31 - 58)

- B2 Half Year Monitoring of the Annual Operating Business Plans 2008/09 (Pages 59 - 74)
- B3 Budget 2009/10 and Medium Term Financial Plan 2009/12 (Pages 75 - 84)
Members are asked to bring with them to the meeting their copy of the Budget, circulated on 7 January.
- B4 Kent and Medway Safeguarding Vulnerable Adult Committee – Draft Annual Report April 2007-March 2008 (Pages 85 - 88)
- B5 Safeguarding Adults a Consultation on the review of the 'No Secrets' Guidance (Pages 89 - 106)
- B6 Equalities In Kent Adult Social Services - Annual Report (Pages 107 - 122)
- B7 Directorate Risk Register (Pages 123 - 136)

C. SELECT COMMITTEE WORK

- C1 Update on Select Committee Work (Pages 137 - 142)

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

Peter Sass
Head of Democratic Services and Local Leadership
(01622) 694002

Wednesday, 7 January 2009

Please note that any background documents referred to in the accompanying papers maybe inspected by arrangement with the officer responsible for preparing the relevant report.

The case for change – why England needs a new care and support system

By Caroline Highwood, Director of
Resources, and Jo Pannell



The case for change

Background Policy

- Our Health, Our Care, Our Say
- Putting People First
- The case for change – why England needs a new care and support system



The case for change

Drivers for change

- Demographics
- Expectations
- The Wanless Review
- Personalisation
 - ALFA
 - Good Day Programme etc



The case for change

Some statistics

- In the next 20 years, the number of people over 85 will double, the number over a 100 will quadruple
- Expectation that there will be a £6 billion funding gap nationally to deliver the same level of support



The case for change

Wider context

- Benefits
- Supporting People, Disabled Facilities Grant and Independent Living Fund
- Informal Carers
- NHS
- Scotland
- Personal Pensions



The case for change

Who pays for care?

- Individuals
- Government – National vs local
- Family

“The system must be affordable for government, individuals and families in the long run”



The case for change

What if fair?

- Postcode lottery vs local democratic choice
- Support to least able to pay vs support to those who plan and save
- Means testing vs universal services



The case for change

Other potential income sources?

- Personal pensions/savings
- Insurance products
- Equity release
- ‘Compulsory’ saving
- Universal/means tested benefits



The case for change

Key messages from:

- Local Boards
- Senior Citizens Forums



The case for change

- Key messages from:
 - Adult Social Services, including SMT, AMT in East and West Kent, Supporting People, Occupational Therapy Bureau and Policy Performance and Quality Assurance



Next steps

- The KCC response and public opinions will be sent to government by 28th November
- Government committed to publishing a Green Paper in 2009
- Further consultation will occur following this publication



This page is intentionally left blank

Adult Social Services POC – 18 November 2008

Members' points arising from discussion of 'The Case for Change'

- I agree there is a need for change. We must identify what is fair.
- What is the universal or majority feeling about these things, across Kent? Should KCC follow the majority feeling?
- Has the whole of the county been made aware of the consultation and the deadline for it?
- This is an enormous problem and we must not underestimate the size of it.
- This issue should be discussed on Kent TV and Radio Kent. There should be a last minute push to spread the message before the 28 November deadline.
- Most professional workers have pensions but many people don't, and the cost of care really worries them. Those [of us] with pensions cannot take the moral high ground.
- Do we need to change the democratic structure to reflect demographic changes?
- People have struggled but managed in the past, but what experiences will people have in the future?
- Some people have spent their income on having a good life. How will they cover provision for their old age? Those who have wasted their money don't deserve to get the same care as those who have saved their money and planned ahead.
- With National Insurance, we need to be able to see what we are paying in and what this will cover in the future. Can we establish a system by which people can know that basic care will be paid for? There should be a basic standard of care provided, and there should not be a postcode lottery for basics.
- We cannot deliberate between savers and non-savers as we simply don't know individual people's circumstances.
- In applying resources we could look at the issue in two ways – (a) what have we got available to spend and how should we use it? and (b) what services do we need/deserve and how much do we need to cover them?
- The government has spent billions on bailing out banks. Where has this money come from, and where was the money when it was needed for social care? What will the government's priorities be? Will they use more money for health, social services, education etc?
- We need to address the fundamentals.
- When addressing other potential income sources we need to include tax. We must not dismiss this.
- I am not against means tested benefits.
- In the issue of savers and non-savers we have inherited a difficult moral and social judgment issue.
- We have a chance to influence government, regardless of our political standing.
- The difficulty will be to find an equitable solution.
- In terms of income tax, have we looked at European models, and can we copy something from them?

- Some private sector pensions have been reduced or lost, whereas public sector pensions are paid for by everyone out of tax. I don't believe this is fair. I think government pensions should be means tested.
- We need to be very careful in evaluating people's wealth and ability to pay – the rich can become poor through no fault of their own, via property repossession, lost pensions, etc.
- I am not sure there is any change necessary to means testing.
- We have to promote fairness to avoid anarchy.
- We cannot go on treating National Insurance as a tax; this should go into a special fund. I think it has to be income tax which replaces the current National Insurance income, and only those who cannot work are allowed not to pay income tax.
- We need a more rigorous approach to the benefits system. We need to provide a safety net but *just* a safety net.
- One size does *not* fit all.
- Adult Social Services is a needs-led service and should be funded for this purpose.
- It is difficult to think 20-30 years ahead; think how much has changed in the last 20-30 years. People will always need to have care.
- Demographics play a large part in our considerations; Kent has different demographics from other areas of the country, e.g. Kent has a large challenge in the number of residential care placements it receives from London. Funding must follow the client.
- We could look at France, Germany and Japan and the insurance top up systems which they run. This gives basic care and people can choose to top up with individual insurance if they wish.
- In terms of National Insurance contributions, I suggest employers pay a higher rate - but what about the self-employed?
- Why can't local government use business rates to provide services?
- When the green paper comes out we should have a special POC meeting which will give us a second chance to comment.
- We can't rely on National Insurance income as the world of work looks very different nowadays, and will look very different in the future. For example, there are not many final salary pensions around now, and young people start off adult life paying off large student loans, so delay paying into a pension.
- Living wills and euthanasia are not mentioned but should be part of a range of life choices.
- Changes in society and lifestyle have changed the illnesses we now suffer from and the way in which we age. Our modern diet and lifestyles have given rise to heart disease, diabetes, etc.
- We must not look just at money going in and out; we also need to look at the patterns of society.
- Many things are beyond us but could be done by the government. We could advise government of what we would do if we had the power.
- There is a sense of panic over the changes coming now, but we knew these changes were coming 40 years ago as we knew people would live longer.
- Are local authorities the right bodies to develop services, or are there other ways to do it?
- I agree that there is not a great need for change.

- Needs should be met and resources found to do it. The government will have to identify needs and find the resources to cover them. For example, in Sweden people pay 60% tax which covers the provision of good health and social care services.
- There could be changes to make the system seem fairer. If you have the capital you would be expected to pay, but the amount that you have to pay could be reduced.
- Attendance allowance should continue, and contributions to nursing care should be maintained in line with the rate of inflation.
- Continuing care etc needs more work to make it seem fairer. I'm still not sure we've got it right, or that it is seen as fair.
- It is not fair to expect people to sell their homes as soon as they go into a residential placement. Local authorities could put a charge on the house, like a mortgage. This idea could have more priority.
- I think care should be free for those over the age of 100 years.
- I don't see that it's wrong to have to contribute to your care from the value of your home. Some people have had the chance to work and save up, and others have accrued property value from the luck of the property market.
- This is our county and we should take responsibility for it. We should decide if we want to exceed what the government gives us, or else fine tune it.
- Can we find a formula for fairness?
- Should we try to find a way of addressing/removing the black economy of benefit cheats, etc?
- This is a massively important subject and it is good to be able to debate it in this way.
- It isn't a particularly political issue – getting old is not political.
- Our response will include those comments from Local Boards etc and it is very important that in our response we reflect the views of the Kent population.
- Health inequalities is an issue of great concern across the UK, and particularly in Kent.

This page is intentionally left blank

KENT COUNTY COUNCIL

ADULT SOCIAL SERVICES POLICY OVERVIEW COMMITTEE

MINUTES of a meeting of the Adult Social Services Policy Overview Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Tuesday, 18 November 2008.

PRESENT: Mr R F Manning (Chairman), Mr T A Maddison (Vice-Chairman), Mrs A D Allen, Mr M J Angell, Mr L Christie, Ms C J Cribbon, Mr J Curwood, Mr C G Findlay, Mr T Gates, Mr D A Hirst, Mr S J G Koowaree, Mrs M Newell, Ms B J Simpson and Mr M V Snelling

ALSO PRESENT: Mr D L Brazier, Mr A D Crowther, Mr G K Gibbens, Mr M J Harrison, Mr R A Marsh and Mr M J Northey

IN ATTENDANCE: Mr O Mills (Managing Director - Adult Social Services), Mr S Leidecker (Director of Operations) and Miss T Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

49. Minutes of the Meeting held on 23 September 2008

(Item A3)

RESOLVED that, subject to the addition to Minute 41 (3) of a new sub-paragraph (f), below, to reflect Mr Hirst's comment,

- (f) under Self-Directed Support, clients could manage their own service provision directly, and this should result in a reduction to, rather than an increase in, the number of County Council administrative staff required in that area,

the Minutes of the meeting held on 23 September 2008 are correctly recorded and that they be signed by the Chairman. There were no matters arising.

50. The Case for Change - why England needs a new care and support system *(Presentation by Miss C Highwood, Director of Resources and Ms J Pannell, Policy & Strategy Manager)*

All Members of the County Council were invited to attend for the presentation and to ask questions of Miss Highwood and Ms Pannell. All Members had been sent a copy of a written report which summarised the issues covered in the consultation and set out the comments received so far from Local Board meetings.

The slides used in the presentation are attached to these Minutes at Appendix 1

- (1) Miss Highwood and Ms Pannell introduced the report and explained that comments contributed by Members at today's meeting would be collated with comments from Local Boards and would form part of the County Council's response

to the Department of Health's consultation by the deadline of 28 November 2008. *A summary of the comments made by Members during the course of the two hour debate (will be) attached to these Minutes at Appendix 2.*

(2) Members and officers agreed that the comments being sent the County Council's response now should not preclude the opportunity for Members to comment further on the issue when the Green Paper was published (in the summer or autumn of 2009). It was suggested that, at that time, the POC hold a special meeting to discuss the issue again.

(3) RESOLVED that:-

(a) the comments made by Members and listed in Appendix 2 to these Minutes be submitted to the Department of Health as part of KCC's response to the consultation, along with the comments made by/at Local Boards which are listed in the written report which accompanied the presentation; and

(b) a further special meeting of the POC be convened to allow further discussion of the issues when the Green Paper is published in the summer or autumn of 2009.

51. Adult Social Services Budget Monitoring 2008/09

(Item B1a)

(Miss M Goldsmith, Directorate Finance Manager, was in attendance for this and the following item)

(1) Mr Mills and Miss Goldsmith introduced the report and answered questions of detail from Members on the Deferred Payments Grant, Direct Payments and Personal Budgets.

(2) RESOLVED that the projected outturn figures for the Directorate, as at October 2008, be noted.

52. Medium Term Plan 2009-10 to 2011-12

(Item B1b)

(1) Miss Goldsmith introduced the report, summarised the pressures facing the Directorate compared to this time last year and pointed out parts of the report which had been included for the first time this year. She explained that, this year, the report was an 'exceptions' report and that, next year, the timing of POC meetings had been addressed to help discussion of the Medium Term Plan.

(2) Mr R F Manning proposed and Mr L Christie seconded that an Informal Member Group be set up to look in more detail at the MTP and attempt to identify priorities and areas of potential savings.

Agreed without a vote

(3) RESOLVED that:-

(a) the information in the report, and given in response to Members' questions, be noted; and

(b) an Informal Member Group be established to look in more detail at the Medium Term Plan and address the recommendation in the report that 'Members identify and express relative priorities for services and indicate broadly areas and types of savings and efficiencies that they consider could be realistically achieved.'

53. Kent Adult Social Services Public Involvement Report

(Item B2)

(Mrs L Longhurst, Policy Manager, Public Involvement and Customer Care, was in attendance for this and the following item)

(1) Mrs Longhurst introduced the report and answered questions of detail from Members. In discussion, Members expressed concern that:-

(a) public consultation exercises when undertaken should reach the most representative sample of the population possible. The audience attracted by "Around Kent" the KCC magazine used in the "The Case for Change" consultation, could be considered too self-selecting to be truly representative of the Kent population; and

(b) provision of Elders' and Senior Citizens' Forums should be equitable across East and West Kent and should be adequately funded.

(2) RESOLVED that the content of the report be noted.

54. Adult Social Services Annual Complaints Report

(Item B3)

(1) Mrs Longhurst introduced the report and emphasised that Kent Adult Social Services had always approached complaints in a positive and constructive way, looking for what could be learnt from them. This approach to complaints forms part of the induction for all new KASS staff and a rolling programme of refresher training reminds existing staff of the approach. Kent is one of the early adopters of the Department of Health's "Making Experience Count" pilot.

(2) Members noted that KASS received more merits than complaints, which was very much welcomed as an indication of the quality of service delivered.

(3) RESOLVED that the information in the report be noted.

55. The Supporting People Programme

(Item B4)

(Miss C Martin, Head of Supporting People, was in attendance for this item)

(1) Miss Martin introduced the report and outlined key developments in strategic reviews of Long Term Supported Housing and Older Persons' provision. Members noted that Kent provides an excellent service on the resources available (19 staff to support more than 20,000 clients) compared to other local authorities of a similar size, and that the location of the Supporting People team within KASS made the service easier to manage and monitor.

(2) RESOLVED that the information in the report be noted.

56. Kent Adult Social Services - Member Briefing

(Item B5)

(1) Mr Mills introduced the report and pointed out that two different approaches to Member Briefing were being piloted in East and West Kent to see which was the most effective.

(2) RESOLVED that the information in the report be noted.

57. Modernisation of East Kent Informal Mental Health Day Services

(Item B6)

(Mr W Forrester, Head of Gypsy and Traveller Unit and Project Board Chairman, and Mr D Woodward, Social Care Commissioner for Mental Health, were in attendance for this item.)

(1) Mr Leidecker, Mr Forrester and Mr Woodward introduced the report and answered questions of detail from Members. In the presentation, and in response to Members' questions, the following points were highlighted:-

(a) the three houses in question, from which these services are currently delivered, in Ashford, Dover and Deal, were the only mental health day centre premises which were not commissioned from an external provider, and the proposed changes would bring them in line;

(b) although, under the proposals, they would be provided by independent sector providers, the services at the three premises would still be commissioned by the County Council and would not be separate from the main mental health commissioning process. Staff at the premises would be employed by the not-for-profit organisation successful in the tender process, if the Cabinet Member decision confirms the transfer, and would transfer via the TUPE process;

(c) Following 26 original expressions of interest, seven not-for-profit organisations had so far taken part in the tendering process to deliver services under the new arrangements, and there were just two organisations now left in the frame; and

(d) Members requested a more detailed report on how the services would be delivered once the transfer was completed.

(2) In debate, Mr Christie said he could not support the proposed transfer of services and said that he did not agree that it was necessarily right to transfer services as proposed just because this arrangement had been made at other premises. Mrs Newell agreed that modernising services did not necessarily mean moving them outside the County Council.

(3) Mrs A D Allen proposed and Mr M J Angell seconded recommendation (b) of the report and this was put to the vote.

Carried, 7 votes to 1

(4) RESOLVED that:-

(a) the progress in modernising mental health services in East Kent, in line with national and local policy, be noted, and officers be thanked for the work put into this particular project; and

(b) the principle of transferring these services to an independent sector provider, subject to a key decision by the Cabinet Member for Adult Social Services, as set out in paragraph 7 of the report, be supported.

58. Update on Select Committee Work

(Item C1)

(1) Miss Grayell introduced the report and Mr Christie added to section 2 of it that the 'one year on' meeting of the Carers in Kent Select Committee had now been confirmed for 30 January 2009.

(2) RESOLVED that:-

(a) the progress of the ASD Select Committee and the arrangements for the 'one year on' meeting of the Carers in Kent Select Committee on 30 January 2009 be noted; and

(b) issues which Members would like to propose for inclusion in the 2009/10 Select Committee Work Programme be prepared for submission in the New Year for consideration by the Policy Overview Co-ordinating Committee at its meeting on 14 February 2009.

This page is intentionally left blank



Care and Support Team
Room 543
Richmond House
79 Whitehall
London
SW1A 2NA

Kent Adult Social Services
Kent County Council
Brenchley House – BH3
123-135 Week Street
Maidstone
Kent ME14 1RF
Tel: 01622 694888
Fax: 01622 694910

email oliver.mills@kent.gov.uk
Ask for: Oliver Mills
Our ref:
Date: 28 November 2008

Dear Sir/Madam

The Kent County Councils response to ‘The case for change – why England needs a new care and support system’

We welcome the opportunity to consult on ‘The case for change – why England needs a new care and support system’ prior to the publication of a Green Paper. We have consulted with County Councillors, our key stakeholders, KCC staff and the general public in order to make an informed response to the consultation document. The key themes emerging from these discussions are set out in the attached paper.

Kent County Council is transforming its services to provide a modernised and responsive care and support system with flexibility to ensure all packages are directed at meeting each individual’s unique requirements. However, in order to realise this vision there will need to be adequate funding, and for this reason we consider this debate to be critical. We look forward to the publication of the Green Paper in 2009, and are keen to be involved in developing future solutions.

Yours faithfully

Oliver Mills
Managing Director
Kent Adult Social Services

Graham Gibbens
Cabinet Member
Adult Social Services

Kent County Council's response to the Department of Health consultation document 'The case for change – why England needs a new care and support system'

Introduction

Kent County Council has consulted a variety of audiences across the county from September to October 2008 to publicise the government consultation on a proposed new care and support system. The summarised results of these discussions have been despatched to the Department of Health, under separate cover. This paper reflects the most critical themes to have emerged.

1. How do we ensure the new care and support system gives people the real independence, choice and control they need?

Kent is already working on a radical transformation of its adult social services, designed to allow real independence and choice. We are remodelling the Directorate to provide easier access, proportionate assessment, comprehensive enablement services and self-directed support for all service users. These services are informed by a commitment to innovation, and enhanced by the development of good quality assistive technology.

These developments would be assisted by wider consideration of the relationships between the benefits system and social care, particularly if there were some significant simplification of the benefits system, and streamlining of the processes for accessing these.

The role of the third sector in providing wider opportunities, and meeting people's needs at a lower level of dependency will continue to be important as a part of the preventative strategy. However, this involvement cannot be depended on without good commissioning strategies from the local authority to ensure that there is widespread and coherent coverage of services.

Service users also advise that the availability and accessibility of transport, particularly in the more rural areas, is a real challenge for independent living. In particular, the process of accessing health and other services from a rural location can be both time consuming and costly.

2. a) How should the responsibility for care and support be shared out between people who need care and support, their families and the government?

Historically families have provided the vast majority of informal care to their parents and relatives in older age, during periods of sickness and in cases of disability. However, current social trends in England mean that the availability of informal care can no longer be assumed. This has partly been driven by the work environment, and the need to move to where employment is (and away from parents and families). It is also partly the result of the growing numbers of women in the paid workforce.

The changing role and nature of carers should also be recognised, for example they may have multiple caring responsibilities, such as disabled adult children, and aging parents, living in different locations. Similarly, with many younger people living with disabilities, as their parents become older, siblings may be expected to look after their disabled brother or

sister, with no formal (legal) recognition as a carer. This needs to be adjusted so that all carers, regardless of relationship, may be entitled to ask for flexible working, financial support, and other benefits. More widely, consideration also needs to be given to how step families and friends may also be supported in providing care.

b) Should people pay for care and support if they can?

Yes, provided the means testing is transparent, and clearly understood. However, as more people are supported to live independently in their own home rather than moving to residential or nursing care provision, this has an impact on the levels of income collected to contribute to the costs of services, as charges can no longer be made against people's homes. This has already created at pressure on current budgets, which will grow as this service policy continues to be developed.

In the current economic climate many people are already concerned about the costs of living (and particularly the sharp increases in utility bills), and would find any added costs to finance their care unaffordable. The treatment of property and other assets is brought into sharp focus in a time of recession, and indeed the value of these assets is itself reduced, leading to further pressure on income budgets.

There is considerable reluctance on behalf of individuals to find additional money to pay for the costs of their care. Many people feel that existing National Insurance and Income Tax contributions have already provided for their future care. One alternative that was suggested was to convert the National Insurance scheme to a true funded scheme; it was recognised that there would be the costs of double running as it the funding element built up, but it would have a long term benefit for the future.

c) What should families provide?

Families cannot be compelled to provide anything, particularly when living at a distance. There is, however, an opportunity to develop wider community support, either by formally commissioning third sector engagement or informally by developing "good neighbour" campaigns, to encourage local people to take an interest in any of their neighbours with needs. This could help distant families to support their family member, and would also help provide social contacts for the person in need of support.

Self-care and personal responsibility are also important aspects of the wider support. This starts firstly with the "Our Healthier Nation" messages of how diet and exercise contribute to a family's health and well-being, hopefully thereby limiting the impact of long-term conditions for which care might otherwise be needed. Similarly the encouragement for family members to support each other as necessary should be part of any future development for long-term support.

d) How can costs be shared between people who need care and support, families, everyone else?

The system is currently funded by contributions from the individual, their family, and the state. Any change in this balance will need to be publicly debated and accepted. If this does not happen it will be difficult to apply any new system successfully. In particular, there is already a sense of grievance from some service users and their families, partly because they believe that they had already paid (through their National Insurance contributions) and partly because they see Scotland offering free personal care to their

residents. If they are not persuaded by the arguments to contribute more towards their care, this will serve to exacerbate an already difficult position in collecting the income.

It is also noticeable that for the last few years, significantly greater investment has been made into the health service compared with adult social care. However, the preventative and enablement services already provided by social care, and being further developed as a part of transformation, have enabled real savings to be made within the health service. Part of the overall balance of funding therefore needs to look at this relationship.

3. a) Should the care and support system be the same for everyone?

Care should be provided that meets an individual's needs, within whatever means-testing arrangements are determined. The individual themselves must be central to each decision as to what best will meet their needs, and this will vary considerably. The resource allocation process should be standard across all client groups, but with the discretion to flex the result, if it is not possible to achieve the necessary outcome for the sum allowed.

b) Should we have different systems depending on the type of care each person needs?

There needs to be a sense of equity across all service users, informed by a clear understanding of the means-testing process. However it is not possible to be truly responsive to an individual's needs without a clear understanding of the cause, whether this is an autistic spectrum disorder, the physical frailties of old age, or any other difficulty. This understanding means they can be signposted towards the most useful ways of being supported.

The existing welfare benefit system needs to be re-evaluated in tandem to this debate. It was deemed unfair that carers allowance ceases as soon as you receive your state pension, and yet the carer still performs the same tasks but with just a pension to live on. Carers allowance is not means tested, this should not change, but should be kept at the rate of inflation. There were also discussions about other universal benefits such as cold weather payments and family allowance. Is it acceptable to give all people of a certain age a cold weather payment regardless of where they live or what income they may receive, or should the funds be focused on those in greatest need?

c) Should local people decide how much help people get in their area or would they like to see this done on a national basis?

Kent County Council considers that, in order to respond appropriately to the needs of the local population, decisions around charging and eligibility criteria should be set at a local level within a national minimum standards framework. This would be informed by the Joint Strategic Needs Assessment process, and close partnership working with all other statutory and voluntary partners.

If the whole care and support system were to be nationally centralised there is a real danger of lack of accountability at a local level, insufficient understanding of the local context and opportunities and the services would therefore not be responsive to the various needs of local populations

d) How can we help people who do not have enough money, but also help people who plan ahead and save?

The issue of pensions is a critical element to this debate. The availability of a private pension as an income stream against which care provision may be charged appears to be diminishing in the current climate where many firms have moved away from automatic entitlement to a final salary scheme. Private pensions based on investment values are also currently suffering the impacts of low stock market valuations which will have a considerable impact on some individuals' long term incomes.

In the current economic climate it is unrealistic to expect young people to save an additional pot of money for their old age, at a time when many are leaving higher education with considerable debts. Some people will not be earning enough money to start to repay these debts until they are in their thirties, forties or in some cases older. Coupled with this young people are generally trying to set up their first home and thinking about starting a family, which also reduces their capacity to take on extra cost. Effectively people in their 20's and 30's are generally at their lowest earning potential, but with their highest costs of living, and this is a real barrier to long term saving.

In the past, Kent County Council has explored the possibilities of developing an insurance based solution to pay for future costs of care. This has not proved feasible, partly because the costs of premiums (if paid from the age of 30 or 40) are considered to be unaffordable, and partly because, in an environment when younger people are reluctant to contribute to a personal pension, they will be even less likely to set money aside to pay for future care needs (we all hope to live to old age, few of us believe that we will need care – until we do). An alternative model would be the investment of a lump sum in an annuity, at the time that care was required. However, as more and more care and support will be in people's own homes, it would be difficult to secure such a lump sum, unless there were some reliable form of equity release, that people felt confident in accessing.

The rules around inheritance tax could be revised to assist in paying for care by developing concessions to reduce the amount paid by those that have assisted their family members by paying for care and support or by providing this on an informal basis. This could provide an incentive to families to assist in providing care. It might also be used as a mechanism to encourage families to plan ahead to help in funding the costs of care. At present, when families plan ahead around their inheritance, it often leads to consideration of how to avoid any charge on the parents' assets, and thus how to avoid paying for the costs of care.

The concept of equity is a difficult one to achieve. It is clear that the vexed question of who merits financial support (those who have worked and saved all their lives, and then find they are excluded because of the value of their assets, against those who have no assets) is a value judgement, which to some extent depends on the perspective from which it is viewed. It brings into focus the concept of the "undeserving" poor. This would be hard to make a proper judgement on, without tracking people through their entire lives to see what use they had made of their opportunities, and of any income received. Equally, there is considerable resentment among people who believe they have worked hard all their lives, and been prudent, only to find that they cannot access financial support for their care as they are over the financial limit.

This could potentially be resolved by providing a universal level of support, to a minimum standard, and not means testing this. Effectively this would bring the service more towards

the free personal care system, as provided in Scotland. It would, however, be an expensive solution, and would only be achievable with considerable extra investment overall.

Alternatively, if the funds are not available to provide a universal level of service without charge, then there needs to be a wider recognition of the implication of stigmatising the apparently “undeserving” poor. Quite apart from the value judgement implied, is it really acceptable, in a wealthy country, to exclude people from care and support services, based on an assumption as to how they may have managed their money in the past?

Conclusion

Kent County Council is fully committed to transforming its adult social care services, over the next few years. In doing this, we are working closely with statutory partners, the private and voluntary sector, and, most critically, our service users.

We are keen to work with the Department of Health to develop a new balance of funding for social care, and to ensure that this is sustainable for the long term future.

ADULT SOCIAL SERVICES POLICY OVERVIEW COMMITTEE

NOTES of an Informal Member Group set up to look at the Medium Term Plan, which met on Thursday, 20 November 2008 at Sessions House, County Hall, Maidstone

PRESENT: Mr R F Manning (Chairman), Ms C J Cribbon, Mr S J G Koowaree and Mrs M Newell

IN ATTENDANCE: Mr O Mills, Managing Director, Mr S Leidecker, Director of Operations, Miss M Goldsmith, Directorate Finance Manager, and Mr J Holden, Senior Accounting and Budget Manager, Kent Adult Social Services, and Miss T A Grayell, Democratic Services Officer.

1. The Chairman welcomed those present and explained that Informal Member Groups were being set up by each POC this year for the first time to allow Members an opportunity to look in more detail at the MTP and identify key priorities and areas for savings.
2. At the request of Members, the officer team set out how the budget is calculated, and future needs forecast, year on year.
3. The size of the budget gap for Adult Social Services was estimated at £10 million, for which savings now need to be identified. This sum equates to 2% of the KASS overall budget.
4. The Officer team highlighted the main areas in which savings could be made:-
 - Saving on the Commissioning requirements for Residential Care, due to the increased use of assistive technology (TeleHealth, Telecare, etc) and Extra Care Sheltered Housing. A reduction in the number of clients taking up residential care placements had already shown as a result of these measures.
 - Savings from the Directorate's management restructuring, the aims of which were to assist the development of Self-Directed Support, achieve the best value for money from existing staff, and succession planning.
 - Ongoing savings on internal, non-pay Budgets. Maximum savings here will help to protect front-line services.
5. In discussion, Members identified the following as key areas to prioritise and protect:-
 - Preserve spend on, and continue investment in, preventative care. Investment now will bring savings later. Brighter Futures, etc.

- Protect front-line services, as KASS services are for the most vulnerable people, who have nothing to fall back on.
 - The area of highest risk is Learning Disability, as here we are at the sharp end of a demand-led service, with needs and costs increasing every year. This is a huge area of commitment. There is an urgent need to address svc provision at national level
 - Address our level of debt, to keep it as low as possible, which is a huge challenge.
 - Look at the funding we give to Voluntary Organisations, as they will seek more from us in times of greater need.
6. The following were identified as key areas of concern for the future:-
- The Impacts of Recession.
 - Demographics – ever increasing demand as ageing pop, and as more disabled young people survive childhood, often with multiple disabilities. Demographics are the background to all KASS work.
 - Need to work across Directorates, for example linking education to social care to address the needs of children going through transition.
 - It was suggested that a group (possibly a Select Committee) be set up to look at how private sector providers and agencies and organisations work together to deliver services, to check that the Council is getting best value for money and best provision at the best price.
 - Need to look long term, plan ahead for services needed, address the raised expectations, in terms of range and choice of service provision, of future generations.
 - Look ahead at multiple disability needs, as this is an area of major costs.
7. Conclusion
- Members supported and were confident of the officer's ability to identify the required savings, and confirmed their support for the directorate in the challenge it faces
 - In having had this discussion we are now prepared for the unknown, which is good.

By: Graham Gibbens, Cabinet Member, Adult Social Services
Oliver Mills, Managing Director, KASS

To: Adult Social Services Policy Overview Committee –
15 January 2009

Subject: **ADULT SOCIAL SERVICES BUDGET MONITORING 2008/09**

Classification: Unrestricted

Summary: A report on the forecast outturn against budget for the second quarter for Kent Adult Social Services.

Introduction

1. (1) This is the third report for 2008-09 to this Committee on the forecast outturn against budget for the Adult Social Services Directorate.

Background

2. (1) Policy Overview Committees consider the draft Medium Term Financial Plan at their November and January meetings. To enable a more informed discussion, three reports will be presented to the Committee on a regular basis:

a) **Budget Monitoring reports**

A detailed quarterly budget monitoring report is presented to Cabinet, usually in September, December and March, and a draft final outturn report in June. A report for each directorate is annexed to the summary report, and the annex for the Adult Social Services Directorate will be presented to this Committee at the meetings following those Cabinet meetings. This will help inform this POC about current trends, pressures and management actions in advance of the next year's budget setting

b) **Performance data**

This will be reported at least half-yearly to this Committee.

c) **Outturn report**

Effectively an amalgam of the above two, the outturn report will summarise both the financial and performance information for the whole of the preceding year

(2) Informed by these reports, the POCs will be in a stronger position to question and comment on the future budget and medium term proposals, as they will be asked to do at the November and January meetings.

Second Quarter monitoring report

3. (1) The monitoring report for the second quarter for Adult Services is attached at Appendix 1 and this indicates an overall revenue pressure of £1,113k. To address this pressure the Directorate has proposed a number of 'Guidelines for Good Financial Practice', which were previously referred to as 'Management Action Plans' in 2007-08. These 'Guidelines' were detailed in the first full monitoring report (presented to ASSPOC on 23 September) and through their implementation the Directorate expects to achieve a balanced position by the end of the year.

- (2) The main areas to note within the second quarter's position are:
- Older People is forecasting an underspend of £2,056k including the one-off release of the Deferred Payments Loan of £1,256k. The remaining balance of the Contingency held by the Managing Director (£436k) has also been released to reduce the overall Directorate position. Pressures remain within residential and nursing care, and there are increasing numbers of people with higher needs, particularly those with some form of dementia. Although both the number of residential and nursing clients in permanent placements stood at similar levels in September to those reported in March there have been additional weeks of respite care required to assist people to remain within their own homes. Also the average cost per week is increasing as people with higher needs/dementia require more expensive placements. There are pressures within in house residential provision resulting from the costs of agency staff needed to cover sickness and absence in order to meet care standards. The increase in the number of people with higher needs may help to explain the drop in domiciliary clients as it becomes more difficult for them to remain at home. There has been a significant increase in the number of clients in receipt of direct payments rising from 518 in March to 694 in September, but many of these only require small payments to access transport to access daycare facilities.
 - Services for People with a Learning Difficulty is showing an overall pressure of £3,097k as both demographic and price placement pressures continue. These relate to young adults with very complex needs transferring from Children's Services, clients with ageing parents cared for at home but requiring more support, and the numbers of people placed by other authorities but being classed as 'ordinarily resident' (deemed as living in the county rather than in a residential placement) and therefore our responsibility. The number of clients in permanent residential care stood at 635 in September which is up 12 from June. Pressures also remain within domiciliary and direct payments as the Directorate tries to support clients within the community, however the expected growth in supported accommodation has yet to happen so this line is forecasting a significant underspend. As with Older People in house residential provision is showing a pressure on staffing because of the need to cover sickness and absence in order to meet care standards. The

number of people in receipt of a direct payment rose to 424 in September compared with 365 in June and 338 in March. The overall forecast pressure has also been reduced by £264k following release of the remaining balance of the contingency held by the Managing Director.

- Services for People with a Physical Disability have similar pressures to Services for People with a Learning Difficulty and as a result the overall position is a pressure of £831k. The number of residential placements has increased from 207 in March to 214 in September and the number of Direct Payments clients has increased to 620 in September from 547 in March. Although underspends exist against domiciliary and supported accommodation it is anticipated that the number of clients against both services will increase throughout the year, as the Directorate tries to support people within the community rather than in a residential placement. The overall forecast pressure has also been reduced by £90k following release of the remaining balance of the contingency held by the Managing Director.
- All Adults Assessment and Related is reporting a net pressure of £150k even though recruitment is considered for only the most essential of posts. This continued action has again helped to reduce this pressure, which stood at £499k as reported to the November POC, and there is some hope that this pressure can be managed to a balanced position by the end of the year.
- The position for Mental Health is a small underspend of £149k with variances spread across a number of budget lines. This includes the £69k release of the remaining balance of the contingency held by the Managing Director.
- Policy, Performance and Quality Assurance is underspending by £479k and reflects vacancy management as well as costs covered by grants/external funding.
- Although Resources is showing a significant underspend of £569k, within this is an underspend on gross, and an under-recovery of income. The underspend on gross primarily relates to the release of £300k from the Supporting People Reserve to fund some of the legal costs incurred last year on the Better Homes Active Lives PFI. The release from reserve is shown as a credit entry in revenue. The under-recovery in income is also primarily related to the release from reserve as the position is skewed by writing back of a debtor of £225k which is shown as a debit entry in revenue. The debtor was raised last year in respect of contributions expected from District Councils towards the legal costs, but now covered by the release from reserve. This line also reflects the release of a provision set up in respect of client billing which is no longer required. The provision was set up in 2007/08 as there was

originally uncertainty around a grant from the Department of Health, however during this year the Directorate has received confirmation of its allocation.

(3) The Directorate has reported an updated position to Cabinet on 12 January and this indicates a reduced pressure of £851k. The reduction of £262k relates to drops in a number of forecasts within Older People, Learning Disability and Mental Health, offset in part by an increase in Physical Disability.

(4) Although the quarter two position indicated a potential pressure in the capital programme of £984k, in the updated position to Cabinet on 12 January this had been reduced by £812k. This followed the agreed re-phasing of schemes amounting to £395k into future years and the decision to fund the pressure against Broadmeadow from the existing capital programme. The remaining pressure of £172k will be covered by requesting re-phasing into this year.

Recommendations

4. (1) Members of the Policy Overview Committee are asked to note the projected outturn figures for the Directorate as at the second quarter.

Michelle Goldsmith
Directorate Finance Manager
Tel: 01622 221770
VPN: 7000 1770

KENT ADULT SOCIAL SERVICES DIRECTORATE SUMMARY OCTOBER 2008-09 FULL MONITORING REPORT

1. FINANCE

1.1 REVENUE

1.1.1 All changes to cash limits are in accordance with the virement rules contained within the constitution, with the exception of those cash limit adjustments which are considered "technical adjustments" ie where there is no change in policy, including:

- Allocation of grants and previously unallocated budgets where further information regarding allocations and spending plans has become available since the budget setting process.
- The inclusion of new 100% grants (ie grants which fully fund the additional costs) awarded since the last full monitoring report. These are detailed in Appendix 2 to the executive summary.
- Cash limits have also been adjusted since the last full monitoring report to reflect a number of technical adjustments to budgets.

1.1.2 **Table 1** below details the revenue position by Service Unit:

Budget Book Heading	Cash Limit			Variance			Comment
	G	I	N	G	I	N	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	
Adult Services portfolio							
Older People:							
- Residential Care	87,732	-29,891	57,841	230	-140	90	Demographic and placement pressures offset by one-off release of grant and additional income
- Nursing Care	42,753	-18,982	23,771	-508	138	-370	Demographic and placement pressures offset by one-off release of grant and additional income
- Domiciliary Care	45,964	-10,461	35,503	-1,704	590	-1,114	Reducing clients but more intensive packages
- Direct Payments	4,042	-327	3,715	-170	28	-142	Low unit cost/activity
- Other Services	21,894	-5,627	16,267	-532	12	-520	Balance of Managing Director's Contingency to offset overall pressure
Total Older People	202,385	-65,288	137,097	-2,684	628	-2,056	
People with a Learning Difficulty:							
- Residential Care	62,104	-9,946	52,158	3,302	-550	2,752	Demographic and placement pressures offset by additional income
- Domiciliary Care	5,822	-696	5,126	710	-215	495	Demographic pressures
- Direct Payments	3,772	-49	3,723	682	-18	664	Demographic pressures
- Supported Accommodation	7,247	-593	6,654	-999	91	-908	Less than expected activity
- Other Services	20,033	-1,970	18,063	83	11	94	Balance of Managing Director's Contingency to offset overall pressure
Total People with a LD	98,978	-13,254	85,724	3,778	-681	3,097	

Table 1

Budget Book Heading	Cash Limit			Variance			Comment
	G	I	N	G	I	N	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	
People with a Physical Disability							
- Residential Care	10,897	-1,649	9,248	1,621	-476	1,145	Demographic and placement pressures offset by additional income
- Domiciliary Care	8,039	-689	7,350	-511	156	-355	Forecast activity below affordable level
- Direct Payments	5,712	-247	5,465	243	-5	238	Forecast activity in excess of affordable level
- Supported Accommodation	604	-59	545	-304	59	-245	Forecast activity below affordable level
- Other Services	5,628	-972	4,656	31	17	48	Balance of Managing Director's Contingency to offset overall pressure
Total People with a PD	30,880	-3,616	27,264	1,080	-249	831	
All Adults Assessment & Related	35,122	-1,596	33,526	320	-170	150	Pressure of increments, low turnover and increasing numbers of referrals/assessments
Mental Health Service			0			0	
- Residential Care	6,441	-948	5,493	648	19	667	Increased activity, price pressures
- Domiciliary Care	874	0	874	180	-5	175	Forecast activity in excess of affordable level
- Direct Payments	234	0	234	45	0	45	
- Supported Accommodation	303	-62	241	-61	0	-61	
- Assessment & Related	10,131	-854	9,277	-501	14	-487	Vacancy management
- Other Services	6,569	-881	5,688	-191	1	-190	Balance of Managing Director's Contingency to offset overall pressure
Total Mental Health Service	24,552	-2,745	21,807	120	29	149	
Supporting People	32,957	0	32,957	-17	0	-17	
Gypsy & Traveller Unit	628	-279	349	39	-13	26	
People with no recourse to Public Funds	100	0	100	-20	0	-20	
Strategic Management	1,407	0	1,407	1	0	1	
Policy, Performance & Quality Assurance	6,152	-307	5,845	-484	5	-479	Vacancy management
Resources	14,666	-392	14,274	-656	87	-569	Release from reserve and provision, write back of debtor
Specific Grants	0	-35,111	-35,111	0	0	0	
Total Adult Services controllable	447,827	-122,588	325,239	1,477	-364	1,113	
Assumed Management Action				-1,113		-1,113	
Forecast after Mgmt Action				364	-364	0	

1.1.3 Major Reasons for Variance:

Table 2, at the end of this section, details all forecast revenue variances over £100k. Each of these variances is explained further below:

1.1.3.1 General Comment

The Directorate continues to face significant demographic pressures, primarily within services for People with Learning and Physical Disabilities, and although they are largely offset by underspends elsewhere, there remains an overall pressure of £1,113k.

Contributions to KASS from the Eastern & Coastal Kent PCT

As previously reported the Directorate secured funding from the Eastern & Coastal Kent PCT in late 2007/08 in respect of intermediate care proposals and services for patients leaving hospital and requiring social care. This funding has continued into 2008/09 and recognises the growing pressures that have been seen within our financial forecast on services for older people, and has allowed us to work jointly on a strategy for intermediate care across the East Kent area for 2008/09. The income and associated costs are included within the forecast.

1.1.3.2 Older People:

The overall net position is an underspend of £2,056k, and includes the release of the one-off Deferred Payments Loan of £1,256k from the Department of Health. Although there are underlying pressures remaining within residential and nursing care, particularly the increasing proportion of clients who are suffering from dementia, the Directorate is reporting a very significant underspend against domiciliary care resulting from a continuing reduction in the number of clients requiring this form of care.

a. Residential Care

There is a pressure of £230k against gross expenditure which includes the release of the proportion of the Deferred Payments Loan that relates to residential care (£628k). The number of clients in permanent placements in the independent sector was 2,916 in September. In terms of client weeks the forecast assumes 587 weeks more than is affordable at a cost of £219k. This primarily results from additional non-permanent/respite placements to assist clients to remain within their own homes. In addition the forecast unit cost is £373.78 per week against an affordable figure of £371.60 which has resulted in a pressure of £347k. This pressure reflects the increasing number of clients with dementia that the Directorate is having to contend with as placements are more expensive, and this trend can clearly be seen in table 2.1.2. There is an over-recovery in income of £250k resulting from activity levels which are higher than afforded in the budget.

It should also be noted that the residential budget was previously adjusted with funding transferred to the domiciliary and direct payments lines to support current levels of clients and/or expected growth in these services.

A pressure of £82k is forecast against Preserved Rights because the actual attrition rate is currently less than that assumed in the budget.

In house residential provision is showing a pressure of £210k on staffing because of the continuing need to cover sickness and absence with agency staff in order to meet care standards set by the regulator (Commission for Social Care Inspection - CSCI).

b. Nursing Care

There is an underspend of £508k on gross expenditure which includes the release of the proportion of the Deferred Payments Loan that relates to nursing care (£628k). Client numbers have decreased from 1,420 in June to 1,391 by the end of September, a figure more in line with the 1,386 seen in March. The forecast is assuming 1,432 weeks more than budget. The cost of these extra weeks is £649k. The unit cost is also forecast to be marginally lower than budget, £453.42 instead of £453.77, which reduces the pressure by £26k. The additional activity has resulted in increased income of £286k.

It is worth noting that there is some evidence to suggest that client numbers may have increased more than they have done but for the implementation of the National Framework for NHS Continuing Healthcare in October 2007. This greatly clarified when someone should receive NHS care with the result that many clients that may otherwise have received a service via KASS are now paid for directly by Health.

The attrition within Preserved Rights is actually higher than budgeted for and this has resulted in an underspend of £100k against gross expenditure.

There is currently an underspend of £402k against Registered Nursing Care Contributions with an identical under-recovery of income and is based on the latest estimates of client activity. Although realignment of gross and income has been considered it has not been requested because the forecast remains subject to changes throughout the year.

c. Domiciliary Care

This service remains the most volatile and difficult to forecast and currently this line is forecasting a very significant underspend against gross of £1,704k. The number of clients receiving packages of care from an independent sector provider continues to fall with the figure standing at 6,335 at the end of September. This is a significant drop from both the 6,739 in March and the 6,696 in June and as a result the forecast assumes 85,637 hours less than the budget, a saving of £1,270k. The forecast unit cost is slightly more expensive than affordable, at an additional cost of £211k. The average number of hours per client per week continues to increase with September showing 7.8 hours per week compared with 7.2 in March and 7.6 in June. This reflects the increasing number of clients with higher needs, including those with dementia, requiring more intensive packages to enable them to remain within their own homes. The higher unit cost reflects these intensive packages and the increasing number of clients requiring 'double-handers' (two carers). There has also been a significant reduction in the number of clients accessing the in-house domiciliary service and this is currently forecasting an underspend of £640k.

The reduced level of activity has meant a corresponding under-recovery in income of £590k.

It was estimated that the number of clients in residential would fall, with clients instead remaining in their own homes and receiving a domiciliary package, and as a consequence budget has transferred from residential care to domiciliary. However it may be the case that a growing proportion of clients with higher levels of need, particularly those with dementia, have no option but to go into residential care.

d. Direct Payments

Since March there has been a significant increase in the number of clients accessing a service via a direct payment – 694 in September compared with 626 clients in June and 518 in March – but a good number of these only require small payments to access transport to day-care facilities. These payments are well below the average cost per week afforded in the budget which helps to explain why this line is forecasting an underspend of £170k.

e. Other Services

The position is a £532k underspend against the gross budget with an under-recovery against income of £12k. There are small variances, both over and under, against a number of services, including meals, payments to voluntary organisations, occupational therapy equipment and in-house day-care, but the significant portion of the underspend relates to the £436k release of the remaining balance of the Contingency held by the Managing Director to offset the overall pressure within the Directorate.

1.1.3.3 People with a Learning Difficulty:

Overall the position for this client group is a net pressure of £3,097k. Services for this client group remain under extreme pressure as a result of both demographic and placement price pressures. As a result there continue to be significant forecast overspends against both residential and domiciliary care, as well as direct payments. The Directorate had hoped to achieve some significant savings by transferring clients from residential care to supported accommodation.

The impact of young adults transferring from Children's Services, many of whom have very complex needs and require a much higher level of support, continues to be felt. Alongside these so-called "transitional" placements are the increasing number of older learning disabled clients who are cared for at home by ageing parents who will begin to require more support. There are also more cases of clients becoming "ordinarily resident" in Kent. A client would become "ordinarily resident" when placed by another local authority in Kent and following de-registration of the home, the individual moves into supported accommodation.

a. Residential Care

Although the number of clients reduced from 633 in March to 623 in June, this figure has since increased to 635 in September, with the result that the forecast assumes 2,141 more weeks than is affordable. It should be noted that the Directorate had previously transferred a significant proportion of the cash limit from this line to support the increasing demand for services against domiciliary care, direct payments and supported accommodation. The additional weeks result in a pressure of £2,294k. The forecast unit cost is also above the affordable level which adds £338k to the position. The additional activity has resulted in an over-recovery of income of £429k.

The position on the pre-2002 Preserved Rights clients is also a pressure. Lower than expected attrition means that there are 720 more client weeks than budgeted for at a cost of £654k. However the actual unit cost is £907.76 per week which is just over £10 lower than the £918.05 budgeted for. This reduces the pressure by £232k. Also there is additional income from this extra activity of £105k.

As with Older People, in house residential provision is showing a pressure of £167k on staffing because of the need to cover sickness and absence with agency staff to meet CSCI care standards.

b. Domiciliary Care

Demand against this budget continues to be significant as the Directorate tries to support clients to remain at home rather than in a residential placement. The current forecast pressure of £710k is partially offset by additional income of £215k. The forecast for services provided through the independent sector assumes 27,794 hours more than is affordable, which with a cost per hour of £12.04 means a pressure of £335k. However the cost per hour is actually 31p less than affordable so when applied to affordable hours of 325,643 there is actually a saving of £101k. There has also been a significant increase in the number of clients accessing independent living services, especially a number with wide ranging and profound disabilities, with the result that this line is currently forecasting an overspend of £528k.

c. Direct Payments

Client numbers have increased from 338 in March and 365 in June to 424 in September which is significantly above the affordable level of 360 clients. This budget is therefore showing a pressure of £682k on gross expenditure with a small over-recovery on income of £18k.

d. Supported Accommodation

The overall position is an underspend on gross expenditure of £999k. It should be noted that budget was previously increased greatly to support expected growth in these services which has not happened as yet. The forecast assumes 1,268 weeks less than affordable resulting in a saving of £626k. The forecast unit cost is also below the affordable level which reduces the position by a further £291k. The reduced activity has resulted in an under-recovery of income of £91k.

e. Other Services

There is an overspend on gross of £83k but within this is the £264k release of the remaining balance of the Contingency held by the Managing Director to offset the overall pressure within the Directorate. Alongside minor variances against a number of services including, supported employment, Learning Disability Development Fund and payments to voluntary organisations, is a much more significant pressure of £239k against in-house day services. Day-care provides much needed respite for carers which in turn helps to enable clients to remain at home rather than in a residential placement.

1.1.3.4 People with a Physical Disability:

There are similar pressures here to those for services for People with Learning Disabilities, especially demand and demographic pressures against residential care budgets. The overall position is a net pressure of £831k.

a. Residential Care

This line is forecasting a pressure against gross expenditure of £1,621k. Client numbers have increased from a figure of 207 in March to 214 in September and overall the forecast assumes 1,649 weeks of care above the affordable level. The additional cost of these weeks is £1,408k. The additional activity has resulted in an over-recovery income of £432k. The unit cost is also

forecast to be £854.05 per week as opposed to the £823.38 assumed within the budget, and this adds £325k.

It should be noted that the residential budget was adjusted in the first full monitoring return with funding transferred to domiciliary, direct payments and supported accommodation to support current levels of clients and/or expected growth in these services.

The attrition within Preserved Rights is actually higher than budgeted for and this has resulted in an underspend of £160k against gross expenditure.

b. Domiciliary Care

The forecast is for an underspend of £511k on gross and an under-recovery in income of £156k. The adjusted budget gives an affordable level of activity which is currently in excess of actual demand. It is anticipated that spend will increase in the remaining months of the year as more clients remain at home rather than enter residential care.

c. Direct Payments

This budget is currently forecasting a pressure of £243k, with a small over-recovery of income. The number of clients has increased from 547 in March and 586 in June to 620 in September, which is 58 clients more than is currently affordable.

d. Supported Accommodation

There is an underspend on gross expenditure of £304k with an under-recovery in income of £59k as client numbers remain slightly below what is affordable. As with domiciliary, the supported accommodation budget was previously increased at the expense of residential care and gives an affordable level of in excess of actual demand. Again it is anticipated that spend will increase in the remaining months of the year as more clients remain in the community rather than enter residential care, especially as existing clients in residential care are being reviewed, and where appropriate transferred back into the community.

e. Other Services

The current forecast is a pressure of £31k on gross, however within this is an underspend of £90k following release of the balance of the Contingency held by the Managing Director to offset the overall pressure within the Directorate. The remaining budgets, which include day-care, OT equipment, sensory disabilities unit, payments to voluntary organisations and assisted telephones are showing small variances.

1.1.3.5 **All Adults Assessment & Related:**

There is a pressure against gross expenditure of £320k, with an over-recovery in income of £170k. As a result there is currently a hold on recruitment for all non-essential posts. An impact assessment is also currently being undertaken on the use of agency staff to inform any decision that may be taken to reduce their numbers or move to a position of no agency staff. The over-recovery in income relates to additional one-off contributions from Health.

For several years now the Directorate has taken the decision not to fund the cost of increments on the assumption that staff turnover will cover this cost. However there is some evidence, including from the staff survey that the level of turnover is reduced on previous years, and this has impacted on the forecast. The forecast also includes the additional costs of their travel due to the recent increases.

1.1.3.6 **Mental Health Service:**

The overall position for Mental Health is a pressure of £149k.

a. Residential Care

Although the number of clients has remained at 270 this budget continues to report a significant pressure of £648k against gross expenditure. This is mainly due to the fact that cash limit has been transferred to Supported Accommodation to reflect the changed priorities in the Directorate and the desire for clients to remain within a community based setting. It is hoped that the application of good financial practice and delaying planned placements will start to reduce this pressure. Where appropriate, specialist resettlement teams will work to get clients out of residential care and into the community.

b. Domiciliary Care

This line is forecasting a pressure of £180k against gross expenditure. Demand against this budget is significant as the Directorate tries to support clients to remain at home rather than in a residential placement.

c. Assessment & Related

A significant underspend of £501k on gross expenditure is being forecast as a result of the vacancy management necessary to offset the pressure within residential care. Savings also accrue from difficulties experienced in recruiting to senior posts in both social care and health.

d. Other Services

The current forecast is an underspend of £191k on gross, however within this is £69k released as the balance of the Contingency held by the Managing Director to offset the overall pressure within the Directorate. The forecasts against the remaining budgets, including day-care, payments to voluntary organisations, facilities, and community services, make up the remaining underspend of £122k.

1.1.3.7 **Policy, Performance & Quality Assurance:**

The gross budget is estimated to underspend by £484k which is spread across a number of teams both at Headquarters and in the two Areas and reflects savings through vacancy management. There are also cases where costs have been funded through a grant. For example several posts are either partly or totally covered through the Whole Systems Demonstrator (Telecare/Telehealth) funding awarded by the Department of Health. Backfilling of posts has either been done at a lower cost or the post has not been covered, both of which have added to the underspend.

1.1.3.8 **Resources:**

There is a £656K underspend on gross expenditure. Within this is a credit of £300k released from the Supporting People reserve to fund some of the legal costs incurred in 2007/08 on the Better Homes Active Lives PFI as agreed by the Supporting People Commissioning Body. The release from reserve is shown as a credit entry in revenue and offsets the £225K debit against income as outlined below. The remaining £75K released from reserve reduces the Directorate's position as the costs were incurred last year.

This line is also benefitting from the release of the provision set up in respect of the costs of client billing. The provision was set up at the end of 2007/08 because of uncertainty around the replacement grant for Social Care IT Infrastructure Capital grant from the Department of Health. However the Directorate has since been notified that it will receive £362k in 2008/09 thereby allowing release of this amount from the provision to offset the overall revenue pressure within the Directorate.

The current income position is an under-recovery of £87k. The position is skewed by the writing back (to revenue as a debit) of a debtor for £225K set up in 2007/08 in respect of contributions from District Councils towards the legal costs of the Better Homes Active Lives PFI scheme. The contribution will instead come from the Supporting People reserve as described above. In addition we are expecting income from Medway Council in respect of Enhanced Pensions as well as contributions from District Councils involved in the new Excellent Homes For All PFI scheme.

Table 2: REVENUE VARIANCES OVER £100K IN SIZE ORDER

Pressures (+)			Underspends (-)		
portfolio		£000's	portfolio		£000's
KASS	LD Residential gross - activity in excess of affordable level in independent sector placements	+2,294	KASS	Older People Domiciliary gross - reduction in hours in independent care	-1,270
KASS	PD Residential gross - activity in excess of affordable level in independent sector placements	+1,408	KASS	Older People Domiciliary gross - reduction in in-house hours	-640
KASS	LD Direct Payments gross - activity in excess of affordable level	+682	KASS	Older People Residential gross - release of Deferred Payments Loan from DoH	-628
KASS	LD Residential gross - Preserved Rights reduced attrition	+654	KASS	Older People Nursing gross - release of Deferred Payments Loan from DoH	-628
KASS	Older People Nursing gross - activity in excess of affordable level in independent sector	+649	KASS	LD Supported Accommodation gross - activity below affordable level	-626
KASS	MH Residential gross - tfr of clients to supported accommodation not yet happened	+648	KASS	PD Domiciliary gross - activity below affordable level	-511
KASS	Older People Domiciliary income - under-recovery of income due to lower activity	+590	KASS	MH Assessment & Related gross - vacancy management	-501
KASS	LD Domiciliary gross - pressure against Independent Living Scheme	+528	KASS	PPQA gross - vacancy management	-484
KASS	Older People Nursing income - under recovery of income due to lower RNCC activity	+402	KASS	Older People Other Services - release of the balance of the Managing Director's contingency	-436
KASS	Older People Residential gross - pressure relating to change in unit cost in independent sector placements	+347	KASS	PD Residential gross - additional income through additional activity	-432
KASS	LD Residential gross - pressure relating to change in unit cost of independent sector placements	+338	KASS	LD Residential income - additional income resulting from additional activity	-429
KASS	LD Domiciliary gross - activity in excess of affordable level	+335	KASS	Older People Nursing gross - RNCC activity below affordable	-402
KASS	PD Residential gross - pressure relating to change in unit cost of independent sector placements	+325	KASS	Resources gross - release of client billing provision	-362
KASS	All Adults Assessment & Related Gross - staffing pressures	+320	KASS	PD Supported Accommodation gross - activity below affordable	-304
KASS	PD Direct Payments gross- activity in excess of affordable level	+243	KASS	Resources gross - release of Supporting People reserve to fund PFI legal costs	-300
KASS	LD Other Services gross - in-house day services in excess of affordable level	+239	KASS	LD Supported Accommodation gross - difference in unit cost	-291
KASS	Resources income - write back of PFI debtor	+225	KASS	Older People Nursing income resulting from additional activity	-286
KASS	Older People Residential gross - activity in excess of affordable level in independent sector	+219	KASS	LD Other Services - release of the balance of the Managing Director's contingency	-264

Pressures (+)			Underspends (-)		
portfolio		£000's	portfolio		£000's
KASS	Older People Residential gross - in house provision staffing costs	+210	KASS	Older People Residential income resulting from additional activity	-250
KASS	Older People Domiciliary gross - pressure relating to change in unit cost in independent sector placements	+206	KASS	LD Residential gross - Preserved Rights change in unit cost	-232
KASS	MH Domiciliary gross - activity in excess of affordable level	+180	KASS	LD Domiciliary income resulting from additional activity	-215
KASS	LD Residential gross - in house provision staffing	+167	KASS	All Adults Assessment & Related one-off income from Health	-170
KASS	PD Domiciliary income - under-recovery of income due to lower activity	+156	KASS	Older People Direct Payments gross - lower unit cost & activity	-170
			KASS	PD Residential gross - Preserved Rights increased attrition	-160
			KASS	LD Residential income resulting from additional Preserved Rights activity	-105
			KASS	Learning Domiciliary gross - change in unit cost in independent sector	-101
			KASS	Older People Nursing gross - Preserved Rights increased	-100
		+11,365			-10,297

1.1.4 Actions required to achieve this position:

The forecast pressure of £1,113k assumes that most of the savings identified within the MTP will be achieved however it is unlikely that the Directorate will be able to deliver the whole saving against Learning Disability residential as moving the required number of clients into supported accommodation is proving more difficult than anticipated. Despite this the Directorate remains confident that other savings, through the application of Good Financial Practice, will be found to ensure that a balanced budget is achieved by the end of the year. The management actions, or 'Guidelines for Good Financial Practice' as they are now referred to, required to address the residual pressure is referred to in section 1.1.7 below.

1.1.5 Implications for MTP:

Although the MTP assumes a breakeven position for 2008/09 it does also assume an underlying pressure of £1,256k as this year's position has been reduced by the same amount in respect of the one-off Deferred Payments Loan.

1.1.6 Details of re-phasing of revenue projects:

No revenue projects have been identified for re-phasing.

1.1.7 Details of proposals for residual variance:

The KASS Management Team have previously refined the 'Guidelines for Good Financial Practice', which were referred to as 'Management Action Plans' in 2007-08. Details of these guidelines were provided to Cabinet in September. Robust monitoring arrangements are in place on a monthly basis to ensure that all areas and HQ budgets are aggressively challenged and monitored.

Also it should be noted that at this time of the year, as managers become more confident in their forecasts, that forecasts begin to fall over the autumn months, especially on non-direct services.

The KASS Directorate is wholly committed to delivering a balanced outturn position by the end of the year. The range of innovations that the Directorate has implemented will help us to achieve this, for example telehealth and telecare through the successful investment of the 'Whole Systems Demonstrator Programme', and extra care sheltered housing as the new units come on stream in the next few months.

The guidelines are currently expected to balance the £1,113k forecast pressure by year end.

1.2 CAPITAL

1.2.1 All changes to cash limits are in accordance with the virement rules contained within the constitution and have received the appropriate approval via the Leader, or relevant delegated authority.

The revised capital cash limits agreed by Cabinet on 13 October 2008 are now being used for monitoring purposes and are reflected in this report. However, these differ from the cash limits shown in appendix 3 of the October Cabinet report, as the cash limits reflected in this report only include those projects starting in the current or previous years, whereas the cash limits approved by Cabinet in October also include projects due to start in future years of the 2008-11MTP.

In addition to the changes agreed by Cabinet on 13 October, there has a further change to the capital cash limit as follows:

	2008-09 £000s
▪ Income from the Strategic Health Authority for Learning Disability Development Fund (LDDF) Partnership projects	300

1.2.2 **Table 3** below provides a portfolio overview of the latest capital monitoring position.

	Prev Yrs Exp	2008-09	2009-10	2010-11	Future Yrs	TOTAL
	£000s	£000s	£000s	£000s	£000s	£000s
Kent Adult Social Services portfolio						
Budget approved at Oct Cabinet	11,602	4,998	8,260	5,531	4,960	35,351
Adjustments:						
- LDDF income from SHA		300				300
-						0
						0
Revised Budget	11,602	5,298	8,260	5,531	4,960	35,651
Variance		984	-567			417
split:						
- real variance		+417				+417
- re-phasing		+567	-567			0
Real Variance		+417	0	0	0	+417
Re-phasing		+567	-567	0	0	0

Table 4 below, details all forecast capital variances over £250k in 2008-09 and identifies these between projects which are:

- part of our year on year rolling programmes e.g. maintenance and modernisation;
- projects which have received approval to spend and are underway;
- projects which are only at the approval to plan stage and
- projects at preliminary stage.

The variances are also identified as being either a real variance i.e. real under or overspending which has resourcing implications, or a phasing issue i.e. simply down to a difference in timing compared to the budget assumption.

Each of the variances in excess of £1m which is due to phasing of the project, excluding those projects identified as only being at the preliminary stage, is explained further in section 1.2.4 below.

All real variances are explained in section 1.2.5, together with the resourcing implications.

Table 4: CAPITAL VARIANCES OVER £250K IN SIZE ORDER

portfolio	Project	real/ phasing	Project Status			
			Rolling Programme	Approval to Spend	Approval to Plan	Preliminary Stage
			£'000s	£'000s	£'000s	£'000s
Overspends/Projects ahead of schedule						
KASS	Crispe House - Rephase	Phasing		+567		
KASS	Broadmeadow	Real		+417		
			+0	+984	+0	+0
Underspends/Projects behind schedule						
			-0	-0	-0	-0
			+0	+984	+0	+0

1.2.4 Projects re-phasing by over £1m:

None

1.2.5 Projects with real variances, including resourcing implications:

[All real variances need to be explained in this section]

The true underlying variance is +£417k which relates to the Broadmeadow project. This reflects the full outcome of the mediation process with the architects and the contractors. Discussions are currently underway as to how this pressure is to be funded.

1.2.6 General Overview of capital programme:

(a) Risks

Most of the directorate's capital programme was to be funded by back-to-back receipts. In the current climate of falling property prices and uncertainty over sales, this funding stream is risky.

(b) Details of action being taken to alleviate risks

In order to minimise the risk to the KASS capital programme, all of the properties for disposal which were not at advanced stages of negotiation have been put into PEF2. For KASS, this means that the value of funding may be below that which was originally sought. KASS are currently undertaking work to ensure that the PEF2 funding is adequate for the projects.

1.2.7 PFI projects

- PFI Housing

The £72.489m investment in the PFI Housing project represents investment by a third party. No payment is made by KCC for the new/refurbished assets until the asset are ready for use and this is by way of an annual unitary charge to the revenue budget.

	Previous years	2008-09	2009-10	2010-11	TOTAL
	£000s	£000s	£000s	£000s	£000s
Budget	8,892	51,818	11,779	-	72,489
Forecast	8,892	51,818	11,779	-	72,489
Variance	-	-	-	-	-

(a) Progress and details of whether costings are still as planned (for the 3rd party)

Overall costings are still as planned.

(b) Implications for KCC of details reported in (a). i.e. could an increase in the cost result in a change to the unitary charge?

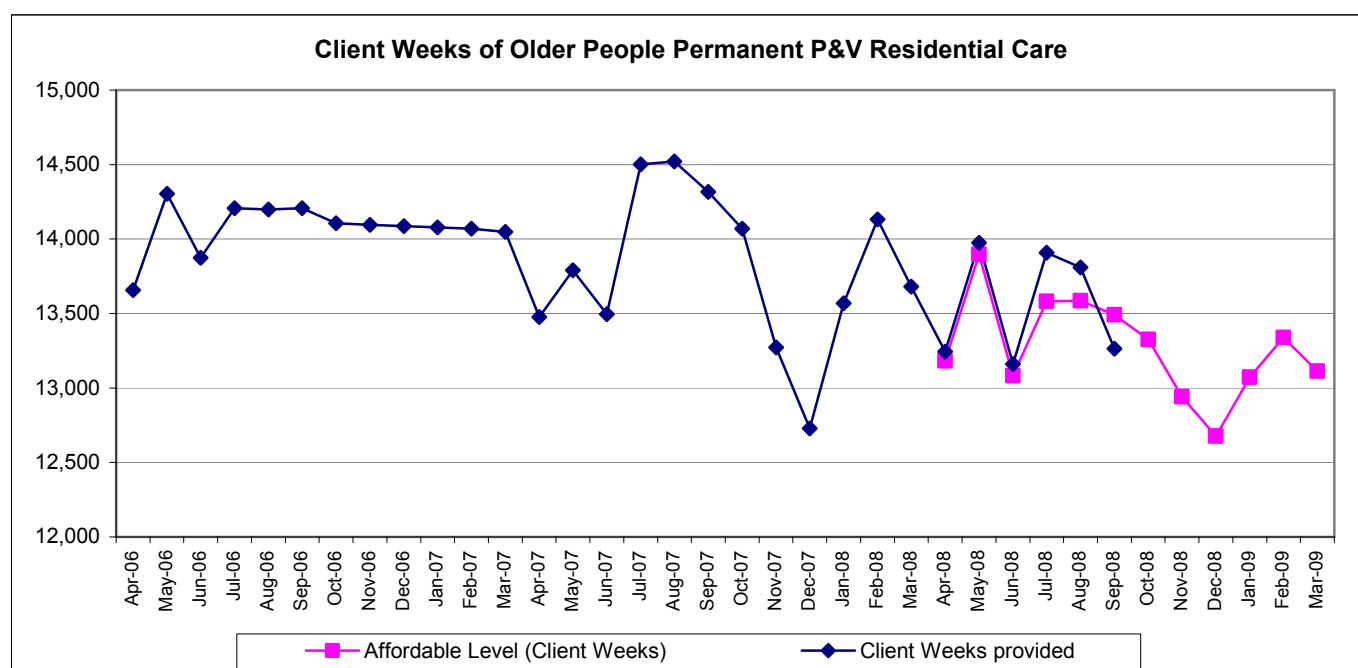
The unitary charge is not subject to indexation as the contractor has agreed to a fixed price for the duration of the contract. Deductions will be made during the contract period if performance falls below the standards agreed or if the facilities are unavailable for use.

During the contract period if one of the partners proposes a change that either results in increased costs or a change in the balance of risk, this must be taken to the Project Board for agreement. Each partner has a vote and any decision resulting in a change to the costs or risks would need unanimous approval.

2. KEY ACTIVITY INDICATORS AND BUDGET RISK ASSESSMENT MONITORING

2.1.1 Number of client weeks of older people permanent P&V residential care provided compared with affordable level:

	2006-07		2007-08		2008-09	
	Affordable Level (Client Weeks)	Client Weeks of older people permanent P&V residential care provided	Affordable Level (Client Weeks)	Client Weeks of older people permanent P&V residential care provided	Affordable Level (Client Weeks)	Client Weeks of older people permanent P&V residential care provided
April		13,656		13,476	13,181	13,244
May		14,303		13,789	13,897	13,974
June		13,875		13,495	13,084	13,160
July		14,207		14,502	13,581	13,909
August		14,199		14,520	13,585	13,809
September		14,206		14,316	13,491	13,264
October		14,105		14,069	13,326	
November		14,095		13,273	12,941	
December		14,086		12,728	12,676	
January		14,077		13,568	13,073	
February		14,069		14,131	13,338	
March		14,049		13,680	13,114	
TOTAL	167,393	168,928	169,925	165,546	159,287	81,360

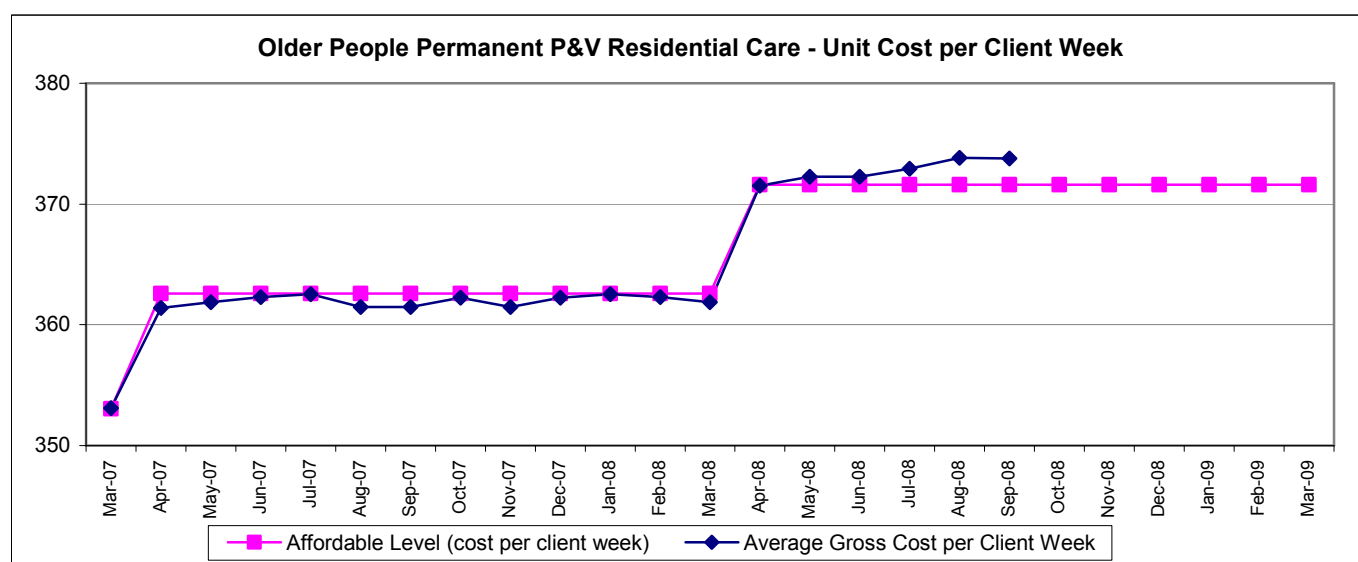


Comments:

- The above graph reflects the number of client weeks of service provided as this has a greater influence on cost than the actual number of clients. The actual number of clients in older people permanent P&V residential care at the end of 2006-07 was 3,045, at the end of 2007-08 it was 2,917 and at the end of September 2008 it was 2,916. It is evident that there are ongoing pressures relating to clients with dementia. During this year, the number of clients with dementia have increased from 1,113 in April to 1,168 in September, whilst the other residential clients have decreased.
- The current forecast is 159,874 weeks of care against an affordable level of 159,287, a difference of 587 weeks. Using the forecast unit cost of £373.78 this additional activity adds £219k to the forecast, as highlighted in section 1.1.3.2.a.
- To the end of September 81,360 weeks of care have been delivered against an affordable level of 80,819, a difference of 541 weeks.

2.1.2 Average gross cost per client week of older people permanent P&V residential care compared with affordable level:

	2006-07		2007-08		2008-09	
	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week
April			362.60	361.41	371.60	371.54
May			362.60	361.90	371.60	372.28
June			362.60	362.31	371.60	372.27
July			362.60	362.56	371.60	372.94
August			362.60	361.50	371.60	373.84
September			362.60	361.50	371.60	373.78
October			362.60	362.27	371.60	
November			362.60	361.50	371.60	
December			362.60	362.27	371.60	
January			362.60	362.56	371.60	
February			362.60	362.31	371.60	
March	353.04	353.10	362.60	361.90	371.60	

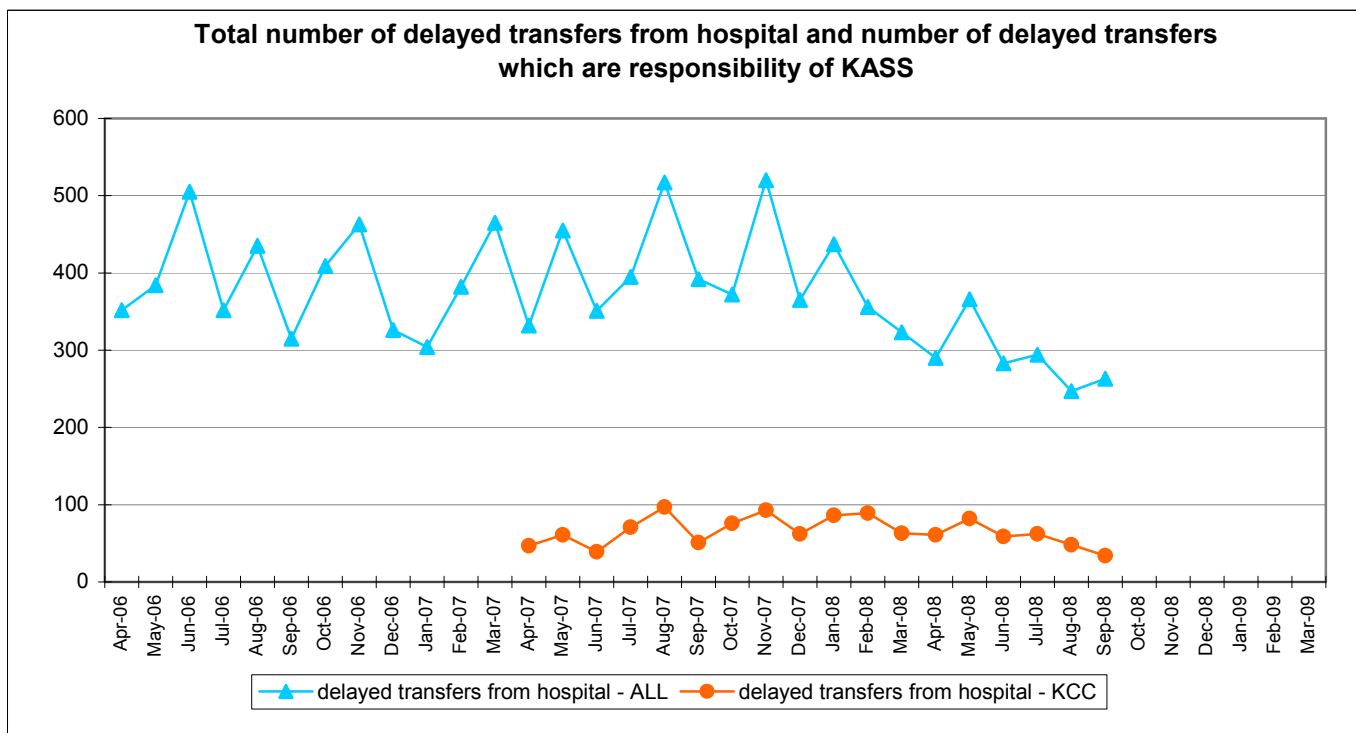


Comments:

- Average unit cost per week has increased more than inflation and is likely to reflect the increasing numbers of clients with dementia.
- The forecast unit cost of £373.78 is higher than the affordable cost of £371.60 and this difference of £2.18 adds £347k to the position when multiplied by the affordable weeks, as highlighted in section 1.1.3.2.a.

2.1.3 Total of All Delayed Transfers from hospital compared with those which are KASS responsibility:

	2006-07		2007-08		2008-09	
	ALL	KASS responsibility	ALL	KASS responsibility	ALL	KASS responsibility
April	352		332	47	290	61
May	384		455	61	366	82
June	505		351	39	283	59
July	352		395	71	294	62
August	435		517	97	247	48
September	315		392	51	263	34
October	409		372	76		
November	463		520	93		
December	326		365	62		
January	304		437	86		
February	382		356	89		
March	465		323	63		

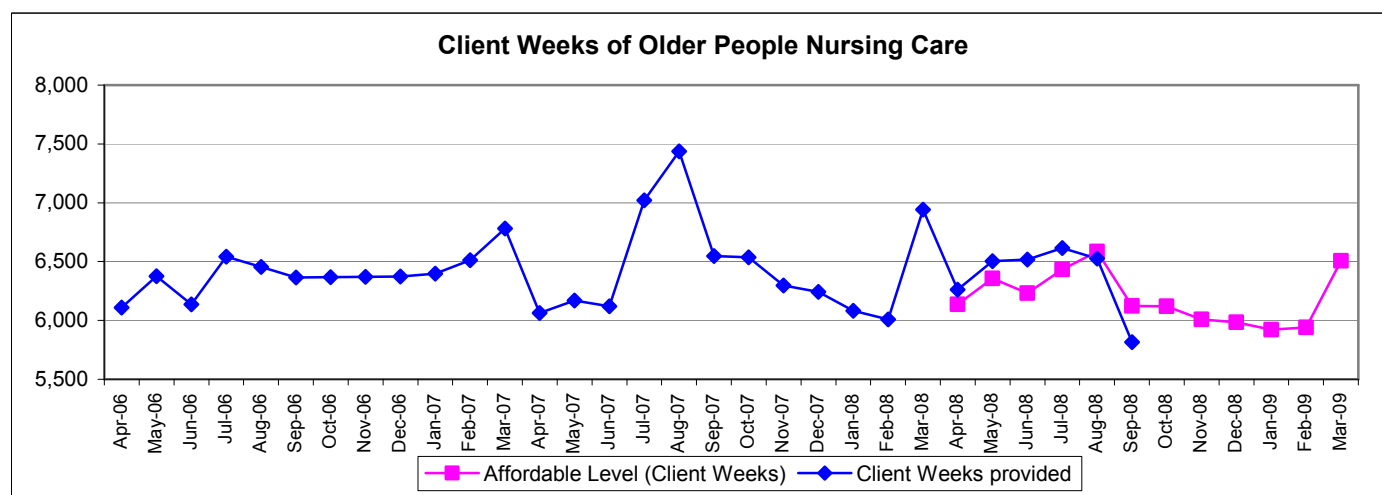


Comments:

- The Delayed Transfers of Care (DTCs) show the numbers of people whose movement from an acute hospital has been delayed. Typically this may be because they are waiting for an assessment to be completed, they are choosing a residential or nursing home placement, or waiting for a vacancy to become available. This figure shows all delays, but those attributable to Adult Social Services, and therefore subject to the reimbursement regime, are a minority. There are many reasons for fluctuations in the number of DTCs which result from the interaction of various different factors within a highly complex system across both Health and Social Care. The average number of delayed transfers per week is on a steadily reducing trend from a peak in the second quarter of 2007/08. Approximately 13%-22% of these will be the responsibility of Social Services and trends over the last three months show a decreasing trend.

2.2.1 Number of client weeks of older people nursing care provided compared with affordable level:

	2006-07		2007-08		2008-09	
	Affordable Level (Client Weeks)	Client Weeks of older people nursing care provided	Affordable Level (Client Weeks)	Client Weeks of older people nursing care provided	Affordable Level (Client Weeks)	Client Weeks of older people nursing care provided
April		6,109		6,062	6,137	6,263
May		6,375		6,170	6,357	6,505
June		6,136		6,120	6,233	6,518
July		6,542		7,020	6,432	6,616
August		6,454		7,436	6,586	6,525
September		6,366		6,546	6,124	5,816
October		6,368		6,538	6,121	
November		6,371		6,298	6,009	
December		6,374		6,243	5,984	
January		6,399		6,083	5,921	
February		6,513		6,008	5,940	
March		6,780		6,941	6,507	
TOTAL	74,256	76,786	74,707	77,463	74,351	38,243

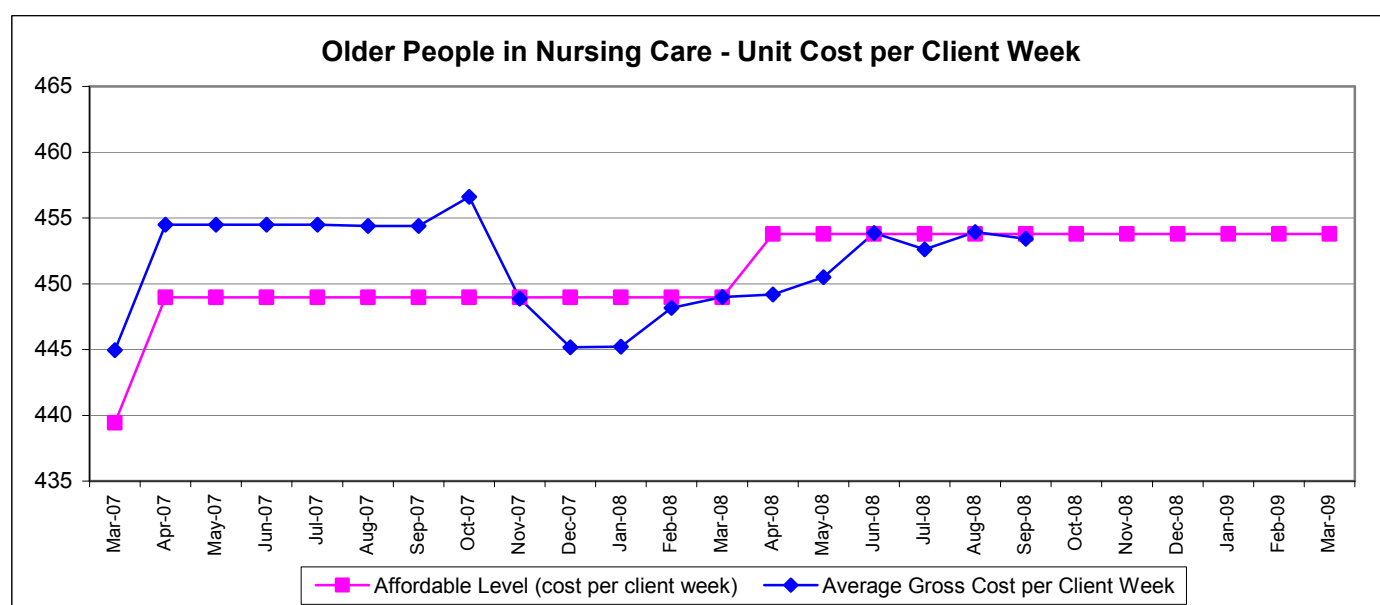


Comment:

- The above graph reflects the number of client weeks of service provided as this has a greater influence on cost than the actual number of clients. The actual number of clients in older people nursing care at the end of 2006-07 was 1,387, at the end of 2007-08 it was 1,386, at the end of June it was 1,420 and these levels have decreased to 1,391 by the end of September. In nursing care, there is not the same distinction between clients with dementia, as with residential care. The difference in intensity of care for nursing care and nursing care with dementia is not as significant as it is for residential care.
- The current forecast is 75,783 weeks of care against an affordable level of 74,351, a difference of 1,432 weeks. Using the forecast unit cost of £453.42 this additional activity adds £649k to the forecast, as highlighted in section 1.1.3.2.b.
- To the end of September 38,243 weeks of care have been delivered against an affordable level of 37,869, a difference of 374 weeks.
- There are always pressures in permanent nursing care which may occur for many reasons. Although numbers are decreasing at the present, significant issues still remain. There will always be pressures which the directorate face, for example the knock on effect of minimising delayed transfers of care. Demographic changes – increasing numbers of older people with long term illnesses – also means that there is an underlying trend of growing numbers of people needing more intense nursing care. This is further supported by the increasing age of older people entering residential and nursing care. In 2000, 4.5% of placements were made for people aged 94+. This year, this is 7.5% and is likely to mean that these people will require more intense support. If they are not placed in nursing care, then an alternative needs to be found.

2.2.2 Average gross cost per client week of older people nursing care compared with affordable level:

	2006-07		2007-08		2008-09	
	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week
April			448.98	454.50	453.77	449.18
May			448.98	454.50	453.77	450.49
June			448.98	454.50	453.77	453.86
July			448.98	454.50	453.77	452.61
August			448.98	454.40	453.77	453.93
September			448.98	454.40	453.77	453.42
October			448.98	456.60	453.77	
November			448.98	448.88	453.77	
December			448.98	445.16	453.77	
January			448.98	445.22	453.77	
February			448.98	448.17	453.77	
March	439.42	444.94	448.98	449.00	453.77	

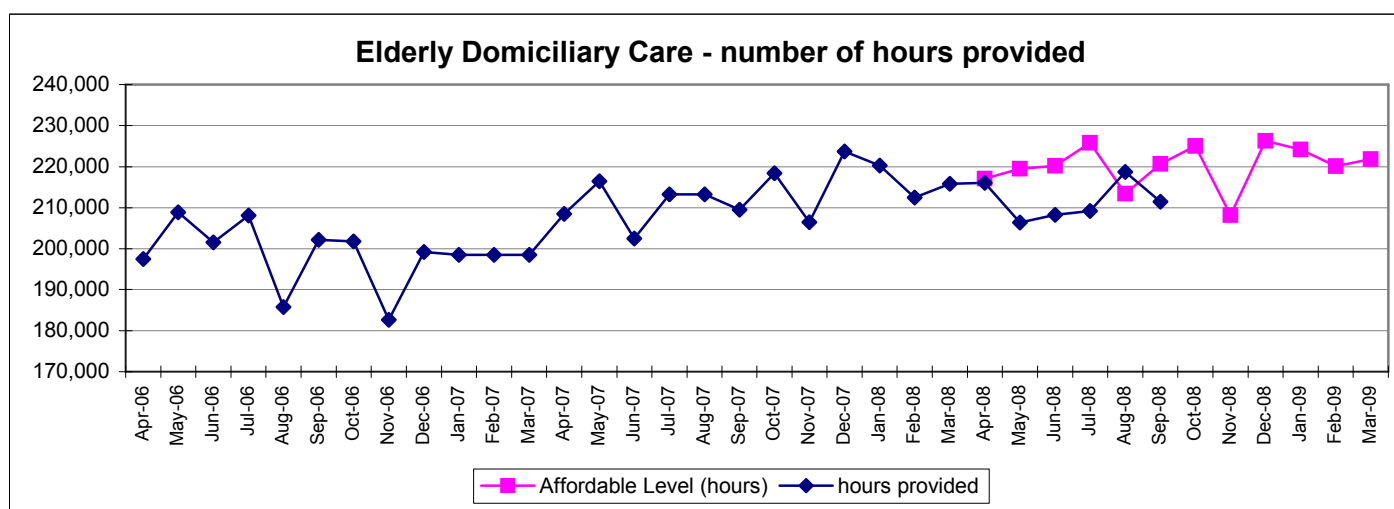
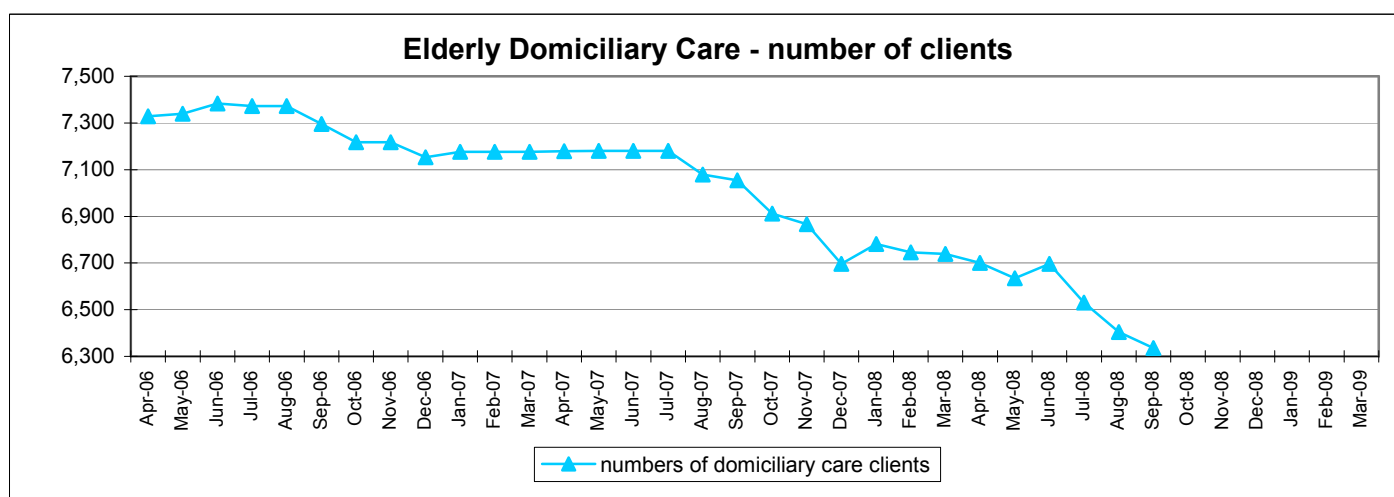


Comments:

- The forecast unit cost of £453.42 is slightly below the affordable cost of £453.77 but does fluctuate with the differing placements within it (Non OPMH, OPMH and non permanent). The difference in unit cost of 35p reduces the position by £26k when multiplied by the affordable weeks, as highlighted in section 1.1.3.2.b.

2.3.1 Elderly domiciliary care – numbers of clients and hours provided in the independent sector:

	2006-07			2007-08			2008-09		
	Affordable level (hours)	hours provided	number of clients	Affordable level (hours)	hours provided	number of clients	Affordable level (hours)	hours provided	number of clients
April		197,531	7,329		208,524	7,179	217,090	215,448	6,700
May		208,870	7,339		216,477	7,180	219,480	218,200	6,635
June		201,559	7,383		202,542	7,180	220,237	218,557	6,696
July		208,101	7,373		213,246	7,180	225,841	209,230	6,531
August		185,768	7,373		213,246	7,079	213,436	218,739	6,404
September		202,227	7,295		209,504	7,054	220,644	211,487	6,335
October		201,815	7,218		218,397	6,912	225,012		
November		182,608	7,218		206,465	6,866	208,175		
December		199,235	7,153		223,696	6,696	226,319		
January		198,524	7,177		220,313	6,782	224,175		
February		198,524	7,177		212,499	6,746	220,135		
March		198,524	7,177		215,865	6,739	221,875		
TOTAL	2,462,712	2,383,286		2,610,972	2,560,774		2,642,419	1,291,661	



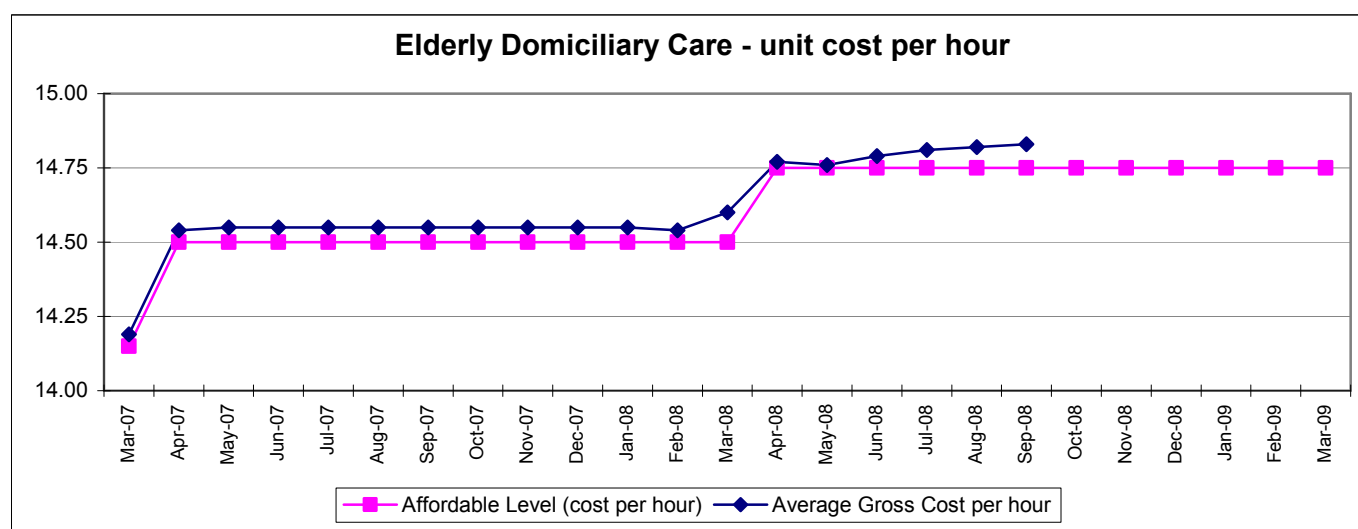
Comments:

- Figures exclude services commissioned from the Kent HomeCare Service.
- The current forecast is 2,566,782 hours of care against an affordable level of 2,642,419, a difference of 85,637 hours. Using the forecast unit cost of £14.83 this reduction in activity reduces the forecast by £1,270k, as highlighted in section 1.1.3.2.c.
- To the end of September 1,291,661 hours of care have been delivered against an affordable level of 1,316,728 a difference of 25,067 hours.

- The decrease in numbers of people receiving domiciliary care is partly as a result of the increase in direct payments. This is not linked to nursing care placements, as the two cohorts of service users are completely different. There are a number of other factors reducing the need for formal domiciliary care. Ongoing service developments with the voluntary sector and other organisations mean that we continue to prevent people from needing 'mainstream' domiciliary care, and they can access services, very often involving social inclusion (e.g. luncheon clubs and other social activities), without having to undergo a full care management assessment. Public health campaigns and social marketing aimed at improving people's health is already starting to result in healthier older people. Increase in the use of Telecare and Telehealth similarly reduces the need for domiciliary care, and it is possible that this trend will continue despite the growth in numbers of older people. In addition, intermediate and recuperative care provides intensive support to increasing numbers of people, which allows them to return home with little or no support at all, or prevents them from entering hospital, or needing intense services. Our LAA/Kent Agreement target on intermediate care focuses on this very issue.

2.3.2 Average gross cost per hour of older people domiciliary care compared with affordable level:

	2006-07		2007-08		2008-09	
	Affordable Level (Cost per Hour)	Average Gross Cost per Hour	Affordable Level (Cost per Hour)	Average Gross Cost per Hour	Affordable Level (Cost per Hour)	Average Gross Cost per Hour
April			14.50	14.54	14.75	14.77
May			14.50	14.55	14.75	14.76
June			14.50	14.55	14.75	14.79
July			14.50	14.55	14.75	14.81
August			14.50	14.55	14.75	14.82
September			14.50	14.55	14.75	14.83
October			14.50	14.55	14.75	
November			14.50	14.55	14.75	
December			14.50	14.55	14.75	
January			14.50	14.55	14.75	
February			14.50	14.54	14.75	
March	14.15	14.19	14.50	14.60	14.75	

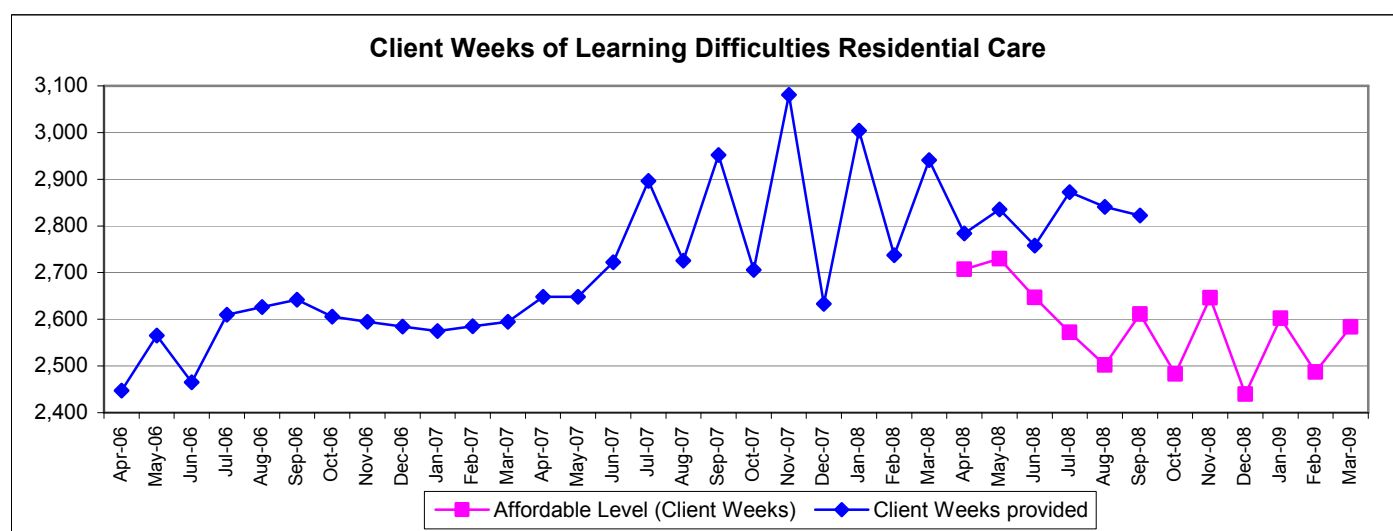


Comments:

- Average unit cost is increasing and is likely to reflect the same issues outlined above concerning more intense packages and higher levels of need.
- The forecast unit cost of £14.83 is slightly higher than the affordable cost of £14.75 and this difference of 8p increases the pressure by £211k when multiplied by the affordable hours, as highlighted in section 1.1.3.2.c.

2.4.1 Number of client weeks of learning difficulties residential care provided compared with affordable level (non preserved rights clients):

	2006-07		2007-08		2008-09	
	Affordable Level (Client Weeks)	Client Weeks of LD residential care provided	Affordable Level (Client Weeks)	Client Weeks of LD residential care provided	Affordable Level (Client Weeks)	Client Weeks of LD residential care provided
April		2,447		2,648	2,707	2,784
May		2,565		2,648	2,730	2,836
June		2,465		2,722	2,647	2,758
July		2,610		2,897	2,572	2,872
August		2,626		2,725	2,502	2,841
September		2,642		2,952	2,611	2,822
October		2,606		2,706	2,483	
November		2,595		3,081	2,646	
December		2,584		2,633	2,440	
January		2,575		3,004	2,602	
February		2,585		2,737	2,487	
March		2,595		2,941	2,584	
TOTAL	30,984	30,895	30,984	33,695	31,011	16,913

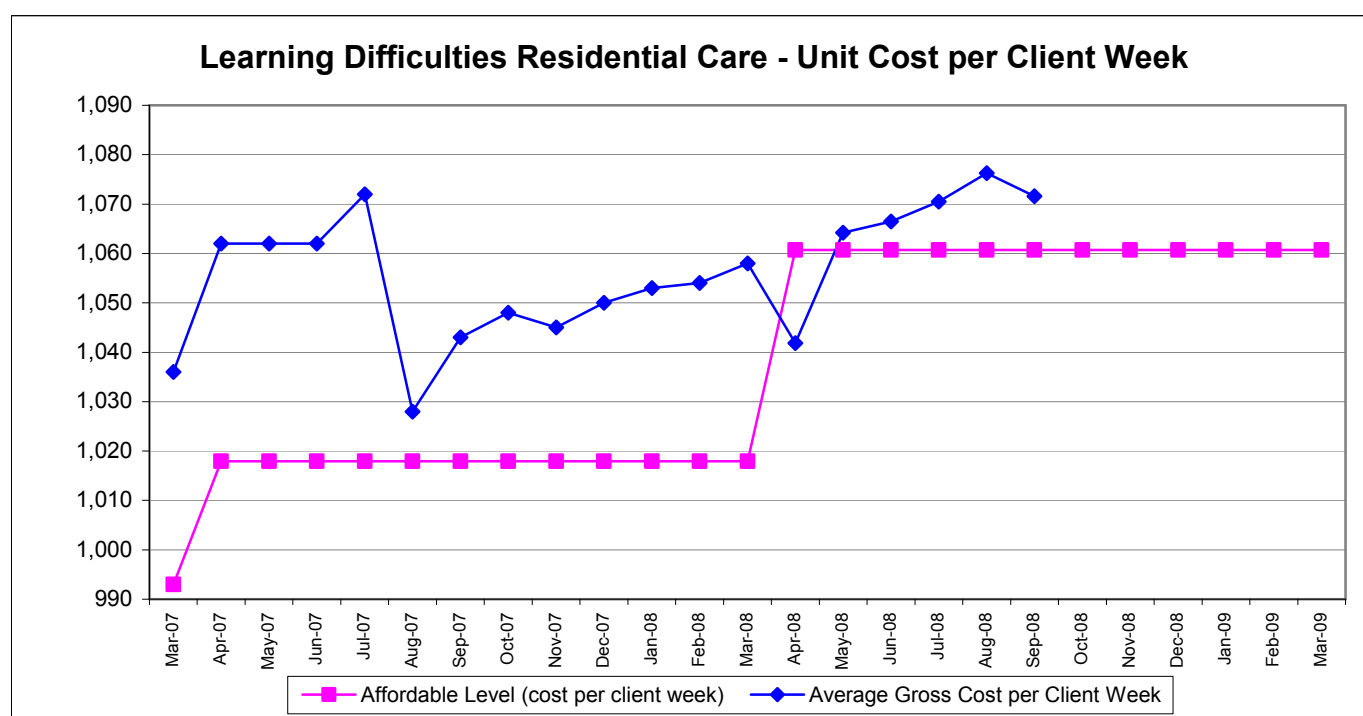


Comments:

- The above graph reflects the number of client weeks of service provided as this has a greater influence on cost than the actual number of clients. The actual number of clients in LD residential care at the end of 2006-07 was 615, at the end of 2007-08 it was 633 and at the end of June 2008 it was 623 and at the end of September it was 635.
- The current forecast is 33,152 weeks of care against an affordable level of 31,011, a difference of 2,141 weeks. Using the forecast unit cost of £1,071.59 this additional activity adds £2,294k to the forecast, as highlighted in section 1.1.3.3.a.
- To the end of September 16,913 weeks of care have been delivered against an affordable level of 15,769, a difference of 1,144 weeks.

2.4.2 Average gross cost per client week of Learning Difficulties residential care compared with affordable level (non preserved rights clients):

	2006-07		2007-08		2008-09	
	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week
April			1,018.00	1,062.00	1,060.70	1,041.82
May			1,018.00	1,062.00	1,060.70	1,064.19
June			1,018.00	1,062.00	1,060.70	1,066.49
July			1,018.00	1,072.00	1,060.70	1,070.50
August			1,018.00	1,028.00	1,060.70	1,076.27
September			1,018.00	1,043.00	1,060.70	1,071.59
October			1,018.00	1,048.00	1,060.70	
November			1,018.00	1,045.00	1,060.70	
December			1,018.00	1,050.00	1,060.70	
January			1,018.00	1,053.00	1,060.70	
February			1,018.00	1,054.00	1,060.70	
March	993.00	1,036.00	1,018.00	1,058.00	1,060.70	

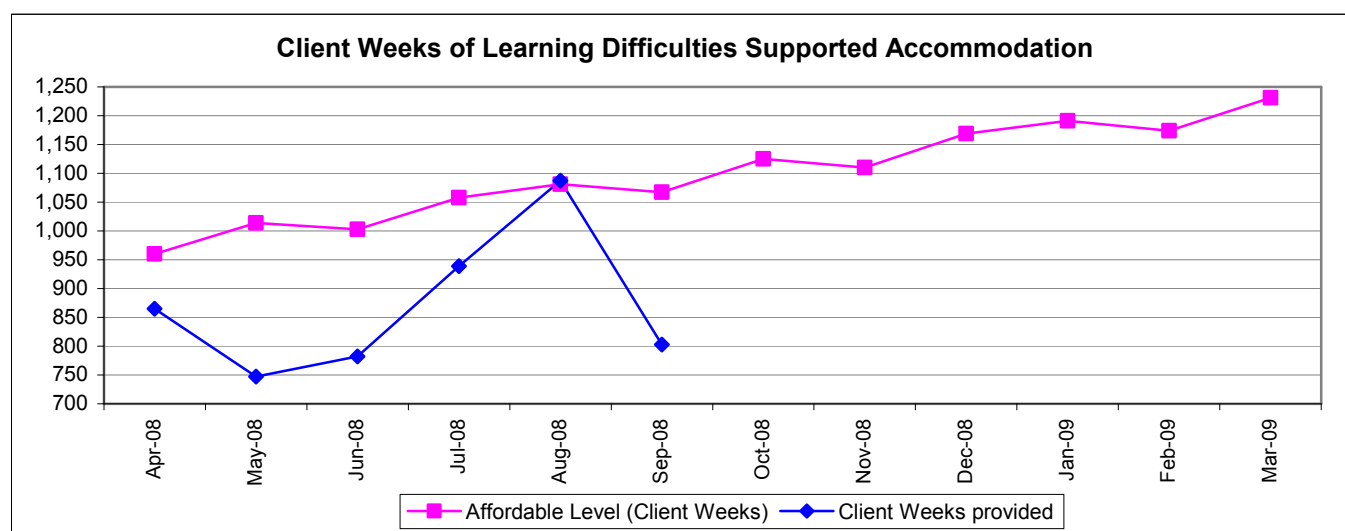


Comments:

- Clients being placed in residential care are those with very complex needs which makes it difficult for them to remain in the community, in supported accommodation/supporting living arrangements, or receiving a domiciliary care package. These are therefore placements which attract a very high cost, with the average now being over £1,000 per week. It is expected that clients with less complex needs, and therefore less cost, can transfer from residential into supported living arrangements. This would mean that the average cost per week would increase over time as the remaining clients in residential care would be the very high cost ones – some of whom can cost up to £2,000 per week.
- The forecast unit cost of £1,071.59 is higher than the affordable cost of £1,060.70 and this difference of £10.89 adds £338k to the position when multiplied by the affordable weeks, as highlighted in section 1.1.3.3.a.

2.5.1 Number of client weeks of learning difficulties supported accommodation provided compared with affordable level:

	2007-08		2008-09	
	Affordable Level (Client Weeks)	Client Weeks of LD supported accommodation provided	Affordable Level (Client Weeks)	Client Weeks of LD supported accommodation provided
April			960	865
May			1,014	747
June			1,003	782
July			1,058	939
August			1,081	1,087
September			1,067	803
October			1,125	
November			1,110	
December			1,169	
January			1,191	
February			1,174	
March			1,231	
TOTAL	7,618	11,156	13,182	5,223

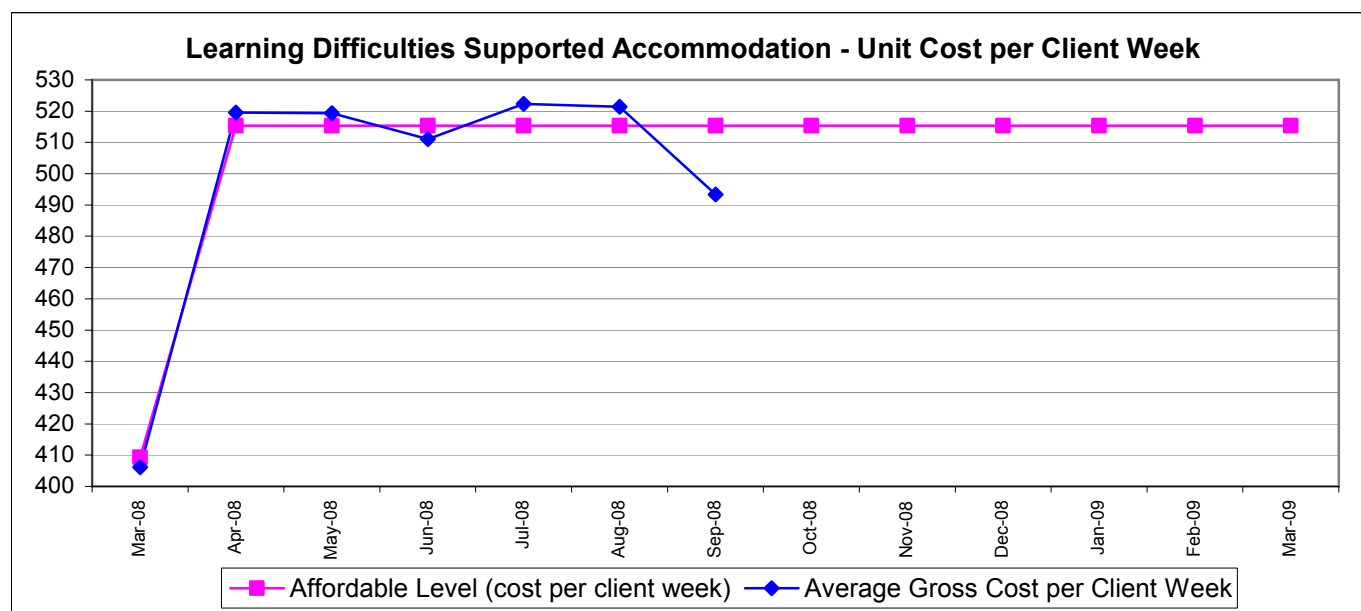


Comments:

- Supported Accommodation is a rapidly growing area of expenditure and as such there is little activity/unit cost data available from prior years. In addition, supported accommodation is regarded as a community service and is often provided as an hourly service. Following recent national consultation, we are still awaiting confirmation on how supported accommodation should be recorded. Some adjustments to the activity have been made since the first full monitoring report to reflect our developing understanding of this service, and more may be required in the future once an agreed definition nationally has been reached.
- The above graph reflects the number of client weeks of service provided as this has a greater influence on cost than the actual number of clients. The actual number of clients in LD supported accommodation at the end of 2007-08 was 193 and at the end of June 2008 it was 193. The September position was 205.
- The current forecast is 11,914 weeks of care against an affordable level of 13,182, a difference of 1,268 weeks. Using the forecast unit cost of £493.33 this reduction in activity provides a saving of £626k as highlighted in section 1.1.3.3.d.
- To the end of September 5,223 weeks of care have been delivered against an affordable level of 6,183, a difference of 960 weeks.
- It is hoped that this number will increase in line with the expectation of transferring clients with less complex needs from residential care and using this service as an alternative to a residential placement for new clients. As such there has previously been a corresponding increase in the cash limit to support these additional clients.

2.5.2 Average gross cost per client week of Learning Difficulties supported accommodation compared with affordable level (non preserved rights clients):

	2007-08		2008-09	
	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week
April			515.41	519.60
May			515.41	519.40
June			515.41	511.10
July			515.41	522.30
August			515.41	521.40
September			515.41	493.33
October			515.41	
November			515.41	
December			515.41	
January			515.41	
February			515.41	
March	409.31	406.18	515.41	

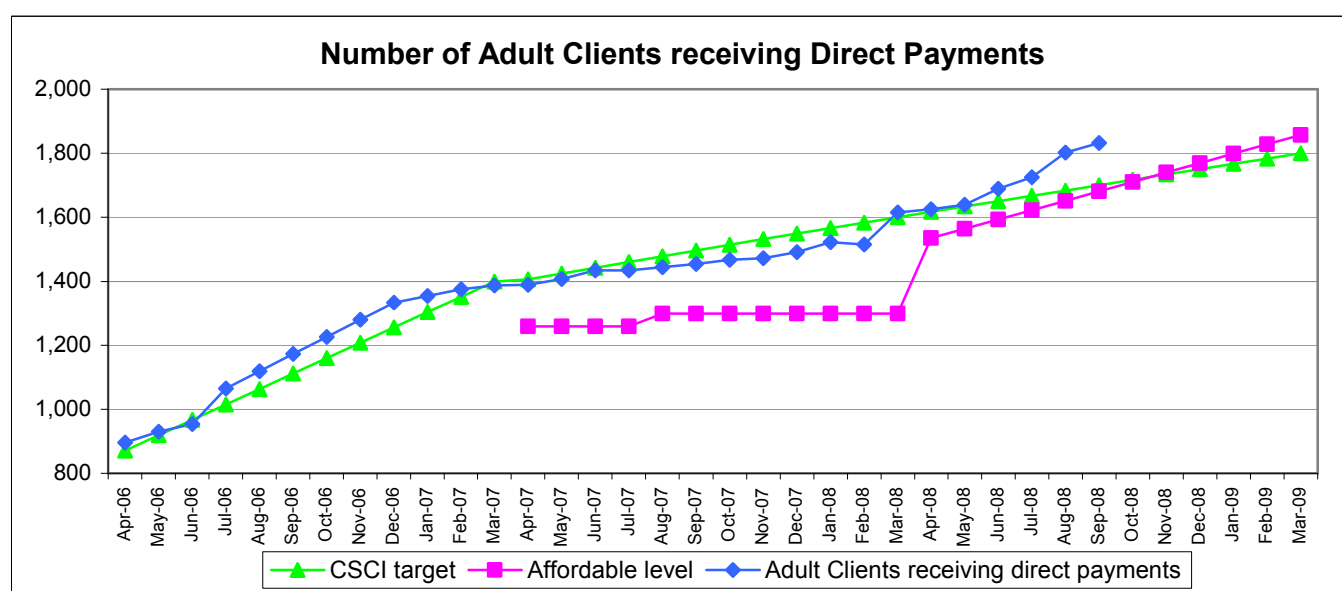


Comments:

- Supported Accommodation is a rapidly growing area of expenditure and as such there is little activity/unit cost data available from prior years. The service is difficult to measure in weeks as it is regarded as a community service. The weekly unit cost for the service will fluctuate as the service assists people with a learning disability with a wide range of needs, and even a few hours or more intensive support will change the weekly cost. As already mentioned above there have been changes to the figures since the first full monitoring report to reflect our developing understanding of the service. A Department of Health consultation has just finished and we are now awaiting the confirmation of the definition for Supported Accommodation. There will be some adjustments to the activity and unit costs once this has happened.
- Since the first full monitoring report the Directorate has revised its estimates for both the affordable and forecast unit costs to reflect the latest definitions for this type of care. Previously the affordable unit cost was estimated to be £439.54, with the forecast unit costs reported as £441.00, £442.40 and £446.13 for April, May and June respectively.
- The forecast unit cost of £493.33 is lower than the affordable cost of £515.41 and this difference of £22.08 provides a saving of £291k when multiplied by the affordable weeks as highlighted in section 1.1.3.3.d.

2.6 Direct Payments – Number of Adult Social Services Clients receiving Direct Payments:

	2006-07			2007-08			2008-09		
	CSCI Target	Affordable Level	Adult Clients receiving Direct Payments	CSCI Target	Affordable Level	Adult Clients receiving Direct Payments	CSCI Target	Affordable Level	Adult Clients receiving Direct Payments
April	871		896	1,406	1,259	1,390	1,617	1,535	1,625
May	919		930	1,424	1,259	1,407	1,634	1,564	1,639
June	967		954	1,442	1,259	1,434	1,650	1,593	1,689
July	1,015		1,065	1,460	1,259	1,434	1,667	1,622	1,725
August	1,063		1,119	1,478	1,299	1,444	1,683	1,651	1,802
September	1,112		1,173	1,496	1,299	1,454	1,700	1,681	1,832
October	1,160		1,226	1,514	1,299	1,467	1,717	1,710	
November	1,208		1,280	1,532	1,299	1,472	1,734	1,740	
December	1,256		1,334	1,549	1,299	1,491	1,750	1,769	
January	1,304		1,355	1,566	1,299	1,522	1,767	1,799	
February	1,352		1,376	1,583	1,299	1,515	1,783	1,828	
March	1,400		1,388	1,600	1,299	1,615	1,800	1,857	



Comments:

- Figures provided for last year represented the number of people who had a direct payment to provide permanent support. As of March 2008 and onwards, the monitoring of these figures have changed slightly, in line with guidance from the Department of Health. We are now monitoring all people who have had a direct payment, irrespective of whether permanent ongoing support is being purchased, or whether the direct payment is being used to purchase respite care.
- The introduction of direct payments is identifying some previously unmet demand/need. Work is ongoing to track all new direct payment clients to prove /disprove this belief.

By: Graham Gibbens, Cabinet Member, Adult Social Services
Oliver Mills, Managing Director, KASS

To: Adult Social Services Policy Overview Committee –
15 January 2009

Subject: **HALF YEAR MONITORING OF THE ANNUAL OPERATING
BUSINESS PLANS 2008/09**

Classification: Unrestricted

Summary: The Directorate reports on its half year position against the targets and actions set in the Annual Operating Business plans. The attached report was taken to Cabinet briefing in November 2008.

Introduction

1. (1) The Operating Business Plans are produced annually and run from 1 April to 31 March, in line with the Financial year. Half way through the year, each of the Business Plans is reviewed to assess how well the Directorate is performing against the targets and actions set to be achieved over the year period.

(2) Each of the Directorates produces the Half year monitoring report in a template issued by corporate performance during October of each year. This enables each of the Directorates to provide a mid-year position demonstrating how well it is performing and what additional work needs to be undertaken in order to meet the targets and outcomes set in the Annual Operating Business Plans.

Process

2. (1) The Annual Operating Plans are split into key sections these are:

Section	What is included in the half year monitoring report
Director's Summary	Summary of all the sections reviewed as part of the half year monitoring process.
Forecast Service/ Activity Levels	This section contains all the usual performance indicators and measures for the Directorate.
Planned Projects and Development	This section lists all of the planned projects and Developments across the KASS Directorate. Each of these is colour coded to show its mid-year progress.
Equalities	Update on the mid year position is provided.
User Involvement consultations	This section lists all of the planned User Involvement across the KASS Directorate. Each of these is colour coded to show its mid-year progress
Environmental Performance and Climate change	Update on the mid year position is provided.

(2) As the monitoring process is undertaken half yearly, it is unlikely that all of the projects, targets and other set outcomes will all yet be met or achieved. For this reason, a traffic light colour coding system is used to explain the current position. This is shown below:

	Completed
	On track
	Not on track, further work needed.

Results

3. (1) The overall results of the half year monitoring report are shown within the attached report (Appendix 1). The table below also shows the results as percentages of the overall amount and in actual figures:

Section	Number in total			
Planned Projects and Developments	83 (100%)	18 (22%)	57 (68 %)	8 (10%)
User Involvement consultations	14 (100%)	5 (36 %)	7 (50%)	2 (14%)

Recommendations

4. Members are asked to note and comment on the contents of the report.

Lead Officers:

Nick Sherlock / Elouisa Matthews

(01622) 69 **6175** / **6369**

Background documents:

Half Year Monitoring Report KASS. November 2008

Half Year Monitoring – KASS 2008/09

Directors Summary

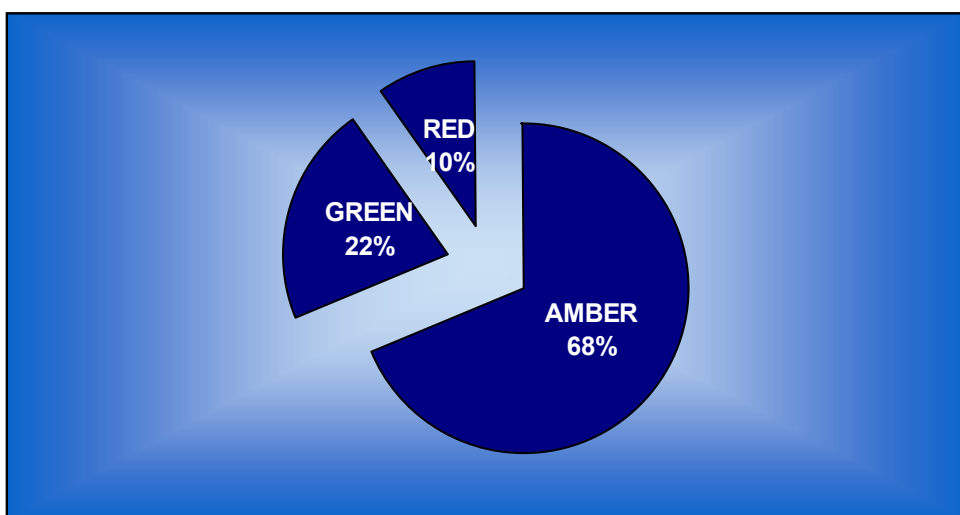
This monitoring report sets out the half year position of the 2008/09 KASS Business Plans. The report includes monitoring on all of the unit Business Plans for 2008/09 which were:

- East Kent - Operational
- West Kent - Operational
- HQ
- Mental Health
- Supporting People
- Kent Wide (Includes Gypsy, Sensory, Community Services, Supported Employment, County Duty)

Projects and Key Developments

Over the last 6 months, the projects and key developments identified and listed in the KASS Business Plans have got well underway. There are only a few projects that have been categorised as Red, each of these has been explained under the project and key developments table. We are confident that the identified projects and key developments are on track and 'red' projects have been put on hold or stopped due to a genuine reason such as a bid failure, further internal and external consultation required or a management decision such as a hold on all modernisation progress.

Of the 83 projects listed, 8 are categorised as red, 18 are categorised as green and 57 are categorised as Amber, as shown below:

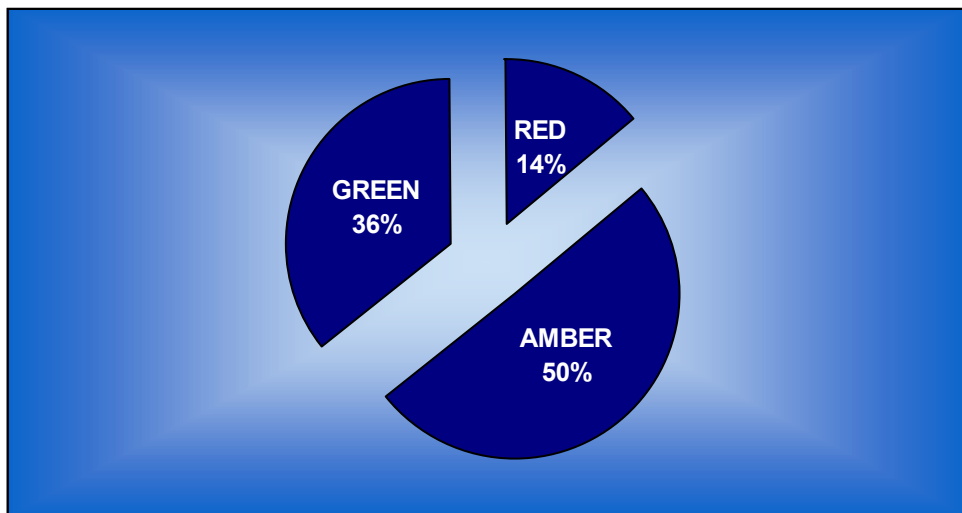


Equalities

We have included the statement used across KASS Business Plans.

User Involvement

Of the 14 User Involvement schemes listed, 2 were categorised as red, 5 were categorised as green and 7 were categorised as amber, as shown in the graph below. The 2 categorised as red were both due to a management decision to put a hold on any modernisation progress.



Environmental Performance and Climate Change

We have included the statement used in all of the KASS Business plans. This statement has been rewritten given some significant changes in the staffing structure within KASS.

Challenges facing KASS

Outlined below are some of the key challenges we are facing:

- Maintaining a balance between maintaining three star performance, delivering within cash limits, and retaining eligibility criteria at moderate in order to deliver preventative services to those with moderate needs.
- Valuing People Now: As part of this review the Local Authorities nationally are taking the lead on Learning Disabilities, including the transfer of resources and those people placed in NHS units. As the Commission has noted, this is a major challenge as Kent has one of the largest cohorts of people in the country. This is as a result of geographical position historical trends and size of Kent. The Directorate is determined that the principles of person centered planning will be paramount in meeting the needs of those people transferring from the NHS.
- Active Lives for Adults (ALfA): This is a major transformational change, which will see a shift in emphasis away from 'managing care packages' and towards personalisation - supporting people in identifying how best to meet their own needs. It will transform all front line services and is now being implemented.

- **Workforce:** KASS continues to have a skilled and stable workforce. Staff Care package, Training and IIP have all contributed to maintaining this healthy position. As outlined already the future holds a range of challenges and to meet these the Directorate will need a skilled, committed workforce with the right 'skill mix'. Within ALFA workforce development is a major workstream. The issues regarding workforce extend beyond KASS to the Private & Voluntary Sector and the NHS. We have been working now for sometime with the Private and Voluntary Sector to develop the wider social care workforce as evidenced by such initiatives as 'Training 4 Care'. We are working with the PCTs to look at some of these issues. The Directorate has developed a detailed workforce plan to address these and other issues such as succession planning and continuous improvement.
- **Transition:** This is a key T2010 Target that we share with Children Families & Education Directorate. Good transitional planning is a key element ensuring independence and personalisation and is a key issue in Valuing People Now. Implementing the recommendations of the recent select committee will be a key driver.
- **Carers:** We are implementing the recommendations of the recent KCC Select Committee report, and the new National Carers Strategy is a further driver in the development of services for carers.
- **Improving Performance:** Every year as standards rise it becomes ever more challenging to maintain our three star performance, as a result of increased demand arising from demographic change and changing expectations. Furthermore, year on year the Commission for Social Care Inspection continue to raise the bar in setting performance standards.

Forecast Service/ Activity Levels

See table below:

Indicator	2007/08 Actual
Total Number of people receiving Direct Payment	1615

Older People	2007/08 Estimate	2007/08 Outturn (forecast)	2008/09 Estimate	2007/08 Actual	2008/09 Forecast
Number of Older People in permanent residential care (excluding preserved rights)	3083	2933	2928	2917	2836
Number of People in permanent nursing care (excluding preserved rights)	1253	1378	1457	1386	1324
Number of older people receiving domiciliary care	7162	7282	7282	7201	7041
Number of older people receiving a direct payment	618	512	702	548	686

People with a Learning Disability	2007/08 Estimate	2007/08 Outturn (forecast)	2008/09 Estimate	2007/08 Actual	2008/09 Forecast
Number of people with a learning disability in permanent nursing care (excluding preserved rights)	530	639	552	633	557
Number of people with a learning disability receiving domiciliary care	566	471	499	477	531
Number of people with a learning Disability receiving a direct payment	228	308	399	338	435
People with a Physical Disability	2007/08 Estimate	2007/08 Outturn (forecast)	2008/09 Estimate	2007/08 Actual	2008/09 Forecast
Number of people with a physical disability in permanent nursing care (excluding preserved rights)	187	214	196	207	205
Number of people with a physical disability receiving domiciliary care	945	1079	1083	1071	1018
Number of people with a physical Disability receiving a direct payment	293	519	606	547	571

People with Mental Health Needs	2007/08 Estimate	2007/08 Outturn (forecast)	2008/09 Estimate	2007/08 Actual	2008/09 Forecast
Number of people with a mental health need in permanent nursing care (excluding preserved rights)	N/A	194	194	193	193
Number of people with a mental health need receiving domiciliary care	N/A	605	632	604	632
Number of people with a mental health need Disability receiving a direct payment	N/A	110	150	109	150
Performance Indicators	Actual 2005/06	Actual 2006/07	Actual 2007/08	Target 2008/09	Target 2009/10
PAF C72 Admissions of supported residents aged 65 or over to residential/ nursing care per 10,000 population aged 65 and over	73	72	72	72	71
PAF C28 BVPI 53. KPI Intensive Home care per 1000 population aged 65 and over	11	11	11	10.9	10.9

PAF C32 BVPI 54. Older People aged 65 and over helped to live at home per 1000 population aged 65 and over	75	75	77	77	78
PAF D40 BVPI 55. Clients receiving a review as a percentage of adult clients receiving a service	85	86	86	86	88
PAF D39 BVPI 58. Percentage of people receiving a statement of their need and how they will be met	98	98	98	98	98

Supporting People Performance Indicators	Actual 2006/07	Estimated Performance 2007/08	Actual 2007/08	Forecast Performance 2008/09	Target 2008/09
CLG Service Utilisation (Service Performance Indicator 2)	N/A	85%	N/A	92.90%	90%
CLG Throughput (Service Performance Indicator 4)	N/A	98	N/A	154%	100%
LAA1/PSA2 Target. Number of Supporting People Service Users who complete a move to independent living	2483	2541	2483	2541	2592
Percentage of contracted providers (as at 01/04/07) to have improved their performance against the Quality Assessment Framework by at least one grade by March 2008	N/A	18%	N/A	100%	15%
100% of providers to achieve at least Level C of the Empowerment Objective within the next two years	N/A	100%	N/A	N/A	100%
The Kent Agreement 2 - NI 141 Number of vulnerable people achieving independent living	65.70%	62.20%	65.70%	69.90%	71%

Supporting People Core Service Activity	Core Service Activity	Status
1	At end March 2009, all providers will have received the correct payment on the specified date known to all providers. All payments shall have been made in accordance with the contractual terms and conditions applied to fixed capacity, block subsidy and block gross payment models.	
2	Data contained within SWIFT database will be maintained and updated with accurate information	
3	All complaints, adult protection alerts and serious incidents will be responded to within stipulated Supporting People procedures Kent and Medway Adult Protection procedures and Kent County Council procedures.	
4	The quality of services provided to service users will be improved through Contract monitoring procedures and processes. Officers will validate service compliance with quality levels of services as stipulated within the Supporting People Quality Assessment Framework	
5	The accuracy and completeness of performance indicator data from providers will be improved by ensuring that 100% of providers return their workbooks within the published deadlines. All anomalies will be investigated and resolved with the provider as they arise each quarter. Data verification exercises will also be carried out on a 20% sample of services each quarter.	
6	Two business benefits will be demonstrated as a result if improved cross authority working between contract departments of Supporting People Teams in the South of England.	
7	A needs analysis will be conducted every six months enabling future planning and commissioning to be best matched to local demand.	
8	Data quality and availability of performance information regarding the floating support referral process will be improved and developed by the end of March 2009.	

9	Compliance with the Audit commission's new KLOE's for the Supporting People Programme will be monitored and managed. The Audit Commission recommendations/ action plan will be delivered by March 2009. Areas identified as below average performance will be discussed as standing items at Team Meetings until satisfactory improvement has been achieved.	
10	Service Users will become actively and demonstrably involved in the development and strategic planning of the Supporting People Programme through involvement and consultation identified via the strategy.	
11	The team will increase the level and quality of multi-agency working with probation, health, housing sector, districts and boroughs, adult social services and voluntary organisations throughout 2008/09 including in house contracting units and the regular provision of referral data to partner agencies.	
12	The team will continue to ensure that fair access to services is offered to all potential and existing service users through conducting quality impact assessments on all procedures and protocols.	

Review of Performance Indicators	Actual 2006/07	Actual 2007/08	Target 2008/09	Forecast performance 2008/09
County Duty Service				
No of new contacts/ referrals and addressed at first point of contact	94,000	N/A	90,000	N/A
Sensory Disabilities Unit Community Services Team				
PAF D54 - Percentage of items of equipment and adaptations delivered within 7 working days	93%	91%	91%	91%
PAF C32 - BVPI 54 - Older People aged 65 and over helped to live at home per 1000 population aged 65 and over	75%	77%	77	78
PAF D39 - BVPI 58 - Percentage of people receiving a statement of their need and how they will be met	98%	98%	98%	98%
Gypsy and Travellers Unit				
Occupancy rate	96%	99%	98%	98%
Rent return on occupied plots	97%	98%	98%	98%
rent arrears	4%	3%	3%	3%
keeping essential services running/ repaired within 24 hours	95%	99%	99%	99%

plots vacant and available for letting	3%	2%	2%	2%
turnover of plots	3%	6%	3%	3%
relet times for plots	3 weeks	3 weeks	2 weeks	2 weeks
total plots from which there has been an eviction	1%	0	1%	1%

Planned Projects and Developments

See table below:

BP/ project number	Key projects and development	Progress Status
WK 1	Modernising service delivery in line with ALfA, maximising opportunities afforded by new housing developments and challenges presented by the growth in population and the ageing population.	
WK 2	Modernise the services currently provided for people with a learning disability to promote independence and employment as part of the Good Day Programme	
WK 3	Review and modernise the services currently provided in in-house Registered Care Centres.	
WK 4	Review day opportunities provided to older service users and carers, by the KCC in-house provider and by the private and voluntary sector to ensure they meet the growth and ageing population and are fit for the future and help prevent social isolation and provide alternative models for respite care in line with ALfA.	
WK 5	Collaborating with local leisure centre providers to ensure services are accessible for older people and people with disabilities.	
WK 6	Developing a flexible and mobile workforce.	
WK 7	Whole System Demonstrator – working in partnership with the PCT and Housing to roll-out implementation	
WK 8	Joint working with Health on intermediate care, dementia, community services, delayed transfers of care.	
WK 9	Working with District and Borough Councils to maximise independent living opportunities for people with disabilities	
WK 10	Seeking and securing opportunities for services to be co-located with Health and District and Borough Councils.	
WK 11	Reviewing and modernising services currently provided to ensure they are culturally appropriate, integrated and accessible.	
WK 12	Review transport provided to KASS	
WK 13	Identify impact of new housing growth.	
KW 1	Extend Fast Track Occupational Therapy (OT) equipment assessment and provision service.	
KW2	Extend County Duty Service function into new and developing Gateways.	
KW3	Modernise Direct Payments Public Helpline	
KW4	Introduce TextBox server	
KW 5	Introduction of Integrated Children Services (ICS) database	
KW 6	Implement deafblind strategy based on project report going to Senior Management Team (SMT) in April	
KW 7	Develop Training Strategy linked to Active Lives for Adults (ALfA)	
KW 8	Establish a Kent-wide partnership based Sign Language Interpreting (SLI) service	
KW 9	Develop Service Access project linked to Active Lives for Adults (ALfA) fast track work stream	
KW 10	Evaluate integrated Visual Impairment (VI) service and introduce Rehabilitation Pilot Project	
KW 11	Introduce Rehabilitation Pilot Project	
KW 12	In partnership with Health and service users, develop and implement action plans in relation to "Towards Equity and Access" (TEA) project	
KW 13	Support Kent Districts, Medway Council and South East Regional Assembly (SEERA) on future Gypsy and Traveller accommodation provision	
KW 14	Support Swale Borough Council with any improvements to the Three Lakes site	
KW 15	Support Tonbridge and Malling Borough Council with any improvements to the Coldharbour site	
KW 16	Manage implications of Housing and Regeneration Bill now going through parliament.	
KW 17	Promote closer engagement with those from Gypsy and Traveller Communities	
KW 18	Review Community Equipment service following outcome of Department of Health (DH) User satisfaction survey	
KW 19	Continue to integrate ICES stores & pooled arrangements with Health & third sector colleagues, utilising M-Soft support as agreed	
KW 20	Transfer Children's Community Equipment Services & administration of Section 31 agreement to CFE	
KW 21	Review outcomes of DH Transforming Community Equipment & Wheelchair Services Retail Model pilots.	

KW 22	Implement new staff structure to support delivery against existing externally-held contracts, Service Level Agreements and externally-funded Pathways to Work	
KW 23	Develop Kent Supported Employment (KSE) as a trading organisation to ensure it can be more responsive to changes in the Employment Support sector	
SP 1	Refresh the Five Year Strategy	
SP 2	Five Year Strategy	
SP 3	Countywide move-on strategy.	
SP 4	Performance Management & Governance of the Programme will be improved.	
SP 5	Elected members	
SP 6	Value for Money	
SP 7	Service User Involvement	
HQ 1	Active Lives for Adults (ALfA Project) / total transformation in service delivery	
HQ 2	Whole Systems Demonstrator	
HQ 3	Implementing 'Valuing People Now'	
HQ 4	Transfer of people with learning disabilities from health-funded accommodation.	
HQ 5	Finalise Kent's Strategy for Later Life	
HQ 6	Implement the Joint Strategic Needs Assessment recommendations	
HQ 7	Making Experiences Count – New Customer Care / Complaints process	
HQ 8	ElderGames is an innovative European Commission funded research project with the purpose of developing a series of information technology based games, which can contribute to improving the quality of life of older people.	
HQ 9	Moving to Flexible and Mobile Working	
HQ 10	Workforce Plan	
HQ 11	Specialist Finance Teams	
HQ 12	SWIFT Development	
HQ 13	Better Homes Active Lives Housing PFI	
HQ 14	Excellent Homes for All Housing PFI	
HQ 15	LD Services Modernisation	
HQ 16	In house residential services for Older People	
HQ 17	Carers	
MH 1	Redesign of Informal Day Services in Dover, Deal and Ashford.	
MH 2	Review Carers Support Services to ensure equity of distribution across Kent.	
MH 3	Expand One Stop Shop Model for employment services	
MH 4	Develop strategic and operational links to promote the physical health of service users.(Pilot in East Kent)	
MH 5	Develop a range of supported accommodation which includes the Horizons- a supported housing and recovery service project.	
MH 6	Mental Health Act Implementation	
EK 1	Development of Learning Disability services under the 'Good Day Programme'	
EK 2	Active Lives for Adults (ALfA Project) / total transformation in service delivery	
EK 3	To undertake consultations on the modernisation of residential respite care services where co-located with existing learning disability day services	
EK 4	To explore the modernisation possibilities of the older persons in-house residential units in Canterbury, Dover, Shepway and Swale	
EK 5	Office strategy – development of mobile and flexible working as part of drive to reduce office accommodation	
EK 6	Work in partnership with District Councils to develop supported housing for adults with specialist housing need	
EK 7	Whole System Demonstrator Telecare / Telehealth – working in partnership with PCT and housing organisations to enable introduction of assistive technology	
EK 8	Development of Extra Care Sheltered Housing and supported accommodation through PFI (Better Homes, Active Lives)	
EK 9	To receive results of submission of PFI round 5 including extra care sheltered housing proposals and if successful to identify key actions to enable the implementation of the schemes	
EK 10	To receive results of submission to Department of Health for extra care sheltered housing	
EK 11	To maximise Kent Adult Social Services role within Gateways through a partnership approach to improve access to public services	

EK 12	Review of the Disabled Facilities Grant	Amber
EK 13	Identify impact of all new housing growth being planned across East Kent	Amber
EK 14	To implement revised strategy to improve transport arrangements for older people to access in-house day services	Green
EK 15	Brighter Futures Group	Green
EK 16	Partnerships for Older Peoples Projects	Green
EK 17	Learning Disability Development Fund	Red

Red = More progress needed

Amber = Ongoing, on target and not yet fully completed

Green = Completed

RED Explanation

KW 13 - The SEERA Plan has slipped to Summer 09 – RED; but the local support arrangements are AMBER

KW 14 - The project has developed into meeting overall public site need in Swale, and the deadlines have slipped by a year

KW 15 - The bid was not made due to TMBC concerns, but efforts are being made to revive the project, with July 09 timescales

KW 23 - internal and external consultation required. we will start to gain momentum over the next few weeks and the status should then be at Amber.

EK 1 - Phase 2 put on hold due to hold on modernisation proposals

EK 3 - Hold put on any further modernisation proposals

EK 10 - Bid proposed development in Swale. Bid Failed

EK17 - Evaluation deferred as further LDDF monies available

Equalities

In line with the Council's Equalities Strategy, the Directorate has developed an Equalities Work Programme (Oct 2007-Mar 2009) to address the needs of staff, service users and carers. It sets out how Kent Adult Social Services will promote equality of opportunity, enhance community cohesion and tackle unfair discrimination. One means by which this can be achieved is by carrying out Equality Impact Assessment screening of all policies, procedures and practices. The completed exercise revealed that the vast majority were assessed as having "low adverse impact" on staff, service users and carers, requiring minor changes. Managers who own these policies, procedures and practices. are committed to carrying out all the necessary amendments by October 2008, to make their services more inclusive and accessible. This includes contractual agreements with partners agencies. The Directorate Equalities Group will monitor progress.

The Council has devised Best Value Performance Indicators (BVPI) linked to anti-discrimination legislation on Race, Gender and Disability. Kent Adult Social Services has been successful in recruiting disabled people but retention has been more challenging. The Directorate is committed to achieving this target while continuing to improve those on Gender and Race. Headquarters managers will contribute to achieving these and other targets within the Work Programme.

Linked to the Directorate's initiatives on Equalities is the Council's drive to achieve level 5 (the highest level) of the Equality Standards for Local Government, by April 2010. Headquarters managers will work with colleagues within Kent Adult Social Services and across Directorates to provide supporting evidence that the diverse needs of staff, service users and carers are being addressed by the Council.

User Involvement

See table below:

BP/ Number	Name	Summary	Status
HQ1	Home Care Survey	To find out service users views regarding the home care services they receive.	Amber
HQ2	Carers Survey	To find out carers views regarding the support and services they receive	Amber
SP 1	Service User Involvement Strategy	A strategy for engagement with Service Users	Green
WK 1	Culturally Appropriate Services	Consultation with elders and community leaders	Amber
WK 2	LD day opportunities	Modernisation services is part of the ongoing programme to promote independence, choice and employment opportunities	Amber
MH1	Mental Health Survey	Service User satisfaction survey	Green
EK 1	Day Services Review Ashford	Users and carers of ashford day opportunity centre	Amber
EK 2	Day services review swale	Users and carers of faversham day opportunity centre	Red
EK 3	Day service review swale	User and carers of doubleday lodge	Red
KW 1	Survey of public satisfaction	Our service and site and public information about it	Amber
KW 2	Survey of licensee satisfaction	Our service and site and public information about it	Amber
KW 3	Towards Equity and Access project	Addressing the DH report to inform LDP process	Green
KW 4	ICES (VI) project	Consulting on the proposed option for service improvement	Green
KW 5	Interpreting Project	Improving interpreting services in Kent on a public partnership basis	Green

Red = More progress needed

Amber = Ongoing, on target and not yet fully completed

Green = Completed

RED - Explanation

EK2 - Hold put on any further modernisation progress

EK3 - Hold put on any further modernisation progress

Environmental Performance and Climate Change

The Directorate is working within the programme of Corporate environmental performance and climate change adaptation. This is being led from within HQ, with lead officers identified. Current priorities are to work towards ISO14001 compliance by March 2009, establish baselines and develop appropriate targets for improved

performance, engaging staff through the new online tool and by supporting team awareness-raising.

Outlined above are key areas where the Directorate is contributing to the implementation of KCC's Environment Policy. Actions to support this include:

Engagement of staff in the implementation of the plan.

Review of in house transport arrangements, as part of the reviews of Learning Disability and older peoples services - Reducing use of KCC Fleet Hire and reducing carbon emissions by offering alternative options to transport people to in-house day care.

Office strategy. As part of ALfA and other reviews the Directorate is fully reviewing its office use in implementing better workplaces.

Development of mobile working, promoting smarter working involving less travel etc.

Ensure that any building work is of the highest standard. This particularly applies to PFI Extra Care Sheltered Housing which will be designed to high construction standards.

Reviewing all use of energy, including within all buildings, to make whatever savings are possible, including invest to save options.

Pressing not just for examining all waste to energy options, but also reviewing what KASS purchases, including the most economic options for recycled goods.

This page is intentionally left blank

By: Graham Gibbens, Cabinet Member, Adult Social Services
Oliver Mills, Managing Director, KASS

To: Adult Social Services Policy Overview Committee –
15 January 2009

Subject: **BUDGET 2009/10 AND MEDIUM TERM FINANCIAL PLAN
2009/12**

Classification: Unrestricted

Summary: The purpose of this report is to consult the Committee on the budget proposals for the Adult Social Services Directorate, with reference to the KCC published budget consultation paper issued on 7 January 2009. The report also provides a response to the issues raised at the IMG of this Committee, created in November 2008 to discuss detailed budget issues.

Members are invited to comment on the key issues on the proposed funding changes for the services provided by the Adult Social Services Directorate, and to note the issues raised by the IMG, and the resulting responses.

1. Introduction

- 1.1 The Autumn Budget Statement report by the Leader, Cabinet Member for Finance, Chief Executive and Director of Finance to Cabinet on 15 September 2008 set out the national and local context for KCC's Medium Term Plan (MTP) for the period 2009-10 to 2011-12. The report to Cabinet on 12 January 2009 set out the provisional Local Government Finance Settlement, which confirmed that the level of Formula Grant was precisely as announced this time last year.
- 1.2 We reported the national and local context to the last Policy Overview Committee meeting and outlined the existing MTP priorities. The Committee discussed the policy issues from that report, and used an IMG on 20 November to look at the budget details, including the areas identified for savings. This report provides a response to the issues raised.
- 1.3 Since the November meetings, there have been a number of further developments that have resulted in the budget proposals being presented for consultation. Members are invited to comment on the key issues for the services provided by the Adult Social Services Directorate, in order that these can be taken into account at the budget meetings of Cabinet on 2 February 2009 and County Council on 19 February 2009.

- 1.4 Members are asked to read this report in conjunction with the draft Medium Term Plan and Budget Book, issued on 7 January 2009.

2. Background

- 2.1 The budget consultation papers include an overall summary of the proposed Portfolio budget for 2009-10, showing the amounts proposed for each service within the portfolio. This identifies the gross expenditure, income and net expenditure.
- 2.2 The papers also include the proposed capital investment programme and the medium term revenue and capital plan for 2009-10 to 2011-12.
- 2.3 Copies of the draft Budget Book and Medium Term Plan have been distributed to all Members (on the 7 January). You are asked to ensure you bring those to this meeting.
- 2.4 The MTP and Budget Book reflect the 'Delegation of Corporate Budgets' which impacts on all directorates. Further information is provided in Section 5 of this report.

3. Revenue Budget

- 3.1 The overall direction for the Adult Social Services directorate is now well established, and the current Medium Term Service Priorities are included in Appendix B of the draft MTP.
- 3.2 Members will appreciate that the financial framework for the medium term will be very tough for all Directorates and comes at a time when demand for services has never been higher, both because more people need services and because of greater public expectations.
- 3.3 Whilst the Directorate is implementing modernisation changes that will increase efficiency and effectiveness, this will not avoid altogether the need for some difficult decisions over the medium term.
- 3.4 Areas of spending priority in 2009/10 for which significant additional funding is required are:

Pay/Prices £8,161k – this reflects a provision for the 2009 cost of living pay award and also includes price increases for contracts with private and voluntary providers and in-house provision.

Demand £1,256k – underlying pressure relating to 2008/09.

Demand £7,469k

– The current pressures within those services for younger adults indicate that at least £5,541k is required for demography in 2009-10 and future years. This calculation is based on comparing the expenditure in 2007-08 to that in 2006-07. An adjustment has been made for the inflationary uplift. The increase represents both the likely growth in client numbers and also the changing needs and complexity of cases. The calculation does assume that any increase is similar to an historical trend. The growth figure assumed is similar to the percentage increase being seen nationally on expenditure on younger adults.

– The current pressures within those services for older people indicate that at least £1,928k is required for demography in 2008/09 and future years. The method of calculation is the same as with younger adults. The increase does take into account that during the year 2007-08 more clients with dementia were being placed into residential care, which bears a higher cost than ordinary residential care.

3.5 The position on budget increases can be summarised as follows:

	2009/10	2010/11	2011/12
	£'000	£'000	£'000
Base adjustments	7,801	31,993	0
Budget increased for:			
Pay/Prices	8,161	10,542	10,656
Demand	8,725	8,597	8,597
Total Pressures and base adjustments	24,687	51,132	19,253

Table 1; Summary of value of base budget adjustments and budget pressures

*Please note that the base budget adjustment for 2009/10 includes £7,463k for Delegation of Corporate Budgets, and 2010/11 includes £32,025k for Supporting People which moves from being a Specific Grant in 2009/10 to Area Based Grant in 2010/11

3.6 Provisional cash limits have been set, and therefore to balance to those cash limits, given the pressures outlined above, we will need to deliver savings, efficiencies and new income streams to deliver a balanced budget. The three-year financial plans, shown in Appendix A of the MTP, detail the proposed savings required in 2009/10. The major items are explained in the following paragraphs

3.7 Savings and Income generation

3.7.1 The total of the proposed savings and income generation required in order to meet the indicative cash limits, is £7,822k.

3.7.2 Of the £7,822k, £4,765k is proposed to come from savings, the major themes being:

- Review of management and support structures less estimated pension costs; 1,700k
- Transfer of Learning Difficulty residential clients to supported accommodation; £600k
- Extra Care Sheltered Housing; £500k
- Modernisation of in-house Older People residential services; £500k
- Investment in Technology/reduction in Older People residential services; £450k
- Efficiencies through improved procurement; £407k
- Review of essential user car allowance; £343k
- Vacancy management saving; £165k
- Review of Publicity costs; £100k

3.7.3 A further £3,057k of net income is to be generated.

3.7.4 The proposed net position is therefore as follows

	2009/10	2010/11	2011/12
	£'000	£'000	£'000
Base budget	323,803	340,668	388,958
Total Pressures and base adjustments (from Table 1)	24,687	51,132	19,253
Savings	-4,765	-223	-6,037
Income Generation	-3,057	-2,619	-2,646
Revised base budget	340,668	388,958	399,528

Table 2; Total proposed base budget for Adult Social Services

4 The Committee's IMG to discuss budget issues

4.1 The IMG met on 20 November and asked for a number of issues to be considered when setting the draft budget proposals for this Directorate. The list of areas for consideration, along with our response, is attached at Appendix A of this report.

4.2 The POC IMG expressed confidence in the Directorate's capacity to deliver the savings and Members will support the areas for savings discussed at the meeting.

5 Delegation of Corporate Budgets

5.1 Staff in the Chief Executive's Directorate have been working very closely with the Resource Directors and Heads of Finance in service directorates, to determine how best to engage in a debate about support services' delivery and the resulting budget setting each year.

The result is that the budget for services that are provided by CED Units directly to service directorates will be delegated to directorates. This has a number of advantages which, when aggregated, far outweigh the disadvantages in doing so.

- 5.2 Some £7,463k has now been formally delegated to this directorate. In doing so, a list of protocols have been drawn-up to ensure that proper and timely business decisions are taken about service levels, including quantity and quality, and that these decisions are properly reflected in the budgets and business plans.
- 5.3 The vast majority of the budget is delegated on the basis that directorates have to make unanimous decisions with regard to service provision. For example, one directorate cannot suddenly choose to buy their payroll service from an external provider. Nor can another directorate, alone, choose to have an IT help-desk provided by anyone other than ISG. The Resource Directors' Group, on behalf of the Chief Officer Group, will manage these delegated budgets and make collective recommendations as appropriate.

6 Capital Budget

- 6.1 The starting point for the capital programme is the existing published capital programme for 2008-11. This is adjusted for re-phasing of schemes from 2008/09, changes to the total cost or funding of schemes, and new schemes. The detail of the proposed capital programme is provided in the draft budget book on pages 25, 26 and 27.
- 6.2 The Directorate's aspirations for future service provision are set out in 'Active Lives', 'Better Days for People with Learning Disabilities in Kent' and in the 'Medium Term Plan'. The major national policy drivers are the white paper 'Our Health, Our Care, Our Say' and CSCI Registration standards.
- 6.3 The Directorate's prime objective is to assist people to live safely and independently in their communities. At the same time, the Directorate is moving towards greater personalisation, whereby service users will be offered the opportunity to choose how their care and support is provided in the future. This means that the capital strategy is designed to assist people in developing their independence, and accessing improved services.
- 6.4 The overarching strategy is supported by two, more detailed strategies, one dealing with services for older people, and one looking at services for people with learning disabilities. The following elements will help the Directorate in achieving its strategy:

Modernisation of in-house residential and day care for older people: re-focussing high quality service provision through a combination of intermediate/dementia/respite care, in a smaller number of state of the art centres strategically located, for example, Broadmeadow, coupled with the development of extra care sheltered housing.

Modernisation of day care facilities for people with learning disabilities: This will be achieved both through extended access to community services, for example, Edenbridge Leisure Centre, where the Centre is adapted to accommodate all and through social enterprise opportunities, to encourage employment opportunities across Kent.

Responding to the growth agenda: in the two areas with the major growth strategies, KASS have been working closely with all partners to ensure that social care is a part of the infrastructure built into the newly developing communities, for example, Thameside, Eastern Quarry. This is giving exciting opportunities for integrated and flexible facilities with potentially wide community use; and will ensure that we are better able to respond to the needs of the growing population.

Home support fund: in some cases it will be more cost effective, as well as responding to people's wishes, to assist in the adapting of their own home, rather than to place them in residential care. This is done in partnership with the District Councils, who have a duty to provide disabled facilities grants and enables such adaptations as a purpose-built bathroom or through-floor lift to be provided.

Better workplaces: part of the overall modernisation of the Directorate is to enable staff to work flexibly and to have the capacity to work from wherever they may be, rather than travel back to a single office base. This should improve staff productivity, and provide a more responsive service to clients, while at the same time responding to the corporate aspiration to reduce the office estate. This will be underpinned by comprehensive investment in appropriate technology (Flexible and Mobile Working project)

7. Recommendation

- 7.1 Members are asked to note and comment on the revenue and capital budget proposals, and note the issues raised by the IMG, along with the resulting responses.

Background documents:

- Autumn Budget Statement; Cabinet, 15 September 2008
- Medium Term Financial Plan 2009-10 to 2011-12 for the Adult Social Services Directorate; Adult Social Services POC, 18 November 2008
- Provisional Local Government Finance Settlement; Cabinet, 12 January 2009
- Draft Budget Book and Medium Term Plan 2009-12 (issued on 7 January 2009)

Officer contact:

Michelle Goldsmith,
Directorate Finance Manager,
Ext 1770

Adult Social Services POC Budget IMG; Issues Raised

Main areas for savings proposed by the Directorate:-

- Saving on the Commissioning requirements for Residential Care, due to the increased use of assistive technology (TeleHealth, Telecare, etc) and Extra Care Sheltered Housing. A reduction in the number of clients taking up residential care placements had already shown as a result of these measures.
- Savings from the Directorate's management restructuring, the aims of which were to assist the development of Self-Directed Support, achieve the best value for money from existing staff, and succession planning.
- Ongoing savings/efficiencies. Maximum savings here will help to protect front-line services.

Key areas to prioritise and protect as identified by Members:-

- Preserve spend on, and continue investment in, preventative care. Investment now will bring savings later. Brighter Futures, etc.
Level of investment unaffected by savings.
- Protect front-line services, as services are for the most vulnerable people, who have nothing to fall back on.
Proposed savings will be achieved from the management re-structure, procurement ,efficiencies, vacancy management, in order to protect front line services.
- The area of highest risk is Learning Disability, as here we are at the sharp end of a demand-led service, with needs and costs increasing every year. This is a huge area of commitment. There is an urgent need to address provision at national level
This is where the majority of funding for Demand/Demographic pressures is being allocated. The only saving against this client group relates to transferring clients from residential care to supported accommodation which is a saving in cost rather than reducing numbers of clients overall.
- Address our level of debt, to keep it as low as possible, which is a huge challenge.
The on-going saving of £250k that was built into the 2008/09 budget is challenging and it was recognised early on in the MTP process that any proposal for further savings would be all but impossible to achieve.
- Look at the funding we give to Voluntary Organisations, as they will seek more from us in times of greater need.
Primarily the funding available has remained at 2008/09 level although there will be some additional funding relating to increases in the Areas.

Based Grant, e.g. for Carers, as well as increases in Specific grants, e.g. Social Care Reform grant

Key areas of concern for the future:-

- The Impacts of Recession.
- Demographics – ever increasing demand as ageing population, and as more disabled young people survive childhood, often with multiple disabilities. Demographics are the background to all KASS work.
- Need to work across Directorates, for example linking education to social care to address the needs of children going through transition.
- It was suggested that a group (possibly a Select Committee) be set up to look at how private sector providers and agencies and organisations work together to deliver services, to check that the Council is getting best value for money and best provision at the best price.
- Need to look long term, plan ahead for services needed, address the raised expectations, in terms of range and choice of service provision, of future generations.
- Look ahead at multiple disability needs, as this is an area of major costs.

This page is intentionally left blank

By: Graham Gibbens, Cabinet Member, Adult Social Services
Oliver Mills, Managing Director, Kent Adult Social Services

To: Adult Social Services Policy Overview Committee –
15 January 2009

Subject: **KENT AND MEDWAY SAFEGUARDING VULNERABLE ADULT
COMMITTEE – DRAFT ANNUAL REPORT APRIL 2007-MARCH
2008**

Classification: Unrestricted

Summary: This report introduces the above report which describes how the multi-agency partnership managed safeguarding adult issues in 2007-2008. The report provides safeguarding activity information including the number of adult protection alerts; the source of the alerts, a breakdown of the alerts against defined categories (age, gender, ethnicity, and clients groups).

The report also contains key statements from partner organisations on how they dealt with safeguarding issues in their respective agencies.

1. Introduction

- 1.1 Safeguarding vulnerable adults is one of the responsibilities of the Statutory Chief Officer post of the Director of Adult Social Services (DASS).
- 1.2 The Kent and Medway Safeguarding Partnership Board directs the work of the Kent and Medway Safeguarding Vulnerable Adults Committee (SGVAC). The Managing Director of Kent Adult Social Services (KASS) chairs the Board and the Committee. The Board is comprised of the Chief Executives of NHS Eastern and Coastal Kent, NHS West Kent, Medway Primary Care Trust, (or their nominated deputy) Assistant Chief Constable (or a designated deputy) and the Assistant Director of Social Care, Medway Council.
- 1.3 The purpose of this report is to update the Policy Overview Committee (POC) on how the multi-agency partnership managed safeguarding activities during 2007-2008. The draft Annual Report is attached separately to the papers for Members of the POC. Further copies are available from the author. The report will be presented to the Safeguarding Partnership Board in early February 2009 and once approved will be posted on the Kent and Medway Safeguarding website www.kent.gov.uk/adultprotectioncommittee. The report also sets out a summary position on the Independence Wellbeing & Choice (Safeguards) Inspection.

2. Overview of the Policy Context

- 2.1 The policy landscape has changed with the enactment of key pieces of legislation, all playing their contribution in respect of safeguarding the interest of vulnerable members of the community. The notable ones are the provisions in the 'Mental Capacity Act 2005', 'Deprivation of Liberty Safeguards' (DoLs) 'Safeguarding Vulnerable Groups Act 2006', 'Fraud Act 2006' and 'Corporate Manslaughter and Corporate Homicide Act 2007'.
- 2.2 The landmark *'Putting People First - A shared vision and commitment to the transformation of Adult Social Care' (2007)* concordat frames the Government's commitment to independent living for all adults. This signalled a fundamental shift to the development of a personalised adult social care system on a national scale. The policy direction acknowledges the need to focus on prevention, early intervention, enablement, and high quality personally tailored services. At the same time, it employs local authorities to develop systems that act on, and minimise, the risk of abuse and neglect of vulnerable adults.
- 2.3 The drive to ensure that all older people are treated with dignity and respect at all times, adds to the Government's intention to drive up care standards through the *'Dignity in Care Campaign'*. The *'Dignity Challenge'*, is a call to arms for service commissioners and providers to adhere to the 10 principles; the first of which is to have a *'zero tolerance of all forms of abuse'*, irrespective of whether they are publicly funded or not.
- 2.4 The Department of Health, the Home Office and the Ministry of Justice launched the national consultation on the review of the *'No Secrets'* guidance on 14 October 2008, with the closing date of 31 January 2009. The focus of the consultation is about how people are empowered to identify and manage risk, empowering people to say no to abusive situations and criminal behaviour. These are within the context of addressing safeguarding in the broader agenda of choice and control. The clear message is that safeguarding is everyone's business. Identifying the tools necessary for better safeguarding as we move ahead with the implementation of personalisation becomes a priority. A consultation stakeholder event was held on 7 January 2009 to inform the multi-agency submission to the consultation. The Care Services Improvement Partnership also held a consultation event on 8th January 2009 for Members.

3. Key Summary from the Annual Report

- 3.1 The Service User and Carers Forums continued to be well attended, with people coming from all over geographic Kent with regular groups from many parts of Kent attending the meetings.
- 3.2 Training to enable staff in all agencies to undertake safeguarding actions in accordance with the multi-agency policy and protocols is a priority for the Kent and Medway SGVAC. The demand for multi-agency training has increased over the years and in response to this additional resource is to be made available to meet the rising demand.

- 3.3 The issues of safeguarding vulnerable adults are well established and supported within Kent County Council. Safeguarding adults issues are also integrated within the County's community safety arrangements.
- 3.4 There have been some good results from adult abuse investigation in 2008. In a case from West Kent, an elderly female aged 86 and suffering from dementia, was defrauded of £56,000 by a male who had done some work and taken advantage of her confusion. By enabling a live link to her home address, the victim was able to give evidence direct to the court, providing sufficient evidence to convict and lead to a sentence of three and a half years.
- 3.5 During 2007/8 there were 1804 Adult Protection (AP) alerts recorded in Kent (including Medway). This represents an increase of 146 (8.8%) on the 1658 AP alerts recorded in the previous year, 2006/7. A breakdown of these figures can be found in the full report.
- 3.6 Social services had some involvement in nearly three quarters of cases investigated (73.4%), with the police involved in over half of all cases (56.3%) and health colleagues involved in over a third of all cases (36.9%).
- 3.7 The Safeguarding Partnership Board has approved a three-year strategy, which takes account of a wide range of national and local drivers for change. The three year strategy recognises that safeguarding is everyone's business and that a multi-agency approach, together with the engagement of service users, family carers and the general public, is vital if we are to tackle abuse effectively.

4. Independence Wellbeing & Choice (Safeguards) Inspection

- 4.1 The Commission of Social Care Inspectorate has notified KASS that they wish to inspect Kent during the period of December 2008 – March 2009. The main features of the Inspection are listed in paragraphs 4.2 to 4.7:
- 4.2 The main theme will be safeguarding, but there will also be one or two other themes focussed on a particular client group. For example 'prevention & personalisation' with a focus on Older People.
- 4.3 The Authority will be given eight weeks notice.
- 4.4 The inspection team will consist of three inspectors, one service user and the team will be on site for five days.
- 4.5. The inspection will follow a familiar format of file audit, user partner and staff focus groups, interviews and visits.
- 4.6 The final report will be published 8 weeks after the fieldwork has been completed
- 4.7 Similar to the recent Corporate assessment the inspection will be scored on two domains Delivery & Capacity to Improve These will be individually scored out of four - Excellent (4), Good (3), Adequate (2), Poor (1).

Recommendation

Members are asked to NOTE and COMMENT on the contents of the attached report

Michael Thomas-Sam
Head of Policy and Service Development
Phone: 7000 4843 or 01622 594843
Email: michael.thomas-sam@kent.gov.uk

Appendix

Kent and Medway Safeguarding Vulnerable Adult Committee Annual Report April 2007
– March 2008

Background documents:

Safeguarding Adults A consultation on the Review of the 'No Secret' Guidance 14 October
2008

Putting People First A shared vision and commitment to the transformation of Adult Social
Care, 10 December 2007

Local Authority Circular (2008) 1, Transforming Social Care, 17 January 2008

By: Graham Gibbens, Cabinet Member, Adult Social Services
Oliver Mills, Managing Director, Kent Adult Social Services

To: Adult Social Services Policy Overview Committee –
15 January 2009

Subject: **SAFEGUARDING ADULTS A CONSULTATION ON THE
REVIEW OF THE 'NO SECRETS' GUIDANCE**

Classification: Unrestricted

Summary: Attached to this report is the draft Kent Adult Social Services response to the 'No Secrets' guidance consultation. The report seeks views from Members of the Policy Overview Committee as part of the consultation process. A final response will be produced following the Kent and Medway Safeguarding Vulnerable Adult Committee sponsored consultation event.

1. Introduction

- 1.1 The Department of Health, the Home Office and the Ministry of Justice launched the national consultation on the review of the 'No Secrets' guidance on 14 October 2008, with the closing date of 31 January 2009.
- 1.2 The focus of the consultation is about how people are empowered to identify and manage risk and empowering people to say no to abusive situations and criminal behaviour. These are within the context of addressing safeguarding in the broader context of choice and control.
- 1.3 The clear message is that safeguarding is everyone's business therefore, identifying the tools necessary for better safeguarding as we move on with the implementation of personalisation becomes a priority.
- 1.4 A consultation stakeholder event was held on 7 January 2009 to inform the Kent and Medway submission to the consultation. The Care Services Improvement Partnership also held a consultation event on 8 January 2009 for county council Members.
- 1.5 The purpose of this report is to seek comments from Members of the Policy Overview Committee (POC) on the draft KASS report which is attached separately to the papers for Members of the POC. Members should note that the attached draft response will be updated as a result of the multi -agency consultation event.

2. Policy Context

- 2.1 In the summer of 2007, Ivan Lewis, the then Minister for Care Services, announced that 'No Secrets' was to be reviewed. This announcement was made following the publication of the first ever study of the prevalence of abuse in people's own homes.
- 2.2 The landmark '*Putting People First - A shared vision and commitment to the transformation of Adult Social Care*' (2007) concordat also frames the Government's commitment to independent living for all adults. It signalled a fundamental shift to the development of a personalised adult social care system on a national scale. The policy direction acknowledges the need to focus on prevention, early intervention, enablement, and high quality personally tailored services. At the same time, it employs local authorities to develop systems that act on, and minimise, the risk of abuse and neglect of vulnerable adults.
- 2.3 The drive to ensure that all older people are treated with dignity and respect at all times, adds to the Government's intention to drive up care standards through the '*Dignity in Care Campaign*'. The '*Dignity Challenge*', then, is a call to arms for service commissioners and providers to adhere to the 10 principles; the first of which is to have a '*zero tolerance of all forms of abuse*', irrespective of whether they are publicly funded or not.
- 2.4 The policy landscape has also changed with the enactment of key pieces of legislation, all playing their contribution in respect of safeguarding the interest of vulnerable members of the community. The notable ones are the provisions in the '*Mental Capacity Act 2005*', '*Deprivation of Liberty Safeguards*', '*Safeguarding Vulnerable Groups Act 2006*', '*Fraud Act 2006*' and '*Corporate Manslaughter and Corporate Homicide Act 2007*'.

3. The Consultation Document

- 3.1 The consultation document is divided into nine chapters:
 - **Chapter 1** describes the main messages about *No secrets* and sets the scene for mainstreaming safeguarding – making it everyone's business.
 - **Chapter 2** describes the policy background against which this review is taking place, and looks at personalisation, empowerment and access to criminal justice.
 - **Chapter 3** examines three issues which the early consultations events considered important: leadership, prevention and outcomes.
 - **Chapter 4** both reflects, and invites, a debate about what aspects of safeguarding can be built into personalisation and what aspects of choice and control can be built into safeguarding.
 - **Chapter 5** identifies some of the levers which are leading the development of safeguarding in health services and asks what more needs to be done to integrate safeguarding into high quality healthcare for all.

- **Chapter 6** asks whether safeguarding, housing responsibilities and community empowerment should be better integrated, and what housing providers should do to enable tenants and residents to live safer lives.
- **Chapter 7** reflects the questions asked about how safeguarding vulnerable adults can become core police business and what more the courts can do to increase access to justice.
- **Chapter 8** asks whether we need more guidance and if so what kind, and/or whether we need new legislation, and if so what would make the big difference to making safeguarding more effective.
- **Chapter 9** raises questions of definitions, eligibility criteria, language and principles.

Recommendation

Members are asked to NOTE and COMMENT on the contents of the attached draft response

Appendix

No Secrets Review Consultation – Draft response from KASS.

Background documents:

Safeguarding Adults A Consultation on the Review of the 'No Secrets' Guidance, Department of Health, Home Office, Ministry of Justice, 14 October 2008.

Michael Thomas-Sam
Head of Policy and Service Development
Tel: 7000 4843

This page is intentionally left blank

NO SECRETS REVIEW CONSULTATION

Draft response from KASS

1. Leadership

Q1a. Where should leadership for safeguarding adults lie nationally, and how should the various national organisations work together?

The leadership of safeguarding nationally needs to be shared between the Department of Health, the Home office and the Ministry of Justice. These different agencies need to work together to ensure that guidance and legislation in co-ordinated and that they are all committed to the same outcome. Adult abuse needs to be shared within social and criminal policy. Both need to focus on empowering victims by providing information and support to enable them to make meaning full choices and decisions in a safe environment.

Q1b. Where should it lie locally? If within local government, then where in local Government?

The leadership of safeguarding adults is appropriately sited within local authority adult social services departments. There is considerable expertise in working positively with people who need support and help to live their lives free from abuse. However there needs to be a mandate for partner agencies to actively contribute to and support safeguarding work. This should include; police, NHS, housing, and probation.

Q1c. Do we need a template for 'a local safeguarding job description' and national procedures for use locally?

All local authorities have developed their own safeguarding arrangements and where these work well it would be counterproductive to make changes. Resources are limited and it is important that safeguarding is built in to JD's, with clearly stated accountabilities. Safeguarding receives greater focussed attention where there is a safeguarding champion to lead on policy and standards, and co-ordinators to support multi agency operational safeguarding work. Where local procedures have already been developed and are working well, implementation of national procedures would need to be managed carefully by being used to update local procedures and protocols.

Q1d. How do we know if a safeguarding board is working effectively? To whom should it be accountable?

Local safeguarding arrangements led by the board/committee should be presented in an annual report identifying activity undertaken in all aspects of the work, activity planned and identify areas for development. This report needs to be submitted to the Care Quality Commission and to elected council members. It also needs to be published in accessible formats. Lead partner agencies need to contribute to the annual report and the report should go to their agencies executive bodies.

Q1e. Where should leadership for NHS safeguarding issues lie? Do we want national procedures for the NHS?

Each local NHS body must have procedures to safeguard adults from abuse and dedicated staff to ensure that this has priority within the Trust governance arrangements. These procedures must support locally agreed multi agency arrangements. NHS bodies should be mandated nationally to engage fully in all

aspects of the safeguarding agenda and to take account of the requirements of their locality. PCTs should lead for the NHS in the delivery of performance in safeguarding vulnerable adults as a key deliverable within World Class Commissioning.

Q1f. Where should leadership for safeguarding in the care home sector lie? What can be done to strengthen this?

The Care Quality Commission should have the lead responsibility for ensuring that safeguarding arrangements within the regulated care home sector are managed appropriately. They should be actively engaged locally in any safeguarding adults' arrangements involving registered providers. Currently CSCI do not attend many safeguarding adults planning meetings even though they may have provided the required regulatory information and which may enable them to make decisions about actions they may wish to take. Receiving minutes of meetings provides the summary of discussion and action plans only, which may be insufficient to inform actions they should take.

Q1g. Given that there are multiple 'chains of command', how do we ensure that formal leadership roles are accompanied by appropriate authority levels?

The responsibility and accountability for safeguarding locally needs to be at a sufficiently senior level within the local authority to mandate actions that need to be carried out by all partner agencies. There must be joint multi agency responsibility to act at an operational safeguarding level in cases. Decision making at planning, review, case conferences and post abuse monitoring mandates action by staff and managers in all agencies. Where problems occur the Board representative for the agency concerned must be informed and address the concerns.

2. 2. Prevention

Q2a. Should we be doing more work on prevention? If so, where should we concentrate our efforts? If you are doing effective preventive work, please tell us what it involves.

Prevention is an essential aspect of the safeguarding agenda. With more preventative work undertaken we should be able to reduce the level of abuse over time. A great deal of preventative work is undertaken, for example, and part of this is in the form of training of managers and staff in all agencies and services working with vulnerable adults. Currently work is underway with customers to develop an adult protection awareness training programme to enable the delivery of training to customers and users of services and carers along the lines of the expert patient model. The training the trainer courses enable staff and managers in services to deliver awareness training to their staff which can be tailored to their specific needs. We also have a very effective model of safeguarding awareness raising for older people in a rural area through a multi agency supported Comic Relief project. The project worker gives talks to small groups of older people in pop in centres in an isolated rural community. She follows up contacts with care homes in the area and has worked with an adult protection co-ordinator to help care home management, staff and residents to understand more about adult abuse and challenge it. The worker has also worked with elderly victims of abuse to build their confidence through targeted sessions which are evaluated.

The 'Quality in Care' project is working with care providers assessed as poor by CSCI, contract staff and/or commissioners. Focussed work in undertaken in partnership with these services which has improved the quality of care provided and

reduced the probability of abuse developing from poor care practices. Where the services have not been able to demonstrate a significant improvement in the quality of care provision, contractual and commissioning action is taken.

We ensure that safeguarding issues are always discussed with direct payment recipients when they are about to commission their own care either through an agency or through the recruitment of a personal assistant. We always offer to fund and carry out CRB checks on behalf of direct payment users who are recruiting personal assistants. This, together with well planned recruitment practices, should reduce the risk of unsuitable people getting access to people needing support.

Q2b. Should we develop a national prevention strategy for adult safeguarding which includes, for example, links with neighbourhood policing, with a human rights agenda, and with Health and Well-Being?

It would be helpful generally to have a national prevention framework linked through all the current systems, although the strategy should be developed locally in line with local priorities. This would ensure that everyone involved in community safety at all levels would be aware of their responsibilities in the prevention of abuse. It is important to ensure that safeguarding adults' agenda is joined up with the wider remit of community safety including domestic abuse, MAPPA, MARAC and safeguarding children

Q2c. Are whistle-blowing policies effective? What can we do to strengthen them?

Whistle-blowing policies need to be strengthened. Staff and managers who blow the whistle on poor and abusive practices in services often find themselves victimised by their own organisation and or by their colleagues. Even when their report of abuse/crime is recorded, noting that they wish to remain anonymous, the information becomes known if criminal prosecution or disciplinary action is taken. They may be the only witness to the abuse or crime and their identity is known. We rely on whistle-blowers to alert us to abuse but find it difficult to protect them from being victimised as a result of their actions to protect victims of abuse. Legislation needs to be strengthened to protect whistle-blowers but it cannot protect them from being ostracised by fellow workers.

3. Outcomes

Q3a. Would an **outcomes framework** for safeguarding adults be useful? If so, which indicators should we use within the wider responsibilities of local government, the NHS and the police force?

The Safeguarding Adults National Framework of Standards published by the ADSS and written in partnership with safeguarding leads across the country from local authorities, NHS, ACPO and CSCI already provides a framework for addressing safeguarding concerns. This could be developed into a Code of Practice to support legislation designed to protect people who are vulnerable to abuse.

Q3b. Should we encourage **local annual reports** to be more evaluative?

Yes.

Q3c. How can we **learn from people's experiences of harm** and their experiences of the safeguarding process in order to improve safeguarding?

We must take time to evaluate safeguarding interventions from the perspective of service users and, where appropriate, carers. We must listen to their views not just at the point we close the safeguarding alert but also three/six months on. It would be most valuable if this evaluation could be carried out by a voluntary organisation and

for responses to be anonymised so that clients and carers feel free to express their views. The outcome of the evaluations could be fed into safeguarding committees and operational staff groups to enable responses to influence future practice.

Q3d. Should we review current arrangements for delivery of safeguarding adults **training**? Should we have national occupational training standards across all agencies?

Yes this should be reviewed and developments linked to a competency framework for all agencies. This framework needs to be backed by training, supervision and both practical and academic assessment of competency. At a higher level this could be developed into post qualifying modules as part of a Masters degree. A post qualifying award in safeguarding adults would assure employers that a staff member was competent to carry out safeguarding adults work.

Q3e. Should we have a national **database of recommendations** from serious case reviews at a national level? Should we review the effectiveness of serious case reviews as learning tools? What should trigger a serious case review, and how should the conclusions be disseminated?

Yes it would be very useful to have such a data base. Currently publishing executive summaries of SCR's for safeguarding adults cases is not widespread, although practice in Kent and Medway is to publish summaries on their website, and therefore cross authority learning is limited. SCR's should be triggered by death or serious harm to a vulnerable adult, or where systemic abuse is identified within a safeguarding case and where problems were identified about how organisations worked together to address these concerns.

Q3f. Should we develop **joint inspections** to look at safeguarding systems as a whole? Should this include the police (Her Majesty's Inspectorate of Constabulary) – as for inspecting local children's services?

Yes this would ensure that criminal justice systems (police and CPS) were accountable in addressing abuse cases. If legislation were to be enacted along with codes of practice this will ensure that all agencies understand their role and responsibilities for safeguarding adults. The lack of legislative backing for safeguarding adults has resulted in lack of capacity within agencies, which limits and delays effective action in some cases.

Q3g. What are the desired **outcomes** of safeguarding work?

That the vulnerable adult victim is safe from abuse, or the risks are much reduced and that they are able to live their lives free from abuse, empowered and able to protect themselves from further abuse or to raise an alert should this be necessary.

Q3h. Should there be **national safeguarding adults guidance** that incorporates training, outcomes and multi-agency procedures? How would this be integrated into the personalisation agenda discussed in chapter 4?

There needs to be legislation which is backed up by a Code of Practice which provides requirements for all aspects of the safeguarding work. This has already been demonstrated by No Secrets guidance which has taken 8 years to become integrated within all local authorities and, a CSCI response, there are still problems with engaging with NHS and criminal justice systems in parts of the country. (Not in Kent and Medway) Positive risk assessment and monitoring should be an integral part of the developing personalisation agenda. Reducing risks can be achieved by empowering users of direct payments/ individual budgets through providing them with

information and support to safely recruit and employ staff, as well as to monitor and review outcomes achieved through personal budgets.

Q3i. How much does adult protection **currently cost**? How is it funded? What evidence is there, if any, that increased funding would lead to better outcomes? *The cost of staff solely working in safeguarding for our authority can be calculate, but this does not take account of the lost care management staff and managers throughout the county who assess, investigate and manage safeguarding casework. To this muse be added the costs of safeguarding co-ordinators within the four acute hospital trusts, the three PCT's and the six police areas and their dedicated HQ lead. Currently all the safeguarding staff employed by the local authority are funded by the local authority and the NHS and police employ their own co-ordinators. There are currently three posts funded by the multi agency committee (NHS, LA and Police funding) a multi agency trainer, administrator and the committee administrator. The MA Executive Board have agreed to fund a Board Manager and an additional dedicated trainer in early 2009.*

4. Managing risks

Q4. In an environment where an increasing number of people will be taking responsibility for arranging their own support, we need to have a debate on how their interests can be safeguarded. What aspects of safeguarding do we need to build into personalisation? What training, risk assessment and risk management should we use? Please tell us what you are doing locally and what more needs to be done. *Locally we are working with user and carer groups to develop a positive risk assessment process to ensure that our focus is on empowering users to make their own decisions and to protect themselves.*

5. Managing choice

Q5. What aspects of personalisation – greater independence, choice and control – can we build into safeguarding? How do we better reflect service users' informed choices? How do we facilitate informed self-determination in risky situations and in the safeguarding process? How can we move forward on this agenda? *It will be important to ensure that there is a balance between promoting opportunities for people making their own choices and arranging their own support and providing advice guidance and where appropriate support to carry out effective recruitment processes. We need to provide information to help people to understand: how to address safeguarding and quality concerns if and when they arise within their home situation, how they can get help if abuse issues arise how to maintain appropriate review and monitoring arrangements and risk assessment in partnership with recipients of a personal budget*

6. Health services and safeguarding (this section will be completed in full in partnership with NHS colleagues as part of the multi agency consultation event on 7th January)

Q6a. How is the **No secrets guidance being implemented** and applied to ensure that it enables staff in the NHS to recognise, investigate and act on abuse? Are local arrangements effective? What more should be done? *Although following the publication of No Secrets and the development of the multi-agency adult protection documents in August 2000 most NHS Trusts in Kent had shown some commitment to safeguarding adults, this was often at a local operational*

level and very inconsistent. This appeared to be because Trust Boards and Senior NHS managers had not fully engaged with the safeguarding agenda. To address this the safeguarding committee agreed in December 2005 to require each Trust to complete a Board and Senior management safeguarding audit which needed to be signed off by each Trust's Board. This audit report required the Trusts to identify action plans to address areas of concerns and to report progress to the committee on a regular basis. This has been a significant challenge to most Trusts at a time of restructuring. However most Trusts have completed their audit and have presented regular action plan progress reports to the committee. Every Trust now has a safeguarding champion although for some it is still part of their day job. Each PCT and some acute hospitals have dedicated safeguarding leads.

Q6b. Are health organisations able to work with and adopt multi-agency guidance, or is it essential to **develop operational guidance** that adapts procedures into language, culture and structures appropriate to healthcare?

Q6c. What are the **responsibilities of the NHS safeguarding leads** – are they champions, professional leaders, awareness-raisers, data collectors and reporters? Can one person fulfil all these roles? If not, how should these responsibilities be shared?

The NHS safeguarding leads are all the above but their responsibilities should be shared across the various disciplines within the organisation. Everyone within the trust needs to know what their responsibilities are with regard to safeguarding and how these are to be met.

Q6d. Is there a need for **regional safeguarding forums** where health organisations can share good practice and learning? If so, what would they look like? These are beginning to develop across Kent and Medway as all the NHS Trusts with the exception of the Partnership trust have at least one safeguarding lead manager / co-ordinator.

Q6e. How do **procedures for investigating serious untoward incidents (SUIs)** fit into the multi-agency context of safeguarding?

This has been the subject of concern within safeguarding and identified as an issue within a recent serious case reviews as SUI processes are used by some NHS organisations to avoid opening up their service to multi agency scrutiny through safeguarding arrangements. In our safeguarding policy and protocols, where serious abuse is alleged within an NHS provision, the recommendation is that the issues should be co-ordinated through safeguarding and SUI processes can be used to determine the facts of the case. The safeguarding arrangements are responsible for assessing the implications for the victim and the risks to any other vulnerable adults and children and for ensuring outcomes for perpetrators are managed in the most appropriate manner. As the SUI process is a statutory responsibility for the NHS there needs to be a nationally agreed interface with safeguarding processes. This should ensure that Serious Case Reviews for adult abuse cases can include information gathered through SUI investigations.

Q6f. Are adult safeguarding **systems within the NHS effective**? If not, what are the specific challenges that need to be addressed?

Q6g. Are any parts of the NHS or healthcare sector **less engaged** and more in need of assistance to get on board with safeguarding?

Currently the number of alerts reported through mental health services remains low, which is the experience elsewhere as well.

Q6h. Is the **role of GPs** a crucial role for safeguarding in the NHS? Where is the existing good practice and what can be learnt from it?

It continues to be a challenge to engage GP's within safeguarding arrangements.

Q6i. Are there particular issues in relation to safeguarding and **mental health**? If so, how should these be addressed?

See response for 6g. Mental Health services need to be fully engaged within all aspects of the local safeguarding arrangements, through senior management leadership of the MH Trust and dedicated safeguarding specialist staff, to ensure that safeguarding is integrated within all aspects of the trust's business.

Q6j. What **central leadership** role should there be (if any), and what function should it have (Healthcare Commission, Monitor, Department of Health, General Medical Council, Nursing and Midwifery Council, strategic health authorities)?

Q6k. What are the main **drivers for standards** in the NHS that safeguarding should be linked to?

7. Safeguarding, Housing and Community Empowerment

Q7a. Do we need stronger policy links between safeguarding and community development and empowerment? How can this be achieved at the national and the local levels?

It is clear that housing providers have a key role in safeguarding within the community. Housing providers need to be engaged fully within the local safeguarding arrangements. This is particularly important for sheltered and supported housing project development. Positive risk policies need to encourage and support people to remain in their own homes or in appropriate community housing rather than move into care homes, because they cannot manage alone or fear for their safety. It is vital to develop local community support networks and services to prevent older and disabled people becoming isolated in their own homes.

Q7b. How can housing providers contribute to safeguarding? What could housing departments, housing associations and supported housing/living providers do to enable their tenants and residents to live safer lives?

Managers and staff working in the housing sectors need to be committed to the principle of zero tolerance of abuse within the services they manage. They need to empower tenants to understand their rights to live free from abuse / crime and to know how to report abuse / crime concerns safely if these relate to personal issues or concerns they have for fellow tenants.

8. Access to the criminal justice system (Kent police are strongly committed to the safeguarding adults agenda. They have specialist adult abuse officers in each of the public protection units and at headquarters) Officers will be supporting the multi agency No Secrets Review Consultation event on 7th in Kent. They will contribute to a response to the questions in this section).

Q8a. How can safeguarding vulnerable adults be **better integrated** into the mainstream criminal justice arena?

Q8b. Are **police units adequately staffed** to respond to the increased reporting of adult protection issues? If not, what changes are needed?

Q8c. Is there a **need to develop a more formal system**, as in MAPPA and MARAC, with regular police-led safeguarding meetings for serious cases?

Q8d. Is there support for **multi-disciplinary teams/joint investigation teams** working together at the same location to assess intelligence, risk assess situations, take decisions on immediate action to safeguard vulnerable adults, decide whether a crime has been committed and whether the allegations should enter the safeguarding adults process?

What are the advantages and disadvantages of joint investigations or joint investigation teams? What helps a joint investigation to work well?

Q8e. Police officers have considerable experience of **risk assessment and risk management**. Has that been sufficiently integrated into adult protection work and shared with the multi-agency partners, or should that be further developed? How should this be taken further?

Q8f. Should **information** about the safety of a person **be passed between** health and social care organisations, the ambulance service, GPs, the CSCI and the police? If so, can it happen now or does it need legislation? Should such information include incidents not amounting to abuse, but which may provide early indicators of the likelihood of abuse?

Q8g. Should we have **guidance on** if and when information should be shared, even when the victim expresses a wish that it is not shared?

Q8h. Should we look at ways of making it easier for people who may be vulnerable to **report abuse**?

Q8i. Would the proposal to have an **annual analysis/review** of all information held on each care/nursing home by all relevant agencies be likely to gain support from agencies, the public and the independent sector providers?

Q8j. **Financial abuse** appears to have increased steadily and to have diversified. Is there a need to explore the most common types and most effective responses? Should this include preventive strategies in consultation with the Financial Services Authority and the British Bankers' Association? Should banks, building societies and the Financial Services Authority be encouraged to share information that suggests financial abuse of vulnerable adults?

Q8k. What **strategic links** should there be between homicide reduction strategies, crime reduction partnerships, children's safeguarding boards, adult safeguarding boards, domestic violence forums and disability hate crime?

Q8l. **What else** is needed to increase the ability of the **police** to participate fully in adult protection/safeguarding?

Q8m. What can be done to **improve identification** of vulnerable adults by criminal justice practitioners? For example, could local arrangements be made to provide the

police with local groups who might be able to offer advice?

Q8n. What more can be done to raise awareness in local areas of the **availability of intermediaries** to assist vulnerable adults with communication difficulties in criminal investigations and trials?

Q8o. **What else do you think would make a difference?**

9. Guidance and legislation

Q9a. Do we need an updated and refreshed **No secrets guidance**? If so, should it be one document for all multi-agency partners, or should there be separate documents for: the criminal justice system; the health sector; and local authorities, to include social care, housing and community safety?

Publishing No Secrets as guidance in March 2000 has served to raise the profile of safeguarding adults. However it has also resulted in inconsistent developments of safeguarding arrangements across the country. It has made it difficult to engage some agencies in any more than a nominal way. This has not been the case in Kent and Medway because of the very strong leadership this has had from the Director of Social Services from the outset. The Safeguarding Adults framework of standards built on No Secrets, as it used the expertise of safeguarding leads across the country to ensure the guidance reflected operational reality. However, without legislative backing and no additional resources, safeguarding adults has remained a junior relation to safeguarding children. For some authorities only the development of the CSCI Safeguarding themed inspections has raised the profile of safeguarding adults. Whatever happens within this review it will be important to ensure that the principles of multi agency, joint working and shared responsibility for safeguarding adults is not diluted within a range of different documents for different agencies. This could fracture what many of us have worked to hard to pull together. There should be one overarching document (hopefully backed up by legislation) that includes Codes of Practice to ensure that engagement of all agencies and services.

Q9b. Is new **legislation** necessary and how would it help?

New Legislation is essential to enable the aspirations of No Secrets to become a reality. Current legislation is disparate and complex. The POVA register is limited and abusers within the NHS and other non registered services cannot be registered. This will change with the ISA but the standard that needs to be reached to get listed as unsuitable has yet to be tested. In reality, accessing suspected victims of abuse can be obstructed by abusers in many ways, which limits agencies from intervening effectively.. Two of our serious case reviews also provide examples where powerful family members were able to obstruct access for community care assessment to be carried out. Both SCR's were carried out following the deaths of the adults concerned. Prosecution did not follow in either case although section 44 of the MCA would now assist as there was evidence of wilful neglect. At the time Section 127 of the 1983 MH Act could have been used but in one case the parent was assessed as lacking capacity and in the other the CPS did not feel that the evidence was strong enough. There are other cases which illustrate the shortcomings of current legislation Legislation is needed to provide a duty to investigate allegations of abuse, carry out assessments in relation to concerns, share information and as last resort to enter premises and where necessary remove a person to a place of safety for an assessment to be carried out. This last element would need to be authorised by a magistrate who has been provided with evidence of why this action is necessary.

Q9c. Should legislation place **safeguarding adults boards** on a statutory footing be introduced? Should it include a duty to commission and contribute information to serious case reviews?

Safeguarding Adults Boards/Committees should be convened with legislative backing. This will ensure that all agencies have a duty to be part of the Board/Committee and have a statutory to carry out the responsibilities laid out. In Kent and Medway we now have excellent support at both committee and executive board level but this may not be the case elsewhere in the country. The legislation should include a duty to commission and contribute information to SCRs. In Kent and Medway we have long established criteria for carrying out SCRs and we have an independent chair of the SCR panel. It would be useful to have nationally agreed criteria within the code of practice for the legislation.

Q9d. Should we introduce a **wider duty to cooperate** in relation to safeguarding? Who would this apply to, how would it improve outcomes and how would it be enforced?

Legislation and a code of practice should include a wider duty to co-operate for all agencies and services that provide or may provide services or support to adults who are vulnerable to abuse due to their inability to protect themselves from harm. It would need to be enforced as part of the Act, failure to co-operate would be a criminal offence.

Q9e. Should there be a **power to enter premises** where it is suspected that a vulnerable adult is being abused? Should this power apply to: the police only; or social workers and other professionals as well?

As a last resort there should be a power to enter premises in these circumstances and if necessary remove the suspected victim to a place of safety for an assessment to be carried out. This power should be part of the multi-agency arrangements and should include the most appropriate professional(s) to accompany the police following agreement by a magistrate for the action to be taken.

Q9f. Should such a **power apply when an adult has mental capacity** and may be self-neglecting or self-harming?

In such cases there would need to be a careful assessment of all the circumstances, especially of the person's mental capacity to understand the consequences of their behaviour. If such action is take, and following assessment it is clear that the adult does have capacity to understand the risks they are running i.e. it is not being intimidated, or mentally ill and has been provided with options and opportunities then the adult should be allowed to continue with their chosen lifestyle.

Q9g. If a power of entry is supported, which **means to obtain entry** should be introduced (e.g. authorisation by a senior police officer or magistrate or other means)?

There should be authorisation by a magistrate except in emergency situations where a senior police officer may authorise such action

Q9h. Should an **offence of ill-treating or neglecting a vulnerable adult with capacity** be introduced?

Yes. It is clear from the evidence obtained from safeguarding cases that many vulnerable people with capacity are ill-treated and neglected and are unable to protect themselves or move away from the situation where this abuse occurs. This is usually because of intimidation/bullying/threats or moral blackmail and if they are

given an opportunity to remove themselves or the abuser then they can be free of the abuse. This mirrors the issues in many domestic abuse cases. However in some cases when this occurs within a family setting the victim wants the abuse to stop but does not want the perpetrator to be subject to criminal action. However, as with domestic abuse cases, the police can and will prosecute if there is evidence of crime that does not require the victim to give evidence. Each case needs to be carefully considered to ensure that the outcome of criminal or alternative action provides the best outcome for the victim. There may be occasions where the importance of ?????? family relationships may indicate that legal action is not in the best interest of the victim, although case reviews should ensure that further abuse does not occur.

Q9i. Should there be a **power to remove an adult** who does have capacity and who does not consent, but who is thought to be being subjected to harm?
As with previous responses there needs to be an assessment to determine the views of the adult concerned and to ensure that they have sufficient information to make meaningful decisions and choices. There is also a need to determine if they are really making their own decision or is this based on intimidation.

Q9j. Should **force** be used to remove a person who is self-neglecting or self-harming?
Only if it is considered that they are at risk of significant harm or death and this should only be done under the appropriate section of the Mental Health Act with the support of a psychiatrist and approved mental health practitioner. If it is considered that use of the Mental Capacity Act would be more appropriate and less restrictive then it can be used to provide an assessment and appropriate support. Any detention under the MCA will from April 09 need to be authorised if deprivation of liberty is an issue.

Q9k. If a person is **removed, where** should they be taken, for what purpose and for how long?
The initial sectioning assessment of their needs should dictate where they should be taken but it should never be to a police station. The length of time should be sufficient to carry out a full assessment of needs and for treatment if necessary under the Act. If the MCA has been used the person needs to be taken to an environment (NHS assessment unit) where they can be assessed and provided with support, care and treatment if necessary. Again any detention under the MCA will from April 09 need to be authorised if deprivation of liberty is an issue.

Q9l. Is current **care standards legislation sufficient** for closing down poorly performing care homes in a timely and effective manner?
Current CSL could be effective in these circumstances if the regulatory authority were to fully support multi-agency safeguarding arrangements. Currently limited engagement of CSCI (due to lack of staffing capacity) within local safeguarding planning, review and case conferences restricts access to concerns of professionals at meetings.

10. Definitions

Q10a. Should the *No secrets* definition of a vulnerable adult be revised? If so should the revised definition do the following, and if so, how?
Should it:

- enable practitioners to decide which groups of people they believe require special support?

The current definition of a vulnerable adult has been challenged and is considered to be paternalistic but it does provide a basis from which to determine who may need help and support through the safeguarding arrangements if they are unable to protect themselves. Many elderly, disabled or ill people do not consider themselves to be vulnerable and may be able to live their lives without any assistance from the local authority. Safeguarding arrangements would not be relevant unless their circumstance change and they become victims of abuse and may need help to stop the abuse and to return to their desired lifestyle. The current definition allows for safeguarding support to be provided to a wide range of people including carers and others who do not neatly fit into social care client categories if an when they are unable to protect themselves from significant harm. The definition within the Adult Support and Protection (Scotland) Act 2007 provides the three elements which need to combine for safeguarding support to be used. However this has some limitations. Whatever definition is decided safeguarding arrangements should be available to support those who need help and cannot protect themselves from harm due to their personal characteristics and their circumstances. It should neither include everyone who is elderly, disabled or ill by virtue of their condition or be used to exclude a person in need of safeguarding support due to their not meeting eligibility criteria which are subject to changes.

- provide clarity on what 'wrongs' we want the new No secrets guidance to put right?
The definition within No Secrets is clear and covers abuse which results in significant harm to, or exploitation of the victim. This definition has been helpful in managing local safeguarding arrangements as it is accompanied with examples of types of abuse and the circumstances in which abuse may occur. What we need is clear definitions of which adults should be safeguarded and appropriate consequences for those who abuse.

- clarify how bad the 'wrong' has to be to warrant a response, i.e. define the threshold needed to justify a response?
The difficulty of establishing a threshold for safeguarding intervention is that what may appear on the surface to be a very minor issue may have major life changing implications for the victim(s). There have been examples of the person disclosing a minor abuse initially and, when they feel able to trust a practitioner, disclosing serious criminal offences. If the information received by a social care, health or police representative is believed to constitute abuse then a formal response will be made. However it is important that the response is proportionate to the concerns and flexible. Initially the issues appear minor and one level of response is indicated and this may be subject to change when information or the situation indicates this to be necessary.

- take into account those vulnerable by reason of a temporary physical or mental condition?
Yes there should be a safeguarding response even if the vulnerability of the victim is only temporary. Hopefully with some intervention while they are unable to protect themselves when their condition improves they will be able to return to their desired lifestyle.

- distinguish between abuses carried out by a person in a position of trust or power in relation to the victim and those committed by a stranger?

In general safeguarding arrangements do address abuse within positions of trust or power in relation to the victim. However there are circumstances when safeguarding support is valuable and essential especially when working in partnership with police. Abuse/crime committed by strangers on very vulnerable adults often needs the involvement of social care / health professionals to support joint investigatory action and especially in interviewing the vulnerable victims and in assessing the needs of the victim and providing when necessary appropriate levels of support post abuse. This could include developing witness profiles, supporting the victim through legal processes.

•• make reference to an adult being unlikely to be able to protect himself or herself from harm or exploitation?

Yes this part of the current definition is important because if the person can protect themselves from harm and exploitation then they will probably not need safeguarding support. They may then be referred to police, domestic abuse resources to trading standards etc.

Q10b. What language should we use? Is 'abuse' always useful or should we change to 'harm' and 'crime'? Is 'perpetrator' always useful (i.e. for neglect within families)?
It is vitally import to consider the language we use when addressing adult abuse. Abuse and/or crime are important terms to use in situations where regulated settings and professionals are involved. However it is important to be sensitive within situations where family members may have harmed the person they are caring for through ignorance or stress. There are however situations when relatives are wilfully abusing and neglecting and in these circumstances abuse/crime and perpetrator are important to be used so that the seriousness of the situation is clear.

Q10c. How do we enshrine within safeguarding the principles contained within the Mental Capacity Act 2005 and the Human Rights Act 1998?

The principles within these Acts must be central to every aspect of the care and support provided to people who are subject to safeguarding arrangements. They must be included within local safeguarding documents as principles underpinning intervention and support. They must also be integral to all aspects of the delivery of health and social care and within the criminal justice system. There are times when the provisions of the HRA appear to protect the perpetrator rather than the victim.

Draft response compiled by:
Carol McKeough
Safeguarding Adults Policy Manager
Contact: 01233 714811

This page is intentionally left blank

By: Graham Gibbens, Cabinet Member, Adult Social Services
Oliver Mills, Managing Director – KASS

To: Adult Social Services Policy Overview Committee - 15 January 2009

Subject: **EQUALITIES IN KENT ADULT SOCIAL SERVICES – ANNUAL REPORT**

Introduction

1. (1) This report provides an Annual update on Directorate progress, in particular noting its contribution to the County Council's achievement of being externally assessed at Level 3 of the Equality Standard for Local Government and the actions necessary to work towards Cabinet's stated aim of achieving 'Excellent' rating under the new Equality Framework for Local Government by 2010/11.

“As a major employer and provider of services, Members and Officers of KCC are committed to promoting equality, valuing diversity and combating unfair treatment. Equality of opportunity and freedom from discrimination is a fundamental right and we will exercise leadership and commitment in promoting this right. KCC will achieve this through our roles as Community Leader, Service Provider, Employer. The principles of understanding and respect for others are central to what we believe.”

Equality & Diversity Policy Statement - KCC Cabinet

External Assessments

2. (1) The provision of detailed equalities evidence in services and staffing is a key component to all inspections. This has particularly been the case during the past year, with visits from the Comprehensive Performance Assessment (CPA), the Equality Standard for Local Government (ESLG) and Commission for Social Care Inspectorate (CSCI) assessors.

(2) The ESLG results and action plan are reported in the Appendix, but in summary the Inspectors:

- praised the good equalities practice examples in KASS;
- suggested that this work needed consolidation within the Directorate;
- that good practice in service Directorates be shared across KCC;
- that community engagement and the participation of diversity groups in scrutinising policies needs much more attention (note: this was also recommended by CPA);
- KASS was the only Directorate to have completed Equality Impact Assessments (EIA) on all of its existing policies, practices and procedures. The Assessment of new policies continues. However, EIA processes are likely to be revised to enhance external scrutiny as recommended;

- the recruitment and retention of disabled staff remains a priority;
- although KASS had reflected equalities actions in Business Plans, greater emphasis was deemed necessary, eg to better understand the needs of and to engage with BME (Black and minority ethnic) and the 'new' communities in the county;
- to improve equality monitoring and performance management systems.

Active Lives – Putting People First

3. (1) Having established that people's needs are unique, including carers needs and that there cannot be a 'one size fits all' service solution to meeting those needs, it is essential that the person whose needs are being addressed is in the driving seat. The way people live their lives should be determined by themselves, and not by professionals unless they so choose. What people wanted is to be:

- Treated with dignity, respect and as leading partners in the delivery of services. This requires staff, whether directly employed or agency or other professional staff to have both a set of values about promoting independence and working in partnership with the people using our services and the professional competencies to put those values into practice. This is also about person-centred planning and self-assessment, and training is critical to its implementation;
- Involved from the start in shaping future service developments. This does not mean asking whether they agree with a particular proposal, but involving them in drawing up proposals in the first place. This should happen both strategically [ie in developing new projects, or stopping services] and in relation to individuals' own support packages.

(2) We will ensure that people shape service development, and are a critical part of service monitoring by:

- Working with people and service providers to develop a wide range of personalised services in the future that are what people want. Through our Strategic Commissioning role [jointly with other agencies] we need to influence the market to develop new ways of responding to individual need so that future needs can be met.
- Proactively reaching out to minority communities and groups who are not in regular contact with services to work with them to develop the services and support they want in the way they want it.
- Ensuring that people who are susceptible or subjected to abuse or mistreatment where known will receive the highest priority for assessment and support services.

Further Work

4. (1) Although public involvement and engagement with service users is a key factor in the Directorate's work, it is recognised that we need to step up our community engagement in particular with disabled, BME and sexuality groups.

- 1,000 disabled people were surveyed about the compilation of our Disability Equality Scheme [KASS led for KCC] and 99 disabled people were actively involved in the process. We now recognise the need to build on this and have more regular and systematic engagement.
- Similarly, some KASS staff regularly engage with BME groups across the County. It is planned to do this more systematically in future and to find better ways to engage established and 'new' BME communities in service planning.
- The Directorate will play an important role in providing evidence for the review and update of KCC's three statutory Equality Schemes (Race, Disability and Gender) in the coming months.

(2) Finally, we will be able to better co-ordinate responses to the harassment of staff and service users on discriminatory grounds. A KCC policy "Respect and Dignity at Work" has been developed drawing on the experience of Directorate staff and good practice in three other local authorities. This has been disseminated to teams and its application will be monitored.

Conclusion and Recommendations

5. (1) Equalities and Diversity underpin all aspects of activity within KASS. Much has been achieved over the past year and is now embedded in practice. The Directorate has many good practice examples to showcase and to build on. However, more work needs to be done to consolidate and sustain progress, and as already highlighted to ensure there is meaningful engagement with hard to reach groups and communities. As the Commission for Social Care Inspection said: "We service most people well but also understand what we need to do better and have plans to improve."

(2) Members are asked to NOTE the continued progress made by KASS on Equalities and Diversity, and future plans to strengthen its achievements and consolidate good practice.

Keith Wyncoll
 Equalities Manager -
 Kent Adult Social Services
 01622 694920

Janet Hughes
 Director of Commissioning & Provision -
 East Kent
 01227 598840

Appendix:
 Equality Standard for Local Government (ESLG) – KCC Assessment and Action Plan
 (Report to Corporate POC – 14.1.09)

Background Documents:
 None.

This page is intentionally left blank

By: Kevin Lynes, Lead Member for Equality and Diversity
Robert Hardy, Director of Improvement and Engagement

To: Corporate Policy Overview Committee 14th January 2009

Subject: Equality Standard for Local Government (ESLG) – KCC
assessment and action plan

1. Introduction

This report formally confirms KCC's successful achievement of Level 3 against the existing Equality Standard makes it one of only 12 County Councils to hit this mark (with none at Level 4).

This report identifies the key actions needed to consolidate this achievement and the challenges to be addressed in reaching the 'Excellent' level of the proposed Equalities Framework for Local Government (EFLG)

- A summary of the key elements of the new draft Equality Framework is attached as Appendix 1 of this report

2. Consolidating performance at Level 3 of ESLG - the 'Achieving' level of the new EFLG

The assessment report recognises that over the past 2 years a great deal of work has been undertaken by the KCC to secure achievements in equality areas; that KCC has made detailed public commitments to equality improvement and in many ways has made good progress in setting a wide range of equality objectives for both employment and service delivery.

In general and taking account of the evidence presented by the Council, the assessors felt that KCC should set out a programme of work that addresses the improvements that it needs to make for ensuring that level 3 of the Standard is fully embedded. Whilst the assessors acknowledged the progress made by the Council, it was felt that there were a number of areas requiring considerable improvement.

The assessment report offers a series of suggested actions to ensure that achievement at Level 3 of the current standard is consolidated. These are -

- i. The Chief Officer Group and elected Members need to continue to encourage and lead a culture across the organisation which ensures that strategies and actions are implemented that eliminate discrimination and promote equality of opportunity.
- ii. The Impact assessment process needs to be strengthened. Currently the focus has been primarily on initial screenings with limited analysis. Even where full impact assessments have been conducted they appear

to lack the necessary rigor to challenge institutional discrimination and secure meaningful outcomes. Attention should be paid to impact assessment team membership (to include sufficient 'challenge' in the process); the quality and breadth of data used including that which derives from consultation and engagement exercises; as well as the various types of data available from partners, surveys and from direct equality monitoring

- iii. The Business Planning Guidance should in future ask each service to set equality objectives and targets flowing from the equality impact assessments that have been conducted within the framework of Business Plans. This would then provide the 'golden thread' in terms of mainstreaming equalities
- iv. Similarly, in the area of employment, there is need to conduct robust equality impact assessments (with sufficient challenge, meaningful data and proper analysis) to better understand the reasons for lack of success in recruitment and retention of some equality groups, for example in the retention of disabled people. This would contribute to achieving the council's ambition of having a workforce that is more closely representative of the communities served.
- v. Equality monitoring should be a feature of the general systems for performance managing service delivery in each business unit, not a separate mechanism.
- vi. The same applies to the processes adopted by service units for awarding and monitoring contracts with organisations that supply goods and services to the Council.
- vii. The Council needs to improve the processes for involving a much more broad range of external groups in commenting on policy and procedures in order to improve the opportunity for dialogue and external challenge from equality communities and interest groups
- viii. There is a need to consolidate the recent initiatives introduced as part of meeting Level 3 requirements to ensure that they are effective in achieving key objectives, for example, the Blank Sheet consultation (see previous bullet point), Positive Action training programmes and initiatives to recruit and retain staff from key equality groups

3. Achieving EFLG 'Excellent' by 2010/11

To achieve an EFLG rating of 'Excellent by the end of 2010/11, the Council will have to show that it has consolidated its ESLG Level 3 achievements and achieved significant progress against the new Framework. Much of this new Framework cross-refers to the new national Customer Service Excellence standards and to the evidence base for the Comprehensive Area Assessment.

The authority should set itself a realistic time-frame for achieving this and follow up with a self-assessment as described below. Kent County Council should continue its progress towards the 'Excellent' standard, and is well placed to achieve this, given the resources and high level of commitment identified throughout the Council, allied to the improved engagement of stakeholders set out in para 2 vii above.

The four priority areas that the ESLG Level 3 assessment report suggests that KCC focus on, fit directly into the new EFLG framework. They are -

3.1 Leadership and Corporate Commitment

- The Member development programme should be strengthened to cover key areas of the equality and diversity agenda. These include overview and scrutiny, customer insight in public policy making/review and improving advocacy. The programme should acknowledge and meet the needs of the differing Member roles, for example, front-line councillor, scrutineer and Cabinet Member.
- KCC should continue to revise and consolidate business planning processes to ensure effective action on equality is part of the process. This will enable the Council to track and learn from those service areas that are performing well and improve those areas that are lagging behind. Support will need to be given to service managers to meaningfully input equalities considerations into Business Plans
- KCC needs to put in place a clear and robust system for annual review, monitoring and reporting against the new EFLG standards across workforce and service delivery issues. This could take the form of a self assessment, but must include input from Diversity Staff groups and external organisations.
- KCC should establish and monitor targets for all diversity strands in service delivery, based on robust impact and needs assessment. This will enable the council to understand and take a more coherent approach to meeting the needs of the people of Kent and the challenges required by changing legislation.

3.2 Consultation and External Scrutiny

- The Council should improve its systems for review and scrutiny of service delivery and employment reports – particularly at middle management levels where evidence was somewhat patchy - by designated consultation and community groups.
- There is an urgent need to improve links with key external groups and designated forums across all diversity strands. At the same time groups that are currently under-represented within the existing

consultation structures need to be more pro-actively engaged in mainstream activities.

- It seemed to the assessor that some of the current relationships between the external groups and the Council may be quite fragile. Attendance at the arranged session was disappointing with a substantial number of participants not attending some of the sessions. The current 'Blank Sheet Consultation' should be reviewed to assess the extent to which it has resulted in the active engagement, participation and involvement of those groups that are currently under-represented and what new structures or mechanisms need to be in place to formalise these relationships.

3.3 Service Delivery and Customer Care

- Develop robust monitoring systems for all aspects of service delivery including those services delivered by other organisations on behalf of the Authority to record the involvement of and take-up by diversity groups. This also applies to monitoring of complaints/compliments to better understand the experiences of customers from different backgrounds.
- Service managers need to be fully involved in monitoring and review processes and in the setting of equality and diversity targets.
- Equality Impact Assessments should focus on access to services and the customer experience across all diversity strands.
- Additional effort is required to improve sophistication around equality monitoring in those areas where data is not readily available or currently collected. Local citizen "intelligence" and customer insight data could be developed further to feed the policymaking and scrutiny process.
- All monitoring reports should be published widely and shared with stakeholder groups

3.4 Employment and Training

- Address under-representation both in the wider workforce and at senior levels in the organisation through positive action particularly through review and scrutiny of recruitment and selection and talent management
- Priorities for action in terms of addressing the existing workforce demographic and future service need to be determined by reference to available data about the Kent community whenever possible.

- Generic and equality-specific training to be reviewed with the aim of enhancing the understanding of all staff on diversity and work and improving customer care standards
- Enhance KCC's people management capacity through the review of the equalities elements of management selection, induction, training and performance appraisal
- Actions resulting from impact assessment for employment policy to be made widely available to staff quarterly and assessments broadened to encompass the wider definition of policy.
- Explore potential for extending the staff group network to identify the potential for representation of under heard or represented groups within the workforce.
- Develop KCC's 'dignity at work' philosophy through the enhancement of support and reporting facilities and improvement in managerial handling and response to complaints from staff.
- Integrate the framework for equality in service delivery and employment within the Member development programme

3.5 Diversity Mapping

There fifth element of the new EFLG relates to 'Diversity Mapping', to ensure that and accurate picture is created of the differing needs and backgrounds of all Kent communities.

Further work is being developed on this to link it to the wider customer profiling work related to Access Kent and to the data held by KCC and public sector partners in projects such as the Public Health Observatory.

Progress on 'Mapping' will form part of future reports on progress toward the EFLG 'Excellent' standard.

4. Recommendations

Members are asked to note the actions at paras 2i to viii and agree the proposals at paras 3.1 to 3.5

Appendix 1

Extract and summary from the draft Equalities Framework for Local Government

1. The new Framework

The new Equality Framework for Local Government is constructed around five areas of change management. These reflect the four major areas of the Equality Standard for Local Government, but in addition relate more directly to the new performance framework and the new CAA.

The **five** areas of change management are:

- a) Knowing your community – equality mapping**
- b) Place shaping, leadership, partnership and organisational commitment**
- c) Community engagement and satisfaction**
- d) Responsive services and customer care**
- e) A modern and diverse workforce**

a) Knowing your community - equality mapping

Understanding the profile of your communities and the life chances and opportunities of different groups will be a crucial in identifying priority outcomes that can shape strategic planning and service delivery.

Equality mapping is the term used for collecting information about communities and individuals. This information is used throughout the equality process. It is collected on the basis of not only people's race, gender, disability, religion or belief, sexual orientation and age, but also other relevant demographics, such as socio-economic, health and education status, the availability of transport and whether communities live in a rural or urban setting. It will identify people's needs, not just the equality strands or background. The data has to be understood and analysed not just collected. This will lead to integration with and provide an important evidence base for plans such as the Sustainable Community Strategy (SCS), Local Development Framework (LDF) and the LAA (local Area Agreement).

b) Place shaping, leadership, partnership and organisational commitment

The new performance framework is designed to give local authorities, and their partners, greater freedom to determine local priorities and shape the future of an area.

We know that strategic leadership is key to improving equality outcomes and that it needs to be

- expressed in the local vision of place and strategic plan as well as the SCS

- central to the delivery of priorities that impact on inequality.

It is increasingly important for authorities to work in partnership with other public service providers and the voluntary sector to identify inequality and work together to achieve equality outcomes.

c) Community engagement and satisfaction

Most local authorities recognise the importance of community engagement and participation and have moved far beyond simple consultation exercises, important as they can be, to find innovative ways of involving communities. However, communities of place are not always synonymous with communities of interest, and it remains important to have structures in place that involve the latter in corporate decision making, service planning and workforce planning.

The CAA will put the experiences of citizens, people who use services and local taxpayers at the centre of the new local assessment framework, with a particular focus on the needs of those whose circumstances make them most vulnerable.

d) Responsive services and customer care

Service provision remains a central function of local authorities. The Framework will help authorities personalise services to meet the needs of people from different backgrounds. This requires:

- greater cultural understanding on the part of service providers
- using Equality Impact Assessments (EIA) to ensure that authorities understand the impact of service provision on different communities.

e) A modern and diverse workforce

The ability to deliver responsive, personalised services will depend in a large part on the skills, understanding and commitment of the workforce. The Equality Framework therefore looks at ensuring:

- fair employment practices that comply with the legislation, including equal pay legislation
- training on equality issues, including Equality Impact Assessments
- ensuring that the workforce profile reflects the diversity of the community and that measures are in place to monitor diversity and promote equality of opportunity.

2. Smarter working: the relationship with other frameworks

The new Equality Framework for Local Government is also designed to complement other frameworks. Resources are limited, so there is a premium on reducing duplication.

Legal obligations – the public duties

The obligations of local authorities are set out in the **Race** Equality Duty, the **Gender** Equality Duty and the **Disability** Equality Duty. Over time new obligations may arise.

The new framework helps local authorities to meet their obligations under the law and to minimise duplication. . To achieve **Emerging** status authorities also need to be compliant with the legal duties.

Community cohesion

As the Commission on Integration and Cohesion recognised, there is a strong relationship between equality, social justice and community cohesion. The EFLG is therefore designed to dovetail with the Community Cohesion Framework being developed by Communities and Local Government and the migration good practice guidance being developed by IDeA and CLG.

Customer service excellence

The Government wants public services accessible for all, that are efficient, effective, excellent, equitable and empowering. With this in mind it has developed ‘Customer Service Excellence’¹ as a practical tool for driving customer-focused change within organisations.

Comprehensive Area Assessments

The experience of citizens, people who use services and the need to reduce inequalities and improve accessibility will be at the centre of the new local assessment framework, the CAA.

The EFLG will provide useful evidence when preparing for the CAA, since it will enable local authorities to demonstrate that they have understood and acted on the needs of the communities they serve. As mentioned, local authorities have legal duties, both general and specific, relating to race, gender and disability and wider duties under legislation, such as the Children Act.

When the final CAA Guidance is published we will highlight those actions in the Framework that are relevant to CAA.

3. Simplification

The original Equality Standard consisted of five levels:

- Level 1** Commitment to a Comprehensive Equality Policy
- Level 2** Assessment and community engagement
- Level 3** Setting equality objectives and targets
- Level 4** Information systems and monitoring against targets
- Level 5** Achieving and reviewing outcomes

These have now been consolidated into three levels:

- Level 1 Emerging**
- Level 2 Achieving**
- Level 3 Excellent**

At each level authorities will be assessed on the five change management areas. The EFLG sets out the key achievements for each level and then provides a more detailed check list for self-assessment at each level.

4. Migrating achievements under the Equality Standard

We want to ensure that the achievements of authorities under the ESLG are recognised. Authorities who have reached levels 1 and 2 will be classified as **Emerging**. Those that have achieved level 3 will be treated as **Achieving**. Authorities at level 4 will be classified as **Moving towards excellence** and those at level 5 as **Excellent**.

Levels 1 and 2	→	Emerging
Level 3	→	Achieving
Level 4	→	Moving towards excellence
Level 5	→	Excellent

To recognise the achievements of authorities who have achieved level 4 of the ESLG, but would not qualify as **Excellent** under the new framework. The **Moving towards excellence** classification is intended to recognise achievements of level 4, but is not a level under the new framework. We hope that authorities at level 4 will strive for **Excellent** status in the new framework.

An Excellent Authority has the following characteristics:

- members and officers have a reputation for championing equality issues and ensure that the equality issues relevant to their communities are embedded in strategic plans, LAAs and local delivery plans
- the local authority works with all strategic partners and the third sector to achieve defined equality outcomes
- it has good evidence of the equalities profile of the community based on national and local data that is regularly reviewed
- it is measuring progress on equality outcomes, is able to disaggregate data on relevant performance indicators and can demonstrate real outcomes that have improved equality in services and employment
- it identifies the changing nature of its communities and their expectations and then prioritises its activities and explains its decisions
- it provides good customer care by ensuring that services are provided by knowledgeable and well-trained staff, who are equipped to cater to particular needs of clients where necessary
- it has improving satisfaction and perception indicators from all sections of the community
- it uses Equality Impact Assessments to review all major new changes in policy and regularly conducts service Equality Impact Assessments
- all relevant data on service access is monitored against the equality strands
- equality groups are integrally involved in community engagement programmes
- there are forums for all equality stakeholders to share experiences and evaluate the authority's progress
- all parts of the authority can show tangible progress towards achieving outcomes which address persistent inequalities
- members, officers, key stakeholders and community members are confident about equality issues and their relevance for the authority and their own responsibilities
- the authority has implemented action for equal pay outcomes and demonstrates progress on under representation, flexible working, access to training and development and promotes an inclusive working culture based on respect
- it reviews its equality strategy and public duty equality schemes every three years and seeks innovative, improvement challenges
- through its achievements it is an exemplar of good practice for other local authorities and agencies and works with others to share best practice

Table 1. The 10 dimensions of equality	
Longevity	including avoiding premature mortality
Physical security	including freedom from violence and physical and sexual abuse
Health	including both well-being and access to high quality healthcare
Education	including both being able to be creative, to acquire skills and qualifications and having access to training and life-long learning
Standard of living	including being able to live with independence and security; and covering nutrition, clothing, housing, warmth, utilities, social services and transport
Productive and valued activities	such as access to employment, a positive experience in the workplace, work/life balance, and being able to care for others
Individual, family and social life	including self-development, having independence and equality in relationships and marriage
Participation, influence and voice	including participation in decision-making and democratic life
Identity, expression and self-respect	including freedom of belief and religion
Legal security	including equality and non-discrimination before the law and equal treatment within the criminal justice system

This page is intentionally left blank

By: Graham Gibbens, Cabinet Member, Adult Social Services
 Oliver Mills, Managing Director, KASS

To: Adult Social Services Policy Overview Committee –
 15 January 2009

Subject: **DIRECTORATE RISK REGISTER**

Classification: Unrestricted

Summary: The Directorate Risk Register has been reviewed. The review of the Risk Register has been brought forward due to the challenges in the current climate.

Introduction

1. To explain the changes made in updating the Directorate Risk Register

Policy Context

2. (1) The Risk Register is reviewed regularly in line with KCC policy.

(2) The Risk Register was last updated in May 2008 and taken to the Adult Social Services Policy Overview Committee (ASSPOC) (this was the same across all Directorates). There is a requirement to take the approved version to ASSPOC in January 2009.

Substance of report

(1) The Risk Register was updated and circulated to Senior Management (Members of the Strategic Management Team (SMT) and Policy Development and Review Board) and the attending Officers of the Directorate Risk Management Group (DRMG) for approval prior to submission for the purposes of the December Cabinet meeting. Whilst the identified risks have not really change, there has been significant change to the scoring given to each risk and the content listed under each risk.

The Directorate has 10 risks identified in the Risk Register. The table below explains the amount of risks we have at each level:

Overall Ranking	Numbers identified within the KASS Directorate Risk Register
Low	4
Medium	4
High	2

Scoring Methodology

4. “A 5x5 matrix is to be used in order to provide an immediate appreciation of the scale of a risk. Using a 5x5 matrix allows for a more accurate assessment of key business risks, particularly around the medium to high end of the scale, thereby enabling you to better prioritise your action plans.

Information to help rank risks can be found in the Business Risk Management Toolkit.

↑ Likelihood	Very likely	5					
	Likely	4					
	Possible	3					
	Unlikely	2					
	Very Unlikely	1					
RISK RATING MATRIX			1	2	3	4	5
			Minor	Moderate	Significant	Serious	Major
			Impact →				

Risks should be scored for impact and likelihood to provide an overall ranking of ‘high’, ‘medium’ or ‘low’. All scores should be entered onto the risk register.”

Monitoring of Risk

5. The risk management system is a formal process, which is linked to the budget monitoring/build process, activity and performance and is pro-actively managed throughout the year led by the SMT. This process is supported throughout the Directorate. The DRMG has a strategic role in identifying future potential risk, reviewing the risk register, and analysing the controls that are in place to meet the risks. The risks identified have been fed into the Business Planning process.

Recommendations

6. Members are asked to note and comment on the content of the report.

Elouisa Matthews
Policy Officer
Elouisa.matthews@kent.gov.uk
(01622) 69 x6369

Background documents:
KASS Risk Register – October 2008

Kent Adult Social Services RISK REGISTER
January 2009

No	Rank	Source	Event / Risk	Planned Outcome	Accountable Manager	Existing controls	New tasks / action plans	Date
1	L5 Score 25	Impact of Recession on KASS	<p>Risk of increase of financial abuse</p> <p>Longer term issue of more self funders needing support as a result of depleted funds (e.g. house sales at depressed prices, or failed investments).</p> <p>Increase in family breakdown as a direct result of recession (e.g. unemployment/ financial difficulties / homelessness)</p> <p>More pressure on carers as a result of family breakdown as outlined above</p>	<p>To support as far as possible vulnerable adults who will be adversely effected by the recession</p>	SMT	<p>Benefit maximisation through plans as outlined in T2010 Action plans</p> <p>Re-shaping of the Directorate through SDS / AFLA to ensure that people are given effective support which empower and promote independence</p> <p>Continue to develop employment opportunities for vulnerable people.</p> <p>Key links with Job Centre Plus to ensure full advice of benefits</p> <p>SMT monitoring of the KASS budget and of staffing levels.</p> <p>Links with key Partners such as the NHS to provide cross organisational services.</p> <p>Continued development of preventative services within the community to offer people more support at an early stage.</p> <p>Working with partners to support the development of appropriate housing which meet the needs of older people and people with disabilities at affordable levels.</p>	<p>Implementation of SDS across the KASS Directorate to realign the service that KASS provides.</p>	

No	Rank	Source	Event / Risk	Planned Outcome	Accountable Manager	Existing controls	New tasks / action plans	Date
2	I =5 L = 4 Score = 20	Increase in referral outstripping available resources. Improved customer care-easier access. Long term trends of people living longer - with long term conditions (dementia). Longer term risk of people financially assessed with houses now being set up as self-funders running out of money more quickly than their predecessors in similar circumstances because the value of their house (if sold to fund care) is lower than it might previously have been.	Demand outstrips available resources. Access points become clogged up. Increase in complaints. Increase demand on services. Increase in costs for preventative work. Shift towards Preventative Working which means we are taking more risks with the community. Identification of more need through preventative community based work. Raise Eligibility Criteria. Poor publicity. Demographic Challenges. Kent's population is expanding. The demographic profile is ageing- an extra 63,100 people aged 65+ in Kent over next 10yrs. Complexity and greater need of those people with LD Impact of current Financial Market with Excess inflation and increases in utilities and fuel costs Market Failure Client Debt with not paying KASS or avoidance of	Through partnership working, modernisation etc Directorate able to meet increase in demand.	SMT	Duty Service. Self Assessment. E-Govt initiatives / new ways of accessing. Increased user involvement. Joint planning with partners. Planning for the future e.g., The Vision, Active Lives, Older Persons strategy Focus on prevention and early intervention. Business Planning- New 3 Year Business Plan in place. Finance and Activity Monitoring. Contracting and Procurement Controls. Towards 2010 & Kent Agreement 2. Reviewing charging policy. Using ever increasing sophisticated systems to plot future need. (e.g. MOSAIC, dashboard) Modernisation of Directorate through ALFA (Active Lives for Adults)- SDS (Self Directed Support) ALFA – major project to re-design Directorate focusing on self directed support & improved access Strategic Review and Modernisation of older people services Strategic Review and Modernisation of Learning Disability Services Joint Service Needs Analysis developed with the Health Service	Proposed end to end review of income collection process in partnership with Corporate Finance.	

No	Rank	Source	Event / Risk	Planned Outcome	Accountable Manager	Existing controls	New tasks / action plans	Date
3	I = 5 L = 4 Score = 20	<p>Health Service Economy Risk to Social Services / investment in community based preventative services as a result of difficulties in Health Economy. Split Budget into an East and West Economy.</p>	<p>Delayed discharges increase. Resources moved out of 'prevention'. Delays in admissions for elective treatment. No guarantee that shifts of funding from Acute to Community Services will happen. Mental Health readmission rates. Partnership funding for new clients. Fit for the future - Risk due to hospital reconfiguration. Risk of cost transferred to KASS. Unpopular decisions in order to stay within budget and the subsequent public re-action – could destabilise new Health organisations. Different challenges being faced by PCTs and Mental Health trusts. Difference financial challenges faced by East and West PCTs.</p>	<p>Joint investment in community based preventative services which promote independence</p>	<p>SMT</p>	<p>Range of preventative projects. Scrutiny of Health through HoSC. PCT / PEC Reps. Partnerships / joint working with Health. Consultation on the future of Adults in Social Care. Joint commitment to PSA2 Target on reducing emergency hospital admissions of older people. JSNA Towards 2010 Target & action plan – monitored closely. Continuing Care National Framework – Adult Services fully engaged in. Engagement of Members through Cabinet, Overview Committees, Local Boards. Lobbying of Govt. Lead arrangements with 3 PCTs. Whole Systems Demonstrator – telecare projects. Range of joint initiatives including POPPS / INVOKE in East Kent Brighter Futures Project QAF and the online Care Directory Urgent Care Demonstrator Kent Health Watch LINKS. Partnership working with PCTs which is leading to shared improvements and efficiencies</p>		

No	Rank	Source	Event / Risk	Planned Outcome	Accountable Manager	Existing controls	New tasks / action plans	Date
4	I = 4 L = 4 Score = 16	<p>Disproportionate numbers of people in need across the age ranges are being placed by other L.A's or have moved into Kent from other parts of the country.</p> <p>Kent is a popular place for retirement. Adult / Older people Nursing & Residential placements made in Kent by other Authorities.</p> <p>Re-provision of people with LD (separate risk – see below)</p>	<p>Demands on health care and other related services. Increase in prices / cost. Resources not available for KCC residents.</p> <p>Disproportionate numbers of 'former self funding clients'. Increasing Demand / Complexity for LD cases.</p> <p>Impact of recent 'ordinary residence' judgements by Sec of State.</p> <p>Homes de-registering and moving to supported living. Supporting other LA's LD residents.</p> <p>Fewer CSCI inspections. Quality of care and associated AP issues. DASS role on quality.</p> <p>LD transfer may increase numbers</p>	<p>Focus resources on priorities and greatest need</p>	SMT	<p>Wider role of Adult Services Managing Director to influence agenda. Representation to Government. Partnerships with other agencies to plan etc.</p> <p>Strong planning and demographic projection processes</p> <p>Strong engagement with 'sustainable communities'</p> <p>Preventative Services. Business Plan, Kent Agreement / Towards 2010 -- e.g. Transitional target.</p> <p>Discussions with SAGA and others re long-term care insurance.</p> <p>Provision of social care directory on website and in hard copy</p> <p>Re provision of people with Learning Disabilities, who are currently in residential care managed by NHS.</p> <p>ALFA - SDS</p> <p>QAF and the online Care Directory</p>	<p>Strategic review of other local authority looked after young people who remain living in Kent and require support from KASS</p>	

No	Rank	Source	Event / Risk	Planned Outcome	Accountable Manager	Existing controls	New tasks / action plans	Date
5	I =3 L = 5 Score = 15	Modernisation of Directorate	<p>Increased Demand / Finite Resources – means it is essential that Directorate develops more efficiencies through modernisation – ensure that these are sufficient.</p> <p>Changes in expectations and the choice agenda – people expect more control & choice over services. Personalisation can only be achieved through modernisation.</p> <p>Need to modernise alongside partners – ensure partners are able to do this.</p> <p>Destabilising of workforce – ensure morale remains high.</p> <p>Maintaining the physical state of units to meet the increase in inspection standards.</p> <p>Ensure suitably skilled, competent workforce across the social care sector and within KASS.</p> <p>LD Developments – Re-provision programme.</p> <p>OP Developments – Whole Systems Demonstrator, Brighter Futures Group</p> <p>ALFA; mutation of roles in relation to ALFA</p> <p>SDS Management Capacity</p> <p>Excess inflation and increases in utilities and fuel costs</p> <p>Market Failure</p> <p>Client Debt with not paying KASS or avoidance of paying KASS</p>	<p>A Directorate, which is providing choice, control and personalisation as outcomes.</p> <p>A Directorate, which is effectively meeting increasing demand.</p> <p>A Directorate which is able to respond to new challenges.</p> <p>A Directorate which has an ongoing engagement with the modernisation process.</p> <p>A strong workforce across social care in Kent to deliver service priorities.</p>	SMT	<p>Modernisation Board – Senior Managers & SMT – 3 main work streams.</p> <p>Good future planning – using demographic projections and latest research etc.</p> <p>Good structures to engage with the public about future services.</p> <p>Robust financial planning.</p> <p>ALFA – major transformation with focus on access and self directive support.</p> <p>T2010 & Kent Agreement – give framework to modernisation owned by members and in the case of Kent Agreement owed by partners.</p> <p>Workforce development strategy.</p> <p>Well developed Training programmes.</p> <p>IIP.</p> <p>Business Panning.</p> <p>Links with other Directorates.</p> <p>Staff care package.</p> <p>Training for Care contract.</p> <p>ALFA - SDS</p> <p>Strategic Review / Modernisation of 'in house' older people services</p> <p>Strategic Review / Modernisation of 'in house LD services</p> <p>JSNA with the Health Service</p> <p>Wider workforce planning with the independent sector</p> <p>Putting people first -the Social Care Reform Grant.</p>	Reshaping of Complaints procedures to enable a statutory complaint to be made if using a personalised budget , in line with ALFA – SDS modernisation	

No	Rank	Source	Event / Risk	Planned Outcome	Accountable Manager	Existing controls	New tasks / action plans	Date
6	I =5 L =3 Score = 15	Impact of Market / Economic Pressures. KASS commissions about 85% of services from outside the Directorate. Many of them from the Private and Voluntary Sector. Although this offers efficiencies and value for money it does mean the Directorate needs the market to be buoyant to achieve best value.	Council is vulnerable to the market, which is likely to experience difficulties if the down turn in the economy continues for a long period Market unable to meet needs / demands. Competition for placements from other LAs/private funders. Contractors fail to deliver. Reliance on CSCI to monitor service standards. Less flexible for changes in service focus / service redesign. Market unable to meet needs Direct payments and personalised budgets will mean a move away from block contracts with LA – to personalised commissioning by service users. This presents a range of new challenges for the social care market. Impact on Labour Market	Effective influence on market to ensure value for money. Services meet desired quality. Sector part of modernisation agenda. Current Social Care Financial Market to weather the current Financial Market.	SMT	Annual price increase targeted at vulnerable areas/services. Move to risk-assessed contract monitoring – QAF. LD Cost model A strong Contracting Arm which ensures KCC gets value for money – whilst maintaining productive relationships w. providers. Regular market mapping and price increase pressure tracking. Drive to help providers reduce direct costs via access to Commercial Services purchases and other initiatives. Procurement and Contracting Controls. Finance and Activity Monitoring in-house services – targeted at market gaps Personal budgets & In Control. Projects. ALFA - SDS Strategic Review / Modernisation of 'in house' older people services Strategic Review / Modernisation of 'in house' LD services Work with providers in preparation for SDS Work with providers in preparation for SDS Tendering process for Enablement & Brokerage		

No	Rank	Source	Event / Risk	Planned Outcome	Accountable Manager	Existing controls	New tasks / action plans	Date
7	I = 5 L = 4 Score = 20	Increased pressure on Learning Disability Services due to LD Transfer from NHS	<p>Growth of LD market. Modernisation agenda. Availability of rooms. Cost of placements. Demographics. Transition. Complexities.</p> <p>Growth of Demand – Analysis of demographic pressures indicates that there will be more people with Learning disabilities and with a greater complexity of need.</p> <p>Cost of Residential Placements for People with Learning Disabilities</p> <p>Proposed transfer / Re provision of NHS – LD clients / resources. LA will be responsible for LD, which will add to pre-existing pressures</p> <p>Transition Planning</p> <p>Valuing People Now –Form Progress to Transformation – offers new challenges</p> <p>Limited time from Government to complete the LD transfer so may be rushed.</p>	<p>Person Centered Service – offering personalised services, which offer choice and control to those who use them.</p> <p>Resources focused to greatest need</p> <p>Vibrant market able to respond to local needs</p>	SMT	<p>ALFA - SDS</p> <p>Modernisation of LD daycare services</p> <p>Improved partnerships with Housing services, developing capacity</p> <p>Integrated (with Health) Learning Disability Service focused on promoting independence</p> <p>Integrated Mental Health Trust</p> <p>Strong relationships with Trade Organisations</p> <p>Development of Direct payments & Personal budgets / In control</p> <p>Development of employment opportunities</p> <p>Strong contracting arrangements- e.g. LD Cost model</p> <p>Strong financial and performance management</p> <p>Partnership Board / Groups ensuring full involvement of public / users in the development</p> <p>Development of employment opportunities</p> <p>Learning Disability Strategic Board</p> <p>Joint project group with NHS to plan for re- provision of people currently in NHS residential units. Main principle of project is 'person centred'</p> <p>New initiatives to increase employment opportunities for people with learning disabilities.</p>	Lobbying on NHS transfer via LGA, ADASS, CIPFA and direct to government	

No	Rank	Source	Event / Risk	Planned Outcome	Accountable Manager	Existing controls	New tasks / action plans	Date
8	<p>I = 3 L = 4 Score = 12</p>	<p>Impact of Future Government funding Complexities of working with area based grant still not properly developed; currently some £20m of grant funding in this place with a proposal that this will increase to in excess of £50m from april2009, when the Supporting People main grant is added in. Risk of increased numbers and value of project related grants with no guarantees of funding for the longer term. Lack of certainty about government's intentions on funding from April 2009.</p>	<p>Revenue cost implications of Capital projects and discrete projects as they move into mainstream. Use of bid and hypothecated funding with no pre-defined exit strategy Although there are agreements to allow current services to use these grants this may not always be the case No guarantee of hypothecated funding after 2011 Excess inflation and increases in utilities and fuel costs Market Failure Future funding of social care given the current Govt. intervention into the financial markets – future knock on effects of a recession.</p>	<p>Ability to protect future funding.</p>	<p>SMT</p>	<p>Maintain 3 Star Status. Robust financial monitoring systems Negotiations with Central Government. Capital Strategy in place and linking to Business Planning. Private/Public partnership Team Capital planning workshops and streamlining of bidding processes that clearly match proposals to service needs. Working with ADASS on challenging method of funding & other work (proxy indicators etc). Kent Agreement 2 New LAA Arrangements – need to monitor closely JSNA demonstrating future need. Engagement with National lobbying work (primarily through the PSS expenditure group) Managing Director now a full member of the Public Service Board</p>		

No	Rank	Source	Event / Risk	Planned Outcome	Accountable Manager	Existing controls	New tasks / action plans	Date
9	I = 3 L = 3 Score = 9	Continuity Arrangements. Responsiveness of Directorate in a major Emergency.	Major disaster. Impact of terrorist incident – e.g. during Olympic games Pandemic / illness. Dependence on systems/ providers outside of KCC	Systems in place to offset event and / or mitigate impacts.	SMT	Emergency planning. Continuity Plans for all units. Throughout all levels of Directorate culture and experience of working and responding to crisis. Good partnership working arrangements at all levels. Crisis / Emergency training. Experience of dealing with emergencies. Strong management / leadership structure. SMT as owner of Directorate's Emergency and Business Continuity Plans Dedicated Emergency Planning officer within Directorate Working group set up to explore the plan for pandemic flu impacts in greater depth		

No	Rank	Source	Event / Risk	Planned Outcome	Accountable Manager	Existing controls	New tasks / action plans	Date
10	I = 4 L = 3 Score = 12	Information Technology. The complete overhaul of our current information technology systems – ongoing system development	<p>SWIFT is vital to keep the Directorate in control of management information activity and spend. It is the largest project of its kind in the Country.</p> <p>Implementation issues such as client billing and payments to providers.</p> <p>Data quality issues.</p> <p>Long term relationship with ANITE public sector.</p> <p>Capacity to sustain / support major changes (modernisation)</p> <p>Ensuring that systems to operate effectively</p> <p>Data Quality</p> <p>Information governance.</p> <p>Given all of the national publicity of people leaving laptops on trains etc,</p> <p>The highly sensitive nature of the data we are responsible for and use. As we are moving towards an increasingly mobile workforce the national publicity around sensitive data being lost due to the displacement of technological devices such as laptops.</p>	Robust system with high reliance on quality of data Capacity for further development to meet future needs	SMT	<p>SMT monitoring closely and have taken on the role of programme board.</p> <p>Major implementation programme. Involving front line staff / managers etc. Steering Group.</p> <p>Prince 2 Project methodology.</p> <p>Experienced project team focusing solely on the renewal project.</p> <p>Working closely with other SWIFT user Councils – e.g. Hampshire, Essex.</p> <p>Experienced knowledgeable staff group within project.</p> <p>Good interconnections between users and SRP Team – which is an integral part of project plan.</p> <p>Data quality plan</p> <p>Closely monitored Risk Register within project – which is periodically reviewed by SMT & Corporate Board</p> <p>Regular discussion / update on SRP at DRMG.</p> <p>Governance arrangements of Programme Board for strategic issues, and Operations Board overseeing the detail.</p> <p>Strong Partnership working with ISG</p>		

No	Rank	Source	Event / Risk	Planned Outcome	Accountable Manager	Existing controls	New tasks / action plans	Date
11	I 3 L 3 Score 9	Protecting vulnerable adults. The Managing Director has a wider responsibility enshrined in legislation to promote the welfare of all adults and this includes protection and safeguarding them from deliberate harm. Should these situations not be managed appropriately they could have dramatic consequences for the person(s) involved and a knock on effect to the Agencies involved. Deprivation of Liberty Safeguards (DoLs)	Person in a residential unit or in the community being subject to abuse or neglect Personalisation and choice although leading to better outcomes for people generally – necessitate more risk taking. Duties under the Mental Capacity Act A further dimension is where the wider community can be put at risk, for example, the issues arising from the Michael Stone inquiry. Uncertainty about the volume of referrals/assessments that would be generated. capacity to timely respond to the above given the uncertainty and Partnership issues around 'Best Interest Assessors' and availability of doctors trained to undertake section 12 (MHA) and DoL assessments areas that the NHS lead responsibility.	A level of protection offered to vulnerable adults without stifling, independence & choice of the individuals concerned	SMT	<ul style="list-style-type: none"> Safeguards Board / Committee – Kent & Medway have sophisticated systems in place. Training – extensive training is in place Multi agency approach to Safeguarding Multi-Agency Public Protection Arrangements Care management arrangements – SDS arrangements being implemented Audits of cases to ensure Quality Integrated Mental Health Trust CSCI Inspection programmes & action plans related to this Advocacy <p>Complaints process /Kent Health Watch Mental Capacity Act Arrangements</p>		

By: Overview, Scrutiny and Localism Manager

To: Adult Social Services Policy Overview Committee –
15 January 2009

Subject: **UPDATE ON SELECT COMMITTEE WORK**

Classification: Unrestricted

Summary: This report updates Members on the progress of current Select Committee work, the monitoring of past work and the process for identifying future projects.

Select Committee: Autistic Spectrum Disorder (ASD)

1. (1) This Committee has completed its report and recommendations and shared these with the Cabinet Member and Managing Director. The report will be considered by the Cabinet in the spring of 2009. In the meantime, the Committee is liaising with the Department of Public Health and the Adult Social Services Directorate to prepare the way for its recommendations to be implemented.

Select Committee: Carers in Kent

2. (1) This Select Committee will be reconvened on 30 January 2009 to receive a report on progress against its recommendations, one year on from the publication of its report. The outcome of that meeting will be reported to this Committee on 1 April 2009.

Suggestions for future Select Committee Topic Reviews

3. (1) The current Select Committee topic review programme is coming to an end and there is not sufficient time to commence any more reviews prior to the Elections in June 2009. However, it is important that topics are available to be considered early in the new Council so that a work programme can be approved and reviews started as soon as possible.

(2) Members are therefore requested to consider if there are any potential topics which fall within the remit of this Policy Overview Committee, which they would like to put forward for consideration by the Policy Overview Co-ordinating Committee (POCC) at its meeting on 28 April 2009. At that meeting, the POCC will be asked to indicate which potential topics could be included in a future work programme and identify a priority order. Initial work will then be carried out to scope these potential reviews before a final decision is taken on the work programme at a meeting of the POCC in July 2009.

(3) This Committee is reminded of the recent decision of the County Council that, once a topic review has been included in the Work Programme, as agreed by the POCC, the detailed terms of reference for that review will be developed by a cross party Member Group (one from each Group) for approval by the whole Select Committee.

(4) One proposal has been received – for a review of Safeguarding and Adult Protection. This Committee will be kept informed of any other proposed topics which are within its remit.

Recommendations

4. Members are asked to:-
 - (a) Note the progress of the Autistic Spectrum Disorder (ASD) Select Committee, and the arrangements for the 'one-year-on' monitoring of the outcomes of the Carers in Kent Select Committee, on 30 January 2009; and
 - (b) Put forward suggestions for potential Select Committee topic reviews for consideration by the Policy Overview Co-ordinating Committee at its meeting on 28 April 2009

Theresa Grayell
Democratic Services Officer

Tel No: 01622 694277
e-mail: theresa.grayell@kent.gov.uk

Background Information: *Nil*

ASSESSMENT OF A SELECT COMMITTEE TOPIC REVIEW

(* - sections to be filled in by the proposer of the topic)

*Subject of Proposed Review:-
*Reason for the Review:- (see note 1 below)
*Issues to be covered by the Terms of Reference:-
*Scope of the review:-
*Purpose and objectives of the Review:-
Proposer of the review

To be completed by the Directorate/Cabinet Member(s)

Are there any reasons why this review should not be put forward for inclusion in the work programme for 2009/10?
(see note 2 below)

How will the review contribute to corporate objectives and priorities?

Will the review support the achievement of PSA or LAA targets? If yes, please identify targets:-

Does the review need to be completed within a specific timeframe? If yes, please give details:-

How will this review have an impact on KCC policy development and/or help to influence national policy?

How will this review add value to the County Council and residents of Kent?

Any additional comments from the Portfolio Holder/Strategic Director:-

Portfolio Holder's Signature:-

Strategic Director's Signature:-

Contact Officer:-

Date:-

Notes

Note 1 - Possible reasons for the review

1. Key public issue, identified by
 - Focus groups/citizens panels
 - Member contact with constituents/member surgeries
 - Contact with key representative bodies/forums
 - Media coverage – Public interest issue covered in local media
2. Issue highlighted via POC activities or previous reviews
3. Issue recommended to POC by another body e.g. another POC, Cabinet Scrutiny, Directorate, Cabinet or an external body.
4. Poor performing service i.e.:-
 - High level of complaints/dissatisfaction with service
 - Performance standards poor/below target – (evidence from PI's or benchmarking)
 - Identified through external review/inspection (OFSTED/Audit/ CPA etc)
 - Budgetary overspends
5. Key reports or new evidence published
6. County Council priority
7. Central Government priority/New Government guidance or legislation published

Note 2 - Possible reasons why a review should not be put into the next years/ next two years work

1. Issue being examined by
 - Cabinet
 - Cabinet Scrutiny
 - Officer Group
 - another internal body
 - an external body
2. It has been the subject of a topic review by other Councils from which details of best practice can be obtained.
3. New legislation or guidance expected.
4. **NB:** Before suggesting that a review should not be included in the work programme the following should be considered:-

Could consideration of this issue 'add value' without causing unnecessary duplication, for instance by:

- i) Looking at this issue in conjunction with another group,
- ii) Through appropriate timing of the topic review,
- iii) Through considering another group's findings rather than duplicating the same/or similar activity.

This page is intentionally left blank