

**ADULT SOCIAL SERVICES POLICY OVERVIEW
COMMITTEE**

Wednesday, 1st April, 2009

10.00 am

Darent Room, Sessions House, County Hall, Maidstone





AGENDA

ADULT SOCIAL SERVICES POLICY OVERVIEW COMMITTEE

Wednesday, 1 April 2009 at 10.00 am
Darent Room, Sessions House, County Hall,
Maidstone

Ask for: Theresa Grayell

Telephone 01622 694277

Tea/Coffee will be available 30 minutes before the meeting

Membership (15)

Conservative (10): Mr R F Manning (Chairman), Mrs A D Allen, Mr J Curwood, Mr C G Findlay, Mr T Gates, Mr D A Hirst, Mr R L H Long, TD, 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 Membership - to report that Mr R L H Long has joined the Committee in place of Mr M J Angell
- A2 Substitutes
- A3 Declarations of Members' Interest relating to items on today's agenda
- A4 Minutes of the meeting held on 15 January 2009 (Pages 1 - 24)
- A5 Chairman's Announcements

PRESENTATION: Mental Health - An update on the Joint Strategic Needs Assessment (JSNA), Commissioning and the changes in the Mental Health Act. Presentation by KASS officers and PCT colleagues

B. ITEMS FOR CONSIDERATION

- B1 Adult Services Budget Monitoring 2008/09 (Pages 25 - 54)
- B2 The Supporting People Programme (Pages 55 - 58)
- B3 Six Month Update on Performance 2008-09 (Pages 59 - 62)
- B4 Living Well with Dementia: A National Dementia Strategy (Pages 63 - 78)
- B5 Adult Social Services - Making Experiences Count (Pages 79 - 82)
- B6 Kent Draft Annual Carers Report, April 2008 - March 2009 (Pages 83 - 174)
- B7 'Better Homes Active Lives' and 'Excellent Homes for All' Housing PFIs (Pages 175 - 178)
- B8 Active Lives Network (formerly Queen Elizabeth Resource Centre) (Pages 179 - 192)

C. SELECT COMMITTEE WORK

- C1 Update on Select Committee Work (Pages 193 - 200)

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

Tuesday, 24 March 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.

DRAFT

KENT COUNTY COUNCIL

ADULT SOCIAL SERVICES POLICY OVERVIEW COMMITTEE

MINUTES of a meeting of the Adult Social Services Policy Overview Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Thursday, 15 January 2009.

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

ALSO PRESENT: Mr M J Angell, Mr N J D Chard, Mrs T Dean, Mr G K Gibbens and Mr D Smyth

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

59. Membership

The Democratic Services Officer report that, following the decision by County Council on 11 December 2008 that Lead Members should not serve on the POCs concerned with their subject area, Mr M J Angell was no longer a Member of the Committee.

60. Minutes of the meeting held on 18 November 2008

(Item A3)

RESOLVED that the Minutes of the meeting held on 18 November 2008 are correctly recorded and that they be signed by the Chairman. There were no matters arising.

61. Minutes of an Informal Member Group on the Medium Term Plan, held on 20 November 2008

(Item A4)

Those who were present agreed that these were a good record, and their content was noted. Participants in the IMG were thanked for a very useful meeting.

62. Chairman's Announcements

(Item A5)

(1) Mr Gibbens reported that Kent Adult Social Services had been awarded three stars and an 'Excellent' rating in November, and was one of only three local authorities to score three stars over the seven years that the star rating regime has been in place. He said Kent's forward looking approach meant it was well placed to

meet future challenges. Mr Gibbens and other Members of the Committee asked that sincere congratulations be passed on to all KASS staff.

(2) Mr Mills thanked Members for their comments and reported that KASS was now in a period of major transition to restructure its management to meet the new challenge of delivering Self Directed Support (SDS), Personal Budgets and other emerging initiatives. Although the management restructure would deliver a saving of some £1.7m, Mr Mills reassured Members that frontline services would be protected. The changes were currently in the second stage of consultation and it was hoped that the final structure would be in place by Summer 2009.

(3) In response to questions, Mr Mills reassured Members that KASS had good links with the NHS at district level, with KASS and NHS staff working in integrated teams with dedicated funding, and that he was confident that the NHS was firmly committed to the changes. The management changes were conducted within formal full consultation process under employment law, involving staff and unions. He emphasised that genuine changes had been made to the proposals as a result of these consultations. Mr Mills undertook to send to Members details of the new structure and how it would operate on the ground and what changes had arisen from the consultation with the staff and unions.

63. Public Health and Adult Social Care - Making it Happen

(Ms M Peachey, Director of Public Health, and Mr Michael Thomas-Sam, Head of Policy and Service Development, were in attendance for this item)

(The slides used in the presentation are appended to these Minutes)

(1) Mr Leidecker, Ms Peachey and Mr Thomas-Sam presented a series of slides which gave an overview of the joint working between KASS and the NHS to address social care and public health provision. In discussion, and in response to questions from Members, the following points were highlighted:-

- (a) the National Dementia Strategy, which would shortly be published, would include the issue of training on dementia for medical professionals, as this had been identified as a key issue. A pilot 'memory clinic' had been established in Croydon and KASS staff had been to visit to learn about best practice;
- (b) Public Health Observatories, when established, would provide an excellent central hub to link up initiatives going on and pull together intelligence and best practice;
- (c) It was important to ask for and take account of the opinions of patients, clients and their families and use these as well as data when assessing a client's needs; and
- (d) PCTs had improved their links with and engagement of carers' organisations following the recommendations in the Carers in Kent Select Committee report published in December 2007.

(2) RESOLVED that the information given in the presentation, and in response to Members' questions, be noted, with thanks.

64. Adult Social Services Budget Monitoring 2008/09

(Item B1)

(Ms M Goldsmith, Directorate Finance Manager, was in attendance for this item)

(1) Miss Goldsmith introduced the report and explained that the Directorate hoped to break even by the end of the financial year. In discussion, and responses given by Miss Goldsmith and Mr Leidecker to questions from Members, the following points were highlighted:-

- (a) Members expressed their confidence in the ability of KASS staff to manage the budget effectively, despite unexpected costs;
- (b) It was important to strike a balance between using agency care staff at greater cost or maintaining a bank of its own staff, which was not a viable option at some premises; and
- (c) Members were reassured that there was no evidence that potential users of domiciliary care services had been dissuaded from using the service by the recent price increase. People declining or discontinuing the service had not given this as a reason for their decision.

(2) RESOLVED that the information in the report, and given in response to Members' questions, be noted, with thanks.

65. Half Year Monitoring of the Annual Operating Business Plans 2008/09

(Item B2)

(Mr N Sherlock, Performance and Monitoring Manager, and Ms E Matthews, Policy Officer, were in attendance for this item)

(1) Mr Sherlock and Ms Matthews introduced the report and answered questions from Members. The following points were highlighted:-

- (a) In showing progress against targets as red, green or amber, a target would not be shown green until it was completely finished, so many were currently showing amber;
- (b) Members were reassured that those targets currently shown as amber would be green by the end of the year and that those shown as red would be amber; and
- (c) Some of the targets were delivered via partnership working and were not solely the control of the County Council, and Members were assured that work currently showing as amber was on target.

(2) RESOLVED that the information in report, and given in response to Members' questions, be noted, with thanks.

66. Budget 2009/10 and Medium Term Financial Plan 2009/12

(Item B3)

(Mr N J D Chard, Cabinet Member for Finance, was present for this item)

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

(1) Miss Goldsmith introduced the report and referred to the special Informal Member Group (IMG) on the Medium Term Plan which had been convened at the POC's November meeting and met on 20 November 2008. The notes of the IMG had been agreed earlier in the meeting as an accurate record, and the discussion which took place at the IMG was acknowledged as being most helpful.

(2) In response to a question from Mr Christie, Miss Goldsmith confirmed that the increase in pay and prices shown for 2009 had taken account of the proposed 1% pay increase for staff.

(3) In response to a question from Mr Christie, Mr Leidecker clarified that £500,000 savings shown against Extra Care Sheltered Housing (ECSH) was an estimate based on the number of clients who, it was predicted, would opt to go into ECSH instead of residential care, as ECSH was the less expensive of the two options. Mr Leidecker added, however, that the modelling used to estimate patterns was complicated and adjustments between Budget headings (particularly for older persons' services) would always be made as the year progressed.

(4) Responding to a similar question from Mrs Newell and Mr Christie, Mr Leidecker and Miss Goldsmith explained the way in which various services' budget headings related to each other, and how a change in one would cause a change in another as clients moved from using one service to using another. For example, a decrease in Domiciliary Care spending under both the physical disability and mental health headings corresponded in each case to an increase in spending on Direct Payments. In preparing the Budget, KASS officers looked at trends in service take-up and used these to predict the demand in the coming year.

(5) Responding to a question about managing bad debt, Miss Goldsmith explained that the Directorate's level of debt was monitored monthly and a bad debt provision existed to accommodate the level of debt that would potentially not be paid. The provision is adjusted for on a monthly basis.

(6) Mr Mills confirmed to Mrs Newell that, under the new national framework, an increase in budget had been made to PCTs to cover Continuing Care. KASS had achieved a saving from Continuing Care heading as, under the national framework, some people who would previously have been funded by KASS were now the responsibility of the NHS. Mr Mills emphasised that patterns were very difficult to predict as not all Continuing Care clients were funded by KASS and some were self-funders.

(7) The Chairman thanked Miss Goldsmith, Mr Mills and Mr Leidecker for their explanations and responses to Members' questions and said that Members needed

to achieve an understanding of the budget setting process and issues in order to fulfil their role of scrutinising and challenging each Directorate's budgeting and spending.

(8) RESOLVED that the information contained in the Budget report and the Medium Term Financial Plan for Kent Adult Social Services, and given in response to questions put by Members, be noted, with thanks.

67. Kent and Medway Safeguarding Vulnerable Adult Committee – Draft Annual Report April 2007-March 2008
(Item B4)

(Mr Thomas-Sam, Head of Policy and Service Development, and Mrs C McKeough, Adult Protection Policy Manager, were in attendance for this and the following item)

(1) Mr Thomas-Sam and Mrs McKeough introduced the report and explained that comments made by Members today would be built into a revised draft of it. Mr Mills added that he had chaired the Kent and Medway Safeguarding Vulnerable Adults Committee for the last six years and that this was the first multi-agency report and three year strategy to be produced. In discussion, and in response to Members' questions, the following points were highlighted:-

- (a) Members welcomed the thorough, in-depth report and the fact that they were being given opportunity to have input into it;
- (b) 2009/10 would be a key year to prioritise safeguarding issues for both adults and children, as Kent would have a safeguarding inspection by CSCI in March 2009;
- (c) The number of reported incidents in West and East Kent varied because of the different market picture in East and West Kent.
- (d) Employment legislation afforded some protection to whistle-blowers but it was still difficult to maintain anonymity if a case gave rise to disciplinary or court proceedings;
- (e) Identifying and fulfilling staff's training and support needs was a very important issue, and was managed through the multi agency training strategy which includes training for all levels of staff within KASS and partner agencies and the private and voluntary sector. Training is being developed with and for people who are vulnerable to abuse to help them to protect themselves from abuse; and
- (f) Increased detail, including the above, could be included in the revised draft to make the picture more complete.

(2) RESOLVED that:-

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

- (b) Members' comments made in the meeting be taken into account when preparing the revised draft.

68. Safeguarding Adults - A Consultation on the review of the 'No Secrets' Guidance

(Item B5)

(1) Mr Thomas-Sam and Mrs McKeough introduced the report and explained that No Secrets was a multi-agency consultation and KCC's views would form part of a multi-agency response to it. In discussion, and response to questions raised by Members, the following points were highlighted:-

- (a) KCC offers to pay for CRB checks to ensure that clients employing staff directly could be confident of engaging care staff who were not known to have committed a relevant offence and who have not been banned from working with vulnerable adults;
- (b) It could be difficult for some vulnerable adults to recognise if they were being abused if they had previously lived in and become used to an institutional environment or a regime of relatively low care standards;
- (c) Although No Secrets was a multi-agency initiative, GPs had historically proved difficult to engage, and certainly a very low rate of referrals had been received from GPs. Mr Mills said this situation had improved in recent years, although there was still some improvement needed;
- (d) Members expressed concern that investigations into allegations of abuse needed to be both objective and very thorough;
- (e) In cases where a client was found to be in a neglected or abused state, KASS should ask the client's GP why he or she had not referred the person to KASS, and the case should be thoroughly followed up once identified; and
- (f) Self directed support and personalised budgets included help for clients to manage budgets effectively and guard themselves and their funds against potential financial abuse.

(2) RESOLVED that the information in the report, and given in response to Members' questions, be noted, with thanks.

69. Equalities In Kent Adult Social Services - Annual Report

(Item B6)

(Mrs J Hughes, Director of Commissioning and Provision, East Kent and Mr K Wyncoll, Equalities Manager, were in attendance for this item with Mr Magba-Kamara, Equalities and Diversity Manager)

(1) Mrs Hughes and Mr Wyncoll introduced the newly appointed Equalities and Diversity Manager for KASS, Mr Magba-Kamara to the Committee. In discussion and in response to questions put by Members, the following points were highlighted:-

- (a) KASS currently scored at Level 3 of the Equality Standard for Local Government and was aiming for 'Excellent' in the new framework. Inspections had found evidence of much good practice, for example project work for hard of hearing people with mental health issues, the Diversity in Care initiative in Ashford and much work undertaken for Black History month. Although the Directorate had scored well, officers emphasised that KASS was not complacent and there was still much to do;
- (b) The Directorate's key priorities for 2009/10 were addressing equalities in race, disability and gender, including the recruitment and retention of more disabled staff;
- (c) KASS was the only directorate to complete Equality Impact Assessments (EIAs) on all its services, having examined a total of 260 policies;
- (d) Members welcomed KASS's score of Level 3 and acknowledged that KASS was always in the lead in equalities issues;
- (e) Members highlighted the problems of gathering full and reliable data on equalities issues as some staff did not disclose information when asked to complete voluntary questionnaires. This applied in KASS as well as other directorates. Shortage of data would inevitably make it difficult to monitor the Directorate's performance against equality and diversity targets;
- (f) Members expressed the view that the collection of data, particularly on race and ethnicity, should take account of how people saw themselves. For example, some people who appeared to be from black and minority ethnic (BME) communities but who had settled two or three generations ago may no longer see themselves as BME and may be offended by questions about their race and ethnicity; and
- (g) Equality Impact Assessments (EIAs) were necessarily an ongoing process, and KASS had asked another local authority to contribute an independent view to its EIA process. No view was ever received, however, so to ensure an independent view in future it would be prudent to put in place a contingency plan.

(2) RESOLVED that the information given in the report, and in response to Members' questions, be noted, with thanks.

70. Directorate Risk Register

(Item B7)

(Mr N Sherlock, Performance and Monitoring Manager, and Ms E Matthews, Policy Officer, were in attendance for this item)

(1) Mr Sherlock and Ms Matthews introduced the report and updated the figures on page 123 of the Committee papers from 10 to 11 risks; 6 medium and 5 high risk. This illustrated the changing nature of risk and the constant need to update

information. In discussion, and in response to questions put by Members, the following points were highlighted:-

- (a) KASS had the highest risk area of all KCC directorates and was responsible for six out of the top ten risks on the KCC's Corporate Risk Register;
- (b) Mr Mills emphasised that he accepted the importance of managing risk in the Directorate and emphasised that risk was not necessarily a bad thing, but needed to be understood and mitigated;
- (c) It was acknowledged and agreed that once a risk had been identified, it became controllable.

(2) RESOLVED that the information in the report and given in response to Members questions be noted with thanks.

71. Update on Select Committee Work
(Item C1)

RESOLVED that:-

- (a) the information in the report be noted; and
- (b) any suggestions for Select Committee Topic Reviews for inclusion in 2009/10 Work Programme be submitted to the Democratic Services Officer for submission to the Policy Overview Co-ordinating Committee at its meeting on 28 April 2009.

Public Health, Social Care and prevention - making it happen

Meradin Peachey
Director of Public Health

&

Michael Thomas-Sam
Head of Policy and Service
Development

15 January 2009

Kent Adult Social Services and Kent Department of Public Health

Public Health has two main elements that include:

- Health and Social Care Planning incorporating service planning, clinical effectiveness and research, audit and evaluation
- Health promotion including improving health and reducing inequalities

**Public Health is always delivered in partnership
and Adult Social Services is a natural partner in
promoting the health and wellbeing of the
population**

Public Health is based on evidence of the health of the population that:

- Highlights the priorities for intervention
- Demonstrates what interventions work

All organisations including KCC and KASS hold valuable information about the health and wellbeing of the population

Together this information should inform the planning, service redesign and commissioning processes and the resource allocation of the various organisations involved

The Kent Public Health Observatory

KPHO brings all these contributions together to enable comprehensive analysis to be applied to particular issues. The key data and information is presented in:

- **The Director of Public Health's Annual Report - 'Inequalities in Health in Kent.'**
- **The Joint Strategic Needs Assessments - including: Adults, Mental Health, Children and Maternity Services so far.**

The priorities identified are contained within the **Kent Public Health Strategy** - “Live Life to the Full” including:

- Reducing health inequalities
- More adults leading healthier lifestyles
- More older people able to live independently

and the **Kent Health Inequalities Action Plan** that includes details of the contributions made by KASS to addressing health inequalities in Kent

The **Director of Public Health’s Annual Report** also contained chapters on shared priorities such as:

- Dementia
- Diabetes
- Carers

Substantial amounts of mainstream NHS funding is directed at key public health priorities. Above and beyond this are the **“Choosing Health”** allocations

In 2008/09 these were:

- East Kent £4,007,267
- West Kent £3,300,000

Strategic Direction

Partnerships

Public Health Board

- Director of Public Health
- Director of Operations – KASS

SMT & Health

KASS SMT, Director of Public Health, Lead Commissioners PCT & Mental Health

Joint priorities framework document

Joint Commissioning Priorities - Dementia, Public Health, Urgent Care & Carers

KASS overarching objective is to support people

with particular needs to:

- Live as independently and full as possible
- Access to information, advice and services easily
- Manage their own care and support, with help where needed
- Feel part of their community, and
- Achieve their outcomes

Our health, our care, our say...

Required outcomes are;

- improve health,
- improve quality of life,
- making a positive contribution,
- exercise of choice and control,
- freedom from discrimination or harassment,
- economic well-being and
- personal dignity.

Prevention in the social care context

Definition

Prevention refers to services which delay or reduce the need for more costly intensive services.

This requires strategies and approaches which promote the quality of life of people and engagement with the community.

Prevention in the social care context

Objective

The objective of our preventative work is to help people maintain independence, stay active and reduce the need for institutional services away from their own homes.

Prevention in the social care context

Types

Primary Prevention - with relatively healthy people aims to reduce the rate of requiring services, commissioning services that promote the link between good physical health and mental well being.

Secondary Prevention - with people who already have a serious social or health problem (like stroke), the aim is to assist returning them to maximum independence and to avoid the need for residential care.

Tertiary Prevention - with people who already need round the clock care and it aims to deal with specific problems (like incontinence) so that the person does not require intensive nursing care.

KASS making connections between Public Health & Prevention

KASS direct connection with the prevention can be seen through the following:

Primary - Brighter Futures Group (BFG), Partnership for Older Peoples Project (POPPS), Benefit maximisation, mental health, voluntary sector support and Self Directed Support

Secondary - Stroke services, Falls prevention support, dementia services, assistive technology programme and day care programme

Tertiary - End of Life Care, reducing unnecessary admission to hospitals from care homes, integrated case management for people with high risk/complex needs.

KASS making connections and influencing

KASS Business Planning/Key Objectives

- World Class Commissioning with PCTs
- Choosing Health
- Voluntary sector partners
- Later Life strategy
- Silver surfers in libraries
- Using the countryside
- Home Improvement Agency
- Handy Van Schemes

Living Life to the Full

- Living at home with telecare and telehealth
- Silver surfers,
- Arts in health
- Singing for life
- Reducing isolation and depression
- Supporting carers
- Better quality of life for those with dementia
- Physical activity
- Using the countryside

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

To: Adult Social Services Policy Overview Committee –1 April 2009

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

Classification: Unrestricted

Summary: A report on the forecast outturn against budget for the third 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 Department.

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.

Third Quarter monitoring report

3. (1) The monitoring report for the third quarter for Adult Services is attached at Appendix 1 and this indicates an overall revenue pressure of £33k. 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 third quarter's position are:
- Older People is forecasting an underspend of £1,815k including the one-off release of the Deferred Payments Loan of £1,256k. The remaining balance of the Contingency held by the Managing Director (£415k) has also been released to reduce the overall Directorate position. Pressures remain within residential and nursing care despite a fall in the number of clients since September, and there are increasing numbers of people with higher needs, particularly those with some form of dementia. Although there has been higher than expected attrition in December, particularly in nursing clients, there is no certainty that this will continue for the remaining months of the year. It is therefore prudent for the current forecast variance not to assume that this level will continue. 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 714 in December, 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 £1,987k 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 646 in December which is up 11 from September. Within the December position are a number of clients who have recently transferred across from Health under Section 256 (S256) arrangements. The recent clients are part of the much larger, and nationally driven, transfer of the responsibility and funding for the commissioning of social care for adults with Learning Difficulties from the NHS to Local Authorities.

Social Service commission and pay for services and recharge the cost to Health after taking into account any client contributions. 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 will not now happen this year 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 456 in December compared with 424 in September, 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 £1,085k. The number of residential placements has increased from 207 in March to 223 in December and the number of Direct Payments clients has increased to 666 in December from 547 in March. Underspends remain against domiciliary and supported accommodation as the anticipated increase in the number of clients against both services will not now happen this year. 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 reduced net pressure of £21k as recruitment is considered for only the most essential of posts. This continued action has again helped to reduce this pressure, which stood at £150k as reported to the January POC, and the expectation is 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 £166k 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 £548k and reflects vacancy management as well as costs covered by grants/external funding.
- Although Resources is showing a significant underspend of £544k. 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 income position is also skewed by the 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. The Directorate is expecting additional 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 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 quarter three position indicates a potential underspend in the capital programme of £732k, however we will be seeking approval to re-phase this into future years. Pressures identified against Broadmeadow, Guru Nanak and the Mental Health Single Capital Pot have been off-set by underspends elsewhere, primarily within the Modernisation of Assets and Public Access pots.

Recommendations

4. (1) Members of the Policy Overview Committee are asked to NOTE and COMMENT on the projected outturn figures for the Directorate as at the third quarter.

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

KENT ADULT SOCIAL SERVICES DIRECTORATE SUMMARY JANUARY 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, including the consolidation of the Kent Public Services Network budget from directorates to Corporate IS in the Corporate Support & External Affairs portfolio.

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	87,902	-29,891	58,011	323	-331	-8	Demographic and placement pressures offset by one-off release of loan and additional income
- Nursing Care	42,753	-18,982	23,771	428	-523	-95	Demographic and placement pressures offset by one-off release of loan and additional income
- Domiciliary Care	46,080	-10,461	35,619	-1,840	758	-1,082	Reducing clients but more intensive packages
- Direct Payments	4,042	-327	3,715	-193	-46	-239	Low unit cost/activity
- Other Services	21,272	-5,627	15,645	-20	-371	-391	Balance of Managing Director's Contingency to offset overall pressure, additional spend on OTs/ICES part funded by PCTs
Total Older People	202,049	-65,288	136,761	-1,302	-513	-1,815	
People with a Learning Difficulty:							
- Residential Care	62,104	-9,946	52,158	4,139	-1,819	2,320	Demographic and placement pressures offset by additional income
- Domiciliary Care	5,972	-696	5,276	696	-165	531	Demographic pressures
- Direct Payments	3,997	-49	3,948	842	-23	819	Demographic pressures
- Supported Accommodation	7,247	-593	6,654	-1,321	-335	-1,656	Less than expected activity
- Other Services	19,147	-1,970	17,177	-123	96	-27	Balance of Managing Director's Contingency to offset overall pressure
Total People with a LD	98,467	-13,254	85,213	4,233	-2,246	1,987	

Table 1 continued

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	1,740	-602	1,138	Demographic and placement pressures offset by additional income
- Domiciliary Care	8,039	-689	7,350	-454	202	-252	Less than expected activity
- Direct Payments	5,712	-247	5,465	428	-34	394	Demographic pressures
- Supported Accommodation	604	-59	545	-304	59	-245	Less than expected activity
- Other Services	5,515	-972	4,543	430	-380	50	Balance of Managing Director's Contingency to offset overall pressure, additional spend on OTs/ICES part funded by PCTs
Total People with a PD	30,767	-3,616	27,151	1,840	-755	1,085	
All Adults Assessment & Related	35,778	-1,596	34,182	263	-242	21	Pressure of increments, low turnover and increasing numbers of referrals/assessments offset by one-off contributions from Health
Mental Health Service							
- Residential Care	6,441	-948	5,493	384	38	422	Forecast activity in excess of affordable level
- Domiciliary Care	874	0	874	131	0	131	Forecast activity in excess of affordable level
- Direct Payments	234	0	234	44	0	44	
- Supported Accommodation	303	-62	241	-3	0	-3	
- Assessment & Related	10,084	-854	9,230	-597	-7	-604	Vacancy management
- Other Services	6,322	-881	5,441	-153	-3	-156	Balance of Managing Director's Contingency to offset overall pressure
Total Mental Health Service	24,258	-2,745	21,513	-194	28	-166	
Supporting People	32,957	0	32,957	-29	0	-29	
Gypsy & Traveller Unit	628	-279	349	44	-8	36	
People with no recourse to Public Funds	100	0	100	-20	0	-20	
Strategic Management	1,407	0	1,407	10	0	10	
Policy, Performance & Quality Assurance	6,512	-307	6,205	-548	16	-532	Vacancy management
Resources	14,618	-392	14,226	-446	-98	-544	Release from reserve, write back of debtor
Specific Grants	0	-35,111	-35,111	0	0	0	
Total Adult Services controllable	447,541	-122,588	324,953	3,851	-3,818	33	
Assumed Management Action				-33		-33	
Forecast after Mgmt Action				3,818	-3,818	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

With an overall residual pressure of only £33k now forecast, this is effectively a balanced budget position for KASS, although within this are a number of issues that will continue into the medium term, primarily demographic pressures within services for people with learning and physical disabilities but these are largely offset by underspends elsewhere.

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 £1,815k, 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 £323k 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 2,831 in December. In terms of client weeks the forecast assumes 229 weeks more than is affordable at a cost of £86k. 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 £374.22 per week against an affordable figure of £371.60 which has resulted in a pressure of £417k. This pressure reflects the increasing number of clients with dementia that the Directorate is contending 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 £32k resulting from activity levels which are higher than afforded in the budget. There is also an over-recovery in income of £217k as the budget assumed an average client contribution of £136.18 per week yet the latest forecast assumes £137.54 per week.

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.

The forecast against Preserved Rights has reduced to an underspend of £79k because of increased attrition which is over and above that assumed in the budget.

In house residential provision is showing a pressure of £302k 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). There is also a pressure of £225k on the Integrated Care Centres, £50k of which relates to a provision for potential additional TUPE costs which are being negotiated with the service provider and £175k relating to increases in unitary charges and general running costs, including linen and laundry.

b. Nursing Care

There is an overspend of £428k 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 1,391 in September to 1,364 in December because of higher than expected attrition. However since there is no certainty that this high level of attrition will continue it seems prudent for the current forecast variance to not assume that this level will continue. This position will therefore be reviewed again next month. The forecast is assuming 2,937 weeks more than budget. The cost of these extra weeks is £1,334k. As with residential care there have been additional non-permanent/respite placements to assist clients to remain within their own homes. The unit cost is also forecast to be higher than budget, £454.13 instead of £453.77, which increases the pressure by £27k. The additional activity has resulted in increased income of £794k.

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.

There is currently an underspend of £271k 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 £1,840k. The number of clients receiving packages of care from an independent sector provider continues to show a downward trend for the year with the figure standing at 6,506 at the end of December. This is a drop from 6,739 in March, 6,696 in June but an increase on September's figure of 6,335. As a result of this downward trend the forecast assumes 80,064 hours less than the budget, a saving of £1,183k. The forecast unit cost is slightly more expensive than affordable, at an additional cost of £79k. 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 £736k.

The reduced level of activity has meant a corresponding under-recovery in income of £758k.

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 – 714 in December compared to 694 in September, 626 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 £193k.

e. Other Services

The position is an underspend of £20k against the gross budget with an over-recovery against income of £371k. Within the gross position is a pressure of £505k against OT/Integrated Community Equipment Store (ICES) although £400k of this is covered by additional contributions from Health. Although realignment of gross and income has been considered it has not been requested because the forecast remains subject to changes throughout the year. The KASS overspend relates to additional OT equipment to meet waiting time targets. However the overall gross pressure is suppressed by the £415k release of the remaining balance of the Contingency held by the Managing Director to offset the overall pressure within the Directorate. There are also small variances, both over and under, against the remaining services, including meals, payments to voluntary organisations, and in-house day care.

1.1.3.3 People with a Learning Difficulty:

Overall the position for this client group is a net pressure of £1,987k. 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

The overall forecast for residential care, including preserved rights clients, is an overspend on gross of £4,139k partially offset by over recovery of income of £1,819k, giving a net pressure of £2,320k. Details of the individual pressures and savings contributing to this position are provided below.

Although the number of clients reduced from 633 in March to 623 in June, this figure has since increased to 635 in September and now 646 in December. Within this are a number of clients who have recently transferred across from Health under Section 256 (S256) arrangements. S256 of the NHS Act 2006 replaces Section 28a of the NHS Act 1977 which provides the legislative basis for PCTs to transfer funding to Local Authorities. In excess of 10 years ago a S28a agreement was arranged to fund services for a range of individuals with Learning Difficulties. In practice, Social Services commission and pay for services and recharge the cost to Health after taking into account any client contributions. These clients are not showing significant variances as over time the cash limits for both gross and income have been adjusted to account for them. Although realignment of gross and income has been considered for the recent S256 clients it has not been requested because the forecast remains subject to changes as more clients are transferred from Health throughout the year. The recent clients are part of the much larger, and nationally driven, transfer of the responsibility and funding for the commissioning of social care for adults with Learning Difficulties from the NHS to Local Authorities. Currently the S256 agreement is being modified to ensure that KASS recovers all of its costs up to the end of 2010/11. From 2011/12 funding will be removed from the NHS and will be paid directly to Local Authorities.

The new S256 clients have added £510k of costs, offset by £499k of income from Health and £11k of client contributions. The increase in clients, including S256, means that the forecast assumes 2,953 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 £3,153k (£510k new S256 clients and £2,643k other clients). The forecast unit cost is also above the affordable level which adds £214k to the position. The additional activity has resulted in an over-recovery of income of £1,435k, of which £510k relates to S256 clients fully funded by Health and client contributions, with the remaining £925k resulting from increased activity

The combined position for Preserved Rights clients (both pre and post 2002) is also a pressure on gross of £607k although £182k of this relates to S256 clients transferred from Health. These new clients combined with lower than expected attrition means that there are 787 more client weeks than budgeted for at a cost of £649k (£182k new S256 clients and £467k other clients). The unit cost is slightly less than affordable which reduces the pressure by £42k. Also there is additional income from this extra activity of £384k, including £182k for S256 clients.

As with Older People, in house residential provision is showing a pressure of £165k 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 £696k is partially offset by additional income of £165k resulting from the increased activity. The forecast for services provided through the independent sector assumes 22,735 hours more than is affordable, which with a cost per hour of £12.02 means a pressure of £273k. However the cost per hour is actually 33p less than affordable so when applied to affordable hours of 326,543 there is actually a saving of £108k. 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 £537k.

c. Direct Payments

Client numbers have increased from 338 in March, 365 in June and 424 in September to 456 in December which is significantly above the affordable level of 360 clients. This budget is therefore showing a pressure of £842k on gross expenditure with a small over-recovery on income of £23k.

d. Supported Accommodation

Although, as with residential, there has been some transfer of clients from Health into Supported Accommodation under S256 arrangements the overall position is an underspend on gross expenditure of £1,321k. It should be noted that budget was previously increased greatly to support expected growth in these services which has not happened as yet. As with the residential position reported above, within this forecast is £446k of costs relating to clients which have recently transferred from Health under S256 arrangements. The forecast assumes 2,057 weeks less than affordable, even including the new S256 clients, resulting in a saving of £1,010k (+£446k new S256 clients and -£1,456k other clients). The forecast unit cost is also below the affordable level which reduces the position by a further £324k. The majority of the costs of S256 are recharged to Health although there are some additional client contributions, and in this case £428k has come from Health with a further £18k of client income. However the low level of activity elsewhere has resulted in an under-recovery in income of £111k, which therefore means that overall this budget is over-recovering on income by £335k.

Although realignment of gross and income has been considered for the S256 clients it has not been requested because the forecast remains subject to changes throughout the year.

e. Other Services

There is an underspend on gross of £123k 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. There are variances against the remaining services including supported employment, Learning Disability Development Fund and payments to voluntary organisations, although the previously reported pressure against in-house day services has been addressed through the application of management action/good financial practice.

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 £1,085k.

a. Residential Care

This line is forecasting a pressure against gross expenditure of £1,740k. Client numbers have increased from a figure of 207 in March to 214 in September 223 in December and overall the forecast assumes 1,703 weeks of care above the affordable level. The additional cost of these weeks is £1,453k. The additional activity has resulted in an over-recovery income of £527k. The unit cost is also forecast to be £853.07 per week as opposed to the £823.38 assumed within the budget, and this adds £315k.

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 £132k against gross expenditure. There is also currently an overspend of £77k

against Registered Nursing Care Contributions with an identical over-recovery of income which is based on the latest estimates of client activity.

b. Domiciliary Care

The forecast is for an underspend of £454k on gross and an under-recovery in income of £202k. The adjusted budget gives an affordable level of activity which is currently in excess of actual demand.

c. Direct Payments

This budget is currently forecasting a pressure of £428k, with a small over-recovery of income. The number of clients has increased from 547 in March, 586 in June and 620 in September to 666 in December, which is 90 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 to support expected growth in these services which has not happened as yet.

e. Other Services

The current forecast is a pressure of £430k on gross, of which £490k relates to OT/ICES, although £396k of this is covered by additional contributions from Health. The KASS overspend relates to additional OT equipment to meet waiting time targets. Also within the gross pressure 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, 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 £263k, with an over-recovery in income of £242k. The pressure has been managed down through the year as a result of holding recruitment to all non-essential posts. 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.

1.1.3.6 **Mental Health Service:**

The overall position for Mental Health is an underspend of £166k.

a. Residential Care

Although this budget continues to report a significant pressure of £384k against gross expenditure there has been a significant improvement in the position over the course of the year. The number of clients has dropped from 270 in September to 261 in December. The application of good financial practice and delaying planned placements has reduced this pressure which stood at £648k in Quarter 2. Where appropriate, specialist resettlement teams will continue to work to get clients out of residential care and into the community. The remaining £384k pressure 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.

b. Domiciliary Care

This line is forecasting a pressure of £131k 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 £597k on gross expenditure is being forecast which in part results from vacancy management but also from difficulties in recruiting qualified social work staff. Savings also accrue from difficulties experienced in recruiting to senior positions for joint health/social care posts.

d. Other Services

The current forecast is an underspend of £153k 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.

1.1.3.7 Policy, Performance & Quality Assurance:

The gross budget is estimated to underspend by £548k 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 £446k 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 £262k of the provision to offset the overall revenue pressure within the Directorate.

The current income position is an over-recovery of £98k. 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. We are also expecting to over-recover on income by £323k across a number of budget lines. This includes additional 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
(shading denotes that a pressure/saving has an offsetting entry which is directly related)

Pressures (+)			Underspends (-)		
portfolio		£000's	portfolio		£000's
KASS	LD Residential gross - activity in excess of affordable level in independent sector placements (excl new S256 clients)	+2,643	KASS	LD Supported Accommodation gross - activity below affordable level	-1,456
KASS	PD Residential gross - activity in excess of affordable level in independent sector placements	+1,453	KASS	Older People Domiciliary gross - reduction in hours in independent care	-1,183
KASS	Older People Nursing gross - activity in excess of affordable level in independent sector placements	+1,334	KASS	LD Residential income - additional income resulting from additional activity (excl new S256 clients)	-925
KASS	LD Direct Payments gross - activity in excess of affordable level	+842	KASS	Older People Nursing income resulting from additional activity	-794
KASS	Older People Domiciliary income - under-recovery of income due to lower activity	+758	KASS	Older People Domiciliary gross - reduction in in-house hours	-736
KASS	LD Domiciliary gross - pressure against Independent Living Scheme	+537	KASS	Older People Residential gross - release of Deferred Payments Loan from DoH	-628
KASS	LD Residential gross - new S256 clients	+510	KASS	Older People Nursing gross - release of Deferred Payments Loan from DoH	-628
KASS	OP Other Services gross - additional OT/ICES costs	+505	KASS	MH Assessment & Related gross - vacancy management	-597
KASS	PD Other Services gross - additional OT/ICES costs	+490	KASS	PPQA gross - vacancy management	-548
KASS	LD Residential gross - Preserved rights increased activity due to lower attrition (excl new S256 clients)	+467	KASS	PD Residential - additional income through additional activity	-527
KASS	LD Supported Accommodation gross - new S256 clients	+446	KASS	LD Residential income - new S256 clients	-510
KASS	PD Direct Payments gross- activity in excess of affordable level	+428	KASS	PD Domiciliary gross - activity below affordable level	-454
KASS	Older People Residential gross - pressure relating to change in unit cost in independent sector placements	+417	KASS	LD Supported Accommodation income - new S256 clients	-446
KASS	MH Residential gross - tfr of clients to supported accommodation not yet happened	+384	KASS	Older People Other Services gross - release of the balance of the Managing Director's contingency	-415
KASS	PD Residential gross - pressure relating to change in unit cost of independent sector placements	+315	KASS	OP Other Services income - additional OT/ICES funding from health	-400
KASS	Older People Residential gross - in house provision staffing costs	+302	KASS	PD Other Services income - additional OT/ICES funding from health	-396
KASS	LD Domiciliary gross - activity in excess of affordable level	+273	KASS	LD Supported Accommodation gross - difference in unit cost	-324
KASS	Older People Nursing income - under recovery of income due to lower RNCC activity	+271	KASS	Resources income - additional contributions	-323
KASS	All Adults Assessment & Related Gross - staffing pressures	+263	KASS	PD Supported Accommodation gross - activity below affordable level	-304
KASS	Resources income - write back of PFI debtor	+225	KASS	Resources gross - release of Supporting People reserve to fund PFI legal costs	-300

Pressures (+)			Underspends (-)		
portfolio		£000's	portfolio		£000's
KASS	LD Residential gross - pressure relating to change in unit cost of independent sector placements	+214	KASS	Older People Nursing gross - RNCC activity below affordable level	-271
KASS	PD Domiciliary income - under-recovery of income due to lower activity	+202	KASS	LD Other Services gross - release of the balance of the Managing Director's contingency	-264
KASS	LD Residential gross - Preserved Rights new S256 clients	+182	KASS	Resources gross - release of client billing provision	-262
KASS	Older People Residential gross - Intergated Care Centres increased unitary charges and running costs	+175	KASS	All Adults Assessment & Related one-off income from Health	-242
KASS	LD Residential gross - in house provision staffing	+165	KASS	Older People Residential income - difference in unit cost	-217
KASS	MH Domiciliary gross - activity in excess of affordable level	+131	KASS	LD Residential income - Preserved rights increased activity due to lower attrition (excl new S256 clients)	-202
KASS	LD Supported Accommodation income - under-recovery of income due to lower activity	+111	KASS	Older People Direct Payments gross - lower unit cost & activity	-193
			KASS	LD Residential income - Preserved Rights new S256 clients	-182
			KASS	LD Domiciliary income resulting from additional activity	-165
			KASS	PD Residential gross - Preserved Rights increased attrition	-132
			KASS	Learning Domiciliary gross - change in unit cost in independent sector	-108
		+14,043			-14,132

1.1.4 Actions required to achieve this position:

The forecast pressure stands at £33k and this has been significantly reduced over the course of the year through the application of Good Financial Practice. 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.

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 remaining £33k 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 capital cash limits have been adjusted to reflect the position reflected in the 2009-12 MTP as agreed by County Council on 19 February 2009. However, these differ from the cash limits shown in 2009-10 Budget Book, as the cash limits reflected in this report only include those projects starting in the current or previous years, whereas the cash limits in the 2009-10 Budget Book also include projects due to start in future years of the 2009-12 MTP.

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

	Prev Yrs Exp £000s	2008-09 £000s	2009-10 £000s	2010-11 £000s	Future Yrs £000s	TOTAL £000s
Kent Adult Social Services portfolio						
Budget approved at Cty Council	11,602	6,421	8,785	4,621	5,341	36,770
Adjustments:						
-						0
-						0
						0
Revised Budget	11,602	6,421	8,785	4,621	5,341	36,770
Variance		-732	118	614		0
split:						
- real variance						0
- re-phasing		-732	+118	+614		0
Real Variance		0	0	0	0	0
Re-phasing		-732	+118	+614	0	0

1.2.3 Main Reasons for Variance

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 £'000s	Approval to Spend £'000s	Approval to Plan £'000s	Preliminary Stage £'000s
Overspends/Projects ahead of schedule						
KASS	Broadmeadow	real		+417		
			0	+417	0	0
Underspends/Projects behind schedule						
KASS	Modernisation of Assets	real	-417			
KASS	Flexible & Mobile Engagement	phasing		-389		
			-417	-389	0	0
			-417	+28	0	0

1.2.4 Projects re-phasing by over £1m:

KASS Directorate has no projects which are rephasing in excess of £1m.

1.2.5 Projects with real variances, including resourcing implications:Broadmeadow

Following the outcome of mediation with the contractors, it is expected that KASS will be left with a pressure of £0.417m on the Broadmeadow project. It is proposed to fund this pressure by a corresponding under-commitment on the Modernisation of Assets programme.

Guru Nanak

Due to the discovery of asbestos at the reprovision site, KASS are currently forecasting a pressure of £0.140m on the Guru Nanak reprovision project. It is proposed that this will be funded by an under commitment on the Public Access development project.

Mental Health Single Capital Pot.

KASS are forecasting a pressure of £0.019m on this project, which is related to the development of a one-stop shop in North West Kent. KASS are currently funding this pressure by an under commitment against the Public Access development project.

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?**

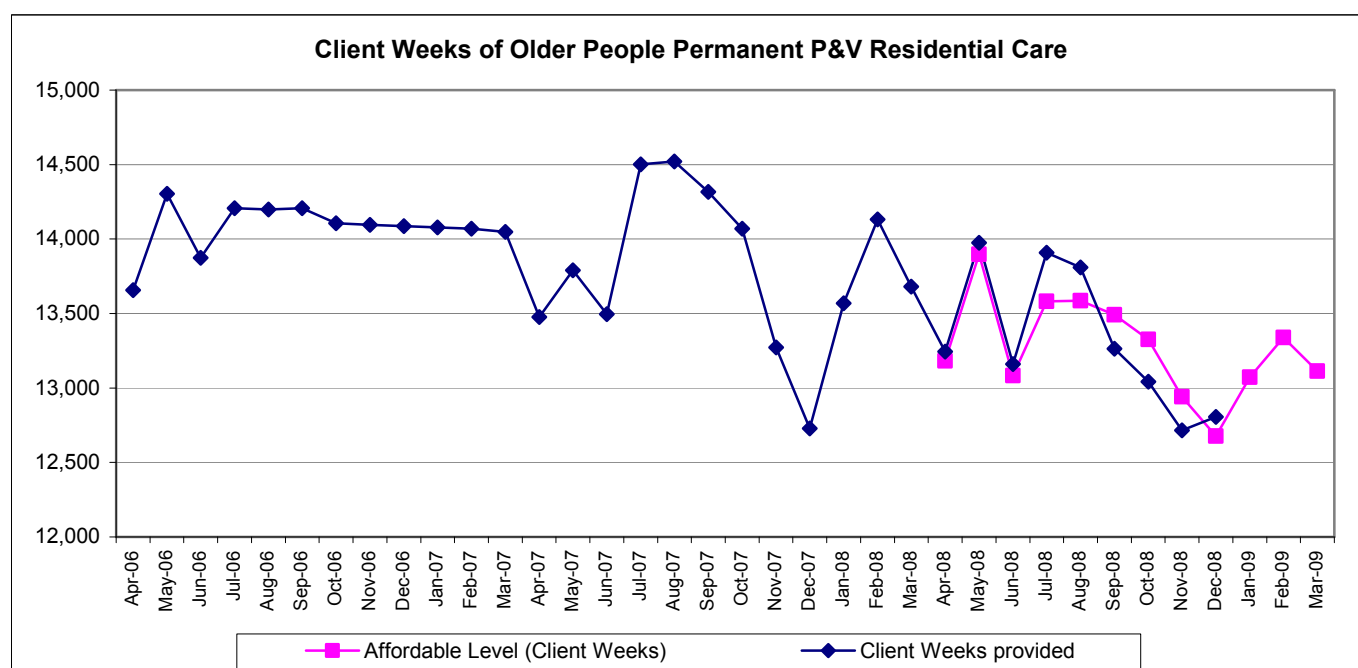
The unitary charge is not subject to indexation as the contractor has agreed to a fixed price for the duration of the contract. Deductions will be made during the contract period if performance falls below the standards agreed or if the facilities are unavailable for use.

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	13,043
November		14,095		13,273	12,941	12,716
December		14,086		12,728	12,676	12,805
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	119,924

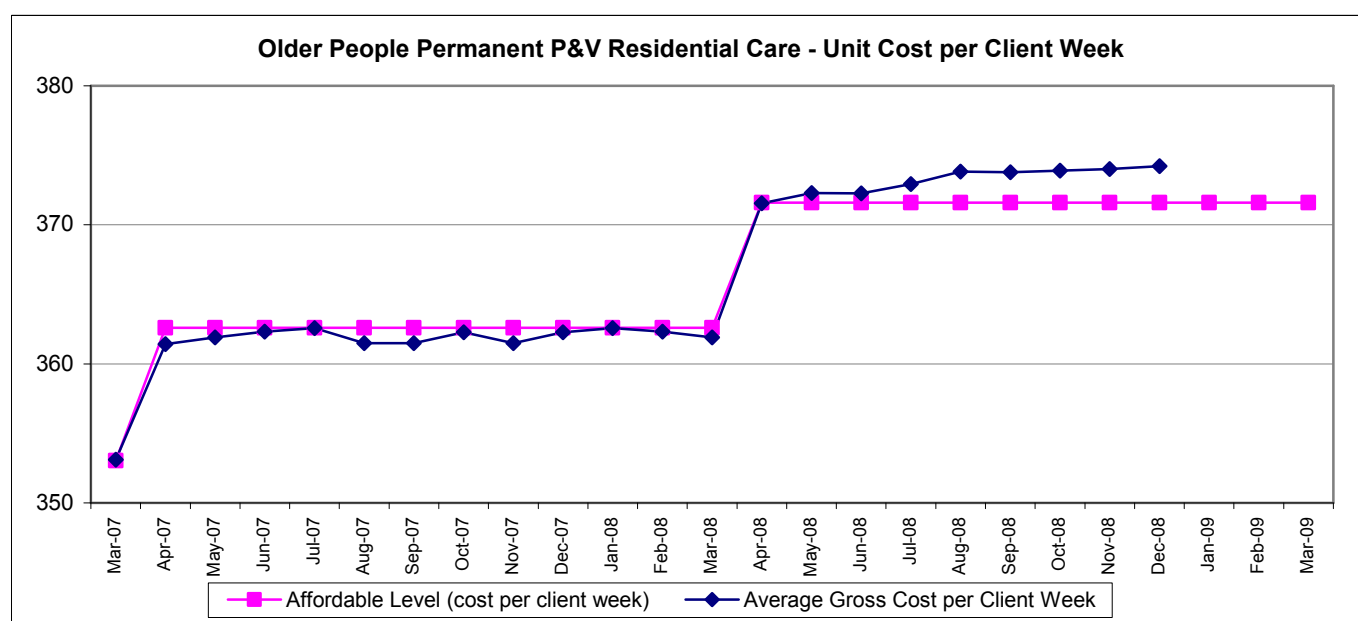


Comments:

- 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 December 2008 it was 2,831. 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 1,162 in December, whilst the other residential clients have decreased.
- The current forecast is 159,516 weeks of care against an affordable level of 159,287, a difference of 229 weeks. Using the forecast unit cost of £374.22 this additional activity adds £86k to the forecast, as highlighted in section 1.1.3.2.a.
- To the end of December 119,924 weeks of care have been delivered against an affordable level of 119,762, a difference of 162 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	373.91
November			362.60	361.50	371.60	374.01
December			362.60	362.27	371.60	374.22
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	

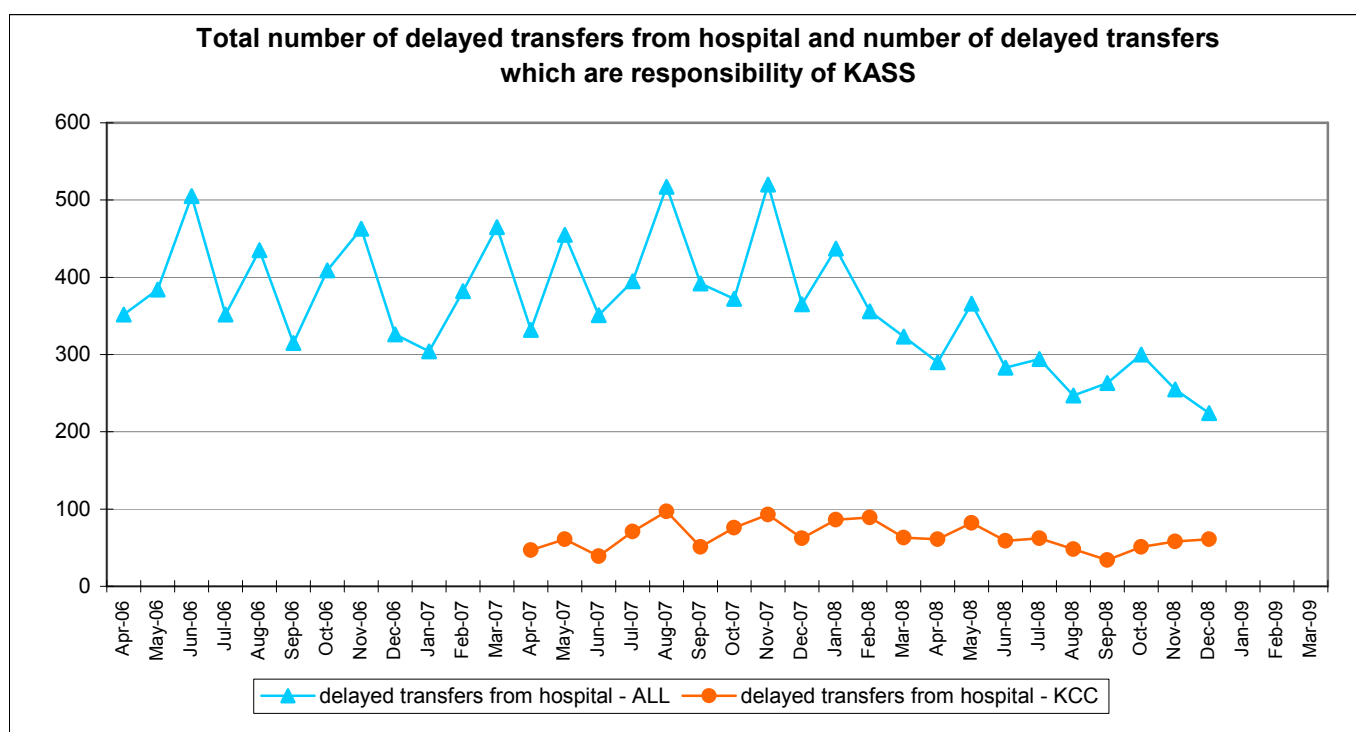


Comments:

- 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 £374.22 is higher than the affordable cost of £371.60 and this difference of £2.62 adds £417k 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	300	51
November	463		520	93	255	58
December	326		365	62	224	61
January	304		437	86		
February	382		356	89		
March	465		323	63		

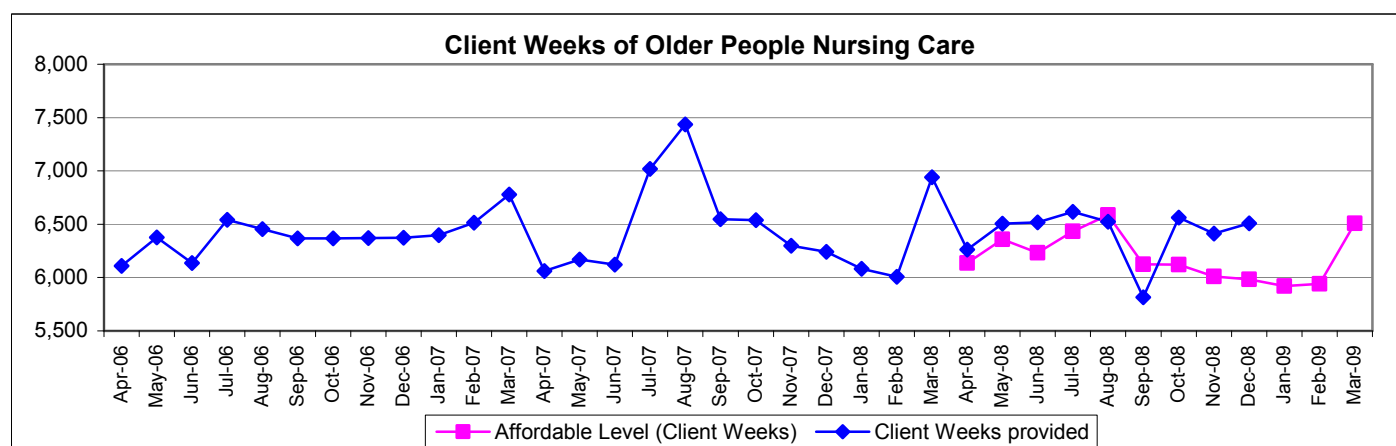


Comments:

- 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%-27% of these will be the responsibility of Social Services and trends over the last three months show an increasing trend. The number of DTCs at Medway Hospital dropped during the summer months because of seasonal trends and staffing issues. This then contributed to the rise in numbers after September.

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	6,561
November		6,371		6,298	6,009	6,412
December		6,374		6,243	5,984	6,509
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	57,725

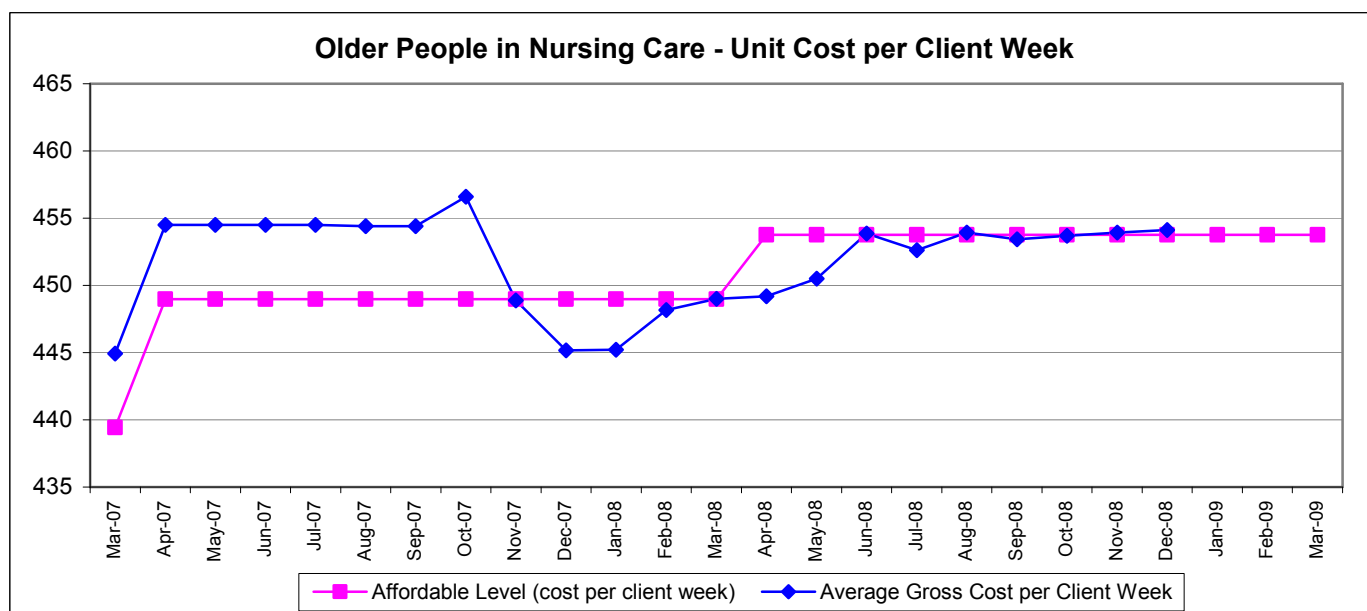


Comment:

- 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, at the end of September it was 1,391. Despite there being an increase in nursing placements in October and November, high attrition levels have decreased the numbers to 1,364 by the end of December. 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 77,288 weeks of care against an affordable level of 74,351, a difference of 2,937 weeks. Using the forecast unit cost of £454.13 this additional activity adds £1,334k to the forecast, as highlighted in section 1.1.3.2.b.
- To the end of December 57,725 weeks of care have been delivered against an affordable level of 55,983, a difference of 1,742 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	453.68
November			448.98	448.88	453.77	453.92
December			448.98	445.16	453.77	454.13
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	

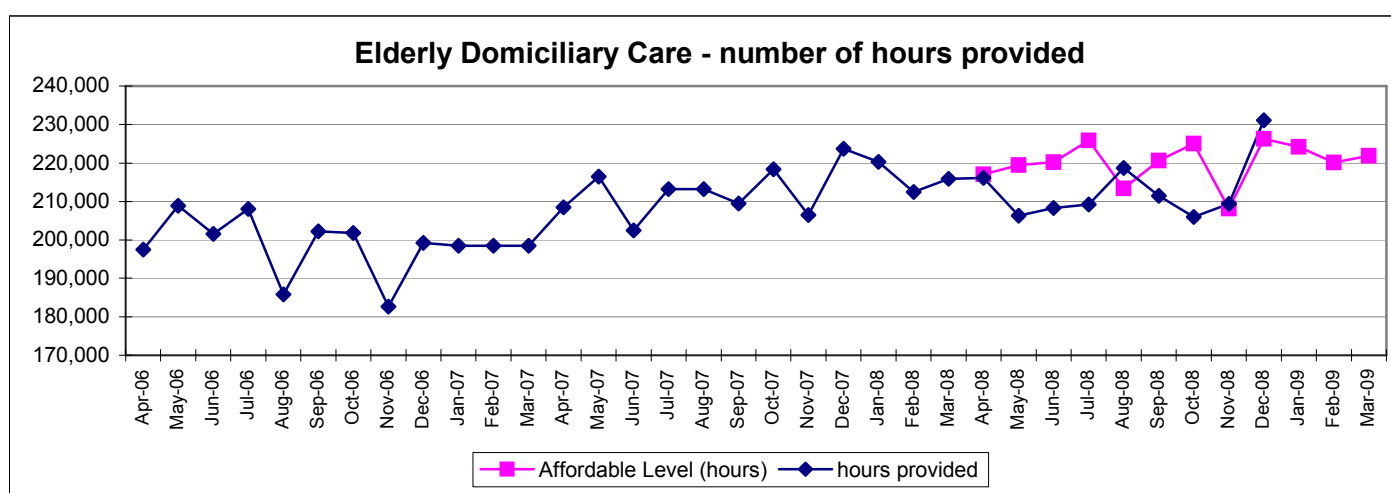
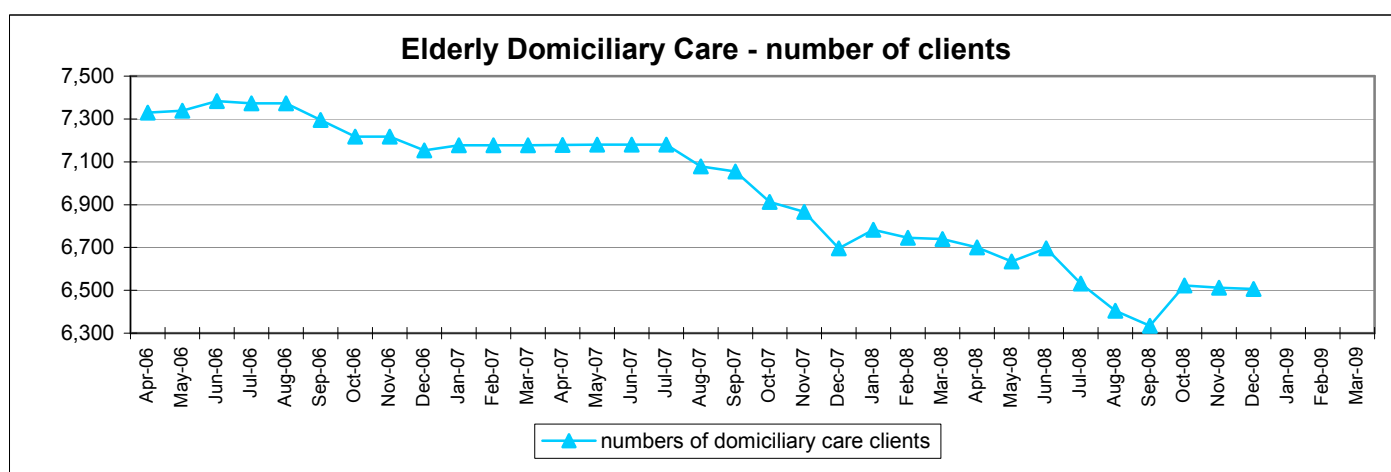


Comments:

- The forecast unit cost of £454.13 is slightly above 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 36p causes a pressure of £27k 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	206,008	6,522
November		182,608	7,218		206,465	6,866	208,175	209,395	6,512
December		199,235	7,153		223,696	6,696	226,319	231,111	6,506
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	1,938,175	



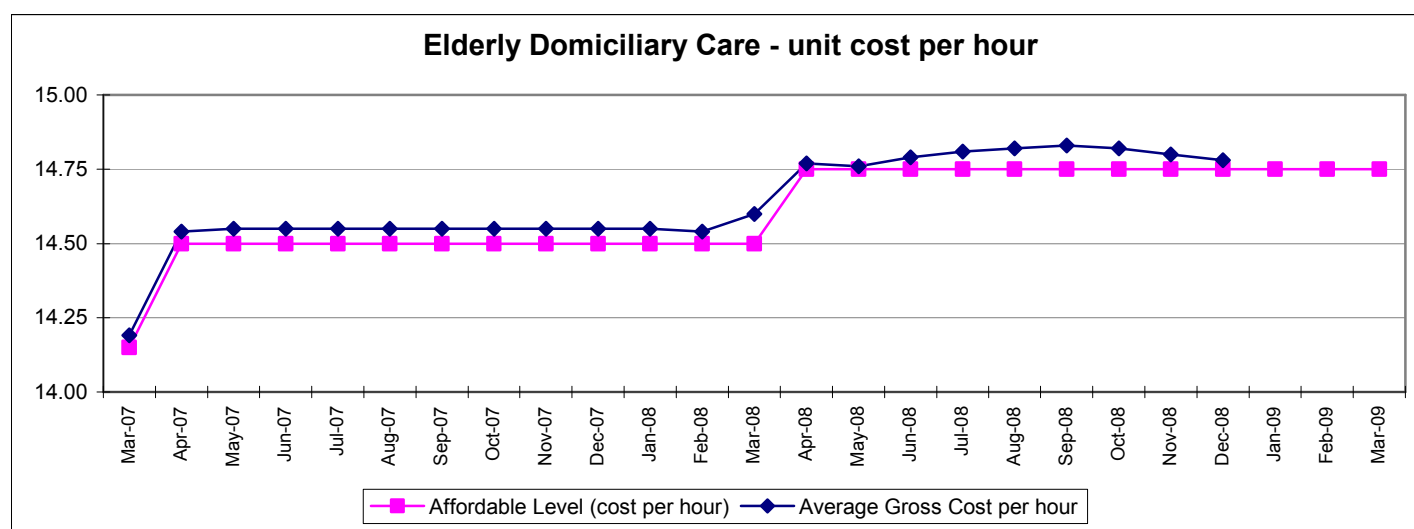
Comments:

- Figures exclude services commissioned from the Kent HomeCare Service.
- The current forecast is 2,562,355 hours of care against an affordable level of 2,642,419, a difference of 80,064 hours. Using the forecast unit cost of £14.78 this reduction in activity reduces the forecast by £1,183k, as highlighted in section 1.1.3.2.c.
- To the end of December 1,938,175 hours of care have been delivered against an affordable level of 1,976,234 a difference of 38,059 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	14.82
November			14.50	14.55	14.75	14.80
December			14.50	14.55	14.75	14.78
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	

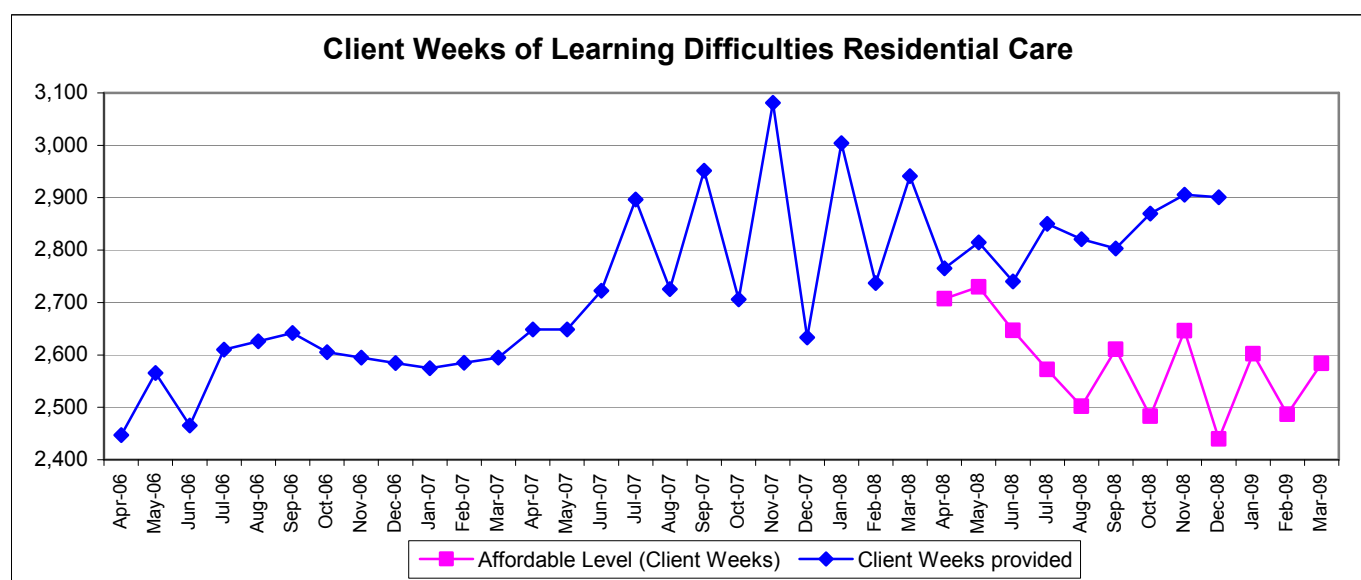


Comments:

- Average unit cost per week has increased more than inflation and is likely to reflect the same issues outlined above concerning more intense packages and higher levels of need.
- The forecast unit cost of £14.78 is slightly higher than the affordable cost of £14.75 and this difference of 3p increases the pressure by £79k 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	2,765
May		2,565		2,648	2,730	2,815
June		2,465		2,722	2,647	2,740
July		2,610		2,897	2,572	2,850
August		2,626		2,725	2,502	2,821
September		2,642		2,952	2,611	2,803
October		2,606		2,706	2,483	2,870
November		2,595		3,081	2,646	2,906
December		2,584		2,633	2,440	2,901
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	25,471

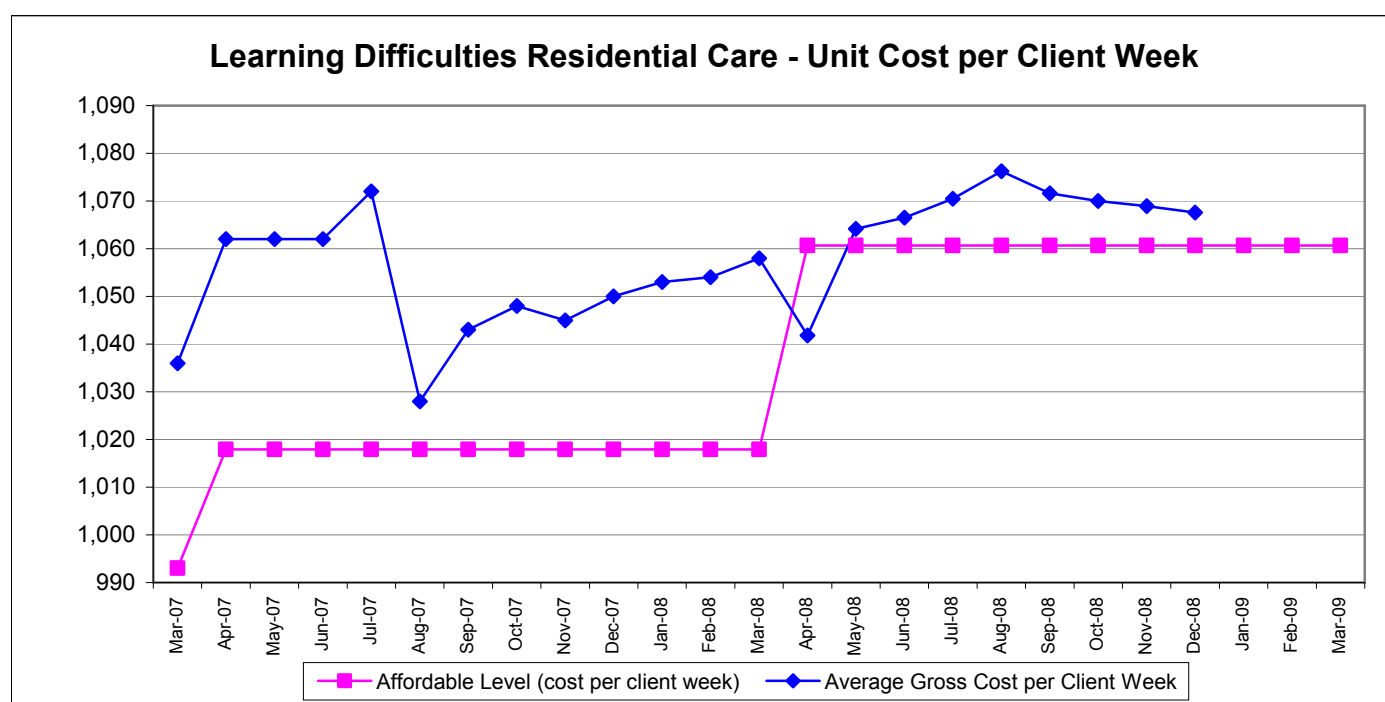


Comments:

- 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. In December, this was 646.
- The current forecast is 33,964 weeks of care against an affordable level of 31,011, a difference of 2,953 weeks. Using the forecast unit cost of £1,067.59 this additional activity adds £3,153k to the forecast, as highlighted in section 1.1.3.3.a.
- To the end of December 25,471 weeks of care have been delivered against an affordable level of 23,338, a difference of 2,133 weeks. The actual weeks for April to September have been adjusted by 180 weeks from the figures previously reported because they related to clients with a Physical Disability and were included here in error.

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	1,070.02
November			1,018.00	1,045.00	1,060.70	1,068.95
December			1,018.00	1,050.00	1,060.70	1,067.59
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	

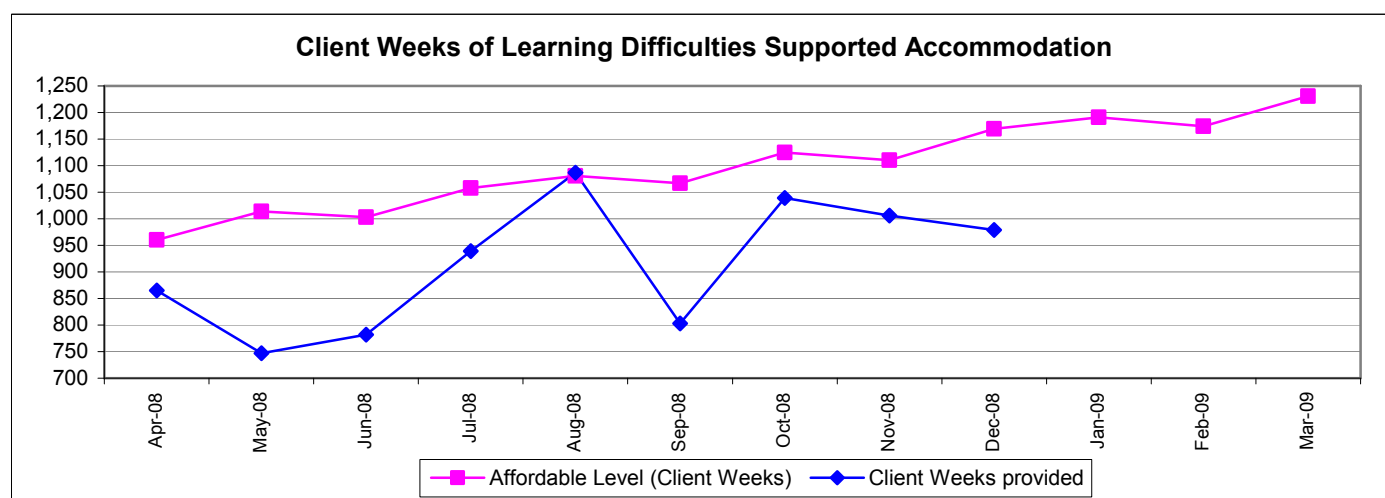


Comments:

- 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 £1,067.59 is higher than the affordable cost of £1,060.70 and this difference of £6.89 adds £214k 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	1,039
November			1,110	1,006
December			1,169	979
January			1,191	
February			1,174	
March			1,231	
TOTAL	7,618	11,156	13,183	8,247

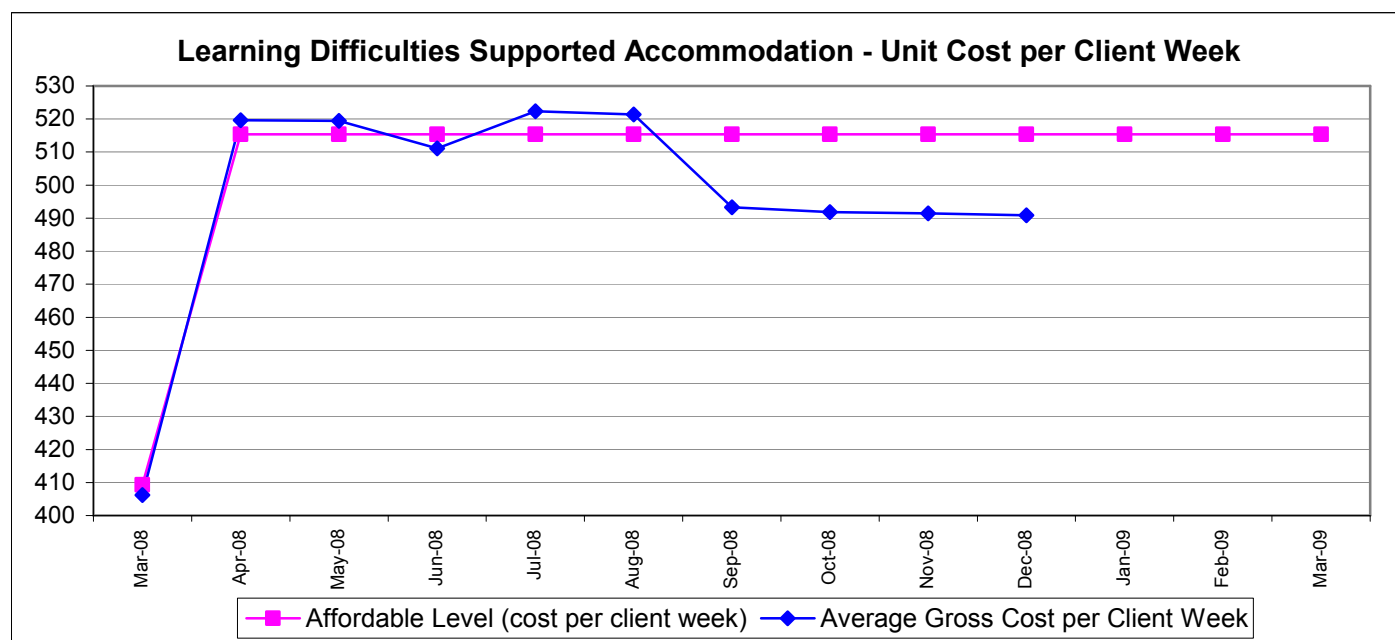


Comments:

- Supported Accommodation is a 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 and in December it was 214.
- The current forecast is 11,126 weeks of care against an affordable level of 13,183, a difference of 2,057 weeks. Using the forecast unit cost of £490.83 this reduction in activity provides a saving of £1,010k as highlighted in section 1.1.3.3.d.
- To the end of December 8,247 weeks of care have been delivered against an affordable level of 9,587, a difference of 1,340 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	491.85
November			515.41	491.47
December			515.41	490.83
January			515.41	
February			515.41	
March	409.31	406.18	515.41	

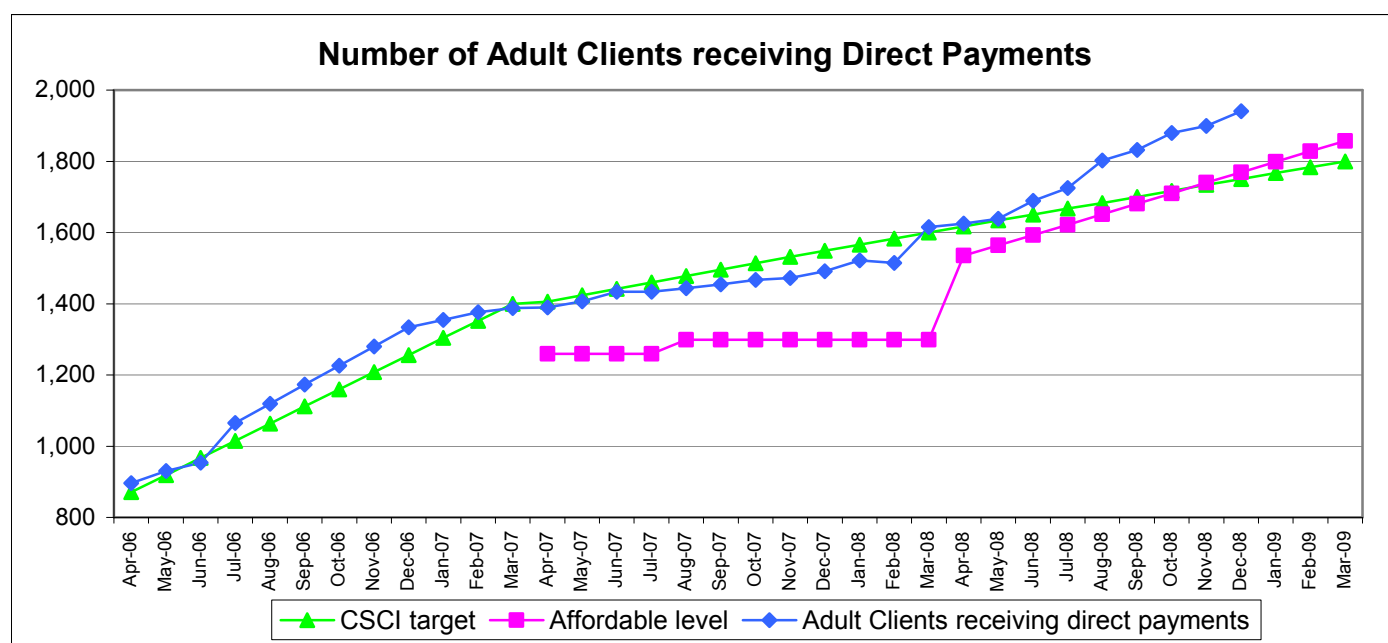


Comments:

- 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.
- The forecast unit cost of £490.83 is lower than the affordable cost of £515.41 and this difference of £24.58 provides a saving of £324k 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	1,880
November	1,208		1,280	1,532	1,299	1,472	1,734	1,740	1,899
December	1,256		1,334	1,549	1,299	1,491	1,750	1,769	1,941
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 has 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.

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

To: Adult Social Services Policy Overview Committee – 1 April 2009

Subject: **THE SUPPORTING PEOPLE PROGRAMME**

Classification: Unrestricted

Summary: This paper provides an overview of current activity in the Supporting People Programme.

Background

1. (1) Since the last report to the Adult Social Services Policy Overview Committee (ASSPOC) the Audit Commission action plan and the strategic review of older people's services has been completed. The Local Area Agreement is also a key priority, and the targets are currently being achieved. The Programme is also contributing to finding solutions to the usage of bed and breakfast for vulnerable people from a range of client groups across Kent.

(2) This report sets out the other key areas of activity and development currently underway.

The Supporting People Five Year Strategy and the Strategic Review of Investment

2. (1) The Programme is currently concentrating on preparations for the next five year strategy, which will include a strategic review of investment. There is enormous potential for all key stakeholders to take a long hard look at the Programme and determine whether or not the services that it is funding are needs led, and can be delivered within the budget that is allocated by the Communities and Local Government Department.

(2) The Programme will be holding a conference for members of the Commissioning Body, Core Strategy Development Group, the Executive Board of Providers, and the Service User Panel. There will be meetings held with the Inclusive Forums for Providers. There will be a questionnaire which will be posted on the website for key stakeholders, providers and service users. Meetings are currently being booked with providers to discuss the questionnaire prior to the end of April. There will be meetings held with Health, Housing, Probation, and Adult Social Services in June. The objective is to have an open and consultative process which will enable stakeholders to feel that they have made a real contribution to the strategy, and the way the Programme is delivered into the future.

(3) The questionnaire is trying to look at every element of current service delivery and establishing whether or not the right strategic fit is in place. The programme will also be trying to ensure that the Audit Commission's Key Lines of Enquiry are enshrined within the decision-making process that takes place in relation to finalising the strategy. The questionnaire will examine for example how services should be delivered.

Members of ASSPOC will have an opportunity to answer the questionnaire, or be interviewed as a group, or individually in relation to the questionnaire.

(4) The Five Year Strategy and the Strategic Review of Investment will need to reflect the challenging economic circumstances that the country finds itself in, and ensure that the programme is delivered within the budget that is available to the Administering Authority as efficiently and effectively as possible. Providers will need to be challenged in streamlining their costs and overheads for instance by working together.

The Strategic Review of Long-term Housing

3. (1) The Programme will be finalising the strategic review of long-term housing by the end of 2009. The strategic review of long-term supported housing is the final strategic review of the programme prior to the over-arching strategic review of investment as part of the five year strategy. The objective was to ensure that services were strategically relevant, and to ensure as far as possible equity of access and supply across the County. Consultations are currently taking place with key stakeholders in relation to the draft recommendations. The outcome of this review will be fed into the developing five year strategy for implementation. Recommendations will be presented to the Core Strategy Development Group in August, and then to the Commissioning Body in September 2009.

Service User Involvement and Consultation

4. (1) The Programme regards service user involvement and consultation as central to ensuring that service users access services that are needs led and appropriate. The Programme has relied on external agencies in the past to deliver this objective. However it was felt that until and unless an officer was based within the team, we would not be able to meet our true aspirations. To this purpose the Programme has recruited a Service User Involvement and Consultation Officer. The new officer is re-engineering the service user panel, and will be consulting with service users on the service involvement and consultation strategy. A service user charter will be delivered in consultation with service users as well.

(2) The Chairman of the Service User Involvement Panel is now a member of the Core Strategy Development Group. The representation of a service user on the Core Strategy Development Group was a key aspiration of the Audit Commission, and indeed the Programme's.

(3) The Programme is also delighted to have an ex-service user as a member of the current staff complement as a monitoring and review officer. This officer was formerly one of the Programme's service user involvement workers. These workers assist the monitoring and review officers in reviewing services. It is a great satisfaction to have seen a service user make the journey from receiving services to helping to review them, and then having sole responsibility for reviewing them.

(4) The consultation of service users will form a key element of the formulation of the next five year strategy, and the strategic review of investment. The Programme will continue to ensure that service users are involved and consulted on every element of the Programme.

Self Directed Support

5. (1) There is an expectation by the Communities and Local Government Department that Supporting People Programme evaluate their service provision in relation to Self Directed Support. Therefore as part of the wider service transformation being undertaken within Kent Adult Social Services a Supporting People Self-Directed Support Project Board has been established. The ultimate objective of the project board is to secure a pilot within a long term supported housing scheme. The outcome would be to enable service users to collectively purchase a housing related support service of their choice. The Housing Association Charitable Trust is supporting the Programme in implementing this.

Conclusion

6. (1) This has been a period of consolidation for the Programme. The Strategic Review Programme is now nearly at an end, and has made an impact on strategic commissioning within the Programme. The Audit Commission action plan has been completed. Significant progress is being made in relation to the Local Area Agreement, and service user involvement and consultation. The next major challenges are the finalisation of the five year strategy, strategic review of investment, and progressing self-directed support.

Recommendations

7. (1) Members of the Policy Overview Committee are asked to NOTE and COMMENT on the contents of this report.

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Previous Committee References:

The Supporting People Programme – Report to Adult Social Services Policy Overview Committee, 18 November 2008, Item B4.

The Supporting People Programme – Report to Adult Social Services Policy Overview Committee, 30 May 2008, Item B3.

The Supporting People Programme – Report to Adult Social Services Policy Overview Committee, 16 November 2007, Item B5

The Supporting People Programme - Report to Adult Social Services Policy Overview Committee, 24 April 2007, Item B5

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

To: Adult Social Services Policy Overview Committee – 1 April 2009

Subject: **SIX MONTH UPDATE ON PERFORMANCE 2008-09**

Classification: Unrestricted

Summary: This report updates Members on Kent Adult Social Services' performance indicators and the latest information about the assessment process in place for 2008-9.

Introduction

1. (1) The Kent Adult Social Services Directorate (KASS) has a statutory duty to provide performance information to the Department of Health on an annual basis. A wealth of information is provided via a number of statutory data returns, which produces performance indicators. In addition, the Self-Assessment Statement provides information about all aspects of our approach to strategic management, policy, service management, planning and customer care across all client groups. Regular meetings with our Commission for Social Care Inspection (CSCI) colleagues also provide the opportunity for discussion about the issues the Directorate faces and our plans to improve performance.

(2) The performance indicators are an important part of the Performance Assessment Framework, although not the whole story as explained above. They are assessed by CSCI and form part of the annual assessment cycle, which culminates in the Annual Review Meeting with the CSCI Business Relationship Manager and the Regional Director.

(3) The performance assessment cycle for 2007-08 culminated in the star rating publication, for which we received three stars for the seventh year. However, this was the last publication of the star rating as the assessment of performance for Local Authorities moves into a new phase.

The New Performance framework

2. (1) Following the publication of the white paper "Our health, our care, our say" in 2006, and the legislation and communications which followed, including "Strong and Prosperous Communities", "Local government and public involvement Act 2007" and the "putting people first" concordat, a new performance framework emerged.

(2) The framework was developed in consultation with Local Authorities, and aimed to follow the "reducing the burden" principles. As a consequence the thousands of pieces of performance information that had previously been submitted across the Local Authorities were reduced to 198 indicators. Of these, Adult Social Services have 10, although it influences many others.

(3) Although there are now only 10 performance indicators, in reality the actual amount of data that the Directorate has to submit to the Department of Health has not significantly reduced. In fact there are a couple of sets of additional data required now. One which relates to the quality of our services and the other relating to safeguarding.

(4) From April 2009, the Commission for Social Care Inspectorate will be merging with the Healthcare Commission and the Mental Health Commission to become the Care Quality Commission. This will mean that the work that KASS does will be placed within the wider health and wellbeing context: Social Care will increasingly be assessed in conjunction with health and mental health services. The assessment will be based on how the Directorate works in partnership to deliver better outcomes for the people of Kent.

(5) The exact detail of the joint assessment process for 2009/10 is yet to be confirmed.

(6) Increasingly, stronger weighting will be given through the performance assessment process to information about the quality of provision (across all sectors, private, voluntary and in-house), as well as to feedback from people receiving support.

(7) This first year will be year of transition. Although our performance indicators are different, the actual assessment process will be virtually the same as in 2007-08. Any assessment completed on KASS will feed into the Comprehensive Area Assessment in November 2009.

(8) In addition to the performance indicators, KASS will be expected to take the initiative in managing performance, and to demonstrate to inspectors how it identifies and addresses the needs of the people of Kent, rather than relying so heavily on a large number of nationally-prescribed indicators.

The new Performance Indicators

3. (1) The new performance indicators and their description can be found below. The monitoring of these indicators began for some of these indicators in April. Others started in September 2008. The Statutory requirement is for each Local Authority to produce information for all indicators by 31 May 2009, for the year 2008-2009.

(2) The Directorate has been very proactive in trying to embed these indicators, and to develop mechanisms to deliver the wider "evidence" based performance information. Our newly developed performance strategy will be the driver for delivering much of this.

(3) In addition, Kent is one of three local Authorities who are piloting a new outcome based indicator, which has been endorsed by the Department of Health.

(4) In any year that has new indicators, it is difficult to gauge how the ongoing results will compare with other Local Authorities. Kent has been working very closely with other Local Authorities to compare preliminary results to ensure that we are performing comparatively well. End of year results will be presented to the next Adult Social Services Policy Overview Committee, 15 July 2009.

Kent Adult Social Services performance indicators from April 2008		
Indicator	Title	Description
NI 125	Achieving independence for older people through rehabilitation / intermediate care	Percentage of Older people who are in their own homes three months after receiving intermediate care
NI 127	Self reported experience of social care users	User survey - satisfaction levels
NI 130	Social Care clients receiving Self Directed Support (Direct Payments and Individual Budgets)	Percentage of service users who are in receipt of a direct payment
NI 131	Delayed transfers of care from hospitals	Average number of delays per 10,000 population in a year
NI 132	Timeliness of social care assessment	Percentage of assessments that take place within 4 weeks
NI 133	Timeliness of social care packages	Percentage of care packages delivered within 4 weeks
NI 135	Carers receiving needs assessment or review and a specific carer's service, or advice and information	Percentage of service users who have a carer receiving support.
NI 136	People supported to live independently through social services (all ages)	Number of people living in their own homes per 10000 population
NI 145	Adults with learning disabilities in settled accommodation	Percentage of People with a learning disability in settled accommodation
NI 146	NI 146 Adults with learning disabilities in employment	Percentage of People with a learning disability in settled accommodation

Recommendations

5. (1) Members are asked to NOTE and comment on KASS's performance indicators for 2008-09

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Background documents: None

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

To: Adult Social Services Policy Overview Committee –
1 April 2009

Subject: **LIVING WELL WITH DEMENTIA: A NATIONAL
DEMENTIA STRATEGY**

Classification: Unrestricted

Summary: This paper outlines the main points of the above Strategy. The Strategy identifies three key areas, first, **improved awareness**, second, **earlier diagnosis and intervention**, and third, a **higher quality of care**. Attached is a table that describes the 17 key objectives together with resources information where available and some of the main actions associated with the objectives. The Kent and Medway Dementia Collaborative will be instrumental in driving the delivery of strategy across the local social and health care economy.

Introduction

1. (1) The Department of Health (DH) published the “Living well with dementia: A National Dementia Strategy” on 3 February 2009. The Strategy provides a strategic framework within which local services can deliver quality improvements to dementia services and address health inequalities relating to dementia; provide advice and guidance and support for health and social care commissioners and providers in the planning, development and monitoring of services; and provide a guide to the content of high-quality services for dementia.

(2) The purpose of the Strategy is to:

- provide a strategic quality framework within which local social care, health care, voluntary sector support and housing services can deliver quality improvements to dementia services and address health inequalities relating to dementia;
- provide advice, guidance and support for health and social care commissioners, strategic health authorities, local authorities, acute hospital trusts, mental health trusts, primary care trusts, independent providers and the third sector, and practice-based commissioners in the planning, development and monitoring of services; and
- provide a guide to the content of high-quality health and social care services for dementia to inform the expectations of those affected by dementia and their families.

(3) The purpose of this report is to inform Members of the Policy Overview Committee (POC) on the key aspects of the Strategy. The outline action plan is attached as Appendix 1. The Kent and Medway Dementia Collaborative with liaise with all the stakeholders on the implementation steps.

Policy Context

2. (1) A number of national reports and research have highlighted weaknesses in the current provision of dementia services in the UK that the Strategy seeks to address. It is known that dementia presents a huge challenge to society, currently and increasingly in the future. The current estimate is that around 700,000 people in the UK have dementia, of whom approximately 570,000 live in England.

(2) It is reported that dementia costs the UK economy £17 billion a year and, in the next 30 years, the number of people with dementia in the UK will double to 1.4 million, with the costs trebling to over £50 billion a year.

(3) The Department of Health has stated that the aim of the Strategy is to ensure that considerable improvements are made to dementia services across three key areas: **improved awareness, earlier diagnosis and intervention**, and a **higher quality of care**. The Strategy identifies 17 key objectives which, when implemented, should result in significant improvements in the quality of services provided to people with dementia and their families, promote a greater understanding of the causes and consequences of dementia.

(4) The Strategy will undoubtedly be a catalyst for change in the way that people with dementia are viewed and cared for in Kent. This is important for a number of reasons. Amongst other things, it shines a torch on raising awareness and understanding, good quality early diagnosis and intervention, good quality information for those with dementia and their carers, support and advice following diagnosis, improved community personal support services. Furthermore, there is a clear link to the implementation of the Carers and the End-of-Life Care strategies. It also calls for improvements in the quality of care in hospitals, intermediate care, housing support and housing-related services and telecare. Members should note that work is in progress to complete the Kent and Medway Dementia Strategic Needs Assessment which was one of the development areas identified in the overarching Adult Strategic Needs Assessment which was produced last year.

The Essential Summary of the Strategy

3. (1) The Strategy is divided into six chapters:

Chapter 1: Purpose and scope of the Strategy - sets out the purpose of the Strategy as well as defining what is meant by the term dementia. This chapter describes how the condition affects people with dementia and their families.

Chapter 2: The vision for services for dementia - this section deals with the DH's goal for people with dementia and their families and how they are supported live well with dementia, no matter what the stage of their illness or where they are in the health and social care system.

Chapter 3: Raising awareness and understanding – focuses on improving public and professional awareness and understanding of dementia. The aim is to improve on the stigma associated with dementia through better understanding. This should inform individuals of the benefits of timely diagnosis and care, promote the prevention of dementia, and reduce social exclusion and discrimination. It is expected that this would encourage a change in behaviour in terms of people having the confidence to seek appropriate help and support.

Chapter 4: Early diagnosis and support - this chapter is concerned with how good-quality early diagnosis and intervention for all. It calls for all people with dementia to have access to a pathway of care that delivers: a quick and competent specialist assessment; an accurate diagnosis that is sensitively communicated to the person with dementia and their families; and treatment, care and support provided as needed following diagnosis.

Chapter 5: Living well with dementia - sets out the kinds of improvement in community personal support services required. This includes the provision of a range of services to support people with dementia living. It also considers the approach to flexible and reliable services, which are responsive to the personal needs and preferences of individuals and take account of their broader family circumstances. It notes that access for people living alone or with carers, people who pay for their care privately, through personal budgets, or through local authority-arranged services merits equal consideration.

Chapter 6: Delivering the Strategy – The final chapter addresses the implementation of the Strategy. The framework recognises the need to joined up work on dementia with all other important current policy and service developments in local government and the NHS such as *Putting People First*, the Next Stage Review , the Carers' Strategy, and the End of Life Care Strategy.

Implementation

4. (1) The DH has stated that the pace of implementation will vary, depending on local circumstances and the level and development of services in each local authority and NHS area. Decisions on funding for subsequent years will only be made once the DH has had the opportunity to consider the results from the initial demonstrator sites and evaluation work. Therefore there is no expectation that all areas will necessarily be able to implement the Strategy within five years.

Recommendation

5. (1) Members are asked to NOTE and COMMENT on the contents of the attached draft outline action plan.

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Background documents:

Living well with dementia: A National Dementia Strategy, Department of Health,
3 February 2009

Copies of the full document are attached separately to the papers for Members of
the POC. Further copies are available via the following link:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094058

Objective	Resource	Action
<p>Objective 1: Improving public and professional awareness and understanding of dementia. Public and professional awareness and understanding of dementia to be improved and the stigma associated with it addressed. This should inform individuals of the benefits of timely diagnosis and care, promote the prevention of dementia, and reduce social exclusion and discrimination. It should encourage behaviour change in terms of appropriate help-seeking and help provision.</p>	<p>£1 million a year in Year 1 and then £3.5 million in Year 2.</p> <p>Funding beyond Year 2 (2010/11) is entirely dependent on the evidence from the demonstration sites.</p> <p>We have assumed that the upper limit for future costs would be £4m a year from Year 3 onwards, assuming that these elements of information campaigns will be delivered locally as services are configured, matching supply with demand.</p>	<p>Developing and delivering a general public information campaign.</p> <p>Inclusion of a strong prevention message that <i>'what's good for your heart is good for your head'</i>.</p> <p>Specific complementary local campaigns.</p> <p>Targeted campaigns for other specific groups (eg utilities, public-facing service employees, schools, and cultural and religious Orgs).</p>

Objective	Resource	Action
<p>Objective 2: Good-quality early diagnosis and intervention for all. All people with dementia to have access to a pathway of care that delivers: a rapid and competent specialist assessment; an accurate diagnosis sensitively communicated to the person with dementia and their carers; and treatment, care and support provided as needed following diagnosis. The system needs to have the capacity to see all new cases of dementia in the area.</p>		<p>The commissioning of a good-quality service, available locally, for early diagnosis and intervention in dementia, which has the capacity to assess all new cases occurring in that area. Their sole focus would be on early diagnosis of and intervention for people with dementia. This would include:</p> <ul style="list-style-type: none"> • making the diagnosis well; • breaking the diagnosis well to the person with dementia and their family; and • providing directly appropriate treatment, information, care and support after diagnosis.

Objective	Resource	Action
<p>Objective 3: Good-quality information for those with diagnosed dementia and their carers. Providing people with dementia and their carers with good-quality information on the illness and on the services available, both at diagnosis and throughout the course of their care.</p>		<p>A review of existing relevant information sets.</p> <p>The development and distribution of good-quality information sets on dementia and services available, of relevance at diagnosis and throughout the course of care.</p> <p>Local tailoring of the service information to make clear local service provision.</p>
<p>Objective 4: Enabling easy access to care, support and advice following diagnosis. A dementia adviser to facilitate easy access to appropriate care, support and advice for those diagnosed with dementia and their carers.</p>		<p>This is a new role and there will be a need first for the development and generation of demonstrator projects, and the piloting and evaluation of models of service provision prior to implementation.</p> <p>Commission a local dementia adviser service to provide a point of contact for all those with dementia and their carers, who can provide information and advice about dementia, and on an ongoing basis help to signpost them to additional help and support.</p> <p>Contact with a dementia adviser to be made following diagnosis. The dementia adviser not to duplicate existing 'hands-on' case management or care.</p>

Objective	Resource	Action
<p>Objective 6: Improved community personal support services. Provide an appropriate range of services to support people with dementia living at home and their carers. Access to flexible and reliable services, ranging from early intervention to specialist home care services, which are responsive to the personal needs and preferences of each individual and take account of their broader family circumstances. Accessible to people living alone or with carers, and people who pay for their care privately, through personal budgets or through local authority arranged services.</p>		<p>Implement <i>Putting People First</i> personalisation changes for people with dementia, utilising the Transforming Social Care Grant. Establish an evidence base for effective specialist services to support people with dementia at home. Commissioners to implement best practice models thereafter. home care that is reliable, with staff who have basic training in dementia care; flexibility to respond to changing needs, not determined by rigid time slots that prevent staff from working alongside people rather than doing things for them; Access to personalised social activity, short breaks and day services; respite care/breaks that provide valued and enjoyable experiences for people with dementia as well as their family carers; Access to peer support networks; access to expert patient and carer programmes; Responsive crisis services; flexible and responsive respite care/breaks that can be provided in a variety of settings including the home of the person with dementia; Access to supported housing that is inclusive of people with dementia; independent advocacy services; and assistive technologies such as telecare.</p>

Objective	Resource	Action
<p>Objective 7: Implementing the Carers' Strategy. Family carers are the most important resource available for people with dementia. Active work is needed to ensure that the provisions of the Carers' Strategy are available for carers of people with dementia.</p>		<p>Ensuring that the needs of carers for people with dementia are included as the strategy is implemented.</p> <p>Ensure that carers have an assessment of their needs and can be supported through an agreed plan to support the important role they play in the care of the person with dementia</p> <p>Develop good quality personalised break options</p> <p>Promoting the development of breaks that benefit people with dementia as well as their carers.</p> <p>Better emergency and crisis support</p>
<p>Objective 8: Improved quality of care for people with dementia in general hospitals. Identifying leadership for dementia in general hospitals, defining the care pathway for dementia there and the commissioning of specialist liaison older people's mental health teams to work in general hospitals.</p>	<p>Psychiatric consultation-liaison intervention: we estimate that this project could be commissioned for approximately £0.7 million and completed in one year.</p> <p>Leadership in Acute Hospital The total cost of this time is estimated at around £3 million a year.</p>	<p>Identification of a senior clinician within the general hospital to take the lead for quality improvement in dementia in the hospital.</p> <p>Development of an explicit care pathway for the management and care of people with dementia in hospital, led by that senior clinician.</p> <p>The gathering and synthesis of existing data on the nature and impacts of specialist liaison older people's mental health teams to work in general hospitals.</p> <p>Thereafter, the commissioning of specialist liaison older people's mental health teams to work in general hospitals.</p>

Objective	Resource	Action
<p>Objective 9: Improved intermediate care for people with dementia. Intermediate care which is accessible to people with dementia and which meets their needs.</p>	<p>Total cost is around £38 million a year. This does not include any offsetting savings from reduced use of acute services.</p>	<p>The needs of people with dementia to be explicitly included and addressed in the revision of the Department of Health's 2001 guidance on intermediate care.</p> <p>Revised Guidance due for publication March 2009</p>
<p>Objective 10: Considering the potential for housing support, housing-related services and telecare to support people with dementia and their carers. The needs of people with dementia and their carers should be included in the development of housing options, assistive technology and telecare. As evidence emerges, commissioners should consider the provision of options to prolong independent living and delay reliance on more intensive services.</p>		<p>Monitoring the development of models of housing, including extra care housing, to meet the needs of people with dementia and their carers.</p> <p>Staff working within housing and housing-related services to develop skills needed to provide the best quality care and support for people with dementia in the roles and settings where they work.</p> <p>A watching brief over the emerging evidence base on assistive technology and telecare to support the needs of people with dementia and their carers to enable implementation once effectiveness is proven.</p>

Objective	Resource	Action
<p>Objective 11: Living well with dementia in care homes. Improved quality of care for people with dementia in care homes by the development of explicit leadership for dementia within care homes, defining the care pathway there, the commissioning of specialist in-reach services from community mental health teams, and through inspection regimes.</p>	<p>We have therefore profiled into the implementation a one-year project to assess implementation and to develop leadership and quality care aids for care homes costing at £1.5 million over two years</p> <p>Overall, the long run annual cost of improving specialist in-reach services for all care homes on this basis is therefore around £35 million per year.</p>	<p>Identification of a senior staff member within the care home to take the lead for quality improvement in the care of dementia in the care home.</p> <p>Development of a local strategy for the management and care of people with dementia in the care home, led by that senior staff member.</p> <p>Only appropriate use of anti-psychotic medication for people with dementia.</p> <p>The commissioning of specialist in-reach services from older people's community mental health teams to work in care homes.</p> <p>The specification and commissioning of other in-reach services such as primary care, pharmacy, dentistry, etc.</p> <p>Readily available guidance for care home staff on best practice in dementia care.</p>

Objective	Resource	Action
<p>Objective 12: Improved end of life care for people with dementia. People with dementia and their carers to be involved in planning end of life care which recognises the principles outlined in the Department of Health End of Life Care Strategy. Local work on the End of Life Care Strategy to consider dementia.</p>		<p>Initiating demonstration projects, piloting and evaluation of models of service provision prior to implementation, given the current lack of definitive data in this area.</p> <p>Developing better end of life care for people across care settings which reflects their preferences and makes full use of the planning tools in the Mental Capacity Act.</p> <p>Developing local end of life care pathways for dementia consistent with the Gold Standard framework as identified by the End of Life Care Strategy.</p> <p>Ensuring that palliative care networks, developed as part of the End of Life Care Strategy, support the spread of best practice on end of life care in dementia.</p> <p>Developing better pain relief and nursing support for people with dementia at the end of life.</p>

Objective	Resource	Action
<p>Objective 13: An informed and effective workforce for people with dementia. Health and social care staff involved in the care of people who may have dementia to have the necessary skills to provide the best quality of care in the roles and settings where they work. To be achieved by effective basic training and continuous professional and vocational development in dementia.</p>	<p>We have costed this work on analysis and training development at £1 million per annum for two years.</p>	<p>Department of Health workforce strategies to take on board the implications of the dementia strategy.</p> <p>The Department to work with representatives of all bodies involved in professional and vocational training and continuing professional development to reach agreement on the core competencies required in dementia care.</p> <p>These bodies to consider how to adapt their curricula and requirements to include these core competencies in pre- and post-qualification and occupational training.</p> <p>Such changes also to inform any review of national health and social care standards.</p> <p>Commissioners to specify necessary dementia training for service providers.</p> <p>Improving continuing staff education in dementia</p>

Objective	Resource	Action
<p>Objective 14: A joint commissioning strategy for dementia. Local commissioning and planning mechanisms to be established to determine the services needed for people with dementia and their carers, and how best to meet these needs. These commissioning plans should be informed by the World Class.</p>		<p>It is important therefore for PCTs and local authorities to consider the need for the commissioning of coherent joint services. A joint commissioning strategy for dementia will need to be based on the Joint Strategic Needs Assessment</p> <p>Community focused, linking into Local Area Agreements and the development of sustainable communities; and</p> <p>Individually focus, drawing on the use of personal budgets and the commissioning of self-directed support.</p>
<p>Objective 15: Improved assessment and regulation of health and care services and of how systems are working for people with dementia and their carers. Inspection regimes for care homes and other services that better assure the quality of dementia care provided.</p>		<p>The Care Quality Commission (CQC) will be operational from April 2009 to protect and promote the health, safety and welfare of people who use health and social care services and to encourage improvement, by inspecting and assessing for quality across health and social care services, and primary and secondary care. The Commission will therefore have a crucial role in driving up standards, particularly for people living with dementia who require support from across health and social care.</p>

Objective	Resource	Action
<p>Objective 16: A clear picture of research evidence and needs.</p> <p>Evidence to be available on the existing research base on dementia in the UK and gaps that need to be filled.</p>	<p>Budgeted for £4.5m over the first two years, beyond which evidence from the research will be considered before full roll out.</p> <p>We estimate that this project could be commissioned for approximately £0.5m and completed in 1 year</p>	<p>The Medical Research Council (MRC) with DH to convene a summit of parties interested in dementia research.</p>
<p>Objective 17: Effective national and regional support for implementation of the Strategy.</p> <p>Appropriate national and regional support to be available to advise and assist local implementation of the Strategy. Good-quality information to be available on the development of dementia services, including information from evaluations and demonstrator sites.</p>	<p>This has been costed at £2 million per year</p>	<p>The Department of Health will provide support implementing the strategy locally to ensure its delivery, particularly for those areas where services are less developed. Regional support teams will be convened to support local implementation.</p> <p>Information will be gathered on an annual basis by the Department from both the NHS and social care services to review the extent of current services for people with dementia and their carers, and to track these over time to monitor progress on implementing the National Dementia Strategy.</p> <p>A national baseline measurement of services will be established.</p> <p>Specifically commissioned research, evaluations and data from demonstrator sites will support the implementation of the Strategy.</p>

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

To: Adult Social Services Policy Overview Committee – 1 April 2009

Subject: **ADULT SOCIAL SERVICES – MAKING EXPERIENCES COUNT**

Classification: Unrestricted

Summary: This report provides Members with information about the reform of the complaints process across health and social care which will be implemented with effect from 1 April 2009.

Introduction

Making Experiences Count

1. (1) The introduction of a single complaints process across health and social care, reflects the review of the existing complaints processes during the past few years. The reforms were first muted in ‘Our health, our care, our say’. The Statutory Instrument was issued on 27 February 2009. The aim of the new arrangements is to create a consistent approach to complaints handling across health and social care.

(2) The key change in responsibilities is that there will be a one stage independent review process, which for social care, will be conducted by the Local Government Ombudsman. The current three stage process consisting of, Local resolution; Investigation; Review Panel will be replaced by the new procedures with effect from 1 April 2009. Transitional arrangements are in place for any complaints currently in the existing procedures to proceed through to a Review Panel if applicable.

The complaints procedure

2. (1) **Key Principles of the new system:**

- Organisations should take a more flexible approach towards handling individual complaints, which focuses on the needs and wishes of the people involved.
- Simplify things so that it is much easier for people to share their experiences and for the organisation involved to respond accordingly.
- Make sure that people’s experiences help to improve services.

(2) Therefore the new arrangements have three main components:

- i) The new Regulations enable organisations to develop more flexible and responsive complaints handling systems at a local level that focus on the specific needs of the complainant, seek to reach speedy resolution and facilitate a co-ordinated approach to cross-boundary complaints.

- ii) The introduction of a single local resolution stage, replacing the three stage process dictated by the Local Authority social care regulations.
- iii) A new system for independent review by the relevant Ombudsmen.

(3) The law will require organisations, including Kent Adult Social Services (KASS) to:

- Publicise the complaints procedures
- Acknowledge receipt of a complaint and offer to discuss the matter within three working days
- Deal effectively with complaints and investigate them properly and appropriately
- Write to the complainant on completion of a complaint investigation, explaining how it has been resolved, where appropriate action has been taken and reminding them of their right to contact the Local Government Ombudsman, if they remain dissatisfied
- Assist the complainant in following the complaints procedure or provide advice on where they can obtain such assistance
- Ensure there is a designated manager for complaints
- Have someone senior who is responsible for both the complaints policy and learning from complaints
- Produce an annual report about complaints, detailing the numbers received, issues raised, action taken to improve services as a result of those complaints.

(4) KASS is already in a good position to comply with all of the above requirements. It is not anticipated that any significant changes will be required to the current customer care function, as being one of the Early Adopter sites for the new process has placed KASS at an advantage to those organisations who did not participate.

(5) It is likely that the new procedures will impact on customer care teams initially as they will have responsibility for developing the complaints action plan in conjunction with the complainant and the staff involved. In addition, customer care teams will have to facilitate the new process until staff are provided with training to enable them to adapt to the new process. Training is being planned at a team level across the County and will take place in the coming months.

(6) One significant change within the new procedures is that the response to the complaint should be proportionate to the nature of the complaint. For instance, KASS will not be obliged to conduct an offline investigation if the issues within the complaint do not merit it. At present, a complainant has the right to access all three stages of the process even if the desired outcome specified by the complainant has been achieved at stage one. The complainant will have recourse to the Local Government Ombudsman and the complaints file should reflect the reasons why the final response is deemed, 'proportionate'.

(7) The Parliamentary and Health Service Ombudsman has produced three documents which propose a clear framework for health and social care to work within. These are; 'Principles of Good Complaint Handling', 'Principles for Remedy' and 'Principles of Good Administration'. The latter helps clarify the expectations against which the Ombudsman will judge performance. These are:

- a) Getting it right
- b) Being customer focused

- c) Being open and accountable
- d) Acting fairly and proportionately
- e) Putting things right
- f) Seeking continuous improvement

(8) It is expected that the Local Government Ombudsman will endorse these documents.

Other mechanisms in place for receiving feedback on services

Kent Health Watch

3. (1) Kent Health Watch was established by Kent County Council in partnership with the NHS to help local residents express their views about health and social care in Kent. This service will enhance, not replace, existing feedback mechanisms within health and social care, with the aim of improving services.

Local Involvement Network (LINKs)

(2) The Kent LINK was launched in December 2008. It is anticipated that the information received from the public will influence public services and should also provide a further opportunity for concerns and complaints to be heard and responded to.

Conclusion

4. (1) The new procedures take effect from 1 April 2009. KASS is currently raising awareness amongst staff and is making the necessary changes to the literature available to the public, both in hard copy and online.

(2) The Directorate has a committed approach to continuous improvement and development of services. Complaints are one mechanism for providing valuable feedback from people who have actual day to day experience of our services and to ensure that lessons are learned. Over the next few months, the Directorate will focus on staff training and publicising the new procedures.

Recommendations

5. (1) Members of the Policy Overview Committee are asked to NOTE and COMMENT on the contents of this report.

Lynda Longhurst
Policy Manager – Public Involvement and Customer Care.
01622 694875

Background documents: None

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

To: Adult Social Services Policy Overview Committee – 1 April 2009

Subject: **KENT DRAFT ANNUAL CARERS REPORT APRIL 2008-
MARCH 2009**

Classification: Unrestricted

Summary: The first Carers Annual Report is attached (Appendix 1). Its aim is to report as a complete picture as possible the support that is provided for carers across Kent, showing the combined contribution by the voluntary sector, Kent Adult Social Services, the NHS in Kent, private and the independent sector and Children's Social Services.

Introduction

1. (1) Kent Adult Social Services' role is to ensure that carers are supported and have access to timely information, support to care which can include short breaks, practical assistance, emotional support and help to maintain their own health.

(2) To oversee the strategic development of the support offered to carers in Kent a long-standing Carers Advisory Group has been established. The group which is facilitated by Kent Adult Social Services includes representatives from all key partners involved in the support of carers across Kent. Membership includes policy makers and commissioners from Kent Adult Social Services, Children, Families and Education, Mental Health Commissioners, Carers' Support Organisations, the local NHS for West Kent and Eastern and Coastal Kent, the Job Centre Plus and other statutory and voluntary partners.

(3) One of the first tasks of the Carers Advisory Group has been to contribute to the development of the Multi Agency Kent Adult Carers Strategy. This Strategy is Kent's response to the implementation of the National Carers Strategy, and is attached as Appendix 2. This strategy complements and should be read in conjunction with 'Invisible People' Kent's Young Carers Strategy.

(4) The purpose of this report is to update the Policy Overview Committee about the policy and support landscape that informs the work that Kent Adult Social Service has undertaken in partnership with the various organisations to support both adult and young carers. It sets out the national policy drivers and key performance measures, and captures for the first time in one place information about all carer-related activity.

Policy and Strategy Context

2. (1) The white paper Our Health, Our Care, Our Say, sets out the Government's vision of health and social care for all adults in England. It emphasises the importance of carers and Local Authorities responsibility to ensure that carers are central to this vision.

(2) The transformation of adult social care concordat, Putting People First states that 'family members and carers are to be treated as experts and care partners, other than in circumstances where their views and aspirations are at odds with the person using the service or they are seeking to deny a family member the chance to experience maximum choice and control over their own life.' It states that Local Authorities are to support programmes which enable carers to develop their skills and confidence.

(3) The National Carers Strategy 2008 'Carers at the heart of 21st Century families and communities', vision is that carers must, over the next 10 years, be elevated to the centre of family policy and receive the recognition and status they deserve. That reform must ensure carers experience a system which is on their side rather than enduring a constant struggle so that they are supported to have a life of their own alongside their caring responsibilities.

(4) Kent Adult Social Services' vision as stated in Active Lives is to give people more choice and control over their lives and encourage independent living, and again carers will be central to achieving this vision.

(5) The Department of Health published the "Living well with dementia: A National Dementia Strategy" on 3 February 2009. The Strategy acknowledges the importance of carers stating that "Family carers are the most important resource available for people with dementia". The strategy asks for active work to ensure that the provisions of the Carers' Strategy are available for carers of people with dementia and that the needs of carers for people with dementia are included as the strategy is implemented. See also agenda Item B4 which outlines the main points of the strategy.

(6) The End of Life Care Strategy published by the Department of Health in 2008 highlighted the vital role that the carers of a person, who is approaching the end of their life, can have in enabling that person to die in the place of their choice. "Carers should be closely involved in decision making, recognising that they will also have their own needs". The strategy stated that carers need information about the likely progress of the person's condition and information about services that are available. They may well also need practical and emotional support both during the person's life and after bereavement.

Content and Format

3. (1) Members are asked to consider the content and format of the report, to make suggestions and comment to improve and further develop the report, noting that this is the first attempt to draw together a comprehensive whole system picture of all the support provided to carers across Kent.

Recommendation

4. (1) Members of the Policy Overview Committee are asked to:
 - a) NOTE and COMMENT on the contents of the attached report, and
 - b) Following any suggested alterations, ENDORSE the report and AGREE to it being printed and distributed.

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Appendices:

Appendix 1 Carers Annual Report
Appendix 2 Multi Agency Kent Adult Carers Strategy

Background Documents:

Living well with Dementia: a National Dementia Strategy
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094058

Carers at the heart of 21st century families and communities, a caring system on your side and I life of your own: A National Carers Strategy
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085345

National End of Life Care Strategy – promoting high quality care for all adults at the end of life
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086277

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Carers Annual Report

April 2008- March 2009

**A first
multi-agency
report**

a work in progress...

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3 Day Services

Executive Summary

This is the first Carers Annual Report; its aim is to paint as a complete picture as possible of the support that is provided for carers across Kent, showing the combined contribution of the voluntary sector, Kent Adult Social Services (KASS), the NHS, the private and independent sector and Children Social Services.

The report highlights the policy and support landscape that informs the work that Kent Adult Social Services has undertaken in partnership with the various organisations to support both adult and the young carers' work which is lead by Children's Families and Education. It will consider the national policy drivers and key performance measures, and will capture information about all carer-related activity.

Within Kent we have a diverse range of providers supporting carers. There are seven carer support organisations that between them cover the whole of Kent, five organisations who work specifically with people with dementia and their carers. There are five young carers' projects and many other organisations that provide carers support as part of the services they offer Mencap, rethink, Mind etc. Last year these organisations held over 750 support groups, sent out over 40,000 newsletters and arranged over 250 social events for carers. In Kent we have four branches of Crossroads, Volcare and Carer First who last year provided 144,225 hours of sitting service short breaks to 1,810 families.

Kent Adult Social Services provides community care services to in excess of 25,000 people many of whom have carers and the support offered via care packages, equipment and direct payments benefits both carer and cared. Last year we provided in excess of 8,800 days service places a week using an illustrative figure of £15 this equates to a cost of £10,344,250. We also provided 10,357 weeks of short break respite care away from home at an estimated cost of £4,765,292.

The report also aims to highlight the importance of the support provided to carers now and into the future. This first report will act as a baseline to evidence our multi agency continued work to support carers. Using the data collected and repeating annual we will be able to see the added value of our continued investment and focus on the support of carers.

Section 1

Introduction

Caring touches all our lives and at some point most of us will either give or receive care. Many people do not class themselves as carers: they are mums and dads, husbands, wives, partners, brothers, sisters, friends and neighbours. Carers are not a separate or distinct group. People from all walks of life, ages, ethnicities and backgrounds are carers.

Kent Adult Social Services approach towards carers is based on the principal that carers are the main providers of community care who should be supported in their role. This is a shared view of all the partners. The costs and special values of the care they provide, which includes personal and emotional support, treatment and 24-hour supervision could never be replaced by health and community care services. We can not underestimate carers' contribution to society, if carers were to give up providing the care and support they offer it would be akin to losing the whole of the NHS in England.

Kent Adult Social Services role is to ensure that carers are supported and have access to timely information, support to care which can include short breaks, practical assistance, emotional support and help to maintain their own health. We have a role in ensuring that their voices are heard and that they are treated as partners in care. Much of our work with carers is delivered through numerous partnerships and some through grants, service agreements and contracts with the voluntary and independent sector.

National Scene Carers Population

According to the 2001 Census there are 1.2 million people in the United Kingdom who care for others on a full-time basis and a further 4.8 million who care for others part-time. A 2007 report by the Leeds University entitled 'Valuing Carers, calculating the value of unpaid' showed that carers save the state £87 billion a year. This is an increase of £30 billion on the last figure of £57 billion, which Carers UK published in 2002. Therefore the value of their care is greater than the annual budget for the NHS which was £82 billion in 2006/7.

Carers are no different to anyone else. One in eight of us will become a carer at some point in our lives, and this figure is growing all the time as the population ages. Every year, over two million people become carers, about 42% are men with women representing

58%. Carers are not a static group, according to the National Carers' Strategy every day approximately 6,000 people take on new caring roles. This presents a real challenge for all services in providing information, advice and guidance to support those new to caring and inform them of their rights and the services and support that is available to them.

The types of care people provide are diverse many people take on multiple caring roles, for example, caring for ageing parents and disabled children, increasing numbers of pensioners also now care for their partners and their grandchildren.

There are about three million carers (one in seven of the working population) who juggle part or full-time work with looking after someone; many are in the prime of their working lives. The real difference between carers and non-carers in this respect is that when carers return home from their employment, they must begin their other work of looking after someone. Because of the intensity of their role it is impossible for some carers to combine their caring role with paid employment and they have to fall out of the job market. On average carers retire eight years early and are therefore disadvantaged in two ways missing out on years of income and pension generation.

There are also an estimated 175,000 young carers in Britain. These are young people under 16 who have taken on the responsibility to care for disabled parents and siblings.

National Carers Strategy

The National Carers Strategy published in June 2008 set out a ten-year vision, which must be a shared responsibility between central and local government, the NHS, third sector, families and communities.

The vision is that by 2018 ***“... carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals' needs enabling carers to maintain a balance between their caring responsibilities and a life outside caring, whilst enabling the person they support to be a full and equal citizen”.***

The strategy seeks to respond to social and demographic changes. The intention is that over the next ten years the needs of carers have to be ***“... elevated to the centre of family policy and receive the recognition and status they deserve.”***

The principles behind the vision are that by 2018:

- carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role;
- carers will be able to have a life of their own alongside their caring role;
- carers will be supported so that they are not forced into financial hardship by their caring role;
- carers will be supported to stay mentally and physically well and treated with dignity;
- children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhood and to achieve against all the *Every Child Matters* outcomes.

The national carers' strategy has formed the basis of the multi-agency Kent Adult Carers Strategy.

National Dementia Strategy

The Department of Health published the "Living well with dementia: A National Dementia Strategy" on 3rd of February 2009. The Strategy acknowledges the importance of carers stating that "**Family carers are the most important resource available for people with dementia**". The strategy asks for active work to ensure that the provisions of the Carers' Strategy are available for carers of people with dementia and that the needs of carers for people with dementia are included as the strategy is implemented.

The following were seen as priority development areas;

- Ensure that carers have an assessment of their needs and can be supported through an agreed plan to support the important role they play in the care of the person with dementia
- Develop good quality personalised break options
- Promoting the development of breaks that benefit people with dementia as well as their carers.
- Better emergency and crisis support

By 2023 the numbers of people with dementia will have increased dramatically. In west Kent estimations based on known prevalence rates and population numbers estimate that

there are currently 7716 people with late onset dementia, in 15 years time by 2023 this number will have increased by 50% to 115744. Similarly in east Kent currently there are an estimated 8706 people with late onset dementia this is set to increase by 43% to 13059 by 2023. Dementia therefore presents a significant challenge to both health and social care but this increase will also mean that many more carers will be supporting people with dementia.

End of Life Care Strategy

Around half a million people die in England each year, of whom almost two thirds are aged over 75. The large majority of deaths follow a period of chronic illness such as heart disease, cancer, stroke, chronic respiratory disease, neurological disease or dementia. Most deaths in Kent 47% occur in NHS hospitals, with around 17% occurring at home, 36% in care homes, hospices or elsewhere.

Although every individual may have a different idea about what would, for them, constitute a 'good death', for many this would involve:

- Being treated as an individual, with dignity and respect;
- Being without pain and other symptoms;
- Being in familiar surroundings; and
- Being in the company of close family and/or friends.

The way in which we care for the dying is an indicator of how we care for all sick and vulnerable people. The strategy stated "***It is a measure of society as a whole and it is a litmus test for health and social care service***". Some people are able to die as they would have wished, but many others do not. Sometimes people are not treated with the dignity and respect they deserve and are unable to die where they would choose.

The carers of a person, who is approaching the end of their life, have a vital role in enabling that person to die in the place of their choice. Carers should be closely involved in decision making, recognising that they will also have their own needs. They need information about the likely progress of the person's condition and information about services that are available. They may well also need practical and emotional support both during the person's life and after bereavement.

As we develop end of life care services across Kent the needs and wishes of carers will feature prominently in our planning. The key requirements being that;

- carers are central to the team that cares for somebody at the end of life and they should be treated as 'co-workers' with the health and social care team,
- carers will have their own needs and those providing a substantial amount of care on a regular basis are entitled to a community care assessment by their local authority, and
- the medical condition of the person who is cared for should not affect how the carer is treated, or the services the carer may be able to access.

Section 2

The Local Scene

Kent Carers Population

According to the 2001 Census, there are **127,848** carers in Kent. This is higher than the national average of 10%, in Kent, the average number of carers per District is 12.4 % with Thanet having the most carers, with 14% of the population undertaking a caring role. The number of carers in Kent is set to rise due in part to demographic factors; older people living longer; more people living with chronic long term health conditions including dementia and the advances in medical treatment which increases survival rates for children with severe disabilities. The focus of current health and social care policy is to support people to live in their own homes for as long as possible and provide more care and treatment closer to home. This will inevitably mean more care being provided in the community with carers making an even greater contribution.

Key figures for carers in Kent are taken from the 2001 Census and General Household Survey 2000;

- There are **127,848** carers in Kent;
- **90,752** carers are providing care for 1–19 hours per week;
- **11,893** carers are caring for 20 – 49 hours per week;
- **25,203** carers are providing care for 50+ hours per week;

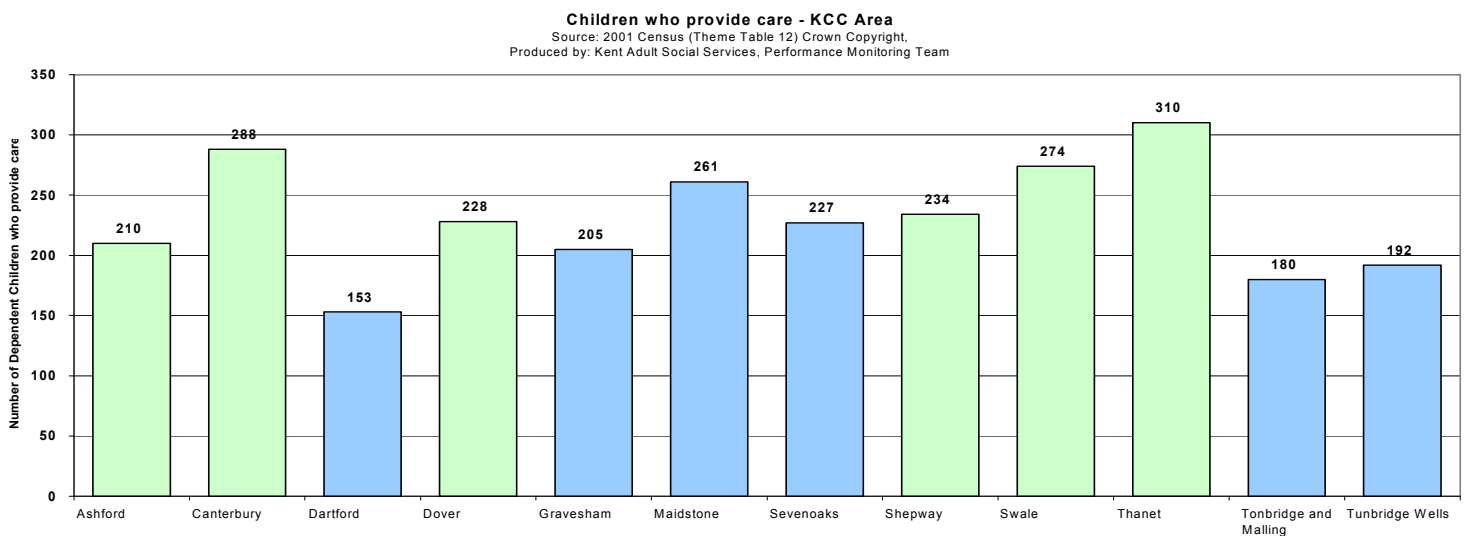
A Carers UK Study in 2004 showed that nearly 21 % of carers who provide more than 50 hours of care a week report that they are not in good health, compared with only 11 % of the non-carer population. **25,203** of Kent's carers provide more than 50 hours of care per week. People who provide long hours of care are twice as likely to be in poor health themselves, and need to be supported both in their own right and in their role as carers.

Care and caring are at the heart of the issues facing an ageing population, with more very aged people needing care and people having to have longer working lives. More people

will need to juggle the dual responsibilities of work and caring. Of the 127,848 carers in Kent, 78% or almost 100,000 are of working age. Some will have given up work to care but the majority will be somehow combining caring with paid work. According to the 2001 Census there are 2564 men and 1394 women working full time whilst caring for more than 50 hours per week. In 2006 Carers UK found that working carers pay a heavy penalty in terms of their own health. Those with heavy caring responsibilities are two to three times more likely than workers without caring responsibilities to be in poor health.

The combination of an ageing population and a decline in the working age population, means that the role carers play in the workforce will be of increasing importance; carers will have to combine caring with paid work. The Work and Families Act 2006 extended the right to request flexible working to employees who care for another adult. It is vitally important that employers support employees with caring responsibilities ensuring that they have carer friendly policies and practices such as flexible working or condensed hours.

The Census 2001 estimates that there are about 2,770 young carers in Kent. This graph



shows the breakdown of young carers across Kent per District.

Research and evidence has shown that being a young carer may adversely affect a young persons physical or emotional well-being and can limit their social or educational opportunities. Young carers are often not recognised by professionals and therefore may lack information about their caring role and the needs of the person they care for which can leave the young carer and the cared for person in a vulnerable situation.

Kent County Council's agreed definition of a carer was:

A carer is someone who looks after family, partner or friend in need of help because they are ill, frail or have a disability. The care they provide is unpaid.

Published in June 2008 the National Carers Strategy suggested a wider definition of:

A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.

Following Kent Social Services Senior Management Team meeting on March 13th 2009, it was agreed to adopt this wider definition. In order to support the work necessary to adopt this wider definition for the year 2009/10 £30,000 of carers grant funding has been allocated to the Kent Drug and Alcohol Team KDAT to develop specific services and support for carers of people with substance misuse problems.

Carers in Kent Report

Published in January 2008 the Select Committee Report "Carers in Kent" has had a major impact on the work undertaken with carers this year. In January 2009, a meeting was held to feedback the progress on implementing the 14 recommendations made in the report. Good progress had been made on 8 out of the 14 recommendations and on the other 6, work had begun and some progress made. The Select Committee Members were generally pleased and reassured with the progress to date. Throughout the next year we will continue to develop services, which meet the needs of carers in line with the Select Committee recommendations. The 1 Year on Select Committee Report and Minutes of feedback are attached as appendix 1

KCC Towards 2010

Towards 2010 is Kent County Council's strategic medium term plan, it sets out the commitment to deliver targets in seven key areas over the next four years. Underpinning the plan is emphasis on modernising the county council through the further application of

new technology, continuing to tailor services to customers and to provide greater choice and ensure that all residents, including the most vulnerable, can share in the county's success.

There is a whole chapter in Towards 2010 called Improved Health Care & Wellbeing. Within the chapter there is a specific target related to carers.

Target 53 Strengthen the support provided to people caring for relatives and friends

The inclusion of this target has been welcomed; the twice yearly monitoring of the action plan has helped push forward much of the current carers related activities and raise the profile of carers issues within Kent County Council.

Director of Public Health's Annual Report

This year we were successful in getting a chapter focused on the health needs and concerns of carers included in the Director of Public Health's annual report 'Health Inequalities in Health in Kent'. No doubt the report will influence planners and commissioners in health and social care. The carers' chapter was called 'Carers: a Public Health Issue' it profiled the carers' population in Kent and highlighted the health inequalities often experienced by carers.

Carers experience multiple forms of discrimination and disadvantage and there is plenty of research evidence to show that caring can negatively impact upon an individuals, health, wealth and happiness.

- ❖ Health - carers often neglect their own health because they are too busy juggling their caring responsibilities with the rest of their life.
- ❖ Wealth - carers often have to reduce their hours or give up working completely - this has a double impact upon their finances not only do they lose their earnings but they also interrupt pension contributions meaning they face long term disadvantage even after their caring role has ended.
- ❖ Happiness - carers are often socially isolated and unable to participate in community life and social activities this can lead to a loss of confidence, anxiety and depression.

The report called for carers to be recognised as an at risk group who experience significant health inequalities. That services continue to be developed to deliver on the five key joint priority areas; a single point of contact for carers, a carers emergency card, better training and education for carers, improved access to short-breaks and developing new models of emergency or crisis support.

It recommended the development of a multi-agency Kent Adult Carers Strategy with associated joint commissioning strategy for carers' services. It also highlighted the needs for better support for carers in primary care and in paid employment.

'Invisible People' Young Carers Strategy

The Young Carers Strategy named Invisible People by the young carers, who participated in its development, was launched at a multi-agency event in July 2008. Invisible People aims to raise awareness of the existence of young carers, promote the early identification of their needs and seek multi-agency responses to improve the outcomes for this group of young people and their families.

Funding to support the implementation of the Young Carers Strategy has focused on developing work with schools. In order to support schools in meeting the needs of young carers guidance for schools on how to support young carers has been developed and an additional £20,000 was allocated to each of the five young carers projects across the county to enable them to work directly with local schools. Last year a survey of all schools took place, requesting schools to identify the number of known young carers, how these young people are supported and whether the school would like more support. The survey helped the local projects target their work at the schools where need had already been identified.

This year money has been devolved to each Local Children's Services Partnerships (LCSP) to support the development of links with local young carers projects and to prioritise support for young carers. To date, the majority of LCSP have taken up this offer and a report will be presented next year on the outcome of this work.

A Joint Protocol between Adults and Children's Services is now in place within KCC. Recommendation will be made to the Kent Children's Trust Board that the Protocol should be adopted to assist the work of children's and adult services across the county. The joint

protocol identifies the most appropriate person to carry out assessment within households when families have multiple needs. It is anticipated the adoption of the protocol will increase the number of young carers identified and therefore support offered to them. A staff awareness, briefing and training plan is being developed.

The Young Carers Strategy Implementation Group works to The Kent Children's Trust Board, which receive a full report on the Implementation of the Strategy later this year.

Carer Advisory Group

To oversee the strategic development of the support offered to carers in Kent a long-standing Carers Advisory Group has been established. One of the first tasks of this group was to help develop the multi-agency Kent Adult Carers Strategy.

The Carers Advisory Group, which is facilitated by Kent Adult Social Services, includes representatives from all key partners involved in the support of carers across Kent. Membership includes policy makers and commissioner from Kent Adult Social Services, Children, Families and Education, Mental Health Commissioners, Carers' Support Organisations, the local NHS for West Kent and Eastern and Coastal Kent, the Job Centre Plus and other statutory and voluntary partners.

The role of the group is to focus on partnerships and joint working to develop a locally agreed response to current and future carers needs. The Group's work informs the planning and commissioning of services for adult carers across Kent.

The group's broad aims are:

- To represent the voice of carers and maintain awareness of carers needs issues.
- To seek the appropriate involvement and contribution of carers support organisations in the decision-making processes and input into strategy and policy development.
- To contribute to identifying priorities and inform the commissioning of new services.
- To be kept informed of progress including the personalisation agenda and other practice and policy initiatives relevant to carers.

Carer Reference Group

To support and inform the Carers Advisory Group a Carers Reference Group has been established. This group is fluid in its make up and is made up of carers from across Kent. The group's broad aims are to;

- Represent the voice of carers and ex carers.
- Contribute positively to strategy, policy and service development.
- Contribute to the agenda of the Carers Advisory Group.
- To act as a watchdog ensuring that the Carers Advisory Group is doing what carers want and need.

A member of the Carers Reference Group sits on the Carers Advisory Group to ensure the needs and wishes of carers are represented and discussed.

Kent Adult Carers Strategy

The multi agency Kent Adult Carers Strategy; is Kent's response to deliver the National Carers' Strategy. To develop a sub group of the standing Carers Advisory Group was established with representatives from carers, KASS, the voluntary sector and both Kent PCT's.

The Kent Adult Carer Strategy sets out the vision we plan to take forward working in partnerships across Kent. It builds on the progress established via the carers grant funding and uses the framework set out in the national carers' strategy. In Kent, we have committed to deliver the national strategy in five not the suggested ten years. This sets us a tough but we think achievable target that requires multiple levels and types of partnership work and co-operation across health social care and the private and voluntary sector. It will involve forging new partnerships with employers, education establishments and the job centre plus.

KASS will ensure that links are made between the Kent Adult Carers Strategy and work within Kent to deliver the national dementia strategy and the end of life care strategy as we believe these agendas are inextricably linked and interdependent. KASS will use its influence via the carers advisory group and other methods to ensure that the PCT sign up to joint commissioning plans to ensure that the additional carers' money routed through the NHS is spent to compliment existing services, addressing gaps and delivering against the

agreed priorities. We believe that emergency or crisis support should be a priority commissioning area for the NHS.

Caring with Confidence

Ensuring that carers are supported and prepared mentally and physically for their role is essential. Alongside new national carers' strategy the government announced additional funding would be made available to establish 'Caring with Confidence' training programmes for carers. Based on the 'Expert Patient Programme' this training recognises that the caring role is often taken on suddenly and without preparation, leaving carers struggling with the new responsibilities they have assumed. The training is designed to empower and enable carers in their caring role, help to develop their advocacy skills and increase their ability to network with other carers to support their needs.

With the support of Kent Adult Social Services nine carers support organisations across Kent and Medway have formed a consortium and prepared a bid to Department of Health to deliver the programme in Kent. The consortium members have agreed to pool their skills, experience, knowledge and expertise to deliver the 'Caring with Confidence' programme across Kent. At this stage the consortium has got through the first round of the selection process.

Supporting Carers Implementation Group

The Supporting Carers Implementation Group (SCIG) is a countywide group formed to focus specifically on the needs of carers of people with learning disabilities. A major role from the group has been to increasing carer involvement in learning disability planning and strategy groups; the Partnership Board, the District Partnership Groups and local Implementation Groups.

The group has developed a training programme for family carers using a phased approach to encourage their greater participation, the programme of up to six-weeks of courses covers all aspects of care, including topics such as working with your care manager, person centred planning. Courses have successfully run in Ashford, Swale and Dover and are presently running in Tonbridge and Dartford. It is hoped that further courses will be run in the remaining districts.

Through attending the training courses it is hoped that more carers will be encouraged and supported to participate in their local District Partnership Group's, possibly forming carers sub groups.

As part of SCIG an older carers support network has been formed to identify and share good practice and to inform future commissioning of support for older carers of people with learning disabilities. The group produced an older carers information pack, this was developed as part of Carers FIRST older carers extension project work supported by Learning Disability Development Fund. The pack has been designed to provide older carers with a wide variety of information and advice and can be easily adapted for different localities. The pack was distributed to District Partnership Group's and local carers' organisations.

SCIG hold an annual carers workshop, this year held in November 2008 was regarded as the most successful to date and focussed upon: carers training programme, income maximisation and benefits and the effect and impact of self directed support.

Performance Assessment N135

Kent County Council did not choose to select National Indicator **NI 135** in the LAA Local Area Agreement. **NI 135** is a reported measure of carers receiving needs assessment or review and a specific carer's service, or advice and information. This shows the number of carers whose needs were assessed or reviewed by the council in a year who received a specific carer's service, or advice and information in the same year as a percentage of people receiving a community based service in the year.

Our Performance on this target in 2007/08 was **27.2%** our target for 2008/09 is **29%** figures for this year performance as yet unavailable.

In 2008/09 there were **5,044** separate Carers Assessment completed and a further **20,976** carers had their needs assessed jointly with the person that they care for.

Carers Short Breaks

A short break is the new preferred term for respite care. Carers consistently tell us that providing short breaks from their caring role is one of the most important forms of support available to them. Carers are a diverse group of people with equally diverse needs therefore how we define short breaks must reflect this diversity.

Therefore, it is important that the definition of a short break is broad, flexible and reflects the importance of a break from the caring role as being a positive and beneficial experience for both the carer and the person they care for. Short breaks can be;

- Care provided in the home to enable the carer to go out or away and care away from the home to enable the carer to have time at home without caring. The quality and nature of the care provided should make this a positive experience for the person being cared for,
- Breaks of both short and longer duration e.g. a few hours to several weeks,
- Time spent together but with support to enable a break from the caring role e.g. holidays at a specialist centre or with a care worker in attendance,
- Engagement in activities, which revitalise and refresh, these may be of a social, leisure or educational nature.

The Kent Carers Advisory Group's agreed definition of a short break is:

'A short break can be any service or resource which provides a break from the usual routine for the carer and/or the person being cared for. Alternative care services should be routine and responsive to the needs of both the carer and the person they care for.'

Section 3

Support for Carers

KASS has a long history of voluntary sector investment this section contains a breakdown by organisation of the range, type and quantity of support provided. Contained in the next section is a summary of the support provided to carers across Kent. More detailed information about individual organisations is available in the appendices to this report.

Carers Support Organisations

Within Kent there are seven main generic carers support organisations, these are as follows;

- Carers First
- Carers Support
- Carers Voice
- Dover District Carers Support
- Maidstone Carers Project
- North West Kent Carers
- Swale Carers Centre

Each of these organisations covers a distinct area of Kent and provides, a range of services and support to carers, including advice, information and guidance, help with accessing services and support, benefit and income maximisation advice, befriending, one to one and peer support. These organisations have come together to promote and administer the Kent Carers Emergency Card on behalf of Kent County Council.

Throughout 2008/09 they ran **528** support groups, sent out **31,971** newsletters. Arranged and provided **151** social activities or day trips for carers and assisted carers to participate in **238** training learning or consultation events.

The map below shows which area each Organisation covers,

Will add the Kent Carers Emergency Card Map here?

Carers Short Break Providers

Crossroads – Caring for Carers

Crossroads service is about giving time - improving the lives of carers by giving them a break from their caring responsibilities. Their aim is to provide a reliable, tailored service, for each carer and the person they care for. There are four schemes in Kent;

- East Kent Crossroads
- Maidstone and North West Kent Crossroads
- South East Kent Crossroads
- Weald of Kent Crossroads

Each scheme provides practical support where and when it is most needed which is usually at home. A trained carer support worker will take over from the carer to give them *'time to be themselves'*. Support is geared to meet individual carers needs.

Volcare

Volcare is a carers respite service that provides trained volunteers to spend from one day to two weeks in the cared for persons home. In the Canterbury and Thanet area Volcare supported in total **104** carers with **9333** hours of respite.

Carers First

Provide support for people in their own homes to provide carers with short breaks. Last year, **51** adult carers of adults accessed over **7640** hours of respite and **46** carers of children with disabilities accessed **4,252** hours of respite.

The four branches Crossroads, Volcare and Carers First between them provide annually a total of **144,225** hours of respite to **1,810** families across Kent.

Alzheimer and Dementia specific Carers Support

Alzheimer's Society

Alzheimer's Society is a membership organisation, within Kent there are the following branches, which are of differing sizes and offer a range of support services;

- Ashford and Shepway Branch
- Canterbury and District Branch
- Maidstone & Rural Communities Branch
- West Kent Branch

Also within Kent we have two independent Alzheimer's and dementia support organisations:

- Alzheimer's and Dementia Support Services ADSS operating in Dartford Gravesham and Swanley Districts
- Alzheimer's and Dementia Family Support ADFS operating in the Swale District

Each of these organisations covers a distinct area of Kent and works to improve the quality of life of people affected by dementia and their family and carers. They provide a range of services and support including advice, information and guidance, help with accessing services and support, benefit and income maximisation advice, befriending, one to one and peer support.

Throughout 2008/09 these organisations ran **208** support groups, arranged and provided **92** social activities or day trips for carers. They provided **20,750** hours of 1 to 1 support and **8,800** days services places.

Mental Health Carers Support Organisations

Mental Health, fund a carers' support group in each locality in Kent. These provide advice, support and information to carers of people with functional mental health problems. This is both one to one support and also supports groups that meet regularly. Carers are also

supported to participate in the decision-making meetings about the commissioning of mental health services, so that their views are heard and taken account of in planning services. A robust structure to ensure participation has been put in place in partnership with the Kent and Medway NHS and Social Care Partnership Trust.

Mental Health Commissioners are given 13% of the carers' grant. In the year 2008/09 £325,000 was spent on carers support projects commissioned through the following organisations;

- ❖ Rethink - East Kent
- ❖ Swale Mindset Carers
- ❖ Maidstone Volunteer Bureau
- ❖ Carers First
- ❖ Dartford Gravesham and Swanley Mind.

The community mental health team carers assessment workers, first piloted in west Kent, have now been extended to cover all of Kent. These workers ensure that all carers of people with severe mental health problems are offered their own assessment of their needs and are sign posted to the support they need. Funding for 'Carers Breaks' has in the last year been implemented in all parts of Kent, the carers break funds are designed to give carers the choice of the type of break or support they require and can be used flexibly to provide breaks for carers.

The Mental Health Matters help-line is now funded to for out of usual office hours from 5pm to 9am on weekdays and 24hrs weekends and holidays. The service is available to carers, to offer round the clock support and assistance if necessary as referrals can be made to the Crisis Resolution and Home Treatment Teams.

On average, at any one time about **850** carers are "on the books" of these projects with approximately **3000** episodes of support happening annually and accessed **£79,000** of carers breaks funds

Learning Disability

Awaiting information to complete this section

Young Carers

Awaiting information to complete this section

Section 4

The Local NHS Support for Carers

Primary Care is very often a carer's first point of contact with services and therefore should play a key role in supporting carers and sign posting them to appropriate services. The support and understanding of carers' needs by GP is variable. The new national carers' strategy recognises the importance of primary care and announces a range of NHS focussed carers' pilots:

- looking at how the NHS can better support carers in their caring role through developing models of best practice and enabling more joined-up service provision between the NHS, local authorities and the third sector
- improving the support offered by GPs for carers, and
- the piloting of annual health checks for carers.

Annual carers' health checks will provide an excellent means of providing carers and health professionals an opportunity to work in a preventative way to identify and deal with any emerging health problems the carer may have. This will enable them to care whilst remaining in good health. It is highly cost effective for the NHS to support carers who can support early discharge and prevent unnecessary readmission to hospitals. Carers also provide long-term care, often involving nursing tasks, frequently without any support from either the NHS, social services, other members of their family or the local community.

The 2009/10 NHS Operating Framework states that a key requirement is that Primary Care Trusts (PCT) should work with their local authority partners and publish joint plans on how their combined funding will support breaks for carers, including short breaks, in a personalised way.

This sends a clear message to health professionals that providing carers' support is part of the work of the NHS. To further this, the national carers' strategy announced that £150m over two years would be allocated to PCTs. £50 million will be provided in 2009-10 and £100 million in 2010-11. Although this is new money, the £150m will be given to PCTs as part of their overall allocation and they will not be advised how much of the £150m is contained within their total allocation. This means that there is no ring fencing of the £150m and PCTs could choose to spend more or less on breaks for carers. Therefore the amounts given are only estimate of how much of the £150m breaks for carer funding is contained within their total allocation.

	2009/10	2010/11
Eastern and Coastal Kent PCT	£719,499	£1,440,871
West Kent PCT	£578,852	£1,157,681

Representatives from both Kent PCTs now attend the Carers Advisory Group and were part of the working group that developed and wrote the Kent Adult Carers Strategy. Both PCTs have committed to developing joint local implementation plans to deliver the Kent Adult Carers Strategy.

NHS Eastern & Coastal Kent

Within Eastern and Coastal Kent PCT the draft Kent Adult Carers Strategy is currently being circulated widely for comment and also to raise awareness of carers issues and needs. Following this consultation process it is anticipated that the strategy will go to the PCT Board for sign off in late April. There is a commitment to work with KASS to develop a joint commissioning plan to deliver the strategy locally.

The priority areas that are emerging in east Kent include;

- Carers Short-Breaks
- Carers annual health and wellbeing checks
- Developing the Carers Register in primary care and ensuring that it leads to something
- Better Information advice and guidance for carers
- Raising awareness of carers needs in primary care,
- Financial support for carers

They have identified £750,000 in their operating plan will work in partnership to ensure that the PCT additional resources compliment and build on the existing support provided to carers.

NHS West Kent

The Kent Carers Strategy will be presented to the PCT Board at the end of March 2009, following this they have committed to work with KASS to develop the plan for how it's taken forward in West Kent.

A joint bid has been submitted to the Department of Health to become a Carers' Strategy demonstrator site, to offer better support for carers in the NHS. If successful this bid could bring an additional £400,000 of funding to west Kent to develop specific services and support to ensure carers needs are better recognised and met by the NHS.

Work has already begun with practice managers and practice based commissioning groups on how to engage more meaningfully with patients and carers. The areas that the PCT have identified as priorities for the next year include;

- identifying what carers need regarding hospital discharge planning;
- working with practice staff and carers regarding carers health checks;
- carers programmes to support health and well-being;
- working with primary and acute care in developing training programmes for staff, and
- working with the community development workers regarding the needs of carers from Black and minority ethnic and other seldom heard from groups.

Section 5

Kent Adult Social Services Support for Carers

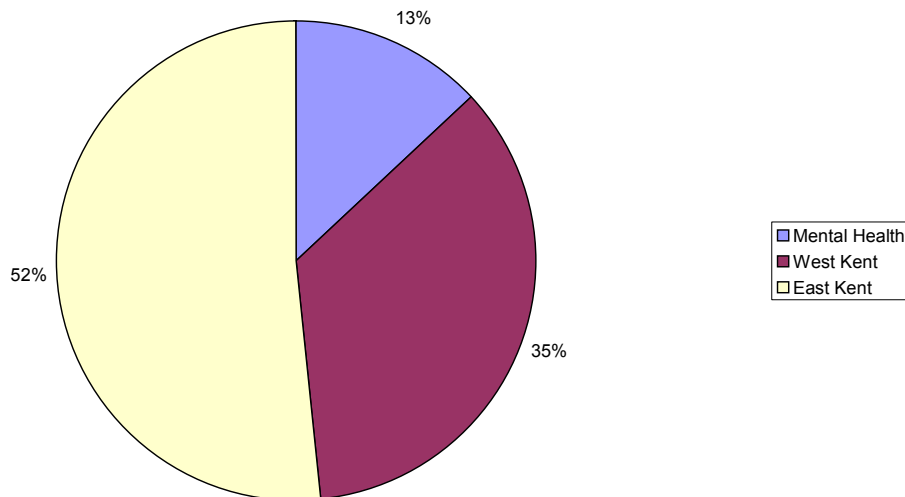
Carers Grant Funding

Back in 1999 the Department of Health introduced the Carers Grant in recognition that carers' need support for breaks and services. The grant was designed to stimulate diversity and flexibility of service provision in order to enable carers to take a break from caring and to help provide carers' services "to support them in their caring role".

The grant was worth £185m in 2007-08 and rose to £224m in 2008-09, which includes the extra £25m announced in October 2007 which councils could use to provide emergency cover for carers. Once a ring fenced grant it has since 2008 been paid to Kent County Council as part of their Area Based Grant. Although the Carers Grant is no longer ring fenced it does remain targeted. This is part of an overall government initiative to support councils' needs for the flexibility and freedom to focus on their key targets.

Kent Adult Social Services total allocation of Carers Grant in 2008/09 was £4,335,000. An additional £1,083,000 was allocated to Children, Families and Education to meet the needs of young carers and parent Carers.

A proportion of the grant was top sliced for the Learning Disability Development Fund (LDDF), The Kent Carers Emergency Card scheme, the Carers Survey and to fund consultation events held during the year. £1,285,000 was put into area budgets to supplement what they spend of day care, respite and carers short-break services. The remained of the grant was allocated to east Kent £1,445,600, west Kent £984,000, and Mental Health £362,000.



For 2009/10 there is an additional increase of £326,000 to carers grant. £100,000 of this has been set aside to support the new Carers' Assessment policy specifically to enable the one of carers grant payments. £30,000 has been allocated to the Kent Drug and Alcohol Team. The remaining almost £200,000 will be used to help deliver the Kent Adult Carers Strategy and may be used for joint investment with health.

Care Home Short-Breaks

The vast majority of (but not all) respite care is provided to service users with carers. Short stays in care homes provide an essential break for a significant number of carers. Below is a break down of each KASS operational areas on respite in the year 2008/09, the figures are worked out of average unit cost.

West Kent Adult Social Services purchased the following respite services in the year 2008/09

- **2397** weeks of residential respite care for people over the age of 65 at an average weekly cost of **£404.76** per week, which equals **£970,209**
- **281** weeks of nursing home respite care for people over the age of 65 at an average weekly cost of **£472.40** per week, which equates to **£132,744**.
- **622** weeks of respite care from adults with a learning disability at an average weekly cost of **£1145.88** per week, which equals **£712,737**
- **154** weeks of residential respite care for people with a physical disability at an average weekly cost of **£946.91** per week which, equals **£145,824**

Therefore in total West Kent purchased **3,454** weeks of respite care services at a total gross cost **£1,961,514** this does not reflect the service users contribution to the cost of their respite care.

East Kent Adult Social Services purchased the following respite services in the year 2008/09.

- **5555** weeks of residential respite care for people over the age of 65 at an average weekly cost of **£359.60** per week, which equals **£1,999,755**
- **260** weeks of nursing home respite care for people over the age of 65 at an average weekly cost of **£433.65** per week, which equates to **£112,749**
- **247** weeks of respite care from adults with a learning disability at an average weekly cost of **£991.57** per week, which equals **£244,917**
- **355** weeks of residential and nursing respite care for people with a physical disability at an average weekly cost of **£778.19** per week, which equals **£276,257**

Therefore in total East Kent purchased **6417** weeks of respite care services at a total gross cost **£2,633,678** this does not reflect the service users contribution to the cost of their respite care.

Day Opportunity Services

Across the whole of **West Kent** there are **5152** day service places offered on a weekly basis using the figure of £15 as an illustration, this equates to **£77,280** per week and for a 50 week service that is equivalent to **£3,864,000** per year.

Across the whole of **East Kent** there are **8759** day service places offered on a weekly basis using the figure of £15 as an illustration, this equates to **£131,385** per week or for a 50 week service that is equivalent to **£6,569,250** per year.

Although we appreciate that not all people attending day centres have carers. We know that for many carers day care is a much-appreciated service proving them with a short-break away from their caring responsibilities as well as social stimulation and activity for their loved one. A break down of the day care provided in each district is attached in appendix 3.

Adult Placement Scheme

The Kent Adult Placement Scheme offers vulnerable adults the opportunity to stay in the homes of specially recruited, trained and approved carers. The scheme provides these placements on a long, or a short-term basis and all placements are tailored to meet the needs of the individual.

In east Kent 16 and in west Kent 13 people and their families/carers benefited from **486** weeks of flexible short breaks provided by the adult placement scheme. The adult placement scheme pays on average £50 per night to their host families this equates to **£170,100** worth of short-break being provided by the adult placement scheme.

The Adult placement scheme also has a service where volunteers provide daytime support, which can be activity based or one to one, this service is usually provided for adult service users living at home with their parent/carers. The scheme is called Adult Link and last year they provided **454** sessions to people living in Thanet, Sandwich and Ashford areas at a total cost of **£4,500**.

Kent Adult Social Services provided **10,357** weeks of short breaks away from home at a gross cost of **£4,765,292**

Kent Adult Social Services provided **13911** days service places at an illustrated cost of **£10,433,250**

Kent Carers Emergency Card

On Carers Rights Day December 5th 2008 a Kent Carers Emergency Card Scheme was launched. The scheme is designed to provide carers with peace of mind when away from the person that they care for that should something untoward happened to them that emergency assistance could be accessed. Currently there are over 300 carers signed up

to the scheme and the number is growing steadily, since the launch there have been 107 applications generated through the web site alone.

When applying to join the scheme carers are offered, as much support as necessary to complete their emergency plan, which outlines their wishes, should they suddenly be unable to care. If they have no friends or relative who are able to step in at short notice or if indeed their agreed emergency plan fails for any reason, either County Duty or the Out of Hours service will step in to arrange emergency support. This support is available to all carers not just those carers of people receiving community care services. To compliment the scheme additional carers grant funding has been commissioned with the voluntary sector to provide increased levels of community based respite.

Carers Assessment Policy

The launch in April 2009 of the revised Carers Assessment Policy will provide the opportunity to further raise the profile of carers within KASS. To compliment the new policy, training is being developed to reinforce the policy implementation and further clarifying duties and responsibilities towards carers. The aim is to create a far more consistent approach to the assessment and support offered to carers. The policy clarifies KASS position in regards to direct payments for carers, introduces the new carer grant one off payments and will be instrumental in delivering greater levels of personalisation choice and control for carers.

In conjunction to developing the policy it has been agreed to trial the outsourcing of carers' assessments to carers support organisations. In Tonbridge Carers First and in Dover, Dover District Carers Support will undertake carers assessments as a delegated duty of KASS. These pilots are planned for a year with monthly monitoring of three key quality markers, quantity, quality (including carer's experience) and cost.

Carers Survey

KASS in conjunction with some Department of Health funding commissioned the Personal Social Services Research Unit (PSSRU), University of Kent, to undertake a research study and develop a quality of life survey for carers. The survey focussed upon exploring the key aspects of quality and outcomes that are important to carers who are in receipt of services. The survey was sent out in August 2008 to 4700 carers across Kent, 1500 identified from carers' assessments completed by KASS and 3200 from 19 partner

organisations who work with carers in the voluntary sector. We had a 40% return rate which is very high considering the target audience.

The database containing the returned surveys is currently with the PSSRU at the University of Kent who are analysing the information. A report of their findings will be available in summer of 2009. We plan to use the information gained from this survey as a baseline, to measure the effectiveness of our continued joint investment towards carers in Kent.

The learning from this survey is informing the Department of Health's Personal Social Services User Experience Survey for 2010, which may be a carer's satisfaction survey. Due to the complexities of sending out surveys via the voluntary sector the DH survey will only concentrate on carers known to adult social services.

East Kent INVOKE Project

In Partnership with NHS Eastern and Coastal Kent, KASS was successful in bidding for the Partnerships for Older People Project. Out of this sprung the INVOKE (Independence through the Voluntary action of Kent Elders) project. There are three significant strands to INVOKE the care navigator service, information and liaison assistants and the community matron support workers. The project is designed to give older people greater independence, enhance self-management through choice and control and reduce hospital admissions.

The INVOKE project has sought to engage carers in various strands of the work undertaken a carer was recruited as a member of the tender panel, who decided on the contract award. This involved preparing him in regards to the tender panel process and enhanced financial accountability in regards to public funding. An INVOKE board member is a carer for her husband as well as a member of Canterbury Senior Citizen Forum.

A service user and her husband/carer were involved in developing the service specification and job descriptions. INVOKE project was instrumental in supporting the PCT to involve service users and carers within the interviews for the community matron support workers. They were not initially keen to undertake this but actually wrote a positive article

afterwards reflecting that the community matrons themselves had learnt from this experience.

KCC Communities Directorate

Adult Education is currently delivering a Level 2 City and Guilds qualification to a group of 14 carers in Herne Bay called the Certificate in Personal Development and Learning for Unpaid Carers, feedback from carers who have attended the course is very positive.

Adult Education hopes to provide another 30 free places before the end of July 2009 to carers in Kent. They are also investigating offering courses in financial management and healthy lifestyles specifically aimed at carers for September.

Awaiting information from

Supporting People Team

Kent Sensory Services

Section 5

Looking to the Future

Meeting demand and expectations

As a nation we are living much longer than we used to consequently we have an ageing population. Over the next 20 years, the number of people over 85 in England will double and the number over 100 will quadruple. About a third of all men and half of all women will, upon reaching the age of 65 require long-term care and support at some point as they age, plus there are many people with enduring life-long conditions who need care and support far earlier in their lives. This means that over the next 20 years it is expected that over 1.7 million more people will have a need for care and support much of which will be provided by carers.

Alongside these demographic changes our expectations have also altered, people want more choice, demand better quality and want services that are responsive flexible and able to meet their individual needs. The combination of these two factors, demand and expectation means that the cost of care and support will continue to increase.

To help us respond to these challenges KASS is going through a period of transformation. The aims and values to guide this were set out in the Putting People First Concordant 2007. It states that transformation will be based on the principals that everyone who receives care and support will have choice and control, that the system will be universally available with a strong focus on prevention and early intervention. The Concordant also states that 'supporting carers is at the heart of delivering personalisation, or indeed any affordable system of social care. Their contribution will become even more important as the cost of purchasing social care rise, the paid workforce continues to shrink and the number of elderly and disabled people increases'.

The national carers' strategy stated that that the long-term challenge will be to create a new settlement between individuals, family and the government. In order to do this there needs to be an open and honest debate about the appropriate balance of responsibility between the family, the individual and the state. The Government began this 'care and support' debate last year and engaged with service users, carers, members of the public and shareholders to get their views on how care and support services should be delivered in future. A Green Paper is due in spring 2009, this paper will suggest various ways in which the system could work in the future.

Balancing choice and responsibility

One of the major challenges of the future will be ensuring that the needs and wishes of carers are built in to our plans for the future as we continue to transform our services to offer greater levels of personalisation, choice and control.

Research carried out by Social Policy Research Unit, University of York and the Personal Social Services Research Unit, University of Kent has shown that individual budgets can greatly improve carers' quality of life when compared with carers of people using conventional social services. The personalisation agenda has the potential to positively support carers in their role in innovative and creative ways, providing support that is truly tailored to their individual's needs and wishes. However, there is a risk that managing more personalised support becomes just another task for carers to cope with.

In February KASS held a 'Carers and Personalisation Event' to provide carers and their support organisations the opportunity to learn more about our self-directed support plans. We wanted to hear from carers what they thought the opportunities and issues would be for them as we move towards greater levels of personalisation. It was a lively and well attended event from which the key messages were;

- Concerns about risk management, who regulates and ensures that the support purchased independently is safe and of a good quality.
- What happens in an emergency if your support plan fails?
- What training would be available for personal assistants or people employed directly. How would training costs be factored into the personal budget build? What training and support will there be for carers to learn how to manage a personal budget?
- Getting good quality advice, information and guidance about the range of support available, and that advice being available for people who purchase their own care and support.

The key now is ensuring that our plans are able to meet the needs of carers and those they support, that we invest in support services that enable carers to take on the responsibility of helping those they support to manage their support or manage that support of their behalf.

Conclusion

The support we provide to carers is crucially important now and will be even more so into the future, supporting carers must be central in all our future plans. As a society we are dependent upon carers' willingness to continue to contribute their time and energy. With everything we know about the changes in society we need to create support systems that enable carers to have the same opportunities as everyone else in society and have a life of their own alongside their caring role.

Partnerships across the whole health and social care economy are vital to identification and support of carers. The voluntary sector has a unique and special role and their skills and expertise will be central to successful strategies to support carers. We know that carers often experience multiple forms of inequity as a direct result of their caring role, supporting the health and wellbeing of carers is a major role for the NHS and primary care. The Kent Adult Carers Strategy and 'the Kent Young Carers Strategy share the following key aims;

- to provide high quality, timely advice, information and guidance to all carers;
- to provide integrated and seamless which value carers as partners in care;
- to support carers to have a life of their own alongside their caring role;
- ensure that young carers are protected from inappropriate caring roles;
- to support carers to stay physically and mentally well and
- to protect carers from financial hardship.

We must continue to ensure that carers are involved in development of services and support. Only by actively seeking out the views of carers including those for seldom heard from groups will we be able to ensure that the support we provide will be what carers want and need. We are developing mechanisms to ensure that carers' views are included when we monitor and evaluate services and policies.

Our developing the personalisation agenda across enable carers' greater levels of flexibility in the choice of the type of services and support they receive. The department of health are currently pursuing the use of personal budgets within the NHS. Eastern and Coastal Kent PCT are bidding to be a pilot site for personal health budgets. In our preliminary meeting support for carers has been identified as a priority area.

As one of the largest employers in Kent we must lead by example in the way we support carers in our workforce further developing our policies and practice to enable carers to combine working with their caring responsibilities.

Supporting carers is everyone's business and any sustainable and affordable social care system must have carers in the centre of its thinking and planning.

Will add Select Committee 1 Year on Report and minutes of feedback meeting once agreed.

Crossroads

East Kent Crossroads

East Kent Crossroads covers approximately 600 square miles encompassing the Isles of Sheppey and Thanet, the City of Canterbury and surrounding rural villages, the coastal towns of Whitstable and Herne Bay where their office premises are, and the Swale towns of Sittingbourne and Faversham.

Four teams of carer support workers delivered approximately 31,000 hours of support in carers' homes to around 400 families last year.

East Kent Crossroads were awarded £50,000 from Eastern and Coastal PCT towards the Crossroads Macmillan partnership that has been running for nearly 3 years now. This has enabled them to provide an extra 4000 hours of support each year to families caring for someone with cancer, or other life limiting illness. The PCT have recently committed an additional 60K to develop more flexible support for carers of people with dementia across east Kent.

The scheme works in partnership with; Social Services, a Macmillan Cancer Support, Eastern and Coastal PCT and Canterbury Parkinson's Disease Society, to deliver services throughout the East Kent area.

Maidstone & North West Kent Crossroads

Maidstone and North West Kent Crossroads provides free, home-based respite to carers in that part of Kent that runs from Swanley and Dartford in the west, through Maidstone to Lenham in the east. In the last financial year, they supported 763 carers through the provision of almost 50,000 hours respite of which 9750 hours was for children and young people caring for a family member. The age range of those for whom they provide care was from six weeks to 104 years and the variety of conditions with which patients had to

contend with was extensive, However, the three most common were Dementia 29%, Cancer 15% and Strokes 13%.

Apart from the "standard" Crossroads service has run two specialist services: For those caring for friends or relatives who have a life-threatening condition its Palliative Care Service can provide help. The number of hours available varies to meet the carers' needs in as flexible a manner as possible.

A Young Carers' Project was set up to support children and young people (aged 17 and below). Apart from having a weekly club of their own, young carers can enjoy regular trips out and, for those who would not otherwise have the opportunity, holidays are provided in the summer months.

South East Kent Crossroads

The area of benefit for Crossroads South East Kent is the Borough of Ashford and the Shepway and Dover Districts, which has a population of approximately 116,590.

During the last financial year their service was offered to 247 informal Carers, providing 25,000 hours which enable Carers support and the opportunity to have a much needed and much deserved break from their caring role.

Their Scheme is predominantly funded via KASS and more recently it has benefited from an additional £88,000.00 from the Carers Grant to enable Carers to attend training, support groups and extended calls, including night sits.

They have an open referral system and their service is available to any Carer regardless of the age or disability of the person that they care for.

Weald of Kent Crossroads

Services offered include personal care for the cared for, respite for the carers, activities for both carer and cared for. They aim to tailor their service to suit individual family needs, as far as humanly possible.

From April 2008 to March 2009 they delivered approximately 17,000 hours of carer support, which equates approximately to 320 hours of support per week to 200 families. The carers they support look after people with the following conditions; Dementia 28% Elderly Frail 15% Stroke 11% Cancer 9% Parkinson's Disease 5% Cerebral Palsy, Autism, Multiple Sclerosis, Arthritis and learning difficulties 3% and other conditions 17%

They have secured additional funding from the Big Lottery to extend the respite services, funding from NHS West Kent to develop palliative carers and end of life support for carers, and have developed interesting Local Partnerships for example the Edenbridge Community Link. They have a web site, produced leaflets and newsletters and hold infrequent carer events such as pamper and pantomime trips.

Volcare

Volcare is registered to provide domiciliary care services for adults and children in order to give their carers a break from some of their care responsibilities. The Agency arranges to provide the carers of service users' with access to volunteers, the volunteers will spend as much time as is necessary getting to know the family and the service user's personal care needs, before taking over the caring role. The carer then can have a break ranging from one day to two weeks. During this time, the volunteer may live in with the service user and provide personal care and support as and when needed. The Registered Provider is grant funded by Kent County Council. This means that the carers and the service users are not required to pay individual fees for the support they receive from the Agency.

- In the Canterbury area **33** carers were supported with **3890** hours of respite.
- In the Thanet area **27** carers were supported with **2111** hours of respite.
- In the Dover area **34** carers were supported with **2737** hours of respite.
- In the Faversham area **5** carers were supported with **519** hours of respite.
- Across the area **5** parent carers were supported with **76** hours of respite.

In the Canterbury and Thanet area Volcare supported in total **104** carers with **9333** hours of respite. That number is broken down into the following client groups; **5%** were children, **13%** had a physical disability, **40%** were older people with a mental health need and **41%** were older people **10%**.

Carers First

Carers First operate in the South West region they are an independent, charitable organisation supporting and helping carers in Tonbridge, Tunbridge Wells, Sevenoaks, Edenbridge and the surrounding areas. Carers First is funded by Kent Social Services and private donations. Carers First aims to give comprehensive help to all carers, through access to information and resources, discussion, advocacy, one-to-one support, and groups where they can meet other carers in similar situations.

Carers First's data base holds the details of 1280 adult carers and 248 young carers. All carers receive a quarterly newsletter that is also distributed to libraries, almost 400 professionals, over 100 GP surgeries, local hospitals and other partner organisations. As well as the general newsletter they produce specialist newsletters, a quarterly issue for older carers, 492 copies to older carers and 268 copies to professionals per issue. Plus a specialist Newsletter for carers of people with learning disabilities which is bi-monthly and goes to 167 carers and professionals.

They run a large range of support groups including ones for carers of people with functional mental health issues, called the TLC Group it is a monthly drop in group which has 132 carers on it's attendees list. There is also a mental health support group with 74 members.

There is a monthly eating disorder group with 120 carers on the attendee circulation list. An Adult support group with 18 members, an older carers group held bimonthly with 81 attendances. There is a learning disabilities carers group with 79 attendances, who hold bimonthly meetings and regular social events.

They run parent carer groups; the Autism & Aspergers Group meets monthly and have 120 members. This year they held two events with nationally recognised experts attracting over 150 attendees both carers and professionals.

There are young carer groups, the monthly 7 to 9 group with 144 attendances, the forthrightly 9-11 group with 384 attendances, the fortnightly 11 – 13 group with 192 attendances, the monthly 14 – 18 group with 97 attendances. There is also a rural support group with 96 attendances, Homework Clubs with 84 attendees and a school lunch time drop in with 380 attendances.

In the year 142 young carers accessed 161 get away breaks costing in the region of £42k secured from external funds and donations. They spent £10.4k on 10 young carers with high needs, including those excluded from school, with offending and/or drug and alcohol problems to attend the "Dreamwall" project which is a 2 x 4 day residential programme.

Carers First also arrange a social events programme including activities such as a brunch group that meets three times per year, Theatre groups, carer pamper day and other events i.e. walks, theatre, opera, visits to gardens, vineyard tour, carol concert, etc

For its respite services last year 51 adult carers of adults accessed over 7640 hours of respite, 84% funded by Kent Adult Social Services with the remainder by carers fees, PCT, self funding, donations. 46 carers of children with disabilities accessed 4,252 hours of respite 87% funded by Children's Families and Education, the remainder by carers fees and donations. A further 51 Carers accessed Mental Health Carers Breaks Fund.

It also provided some with example training - Living with a teenage mental distress (training): 61 attendances over 3 sessions, Parent Training: 44 attendances. Throughout the year carers were supported to contribute to 71 different consultation events.

Carers Support

Carers support provides support, advice, information and advocacy services to adult carers within the Ashford and Shepway area. Regular monthly support groups are held in Hythe and New Romney for all Carers. In Ashford and Folkestone they hold fortnightly meet and talk support sessions, and Monthly at New Romney an Alzheimer's specific support group. The attendance is anything from a hand full of carers up to 18. Also in Ashford they hold a monthly get together for parent carers, this is not very supported due to lack of funding available for identifying and supporting this group of carers.

No training opportunities have been offered yet, though they have identified training needs from the carers they work with, which will be delivered within the coming months. They promoted the "expert patient" programme within the area, and are aware that some of the carers they support attended the sessions.

Organised for three carers' short-break day trips in the past year where three day trips to Whitstable, Faversham and an afternoon cream tea, 75 carers participated. The annual Christmas event was attended by 60 carers.

Additional services offered a tele-befriending project, carers tele link up, Kent Carers Emergency Card, benefits advice and a quarterly newsletter sent to 900 carers. Throughout Ashford and Shepway leaflets and information is displayed from Carers Support. They hold an annual information forum session in Ashford and Shepway each year, last year the theme was Benefits/Pensions.

Additional funding was secured in the past year from Henry Smith to provide a councillor supporting group of Carers with their emotional needs. The Shepway Mental Health & Well being fund from PCT funded one years costs for the pilot project of Carers Health Checks. They have submitted funding applications to the Health well being fund (PCT) in both areas for funding for parent carers and working with the family.

Carer Voice

Carers voice provides carers support services to carers living in the Canterbury, Herne Bay, Whitstable, Faversham & Isle of Thanet, they run support groups to provide advice, information and guidance to carers.

Eight Carers Support Groups are held regularly. Groups for all Carers are held in Birchington, Ramsgate, Canterbury, Whitstable, Herne Bay and Faversham on a monthly basis, attended by between 8 – 20 Carers. A group for parents of adult sons and daughters with a learning disability is held in Herne Bay every six weeks, attendance 5 – 12. A group for Male Carers is held in Canterbury monthly, attendance 4 – 10.

In partnership with Adult Education Carer Voice has hosted the City and Guilds Learning for Living (for the unpaid Carer) programme just finishing, eight carers have successfully completed the 15 week course.

Seated Exercises training was held with Health Promotions. Healthy Eating training with Dieticians was held at Queen Victoria Hospital in Herne Bay. They also run monthly forums and information workshops for Carers.

They held a 'Day of Relaxation' respite and social activities event for carers, 60 carers attended and took part in Reflexology, Aromatherapy and relaxation exercises. A garden Party was held for 90 Carers during National Carers Week at Mount Ephraim Gardens, Hernehill. A Christmas Party for 80 Carers was held at St. Augustine's, Westgate.

They offer free counselling to Carers by two volunteer Counsellors in Herne Bay and Ramsgate. They have a specialist worker who support parents of adult sons/daughters with a learning disability. They offer an Advocacy Service for older Carers. They provide a quarterly newsletter with a distribution list of 1100.

The Men only group is supported by the Rooney Foundation (through Kent Community Foundation). Pfizer and the Collyer Ferguson Trust have supported part of the Advocacy Service. They have received PCT funding for the newsletter and have also been successful in a PCT bid to support their counselling service, currently further funding applications are with the PCT.

Dover District Carers' Support

Dover District Carers' Support provides support for people, over the age of 18, who live in the district of Dover and who have an unpaid responsibility to look after relatives or friends with physical or learning disabilities or mental health needs. Dover District Carers' Support was set up in 2001 and is largely funded by Social Services. They have 780 carers registered with them and 4 full time members of staff.

They run a number of carers groups, a monthly group for older carers with an adult child with a learning disability, they are particularly looking at preparing the child for the time when the carer is no longer able to care for them. A monthly dementia carer support group, a monthly drop-in for those with memory problems and their carers.

They also run fortnightly Young Onset Dementia (YOD) activities project for carers and the cared for focusing on gardening and cooking lunch together. The YOD project is described by some as day care but it is not a respite service, as carers MUST attend too. The idea is to work with the couples by involving everyone in activities to bring about changes and to sustain the daily living skills of the person with dementia. 14 people attend each session, the same 14 each time; this project is now funded by NHS Eastern and Coastal Kent.

They have given dementia awareness training on several occasions, the sessions primary focus was about carers and their concerns, though it was hoped that by working alongside carers KASS care managers who attended would benefit by being able to see things from a carers' perspective.

They hold information forums where they invite a panel of experts to answer questions from the carers; these are usually related to a health problem such as dementia.

They offer help with benefits, advocacy, emotional support, bereavement support, home visits where appropriate, and a lending library of carer related subjects.

They have been funded by Bridging the Gap to offer training and bereavement support. They have been funded by Henry Smith for bereavement support and Deal Town Council for the quarterly newsletter. They attend the memory group at the local MH centre to talk to Carers of those newly diagnosed with dementia

Maidstone Carers Project

Maidstone Carers Project is a point of contact for anyone living in Maidstone and surrounding rural areas who look after a relative, partner or friend. The project provides information about local services, support systems and benefits. Two newsletters are produced three times a year, a general all carers one that goes to 500 carers and a mental health carers newsletter with a distribution list of 187. A confidential listening ear is offered to carers - either face to face or over the telephone. Help is given to complete benefit claim forms and advocacy when necessary during 2008/09 over £200,000 in disability and carer benefits have been claimed.

The Project runs various care support groups, which enable carers to meet and support each other. Four groups meet on a monthly basis, they are, the generic carers support group, the mental health carers group, a learning disability group and a dementia carers group, each group has between 8 – 15 people attend. In addition they hold 5 times a year a multi-agency dementia drop in which has 10 regular attendees.

The project also provides a regular telephone contact service currently operating for 95 carers. Each carer receives a regular telephone call at a frequency and time to meet their

needs; this provides a valuable lifeline to the most isolated carers and has also helped pick up issues before they develop into a crisis.

A regular Maidstone Carers Forum enables carers to meet and speak directly to planners and managers of Health and Social Services. The forum meets three times per year and has approximately 40 carers who regularly attend.

As well as the carer support group carers are encouraged and enabled to get together and share interests and activities. Carer Activity groups include the swimming group, book group, card making, tai chi and Reiki taster days. Last year the project ran 96 such group activities for an average of ten carers per group. The project also support carers social trips and last year 8 such trips were organised including, river boat trips, visit to Kew Gardens, trip to Whitstable, and Hever Castle with an average of 15. The project also runs a Christmas party which 34 carers attended and a Christmas lunch for mental health carers which 18 attended.

A dedicated Mental Health Carer Support Worker offers a listening ear, information, support. The project administers the mental health carers breaks funds this year 85 carers have benefited from this support. The breaks are flexible and responsive to individual carers needs, some examples include, horse riding lessons, an annual gym membership, day and theatre trips and holidays.

Northwest Kent Carers

North West Kent Carers Support provides services to Carers in the districts of Dartford, Gravesham, Swanley and surrounding areas bounded by Vigo, Culverstone, Meopham, and Istead Rise across to New Ash Green, West Kingsdown, Eynsford, Farningham, Crockenhill and back to the Thames at Dartford. They currently have approximately 1200 Carers on their register.

They currently run 8 Carers Support Groups, each of which meets monthly and some have sub groups/peer networks in between. Attendance at these groups is between 8 -16 Carers at each group session. Venues vary from the community hospital at Gravesend to the Living Well Centre in Dartford. These include two support groups for Parent Carers who may be caring for children with conditions such as Autism and ADHD.

They provide one to one help on benefits advice in the carers home including help to achieve maximisation of income for carers and cared for. They also support appropriate appeal cases to Tribunal, including upper level. Some additional advocacy services are provided in order for the carer or their cared for to achieve their rights in areas such as CHC (continuing health care), DRG (Disability Resettlement Grant).

The organisation provides information and advice on their telephone helpline, which is the frontline point for carer referrals, processing the Kent Carers Emergency Card and sign posting to either their services or relevant services provided by other organisations, both statutory and voluntary. Every six weeks they produce and distribute the "Carers Crier" newsletter to 1200 carers and 300 associates and professionals. It is also available to download from their web site. Their carers' leaflets and registration forms are distributed to GP surgeries, libraries, CAB's etc. They hold routine publicity days at local shopping centres and make presentations to specialist carer groups such as Parkinson's or Multiple Sclerosis Society. They promote and advertise their service widely.

For short-breaks for carers they provide an adult Sitter Service that provides approximately 700 hours per year; they provide one to one befriending carers approximately 240 hours per year; they organise between 2/3 "Stress Free Days" for Carers. A selection of alternative therapists - Massage, Reiki, Aromatherapy, Holistic therapy etc attend and offer taster/reduced charge services to a total of approximately 150 carers. They also provide some of these sessions at the support groups. They organise 2/3 daytrips/outings per year attended by 100 -140 carers, some with their cared for. They also organise a social event annual Christmas Party, attended last year by 170; an annual carers Christmas meal, last year attended by 50.

Wherever feasible and practical they work in partnership with other organisations. In 2005-2007 they led a project with DIAL and Age Concern to deliver benefits advice to older people. More recently have taken the lead to bid for the delivery of the Caring with Confidence course across the whole county North West Kent Carers. Have also worked closely with Carers First to deliver carers training sponsored by the LPG (Local Partnership Group) and worked in partnership with the Parents Consortium to provide some specialist services to parent carers. They have also organised the Learning for Living Course in partnership with KASS and Adult Education. Additionally they have delivered, IT courses, counselling courses and First Aid courses to carers

They currently provide these services with 85 weekly paid hours of staff time and are now recruiting two additional carer support workers and have approximately 40 volunteers. They accept referrals from any source, self-referral care management, social workers, Community, Ellenor and McMillan Nurses.

Swale Carers Centre

Swale Carers Centre's ethos is to 'Promote, Support and Empower Carers of All Ages' and as such is funded by KASS to provide a comprehensive support service to Adult Carers, residing in the Sheppey and Sittingbourne districts of Swale, who are caring for a relative or friend over the age of 18. This does not include those carers of people with Alzheimer's and Dementia and functional Mental Health issues; however, Alzheimer and Dementia Family Support Service is currently being developed and will be available from April 2009.

The Centre is funded from the Learning Disability Development Fund in order to provide specific support to Older Carers of people with Learning Disabilities, with a view to assisting the family to make an informed choice regarding their future health, housing and social needs. Older Carers Learning Disability group works with 15 families, holds quarterly coffee mornings and also are encouraged to join in any other event/activity. The funding is due to end and unless additional funding can be secured the project will end in early 2010

The Eastern and Coastal Kent PCT has recently awarded a grant with which to directly support parent carers of children and young people with additional/special needs and this new service will commence 1st April 2009.

The PCT has also awarded a grant with which to deliver a number of additional support groups and respite activities to Adult Carers that will commence 1st April 2009.

Support services to adult carers includes advice, information, over 830 telephone calls and 128 hours of home visits providing support including advocacy. They distribute a quarterly newsletter to over 500 carers. Provided 142 calls of emotional 1:1 support, support groups and respite activities, training opportunities, personal development opportunities, sign

posting and onward referral. Carers are also supported to attend and participate in events such as the Personalisation Agenda, Self Directed Support etc.

Through South East Coastal Communities funding and in partnership with the Kent University, they are currently developing a 'tool-kit' for Carers, which will be officially launched during Carers Week between 8 -12 June 2009. Additionally, a number of carers have participated in the 'Doorstep Learning Programme' and 'Falls Prevention' training facilitated by their support teams.

Currently they provide a men only support average attendance 7 carers and a women only support group average attendance 10 carers per month and two 'joint' support groups average attendance 7 carers. The single gender groups have been proven to be very useful and empowering, as often individuals can become reticent discussing issues important to them in a both gender setting. These groups provide an opportunity for peer support amongst carers and also provide a learning platform whereby guest speakers are invited to discuss a number of topics, including, health, benefits, Rapid Response, KASS, etc.

If it is necessary for replacement care to be provided they will make referral to Crossroads. For other forms of short-break which directly benefit the Carer themselves, they provide usually a monthly free of charge or heavily subsidised social activity, including, theatre trips, day trips to places of interest, meals etc, all providing opportunities for social inclusion.

To further promote the role, needs and rights of carers, they hold an annual Carers Week Forum and Carers Rights Day Event. Staff actively participate in a number of local, regional and National Forums in order to represent carers views in a number of wide ranging initiatives.

Alzheimer's Support Services

Alzheimer's Society Ashford and Shepway Branch

Provide advice to, both people with dementia and their carers on devising coping strategies, navigating their way round the statutory services and the health services as

well as the voluntary sector. They offer advocacy and work in close partnership working with the Admiral Nurse.

They run support groups monthly in Hawkinge, Hythe and New Romney, which are for the person with dementia and their carers. And offer advice and support at the William Harvey Memory Clinic Team, and hold a monthly surgery at the Tenterden Gateway.

They are currently putting together a Carers' Education Programme. Which will start in Folkestone in June and run for 6 weeks. Respite and transport can be provided to ensure carers' can access this. It will be advertised in April 2009. Similar Ashford Carers' Education Programme is planned for September 2009.

Alzheimer's Society Canterbury and District Branch

Offer Carers support group facilitated by a paid worker, a carers helpline in office hours, facilitate a grant scheme for carers to purchase equipment respite and transport, which will assist them in their caring duties to a maximum of £300.

Purchase day services to provide carers respite, the branch has purchased day care places at an Age Concern Day Centre in Herne Bay and Canterbury.

Provide advice information and guidance to carers at local Memory Clinics.

Alzheimer's Society Maidstone & Rural Communities Branch

Run various support groups, one group caters for carers and people with dementia: the meeting for carers takes place in a designated room, facilitated by experienced volunteers. At the same time the people with dementia for whom they care enjoy stimulating activities supervised by volunteers. This is run on a monthly basis but they are looking to improve this to twice a month in the near future.

A second group caters for those carers of people with dementia whose loved ones have moved into residential care and who therefore have a slightly different set of challenges to face. This runs on a monthly basis and usually involves 7-10 existing carers, facilitated by two experienced volunteers.

A third monthly group caters for younger people with dementia and their carers, utilising NHS facilities at the Priority House Mental Health Centre in the north of Maidstone, involving patients referred from their memory clinic. They are routinely involved in the carers' education programme run at memory clinics.

There is also a less formal group, the "Carefree Group" with more emphasis on social activities, for those carers who have lost their loved one and need to re-integrate into "normal" social activities. The clients largely run this group themselves, with support from volunteers.

In order to begin to meet the needs of carers and of people with dementia who might otherwise face isolation in the rural areas of the branch, the branch runs regular drop-in support meetings in villages across the branch area.

A monthly Tea Party with entertainment in Maidstone is aimed both at carers and at people with dementia. Taxis are arranged and subsidised for those who need assistance with transport. On average 50 to 60 people attend. This club is highly valued by its users as a respite from the isolation and loneliness endured by many carers and people with dementia. It is also an opportunity to share knowledge and experiences with each other.

A quarterly Luncheon Party is held in Maidstone once again aimed both at carers and at people with dementia. On average 50-60 people attend and taxis are arranged and subsidised for those who need assistance with transport.

Run *ad hoc* specialist information sessions, the most recent of which involved local solicitors explaining the implications of the Mental Capacity Act, recent Human Rights legislation and case law, and issues around Lasting Powers of Attorney.

They run an activity group for people in the early stages of dementia providing stimulating activities for them. This effectively provides respite care at the same time since it does not involve carers and provides light refreshments. It runs for three hours each Friday and at present caters for six people with dementia with a high client/worker ratio in order to provide the best experience for the clients. This group utilises NHS facilities at the Heathside Mental Health Centre in the south of Maidstone and is run by our Outreach

Worker, with assistance from the Branch Development Worker, an NHS assistant psychologist and experienced volunteers.

The branch runs its own “all hours” local telephone Helpline as well as providing a similar service during office hours on the office line. They respond to queries by telephone, by e-mail, by post or at the office, from anyone, including queries from outside the branch area.

An Outreach Worker is funded until September 2009 by a donation from the Rowse Trust of just over £19k. All their other funds come from donations and their local fundraising.

Alzheimer’s Society West Kent Branch

There is Aftercare Group for anyone who had been caring for someone with dementia that has now died. There is a meeting monthly on social bases for people to share experiences usually about 12 people attend.

There is an Alzheimer’s Forum, a web site that is run by and for people with dementia to share experiences and offer mutual support. It raises self-esteem and gives a sense of achievement through being part of a national and global forum.

There are various support groups in Tunbridge Wells area, Sevenoaks and Tonbridge. Offering a chance to meet and share experiences with other carers. These are monthly meetings with the following average attendees Tonbridge around 12 people, Tunbridge Wells around 10 people and Sevenoaks around 10 people.

There is Computer Project, which uses specialist computer equipment to encourage clients to discover new ways of communicating, creative self-expression and access interests. This is an open group and all members are welcome to join.

A wide variety and range of information and support given including a quarterly newsletter, leaflets and one to one advice, information and guidance. There is Help Line available for support, information on any of the services that they run, advice on local services and a listening ear to anyone with or caring for someone with memory problems. The help Line is open 24/7 and on average receives 75 calls a week.

Home Support Scheme this service offers stimulation to help maintain the skills of the person with dementia. Some activities include banking, shopping, cooking and helping to pursue hobbies and interests. The scheme supports over 80 people with dementia and their carers each week providing approximately 250 hours of care.

Lunch club a group of people with dementia and their carers who are on the waiting list for a service. On average 20 people meet once a month in a local pub for lunch.

The Alzheimer's Society offer day services in three locations based on a client led approach which provides an environment for clients to pursue their interests, maintain social skills and participate in a variety of activities, they have specific days for people in the very early stages of their illness.

- Park Lodge Day Service runs 5 days a week and offers 10 places a day a total of **50 places per week;**
- Town Lock Day Service runs 2 days a week and offers 12 places a day a total of **24 places per week;**
- Cranbrook Day Service runs 1 day per week and offers **8 places.**

Park Lodge eating and social event hold a pub lunch for people with dementia and their carers to gain support, information and for social interaction. There are two services, one in Hadlow and one in Tunbridge Wells, both meet once a fortnight with around 24 people attending each event

Short Term Intensive Support Service (STISS) this service is intended for those people who have significant memory impairment who are in acute hospital beds. It promotes early discharge from hospital, prevents hospital admission and carer breakdown, offering support within the home for initially four weeks with a review. The service currently supports a maximum of 6 clients at any one time for up to 4 – 6 weeks, support workers can visit everyday for 2 hours.

Alzheimer's and Dementia Support Services

Alzheimer's & Dementia Support Services (ADSS) has developed multicultural services to provide practical and emotional support to; people with Alzheimer's disease and other dementia's, their main carer and other relatives and supporters. ADSS's prime aim is to

enable people with dementia to stay in their own home for as long as possible and to support their carer throughout their caring role and even after it has ended. ADSS operational area is Dartford, Gravesham and Swanley covering some 46 square miles in north-west Kent.

The activity for ADSS is 1st April 2008-31st January 2009 not the full year.

Weekly support group in Gravesend and Meopham, where the cared for are welcome too has 61 members, twice monthly support group in Dartford where the cared for are welcome too has 10 members. New for 2009 is a monthly support group for carers only in Northfleet.

ADSS run a respite/support at home scheme providing 1-1 support in activities of daily living and providing carers with a welcome break, currently have 32 clients who received 2,037 hours of support.

ADSS run day services at their Garden Lodge seven days per week Monday to Saturday 10am to 3pm, providing places for 90 clients. New for 2009 the Monday Club is for people in the early stages of their dementia.

ADSS provide advice information and guidance, they have a website, provide leaflets and a Newsletter, the newsletter is produced twice yearly and is distributed to 250 people with dementia, carers and professionals. ADSS have produced carers information DVD and CD. This year they have sent out 108 information packs, have completed 72 initial home assessments, 13 carers have benefited from the 1 to 1 support services, 5 people have had befriended matched with them.

New for 2009 is an out of hours Help Line to enable carers to access round the clock giving information and emotional support.

ADSS was awarded a grant of £232,971 by the Big Lottery Fund. The grant will fund a five-year project working with GP surgeries to raise awareness of memory problems and encourage early diagnosis. There was just 62 awards made in England and just 12 in Kent from this round of the Big Lottery Fund's Reaching Communities Programme. This is ADSS 4th Lottery award bringing more than £500,000 of additional funding to the area.

Alzheimer's and Dementia Family Support ADFS

The funding that they receive from KASS allows them to provide information and advice via the telephone, produce newsletters every two - three months, to facilitate a monthly support group at Phoenix House. They also deliver training as part of the Carers training programme at Southland's and the Memory clinic at Holding St Rainham. Provide advice on benefits, help fill in forms, advise on other services and support and refer as requested and visit people in their homes if necessary. They currently have 42 carers of people with dementia on their records.

Mental Health Carers Support Organisations

Canterbury and Coastal Rethink

Hold a Carers' Support hold monthly meetings attended by ????. Offer and telephone/email support and sign posting, monthly newsletters, guest speakers, group support, and social events their ethos is promote culture of self-help.

Rethink hold regular group meetings with wide variety of speakers about mental health related topics, they promote such events and training opportunities through their newsletter etc.

Promotion of their carers' support group through information stalls with display boards at local events. Distribution of posters publicising monthly meetings and invited speakers.

Participation in mental health awareness initiatives, e.g. Mind the Gap Festival; National Carers' Week; 'Time to Change' Campaign; World Mental Health Day.

Sign posting to relevant advice sources, telephone support line backed up by answer machine, monthly newsletter circulation approximately 370 copies, various leaflets and peer mutual support. Have occasional, minimal internal group fundraising no funding received from PCT

Swale Mindset

Swale Mindset Carers holds two carers support groups a month, plus a carers focus group held every 6 weeks, a place for carers to bring issues to the table, to decide with other carers where these issues should be taken i.e. Carers briefing meetings, JCB, Complaint etc.

A training day was held jointly with the service users in October 2008, this took the form of a forum to which various speakers were invited to give presentations.

They manage the carers break fund and they offer respite to carers in various forms.

They try to have something on each month; respite days including; pictures, theatre, visits to historic dockyard, visit to vineyards, hop festival, river cruise, bonfire night at Mount Ephriam and a Christmas party. They held a stress buster day with a range of holistic therapists for carers to try, including Indian head massage, arm and shoulder massage, Reflexology and Reiki sessions. The carers breaks moneys have been used creatively for whatever is needed by the carer to enable them to cope with their caring roles. 29 carers break payments resulted in 216 instances of respite for carers.

There is a monthly newsletter that is distributed to ????. Carers advocacy services, they view this as a huge gap, service users have professional advocates, while carers rely on carers groups to provide this and this is not always available.

The PCT have funded Swale Mindset Carers to work in partnership with local GP's and their surgery staff to identify and engage with family carers of people with a functional mental health problem. These are the hidden carers whose 'cared for' are treated by GP's within primary care. One to one meetings with all new carers and when needed with any of their known carers.

Attend meetings such as LPMG, JCB, carers briefings, regular meetings with the local Community Mental Health Teams and any meetings where carers want their support, such as CPA meeting. Provide sign posting to relevant services, help completing forms, support to complain when necessary.

Rethink - East Kent Carer Support

They believe that carers play an invaluable role in helping people recover from severe mental illness and that they should be acknowledged, valued and supported. They run carer support group's in Ashford, Thanet, Dover, Deal and Herne Bay, they support a carer support group in Folkestone by putting their newsletter page in their Casper newsletter which goes out to over 570 carers throughout East Kent every three month.

Our carer support workers hold group meetings on a monthly basis enabling carers to meet each other, to share experiences and listen to professional guest speakers who are

invited to give talks on a number of issues relating to mental illness and caring i.e. benefits advisors, advocacy, floating support, social workers, community psychiatric nurses etc.

The service also has a carers' handbook which they give to every carer known to their service. This handbook has been compiled by them and gives the carers contact address and phone numbers of all different agencies they may need to contact. They also have their Casper newsletter that goes out every three months keeping carers up to date with everything that is happening now. They sign post carers to other agencies as and when needed i.e. young carers agencies, benefits advice, help line numbers etc.

They are jointly funded by East Kent Health Authority and Kent Adult Social Services. They have received funding for carers breaks this year; this has also helped in enabling carers to think of their own health and well-being and gives carers some quality time for themselves.

The team comprises of one service manager, one carer support worker who covers Deal and Dover area, one who covers Canterbury and Coastal area, one who covers Folkestone, Hythe, Dymchurch and Romney Marsh area, one new carer support worker who will be taking over the Thanet area and lastly one new carer support worker who will be taking over the Ashford area. The aim of these meetings is to offer individual support to carers on a once a month basis, giving them the chance to be listened to, and be offered advice in an encouraging and empowered way. They currently see 87 carers on a one to one per month.

The service has a joint service advisory group with advocacy which meets four times a year.

Maidstone Mind

Informally support carers by offering services to anyone over the age of 18 years experiencing emotional and mental distress, which often occurs in those caring for others. A ladies group has attendees who care for someone in their family although they may not consider themselves as 'carers'. They offer informal drop in day service five days per week, and some of those attending do care for family members. These services offer a place to go, someone to talk to and social activity groups to participate in. Maidstone Mind receive many calls from carers seeking information advice and guidance, they are usually referred to organisations such as Maidstone Carers Project. They facilitate anxiety / depression groups and some of the people attending these are carers who partly need the group due to the stress of the caring role. They organise events such as World Mental Health day where they offer information to everyone including professionals. They also

offer workshops on Mental Health Awareness to any organisation that would like to book their services and have a strong ethos of partnership working to support carers.

Dartford, Gravesham and Swanley MIND

Dartford, Gravesham & Swanley Mind runs weekly support groups for carers of people with mental health problems. Normally about 12 people attend the groups. The groups are run as peer support and enable the carers to talk about any difficulties they may have and to find new ways of dealing with their caring role. The carers produce newsletters and 1-1 sessions for carers are also in place.

DGS Mind has also run workshops for carers including dealing with anxiety, the faces people wear and educational groups on mental health issues.

Carers are able to access the carers break fund and the following has been arranged in the past year: individual breaks away, group breaks, day trips, attendance at Adult Education Courses, gym membership, to purchase of a bike, a sign language course and theatre trips.

Dartford, Gravesham and Swanley MENCAP

Run a carer group called the North Kent Carers Forum, for carers of people with a learning disability. The group meets bimonthly at their offices in Dartford. The group provides information and support with regular speakers and updates on Valuing People Now, social change, individual budgets etc. On average 10 – 12 carers who attend regularly and send papers out to another 15 and minutes only to a further 25 carers. The group has run for 6 years. There are plans to hold an open day in the summer for carers in North Kent to get more involved with their group.

They have run a number of carer forums, some for information and some for training, for example; short term breaks workshop which had 50 attendees, understanding the mental capacity act 30 attendees and one devoted to housing. The housing seminar attracted over 80 attendees including service users, carers, and professionals from social services/local councils and was facilitated by Housing Options. The outcomes of the day were recorded and used by Housing Options in a presentation to the Valuing People Team at the Department of Health as an example of good practice. The three Local District Partnership Groups funded the day. Signpost information to carers through bimonthly

newsletter, leaflets and on website. Hold regular wills and legacy seminars for carers twice a year with an average attendance 20 to 30 people handled by solicitors in Gravesend.

DGS Mencap receives funding from carers' grant to run a Community Access Project in Dartford known as Connect 3. The project receives funding annually (£31,085.52 in 2008/9) to run 3 weekly sessions for adults with learning disabilities. The project enables currently 23 individuals to access facilities in the community and gives carers a break. They offer coffee mornings for carers and advice and support through the Project. Additional funds of £12,000+ from grants have recently been awarded to refurbish Connect 3 and give it a make-over. This project developed the 'Lets Break Away' initiative which offers holidays to people with a learning disability giving carers a break, this runs twice a year usually to France taking 4 – 6 people with a learning disability numbers depend on their support needs.

They also provide leisure activities, which give carers a break. The Crocodile night-club with up to 100 attending, the Cygnet club in Swanley with an average attendance 20, the Place to Be (younger persons event) weekly in Peppercorns, Dartford with an average attendance 30 – 40 and a monthly Saturday night disco at Peppercorns average attendance 50. They have secured £13,500 funding from the Building Community Capacity grant to appoint a Project Worker for 8 hours a week to further develop the night-club sessions which has proved to be a very success venture.

Stroke Association – Family Support Workers

The Stroke Association employs three family support workers in the East Kent Area. Each worker holds a caseload of between 80 and 120 people. Their role is to support the stroke survivor and the family/carers. They offer emotional & psychological support assisting the family to come to terms with the stroke and build a new post stroke life. They provide advice information and guidance with sign posting to all appropriate resources, ensuring that stroke survivors and their families can access all the service and benefits they are entitled to. They keep clients for one-year post discharge from hospital however the service is needs led and they would not discharge if the service were still necessary.

Appendix 3

East Kent Day Services

Across the whole of East Kent there are **8,759** day service places offered on a weekly basis. Listed below are the providers per district.

In Ashford District there are 998 day services places available per week.

- Ashford Day Opportunity Service KASS provides 250 places per week for adults with a learning disability
- Westview Integrated Care Centre provides 90 places per week for older people
- The Nest provides an average 15 places per week for people with learning disabilities.
- Wood n Ware provides 75 places per week
- Age Concern Ashford offer 200 places per week for older people
- Age Concern Tenterden offer 150 places per week for older people
- Age Concern Tenterden Disabled In Action offers 70 places per week day care for older people with a physical disability
- Plantin House private provider offers 80 places per week for older people and 24 places per week for older people with mental health.
- Numerous private providers of Day Care provided an additional 44 places on a call off basis

In Dover District there are 1403 day services places available per week.

- Cornfields a KASS residential care home provides 48 day service places per week for older people
- Sampson Court a KASS residential care home provides 72 day service places per week for older people
- Wayfarers a KASS residential care home provides 48 day service places per week for older people
- Walmer Centre provides 450 places per week
- The Well provides an average of 190 places per week for people with learning disabilities.

- Age Concern Deal offer 250 places per week for older people
- Age Concern Dover offer 150 places per week for older people
- Age Concern Sandwich offer 175 places per week for older people
- Numerous private providers of Day Care provided an additional 20 places on a call off basis

In Canterbury District there are 1530 day services places available per week.

- Swalecliffe Day Opportunity Service KASS provides 200 places per week
- Canterbury Day Opportunity Service KASS provides 480 places per week
- Ladesfield a KASS residential care home provides 46 day service places per week for older people
- Age Concern Whitstable offer 175 places per week for older people
- Age Concern Herne Bay offer 260 places per week of older people (including week ends)
- Age Concern Herne Bay (Hazel Neville Centre EMI) offers 82 places per week (including Saturdays)
- Age Concern Canterbury offer 210 places per week (including Sundays) for older people
- Numerous private providers of Day Care provided an additional 77 places on a call off basis

In Swale District there are 1938 day services places available per week.

- Faversham Day Opportunity Service KASS provides 275 places per week
- Blackburn Lodge a KASS residential care home provides 150 day service places per week for older people
- Kiln Court a KASS residential care home provides 65 day service places per week for older people
- The Crawford Centre provides 277 places per week for people with learning disabilities in Sheerness.
- Age Concern Faversham offers 290 places per week of older people (including week-ends)
- Age Concern Sittingbourne offer 300 places per week of older people

- Age Concern Teynham offer 100 places per week of older people
- Age Concern On the Isle of Sheppey offer 400 places per week of older people
- Numerous private providers of Day Care provided an additional 81 places on a call off basis

In Shepway District there are 1543 day services places available per week.

- Shepway Resource Centre provides 450 places per week
- Lawrence House a KASS residential care home provides 60 day service places per week for older people
- Philbeach Day Service a KASS service provides 75 day service places per week for older people
- The Bridge provides an average 94 places per week for people with Learning disabilities.
- Age Concern Elham offer 175 places per week for older people
- Age Concern Folkestone offer 225 places per week for older people
- Age Concern Hythe offer 170 places per week for older people
- The Romney Marsh Day Centre offers 250 places per week for older people
- Numerous private providers of Day Care provided an additional 44 places on a call off basis

In Thanet District there are 1347 day services places available per week.

- Thanet Day Opportunity Service KASS provides 500 places per week
- Westbrook House Integrated Care Centre provides 90 places per week for older people
- Minis Bay a KASS Day Service provides 175 places per week to older people
- Age Concern Broadstairs offers 150 places per week for older people
- Age Concern Margate offers 175 places per week for older people
- Age Concern Ramsgate offers 175 places per week for older people
- Numerous private providers of Day Care provided an additional 82 places on a call off basis

West Kent Day Services

Across the whole of West Kent there are **5152** day service places offered on a weekly basis. Listed below are the providers per district.

In Dartford there are 820 day services places available per week.

- Yew Tree Centre in house provider **100** places per week for people with a learning disability.
- Swanscombe and Greenhithe Age Concern Ltd voluntary organisation **200** places per week for older people
- Age Concern Dartford voluntary organisation **200** places per week for older people
- The Limes, in house provider **60** places per week for older people
- Milan, in house provider **260** places per week for black and minority ethnic

In Maidstone there are 1082 day services places available per week

- Age Concern Maidstone voluntary organisation **420** places per week for older people.
- Boughton Mount, Adult service provider unit **400** places per week for people with a learning disability.
- Ditton Monday club, voluntary organisation **10** places per week for people with a physical disability or mild learning disability
- Dorothy Lucy Centre, adult service provider unit **12** places per week for Asian elders
- Dorothy Lucy Centre, adult service provider unit **50** places per week for older people.
- Heathside, older peoples direct services unit **90** places per week for older people with mental health needs
- Heart of Kent hospice, voluntary organisation **50** places per week for adults with life-limiting conditions.
- Meadow View, adult service provider unit **50** places for people with learning disabilities

In Gravesham there are **1562** day services places per week

- Guru Nanak in house provider **210** places per week for people from the local BME community
- Gravesend SEC service in house provider **275** places per week for people with Learning disabilities
- Perry street day service, private and voluntary organisation **200** places per week to older people with learning difficulties
- Age Concern Gravesend, voluntary organisation **500** places per week for older people
- Age concern Northfleet, voluntary organisation **300** places per week for older people
- ADSS in Gravesend, voluntary organisation offer **90** places per week to people with dementia

In Sevenoaks there are **259** day services places per week

- Adult service user provider, in house **187** places per week for people with learning disabilities
- Edenbridge Day Centre, **72** places per week for older people.

In Tonbridge and Malling there are **578** day service places available per week

- Abbyfield Woodgate, private organisation **90** places per week for older people
- Age Concern Malling, voluntary organisation **148** places per week for older people
- Age Concern Malling Woodsveiw, voluntary organisation **15** places per week for older people with mental health needs
- Age Concern Tonbridge town lock, voluntary organisation **40** places per week for older people
- Alzheimer's Society town lock, voluntary organisation **24** places per week for older people with mental health needs
- Alzheimer's Society Tudley day care, voluntary organisation **50** places per week for older people with mental health needs in the area

- Age concern run 3 pop in centres
- Disability with Ability, voluntary organisation **30** places per week for older people with a physical disability
- Ditton Monday club, voluntary organisation **10** places per week for people with a physical disability
- Princess Christian farm, adult service provider unit **75** places per week for people with learning disabilities
- Riverside, adult services provider unit **100** places per week for people with learning disabilities

In Tunbridge Wells there are **834** day service places available per week

- Barnetts, voluntary organisation **75** places per week for older people with mental health needs.
- Bowles Lodge, in house **80** places per week for older people with mental health needs
- Age Concern Tunbridge Wells, voluntary organisation **175** places per week for older people.
- Age Concern SHB, voluntary organisation **300** places per week for older people
- Headway, Voluntary organisation **75** place per week for people with head injuries.
- Alzheimer's Society, voluntary organisation **29** places per week for older people with mental health needs.
- Compaid Trust, voluntary organisation **100** places per week for older people

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DRAFT

Kent Adult Carers' Strategy



n – Carer
 – Carer First
 HS Eastern and Coastal Kent
 - NHS Eastern and Coastal Kent
 kevelt – NHS West Kent
 – Kent Adult Social Services

anks to

: Maidstone Carers Project and the Swale
 and Women’s Groups for their poignant quotes
 it.

Forward

Importance of supporting carers

Who is a carer?

What do carers do?

Carers advisory group

The National Carers Strategy

Information, advice and guidance

Access to integrated and personalised s

Having a life of their own

Carers are not forced into financial hard

Staying mentally and physically well

Carers having a voice

Delivering the strategy

This strategy sets out the vision we plan to take forward in partnership across Kent. We will build on the progress established via the carers grant funding and the framework set out in the National Carers Strategy. Kent we have committed to deliver the national strategy in five not the suggested ten years. This sets out what we think achievable target that requires multiple types of partnership work and co-operation across social care and the private and voluntary sectors. It involves forging new partnerships with employee organisations, establishments and the job centre plus.

There are many reasons why people take on caring roles. People who care do so because they want to; because of love and duty. Care and caring are important in community life and one of the foundations of a good and sustainable society. Nevertheless the role of caring is demanding one and one that often people are not prepared for.

Society is changing, as a nation our life expectancy has improved and we can all expect to live longer, and that is a good thing. In direct connection the chances of becoming a carer are increasing all the time, everyone has the potential to become a carer, and it is likely that in the future...



challenge in providing information, advice and support those new to caring and inform rights and the services and support that is m.

People are forced to ignore their own needs demands they are under. Across Kent, we commitment to work together to ensure that a caring role does not mean people having of their own health or career opportunities social exclusion. We believe that carers are own lives and are important in their own right not just for the role they provide. Increasingly ing out of the shadows and are becoming visible as part of the wider community and e is a growing recognition of the importance and entitlements. This strategy is a clear m all the organisations, both public and ave a role in working with and support carers nty Council area.

development of this strategy and the general ds the carers in Kent is the principal that main providers of community care who should their role. We do not underestimate carers' society, if carers were to give up providing pport they offer it would be akin to losing the



Caring can be demanding and rewarding, some need and are entitled to specific services such breaks and emergency or crisis support services a caring role often means people juggling the give with other responsibilities, combining car getting access to training or simply having time break and go away for a weekend can be a m The services and support that we design in the be flexible and able to adapt to meet the need range of people; therefore delivering greater le and control to carers will be a priority.

to ensure carers who have job market are supported to retrain and gain confidence to re enter the work place.

in isolation, a major challenge in delivering strategy will be to ensure coherence with undertaken in Kent to deliver other key local and strategies, such as the Young Carers Strategy 'People', 'Living Well with Dementia' the Dementia Strategy, the End of Life Care Strategy Strategy. All of these strategies have and placed a high regard upon ensuring that carers are foremost in planning new services and support.

the success of delivering this strategy is the role and contribution that carers last year we have made significant progress more inclusive and coherent approach carers needs. We want to maintain that open sure that we can draw on carers expertise and every stage of planning, commissioning and services and support.

contains high level objectives that will be more detailed delivery plans, one in the east west Kent, coterminous with the relevant NHS each area. In forming these plans we will

LOGOS

Carers are supported is crucially important and changing so in the future. Current estimations show people in the UK is a carer; the percentage higher. In Kent on average 12.58% and in society's structure is changing, we have a population. By 2020 the number of people set to increase by almost a third, the over double and over 100s quadruple. At the average man will have nine years living with illness. All of these changes will create pressures for health and social services but will in the future many more people will have to play a role and for longer periods of time.

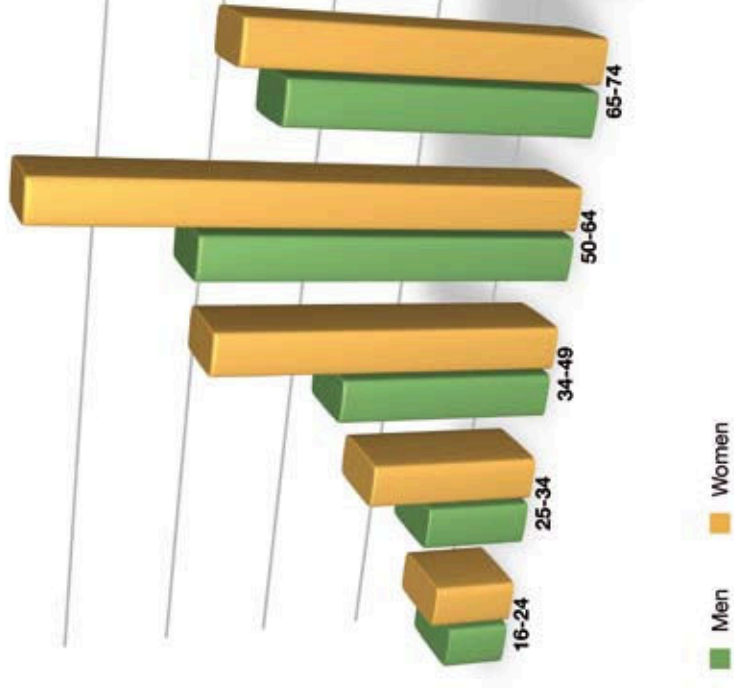
Facts and Figures

Carers in Kent are taken from the 2001 General Household Survey 2000;

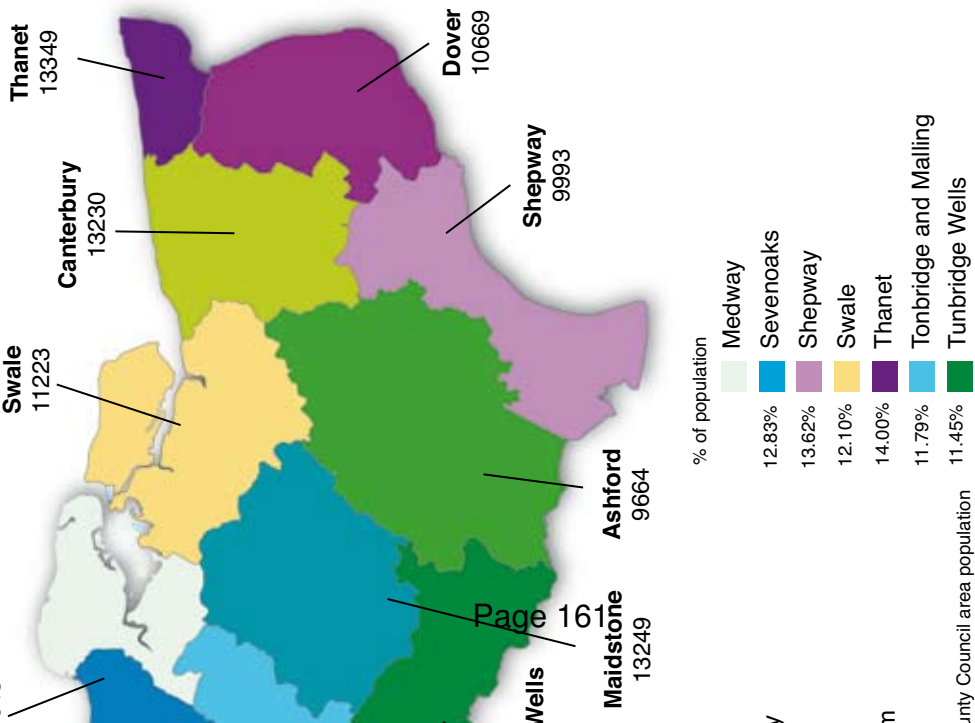
27,848 carers in Kent;

Carers are providing care for 1 – 19 hours per

Carers are caring for 20 – 49 hours per week;



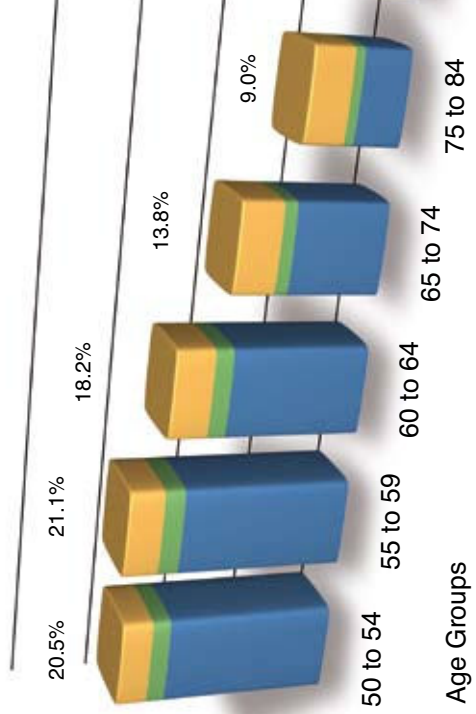
25,203 of Kent's carers provide more than 50 hours per week. Although caring has historically been predominantly female role. **Table 1** above shows



Older Carers (aged 50 and Over) KCC A

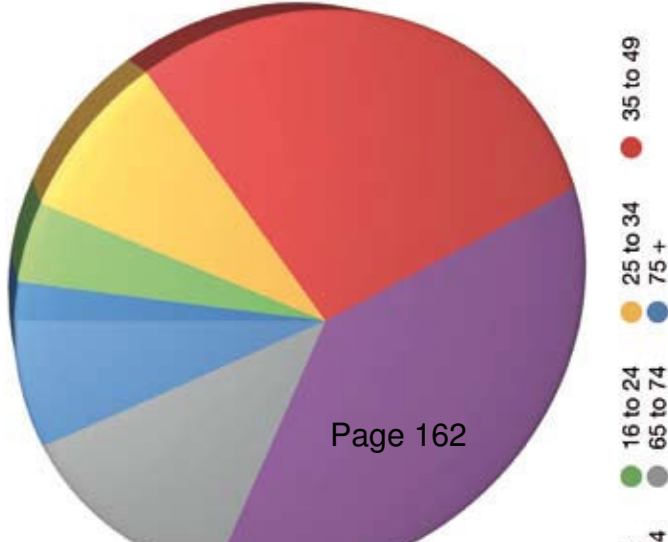
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Source: 2001 Census (Theme Table 01)
 Crown Copyright Kent County Council,
 Social Services, Demographic Project



A Carers UK Study in 2004 showed that nearly 11% of carers providing more than 50 hours of care are not in good health, compared with only 11% of the non-carer population. People who provide long-term care are twice as likely to be in poor health themselves and to be supported both in their own right and in their role as carers.

...to be in poor health.
A 2007 Carers Employment and Services study commissioned by Carers UK from the University of Kent showed that caring was strongly associated with the following groups that;



...eating properly, or they may neglect, or even someone they are caring for.
the age breakdown of Kent's carers. Of carers in Kent, **78%** or almost **100,000** are of Some will have given up work to care but the somehow combining caring with paid work. 2001 Census there are **2564** men and **1394**

...to be in poor health.
A 2007 Carers Employment and Services study commissioned by Carers UK from the University of Kent showed that caring was strongly associated with the following groups that;

- 40% of full-time carers would prefer to be working
- Those who give up work to care most are those who are disadvantaged and dissatisfied
- Many working only part time in low paid jobs or in caring roles
- Three quarters of carers say services are not available and delivered in ways which enable them to continue to work

Carers are not a static group, many grow into carers as their relative or friend becomes increasingly ill. Others become carers overnight as a result of sudden illness. Annually more than 2 million people are added to the population of carers through the out of caring situations. This creates a growing population as the caring population is constantly changing. The added value of getting the timely and accurate information and guidance to people.

one who in an unpaid capacity provides care for another person. Many people do not class carers: they are mums and dads, husbands, brothers, sisters, friends and neighbours. From all walks of life, ages, ethnicities and they are not a separate group of other people. In fact, most of us will either be a carer or be

a vital part of family and community life and carers have an essential role in society, a majority of all community care. Health or social care could never replace the costs and the special care they provide, which includes personal support, nursing, treatment and 24-hour

care. To become a carer and many of us will move into caring roles during our lifetimes. Sometimes care can be taken on unexpectedly following the death or accident of a relative. There are carers in the community and many juggle their caring role with paid work. Some care for more than one person and many are older, frail, sick or disabled.

Parent Carers

A parent carer is a parent or guardian who is in need of more support because their child is unwell or has a disability. Parents will often see themselves only as a parent rather than a carer.

Young Carers

A young carer is a child or young person (under 18) who is carrying out significant caring tasks and assumes a level of responsibility for another person, which would normally be taken by an adult.

There is a separate Young Carers Strategy, which was named 'Invisible People' by young carers activists. This should be read in conjunction with the Kent Action Strategy. Invisible People aims to raise awareness of the existence of young carers, promote the early identification of their needs and seek multi-agency responses to improve the outcomes for this group of young people and their families.

people they care for to deal with and
problems caused by illness or disability by providing
practical and emotional support to the cared for

They may include providing intimate physical care
or someone get up, washed and dressed.

They may carry out a great deal of lifting or assist with
tasks that involve helping to change soiled clothes or
at times throughout the day and night.

They may undertake nursing tasks: they manage and
maintain, feed, change, and clean feeding tubes, colostomy or catheter
and other medical equipment.

They may deal with mental health or substance misuse
problems. They may perform few physical tasks, but provide a
great deal of emotional support, including helping to ensure
that the cared for stays safe and responding to incidents of self
harm or abuse.

The effects of this constant responsibility can be
seen in the impact of heavy physical caring. For
many carers, it can be an all consuming job leaving the carer

Caring responsibilities may be for short periods
in many cases, for a lifetime. The condition of
the person may change on a daily basis making
it difficult to predict the demands on the carer.

Carers may be called upon to supervise someone
when they are not at home to ensure that they are
safe and may do this from a distance.

Carers often take responsibility in supporting the
cared for to access statutory services, liaising
with organisations such as social services, housing,
healthcare, housing, benefits, etc

ing and development of ideas that make
ution to the lives of Kent's Carers is essential
future. To oversee the strategic development
ffered to carers in Kent a long-standing
ry Group has been established. One of the
s group was to develop this Kent Adult Carers

isory Group, which is facilitated by Kent
rvice, includes representatives from all
olved in the support of carers across Kent.
cludes policy makers and commissioner
Social Services, Children, Families and
ital Health Commissioners, Carers' Support
the local NHS for West Kent and Eastern and
ne Job Centre Plus and other statutory and
ers.

group is to focus on partnerships and joint
velop a locally agreed response to current and
eds. The Group's work informs the planning
ning of services for adult carers across Kent.

The group's broad aims are:

- To represent the voice of carers and maintain of carers needs and issues
- To seek the appropriate involvement and co of carers support organisations in the decision processes and input into strategy and policy
- To contribute to identifying priorities and inf commissioning of new services
- To be kept informed of progress including th personalisation agenda and other practice initiatives relevant to carers.

Carers Reference Group

To support and inform the Carers Advisory Gr Reference Group has been established. This in its constitution and is made up of carers from A member of the Carers Reference Group sits Advisory Group to ensure the needs and wish are represented and discussed.

If you are a carer and would like to join the car group please call Kent Adult Social Services o 696611 or alternatively send an email to kent

The Department of Health published a National Strategy called: Carers at the heart of 21st-century communities - "A caring system on your side. A vision for the future". The new National Strategy is seeking to meet the needs of carers within the context of social and demographic changes. The intention is that over the next 10 years, the needs of carers have to be:

at the centre of family policy and receive the support and status they deserve."

The National Strategy for Carers has been very well received. An agreement has been reached by the Local Authorities within Kent responsible for supporting carers on the recommendations of the strategy within the suggested ten. The vision of this strategy is to ensure that the vision for carers in Kent is that:

Carers will be universally recognised and valued and their contribution to strong families and stable communities will be supported. Support will be tailored to meet the needs of enabling carers to maintain a balance between their caring responsibilities and a life outside of their caring role, enabling the person they support to be a valued member of their community and a citizen."

The Kent Adult Carers Strategy is set out in the following sections;

- Advice, Information & Guidance
- Access to Integrated and Personalised Support
- Having a Life of Their Own
- Carers not forced into Financial Hardship
- Staying Mentally and Physically Well

The first section Advice, Information and Guidance is a distinct section of the national carers' strategy. Carers in Kent have repeatedly told us about their needs and therefore we have chosen to include this as a separate section.

that:

we access to relevant and timely information to make informed decisions and choices about offer to the person/or people they care for.

ake informed choices about the most support or services, carers need to know:

lable and how to access it

y or the person they care for is eligible

ding it

ect

l costs or charges, and

act with queries, concerns or complaints.

ers say;

nt to tell new carers what help is available and can get help

rights and services etc would be very useful

o long to find the right information, but on

It that half the battle was over

much irrelevant information and it is difficult

How we will deliver this vision in Kent;

- Work together to make sure information is, to date, relevant, accessible and consistent
- Ensure information is available in a variety of leaflets, fact sheets, websites, CD ROM's etc
- Support carers with additional communication and ensure information reaches seldom heard communities
- Ensure information is easy to understand both in English and removing all jargon
- Ensure that information is available in the places carers visit, supermarkets, shopping centres
- Ensure that information for carers is sensitive to concerns and anxieties they face.



Carers' Strategy Vision is that:

respected as expert care partners and will the integrated and personalised services support them in their caring role.

Carers say;

to be on an equal footing with the professionals and the professionals should respect all professionals' assume they know best. I have my husband's life for 42 years and I know the care is important to him. I told that I don't know how to care for my wife, I have been doing it for the last 13 years. Go

and that it was important for professionals to have a better understanding about the role that carers play. We should ensure that carers' circumstances are taken into account when they receive

How we will deliver this vision in Kent;

- Ensure carers are recognised as partners in care and their assumptions are not made about their willingness to care
- Carers are fully involved in the assessment and care planning of the person they care for
- Increase the number of Carers Assessments completed
- Provide carer awareness and assessment for professionals
- Promote information sharing across Health and Social Care
- Extend the range and quality of services available to carers
- Improve carers access to health and social care
- Develop plans to ensure that carers have the information necessary to care with confidence
- Invest in strategies to engage with seldom heard groups and black, Asian and minority ethnic carers
- Promote cultures that recognise the emotional needs of carers, during and after caring.

Vision is that:

able to have a life of their own alongside their

Carers say;

of breaks and replacement care are constantly the highest priority by Kent carers.

to few respite places in our area. It would be a choice

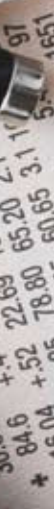
more help than they are getting. This will carer to have 'time out' from their caring roles

not supported in their caring role, and feel and are unable to have a life outside of

becomes a carer they give up many of the at non-carers take for granted. Carers' lives increasingly synonymous with the person they limits the opportunities they have for a life caring role.

How we will deliver this vision in Kent;

- Ensure carers are recognised as partners in assumptions are not made about their willin
- Improve the range and availability of short and ensure they are provided in a flexible v
- Provide support to help carers recognise th
- Ensure that assessment processes and ser
- account of carers' needs in relation to work
- Promote leisure, education and social oppo
- carers and other services which promote th
- inclusion
- Provide services that can respond to emerg
- Promote the Kent Carers Emergency Card
- Work to reduce the inequalities experience and especially those from hard to reach gro
- communities.



Strategy vision is that:

supported so that they are not forced into
ship by their caring role

Carers say;

financial position of carers was noted as an
deration by participants during the national
consultation. There was broad support for
ial benefits to those carers in the greatest
lar those who provide the most hours of care
the greatest financial hardship.

carers allowance is taken away due to the
not working although caring for my wife is a
more support to work without affecting their
ded to give up work to care for my mother I
e that I would be choosing poverty.

Carers also want the opportunity to be able to
paid employment with their caring role, which
improve the financial position they are in and i
opportunity to have a life outside caring. "It is c
[carers] do not have the flexibility to work late,

How we will deliver this vision in Kent;

- Promote benefit and income maximisation, access to financial planning
- Produce an employers 'Carers Good Practice' and other employers the development of practices which support carers to remain in
- To promote within Kent County Council, the carers back into employment, such as assist
- Work with Job Centre Plus to develop schemes to gain confidence and employment

We will also try to influence the Government on national issues such as Carers Benefit entitlement and flexible and supportive employment practices.

Carers Strategy Vision is;

supported to stay mentally and physically well in dignity

Carers say;

My husband said that I need to go for a short walk every day, but I can't leave my husband alone and I'm not strong enough to push his wheelchair (carer with a heart condition).

I've been prescribed medication for depression but nothing about my physical welfare has been discussed with myself and won't ask for help.

I've been prescribed medication for depression but nothing about my physical welfare has been discussed with myself and won't ask for help.

I've been prescribed medication for depression but nothing about my physical welfare has been discussed with myself and won't ask for help.

How we will deliver this vision in Kent;

- Increase the range and quantity of short 'respite' services
- Improving mechanisms for identifying carers by developing a GP Carers Register
- Ensure that professionals always consider carers' needs
- Encourage professionals to recognise carers and not make assumptions about their willingness or ability to provide care
- Ensure that Hospital Discharge planning processes include discussions with carers concerns, requirements
- Develop services that offer support and planning after caring
- Develop plans that ensure that carers have access to the information necessary to care with confidence
- Promote leisure, education and social opportunities other services which promote their social inclusion
- Ensure carers have access to psychological and emotional support when required
- Improve the availability and access to information and training to support carers to fulfil their role.

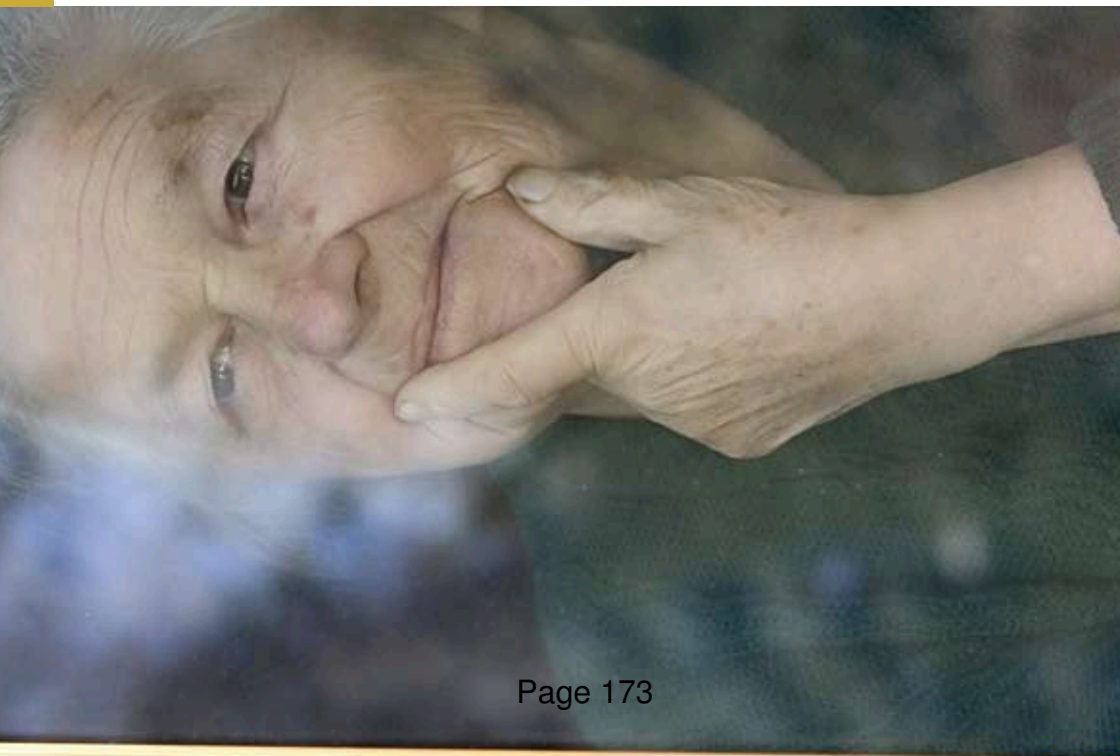
In delivering this Adult Carers Strategy all partners are committed to ensure that carers have a voice

- Involve carers in planning, commissioning and delivering services
- Work to include carers from hard to reach groups
- Involve carers in training professionals
- Involve carers in recruitment processes
- Include carers in our plans to raise awareness of our strategies
- Explore engagement techniques that capture the views of carers who do not wish to attend meetings
- Work through existing carers support groups and the voluntary sector



The Kent Adult Carers Strategy will have two strands of delivery or commissioning plans, which will be one for east and one for west Kent. These plans will provide greater detail how the strategy will be implemented.

Once developed plans will need to be regularly reviewed to ensure the strategy is meeting the needs of Kent.



DRAFT

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Photographs courtesy of Fotalia except page 32 courtesy
of Care Images

pj/01622694658 March 2009

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

To: Adult Social Services Policy Overview Committee – 1 April 2009

Subject: **‘BETTER HOMES ACTIVE LIVES’ AND ‘EXCELLENT HOMES FOR ALL’ HOUSING PFIs**

Classification: Unrestricted

Summary: Provides Members with an update on work preparing for the operational stage

1. (1) As part of the Modernisation Programme Kent Adult Social Services (KASS) has been working in partnership with Government and District Councils in Kent to deliver supported housing for vulnerable people.

(2) KASS has been able to secure around £130m in PFI credits, from Government, in two separate projects that will deliver 569 apartments of supported housing. This report sets out the progress to date in a brief update. For a future meeting, it is proposed to bring further detail on how these developments will support the care needs of our service users.

Better Homes Active Lives

2. (1) The first project is the Better Homes Active Lives (BHAL). This involves the delivery of 340 apartments of specialist housing for vulnerable people across Kent including:

- 275 apartments for older people configured as seven blocks of extra care sheltered housing. Extra care housing is for many people a good alternative to residential care. It has 24 hour on site support and communal space and facilities such as a restaurant, gym, hairdressing and a range of activities.
- 58 apartments for people with learning disabilities in blocks of 7 or 9 apartments.
- 7 apartments for people with mental health problems. These are now open and fully occupied.

(2) The project is being delivered in partnership by KCC and 10 District Councils and the housing provider is Housing 21. It is in the construction and operational phase and all apartments will be open by October 2009.

(3) The care provider for the extra care was selected through a separate competitive tender from around 30 domiciliary care providers. Housing 21 was selected as the strongest bid with very good value for money.

(4) There are other arrangements in place for the care and support to the learning disability apartments and the mental health apartments. The care and support arrangements take full account of the Self Directed Support agenda.

(5) A great deal of work is taking place with Commissioning Teams and the District Council and the NHS ensuring that the tenants identified for the apartments are people who will get the most benefit from them.

(6) The project is governed through a Project Board of the 11 local authority partners and supported by the contract manager. Appendix 1 sets out the locations and implementation dates.

Excellent Homes For All

3. (1) The second project is the Excellent Homes For All (EHFA). This proposes 228 apartments of specialist housing for vulnerable people across Kent including:

- 208 apartments for older people configured as five blocks of extra care sheltered housing
- 11 apartments for homeless and young people.
- 9 apartments for people with mental health problems

(2) The project will be delivered in partnership by KCC and 5 District Councils.

(3) The early stage of “expression of interest” was supported by the Department of Communities and Local Government Housing and work is now taking place to ensure that the Outline Business Case is approved by the Treasury.

(4) Assuming that this stage is successful, a housing provider will be advertised for and selected (under EU procedures). This process will take approximately 2 years before any building can start.

Recommendations

4. (1) Members of the Policy Overview Committee are asked to NOTE and COMMENT on the contents of the report.

David Weiss, Head of Public Private Partnership & Property
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Email: david.weiss@kent.gov.uk

Background documents: None

Previous Committee papers:

Excellent Homes For All – Kent Housing Private Finance Initiative (PFI) – Cabinet,
15 September 2008

Apartments in the BHAL PFI Project

District	Scheme	Apartments	Start on Site	Operational
Thanet (Margate)	<u>George Culmer Court</u> (Westbrook House, Canterbury Road, Margate)	7 apartment mental health	8 th October 2007	17 th November 2008
Thanet (Birchington)	<u>Alfred Deller Court</u> (Old Crispe House site, Minnis Road, Birchington)	7 apartment learning disability	28 th January 2008	9 th February 2009
Canterbury (Herne Bay)	<u>King Edward Court</u> (King Edward Court, King Edward Avenue, Herne Bay)	40 apartment extra care	8 th October 2007	27 th April 2009
Dartford (Wilmington) Extra care is 50% Sevenoaks	<u>Emily Court</u> (Stanley Morgan House, Barn End Road, Wilmington) Adam Court	40 apartment extra care & 9 apartment learning disability	8 th October 2007	27 th April 2009
Shepway (Hythe)	<u>Summer Court</u> (Whitegates Close, Off Stade Street, Hythe) Dolphin Court	39 apartment extra care & 7 apartment learning disability	8 th October 2007	8 th June 2009
Canterbury	<u>Henry Court</u> (Hudson Road, Canterbury)	7 apartment learning disability	26 th May 2008	8 th June 2009
Maidstone (Tovil)	Tovil Green Court (Tovil Green, Burial Ground Lane, Tovil) <u>Pine Court</u>	40 apartment extra care & 7 apartment learning disability	28 th January 2008	3 rd August 2009
Swale (Faversham)	<u>John Goldfinch Court</u> (Back of Kiln Court, Sumpter Way)	7 apartment learning disability	21 st July 2008	3 rd August 2009
Tonbridge & Malling (East Malling)	<u>Watercress Court</u> (Millstream, Mill Street, East Malling)	7 apartment learning disability	14 th July 2008	24 th August 2009
Thanet (Broadstairs)	<u>Bradstow Court</u> (Old Appleton Lodge site, Rumfields Road, Broadstairs)	40 apartment extra care	31 st March 2008	5 th October 2009
Dover	<u>Buckland Court</u> (Roly Eckhoff House, Roosevelt Road, Dover) <u>Bleriot Court</u>	40 apartment extra care & 7 apartment learning disability	14 th April 2008	19 th October 2009
Ashford	<u>Hopkins Court</u> (Hopkins Field, Eastern Avenue, Ashford)	36 apartment extra care	24 th March 2008	26 th October 2009

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

To: Adult Social Services Policy Overview Committee – 1 April 2009

Subject: **ACTIVE LIVES NETWORK (formerly Queen Elizabeth Resource Centre)**

Summary: To provide an update on the current service, share feedback and views of those who use the new model of service and provide information on the future plans for the service

Introduction

1. (1) Members of the Adult Social Services Policy Overview Committee (ASSPOC) will recall the developments of this Project following discussions last year at ASSPOC, Cabinet Scrutiny Committee and Cabinet, and that a commitment was given to update Members on progress at a future ASSPOC meeting.

(2) The Queen Elizabeth Resource Centre (QEF) closed on 17 October 2008. A new service, The Active Lives Network (ALN), was established from 20 October 2008 for those people previously attending the day service at QEF. The new service is currently being run by KASS staff and is situated at community centres as follows:

Monday – Swanley Youth and Community Centre

Tuesday – Riverside Centre, Gravesend

Wednesday – Temple Hill Community Centre, Dartford

Thursday – Small group Community Activities (generally bowling at Gravesend)

Friday – Small group Community Activities (varies)

(3) Opportunities at each of the centres were developed based on user feedback and include access to computers, card making through a mini social enterprise, jewellery, art and craft and other social activities. Small groups of people go swimming at Dartford from the Riverside Centre on a Tuesday. Service users have formed community groups and meet to go Bowling on a Monday or access Strood Leisure Centre for gym and hydrotherapy on a Friday. A dedicated gym has also been developed at Cascades and will be open soon. The equipment has been supplied and is fully disabled compliant. The dedicated gym will be used pending the development of a fully inclusive gym. The future use of the area could be used as a sensory room for disabled people. One group has got together and are accessing Woodwork classes at Dartford Adult Education using their Direct Payments pooling their money to commission their own tutor.

(4) The management of the current service is an interim arrangement. The intention is to tender for an external organisation to run the service from the autumn of 2009.

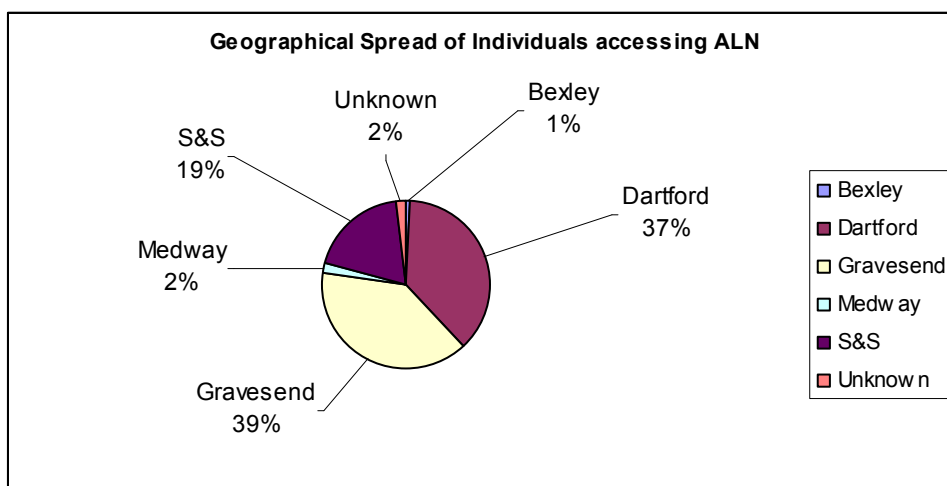
Current Status

2. (1) Every service user was offered an assessment in the first quarter of 2008. An undertaking was given that people would be able to access the same number of days service they were currently using, and that no-one would be denied a service (as a self referred service there were service users who did not meet KASS eligibility criteria). The assessments provided information on what people wanted from a day service, the days they attended and the activities they took part in. In the summer of 2008, a team of workers held individual meetings with service users once the closing date was announced. The information from both of these exercises has been collated and the average number of places booked totals **161** a week, as follows:

Day	Numbers Attending
Monday	33
Tuesday	55
Wednesday	58
Thursday	8
Friday	7

(2) 31 people have been accessing Direct Payments in exchange for a day at the Active Lives Network; 10 of whom are attending the Woodwork Group on a Friday and others are individually accessing opportunities such as aromatherapy sessions or local leisure facilities.

(3) The Active Lives Network supports **105** individuals. Alternative services have been provided to everybody who used the QEF centre with the exception of four individuals who only want to use the Cascades gym when it is ready.



(4) A number of service users are known to the Community Mental Health Teams and work is taking place to ensure that suitable services and support are offered to these people who attend the Networking Centres and community activities.

(5) Feedback was taken from service users on 11th February 2009 to be part of an article for 'Step by Step'. This feedback is shown at **Appendix One**.

(6) Newsletters produced by service users are attached at **Appendix Two and Three**.

Venues and Capital Works

3. (1) A key feature of the Modernisation Programme was to ensure that as far as possible people were enabled to access mainstream community facilities. To support this Capital has been invested in upgrading the venues accessed by ALN to make them 'DDA compliant plus'. These works include:-

- Capital works funded by Social Services at the Swanley Youth and Community Centre include improvements to their accessible toilets, new blinds to assist with heat issues, reducing the height of the serving counter and having suitable internal and external doors for people to move around the centre more easily. Feedback from service users has been very positive.
- At the Riverside Centre changes have been made to the layout of the accessible toilets, magnetic door openers have been fitted and Braille signage has been improved. The Riverside Centre themselves have identified improvements to further accommodate service users such as building an inclusive garden with raised beds and opening up other events to include physically disabled people.
- Initially, Dartford Adult Education Centre was identified for the service but due to the higher than expected numbers an alternative venue had to be found. Temple Hill Community Centre was identified by service users and has been used since 29th October 2008. Work is proceeding with Dartford Borough Council to have two accessible toilets installed at the Centre. The Library adjacent to the Community Hall is not open on a Wednesday but the Library service has provided KASS with a key to enable access to the Library and the computers. It is still the intention for the Dartford service to be based at The Bridge when it opens later this year – nevertheless any improvements to Temple Hill Centre will ensure that it is more accessible to the whole population in the future
- Work continues at Cascades for the inclusive gym facilities in securing agreement on the fire exit routes. Due to a change in fire route, the plans require further approval from Gravesham Borough Council but an interim arrangement is being planned ensuring the service is opened to a limited number of people at any one time. In the mean time, most individuals are accessing other mainstream gym facilities using their Direct Payments.

- Service users are identifying further improvements now that they are using the buildings such as requiring different doors for toilets and entry and a further request for capital will be required.

(2) In addition to the importance of these improvements in enabling the activities of the Active Lives Network, they will also ensure that the buildings are more accessible and available to all disabled people and supports the Council's ambitions in respect of addressing issues of social isolation and developing sustainable communities.

New Referrals

4. (1) The Active Lives Network is predominantly focused to support the people who were attending the Queen Elizabeth Foundation Resource Centre.

(2) An element of the original service from QEF was Advice Information and Guidance. The Simon Paul Foundation has been commissioned to extend their existing role to enable them to take more referrals from KASS, as well as self referrals. Additional staff have been employed to work with people to develop person centred plans and plan for their future, especially around the use of Direct Payments

(3) It is expected that the externalisation of the ALN service will take the form of a block contract covering the existing service and the people currently attending. The current contract with the jewellery tutor is to be extended until April 2010 and this contract will be assigned to the new provider. In the longer term it is possible that the jewellery service will become a social enterprise.

(4) It is anticipated that there will be fewer people in the future who choose to meet their identified needs by long term attendance at a day service. It is more likely that there will be short term use of such facilities to meet a specific need, such as building confidence or learning a skill, with individuals then supported to access personalised services which support independence and social integration. The introduction of Self Directed Support will result in the offer of individual budgets and/or direct payments to all new service users.

Direct Payments & Kent Card

5. (1) The Modernisation Programme for this project has embraced Self Directed Support and is looking to meet the outcomes for people within a day service that reflects their needs. It is also wanting to offer people the choice and control that comes with having a Direct Payment and the opportunity to purchase a unique solution to their individual needs.

(2) Of the 105 individuals registered for ALN, **31** people are now accessing Direct Payments for planned group activities and for their own individual needs. **21** of the 31 are using the Kent Card to access their Direct Payments.

(3) The Community Activity days on Thursday and Friday will, when the service is delivered by an independent organisation be accessed via Direct

Payments, however, because the service is currently being run in-house this is not possible at present.

(4) Discussions are underway with an external organisation to run the Community Activity days as an interim arrangement so that people can use a Direct Payment for their activities, including the care support and transport. Longer term, the service will be tendered with the Monday – Wednesday service.

Transport

6. (1) Transport is currently undertaken by Kent Passenger Services for the Monday to Wednesday service. Work is progressing to improve the service in line with service user feedback.

Plans for Service

7. (1) The current service is predominantly focused to support those who previously attended the QEF Resource Centre. The Simon Paul Foundation will be supporting individuals into further identifying their new emerging needs and person centred plans will be drawn up with each individual.

(2) Contact has been made with the Mental Health Teams to ensure appropriate support is provided to their service users and that they all have up to date plans with outcomes listed.

(3) As already indicated, in the future people may be referred via the Simon Paul Foundation or the Enablement Teams for a time limited period for a specific outcome such as learning to use a computer in a supported environment or for social interaction to build confidence rather than a long term placement. Increasingly, as more individuals come through the system with a Direct Payment, the service will need to evolve so that Service users can be supported to maximise their independence and skills and achieve the outcomes identified in their personal plans.

(4) The tender documentation will be drawn up through early summer of 2009 with the intention of being tendered later in the Summer. Service users are aware of the plans to tender the service and will be part of the process in both drawing up the documentation and through tender evaluation.

Financial Position

8. (1) The original QEF budget has been shared across a range of services. The undertaking was given that all the money from this agreement would be used for the delivery of services to disabled people. The new service is comprised of an extended Simon Paul Foundation service, the Active lives Network, extension to the Sportslink service, funding for the MS Society exercise class in Dartford, and Direct Payments. Budgets are being set for 2009/10 based on ongoing costs rather than set up costs and work will continue to ensure that accurate information will be provided when the service is tendered.

(2) Capital funding was approved to support the initial changes required for four buildings in Dartford, Gravesham and Swanley and should support accessibility for the local community and provide a foundation for the modernisation of other day services. Further capital will be requested to enhance accessibility now that service users are getting around the buildings and finding further enhancements. This expenditure represents a draw down on the capital value of the site at Brent Way.

Recommendations

9. (1) Members of the Policy Overview Committee are asked to NOTE and COMMENT on the contents of this report

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Background documents: None

Previous Committee references:

Adult Social Services Policy Overview Committee - 29 January 2008 (Oral update)
Cabinet Scrutiny Committee - 26 March 2008, Item E1
Adult Social Services Policy Overview Committee - 1 April 2008, Item B6
Cabinet - 14 April 2008, Item 5

**Direct Quotes from People using the new opportunities in North West Kent
11th February 2009**

Active Lives Network

Barry Pessell - "Since I have been coming here to Riverside it has opened my eyes to what I can do. I go shopping by myself over town (Gravesend). I even use the cash machine to get money out.

"My Mum and Dad have noticed a difference in the way I am acting around my house. When we go out I am more confident. I even speak up when we have the quiz at Riverside instead of thinking about the answer I say it and get it right.

"I think my life is changing, thanks to Yasmin and Davina."

June Cook – "I like coming to Dartford and Gravesend, the atmosphere is very good and people do more for you here"

Anna Hornby – "People join in more here, it's good"

Card Making

Dolly Witt - "Paul [Morris] and I run card making lessons for people with disabilities which we love doing. We do lots of things including Iris folding, 3D cards, teabag folding and recycling greetings cards. The cards and present tags are sold to people using the Active Lives Network and we want to start going to craft fairs and other events to sell the cards. We are in the process of contacting schools to look at whether we can sell our cards at some of their fairs.

Carol Thomas said "the class is invaluable; it helps with co-ordination and thinking"

Valerie Crane said "I am thoroughly enjoying the classes and I look forward to it"

The card making classes are run as a mini social enterprise with Paul and Charlie [Westacott] helping with the accounts and card inserts.

This is supported by the Simon Paul Foundation

Statement submitted by Karen Watson:

I attended the QEF Resource Centre for 15 years and was able to move around the centre for independence from one room to another and then in 2008 we moved to the Temple Hill Community Hall. The Temple Hill Community Hall is a nice hall where I can continue using the computer with the Lunar Plus speech programme so that I can do my emails and letters on the computer and in time I will learn my way around to regain my independence to do things for myself. It is a new year and time for us to move on and accept that the QEF centre has gone and we should put the past behind us and work together to make the community hall a good place to be

where we are all together. This is the time to build new bridges and new friendships because the Temple Hill Community Hall is better than having nothing at all. Yasmin and Davina do a fantastic job and we are very grateful for the help and support that they give us.

Woodwork

A group of service users with an interest in Woodwork have exchanged a day in the new Active Lives Network for a Direct Payment.

Ten people are pooling their monies to commission a course at Dartford Adult Education Centre.

Tony Brooks – “it’s nice to get back to using old fashioned hand tools and have a tutor who can pass on knowledge; he is showing us how to do things with hand tools which is tailored for disabled people. We are using our hands and arms more which is therapeutic for people who have had strokes. This is one of the best courses I have ever been on. Not only are we shown how to do things, we are taught to understand how to do it. I am lucky that I am on the course and I don’t want to leave it. I am really, really impressed.

“I also now know about Direct Payments which will help me with other things too.

“We have been taught how to do French Polishing. He teaches us how and tells us the best places that we can buy the equipment. I have now even bought some equipment as the project I am doing on the course is making a chest and carving out a sailing boat on the front which I will polish up.

“We all have a group project and also individual projects.

“Franco [tutor] shows us how to look after tools and sharpen them correctly. He is brilliant and has a knack for looking after disabled people.”

Vic Cooke said “I have learnt more in 4 weeks than I have done before”

Bill Chance said “Franco has time for us. We are all individuals and he treats us as a group and as individuals. He knows that we all learn at different paces. Franco has people skills; he has gone back to basics teaching us things that we have never learnt before.

“This course will cost us a fortune; through Franco showing us which tools to use for each job, we have realised that we need new tools at home as ours are no good. I have been making joints in wood for years and have been throwing away saws when they get blunt but with Franco’s help we are getting better value from our new tools and they are doing a better job as they are the correct tools.

“Franco comes back to us time and time again if we do not understand. He is a craftsman and is passing on knowledge. He makes you feel comfortable and he has a great sense of humour.”

Paul Hurren said “Franco has time and patience and he cares for us”

Lee Forder said “I am learning lots of new things and am enjoying it”.

Article written by Danny O'Brien regarding Christmas celebrations

Service users of the Active Lives Network put on a 7 course Christmas Dinner for themselves at a cost of £7 each which over 70 people attended. Although the festive traditional turkey was the main course there was a stuffed butternut squash available for the vegetarians who attended. The hand made Christmas crackers were made by Brenda Wright [service user] and the table decorations were made by Carol Mahony [art tutor].

A secret Santa and a raffle was also held; this added to a most enjoyable day with some very happy service users who have happily transferred to the Riverside Centre at Gravesend from Bridge Court, Dartford.

Many thanks to Bridget Pestell whose help was most appreciated.

Statement from Peter Wright regarding Self Directed Activities

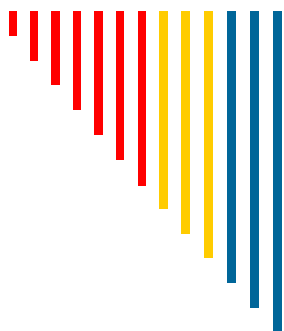
11 people now access the gym at Strood Leisure Centre. They are welcomed by staff and other able bodied gym members.

An article was printed in local press and there are now enough people interested to book sessions in the hydrotherapy pool.

Up to 15 people meet at Gravesend to go bowling on a Monday

Also attached – Newsletters no 1 and 2 – produced by Celia Luscombe, Service User

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Active Lives Network Newsletter

Centre Reps

Monday - Swanley: Dolly Witt, Sonia Mallion

Tuesday - Gravesend: Danny O'Brian, Peter Wright

Wednesday - Dartford: Larry Cotton, Paul Morris

Monday - Swanley Youth and Community Centre

This Centre is running reasonably smoothly. Ed is continuing his arts and craft/jewellery classes, and they are being well supported by the service users. Dolly Witt is currently running a card making session, using all sorts of different techniques. This is also proving popular, with some good work being produced. Celia Luscombe is - when all technical issues are resolved - planning on running computer classes.

We have a social area for members to get together and have a coffee and a chat. We have access to a few kitchen facilities; a kettle for tea and coffee, and a microwave for anyone who fancies a hot meal to use. There is a TV, pool table, table football, and table ice hockey.

Tuesday - Riverside Centre, Gravesend

Being the longest established, this is the service that is currently running the best. We now have access to four rooms: One room is for computers which will be staffed at all times, one is Ed's Jewellery class, which is fully attended, one is for all other things crafty, and the other is a social room, where there is access to drinks and newspapers, and quizzes and games are run. We also have access to the main hall for eating. The Quad garden is being worked on, with raised flower beds being put in and full wheelchair access. Also being held is a swimming group in the afternoons, continuing at Fairfield pool.

There is also the possibility of a short exercise class being held in the mornings.

Watch this space!

Wednesday - Temple Hill Square Community Centre, Dartford

After a difficult start and a quick change of venue, we are regaining some sort of control! Again we have Ed's jewellery classes, again always maxed out in attendance. Dolly is, once again, kindly running her card classes. Tom Wingrove is running computer sessions, with Celia taking a class elsewhere in the afternoon for those who wish to access the internet. Again there is access to tea and coffee and a microwave. There is a parade of shops next to the building, with a fantastic bakery behind. Access to the library, which is next door, is being looked into. We also have table tennis facilities if you fancy a game!

Thursday and Friday- Community Activities

These are the days out for people who opted for them rather than a networking site.

Thursdays we have a group of lads who have decided they want to concentrate on their bowling. They all congregate in ASDA Gravesend for a coffee, lunch and a chat, and then pop over the road to the bowling alley for a quick game. The afternoon usually ends in the bar!

Fridays is a separate group, who's exploits are non alcoholic! This group chooses a different locations to visit each week. Past visits have included a craft fair, a fish n chip lunch, and a garden centre.

Both of these days have elicited great feedback from all.

Other news

Peter Wright has been running a bowling session on a Monday, and a session at the gym at Strood Sports Centre on a Friday, with access to the hydrotherapy pool available to all who can get there. Both of these have proved to be very popular. Well done Peter!!

We are looking into holding some 'roadshows', run by Adult Education, at the three networking sites. These will be to show the types of things they have on offer. More news as these are arranged.

We are also looking at arranging days out that can be attended by anyone who wishes to come.

Transport

Anyone who uses the service transport please make sure you are ready by 8.30am. The transport will collect on their rounds and will only wait for 5 minutes before continuing on their journey.

Christmas Closure Dates



Active Lives Networking Newsletter

Welcome to the second edition of our Newsletter

We want to let everyone interested know what has been happening at Active Lives Network as well as exciting future developments. *Read on*

Centre Representatives are:- Monday Swanley - Dolly Witt, Sonia Mallion
Tuesday - Gravesend: Danny O'Brien, Peter Wright
Wednesday - Dartford: Larry Cotton, Paul Morris

Direct Payments

Jo Crittall is coming into each site on 2nd, 3rd, and 4th February to talk to people about any aspect of Direct Payments, and hopefully this will make things clearer for all.

Simon Paul Foundation

Joannah has now joined the Simon Paul Foundation, and is hoping to work alongside us, assisting people when and where necessary

Exploring New Community Projects

We are currently in talks with people at St Edmunds Living Well about working together on local community projects, as well as gentle exercise classes etc at Dartford and Riverside.

Healthy Activities at Swanley

Some people from the Get Sorted Programme are trying to set up a gentle exercise class, as well as other healthy activities at the Swanley Centre (Mondays). This is currently in discussion, further news when we have it!

New Social Enterprise

Creatability is a new Social Enterprise organisation which Edward, Carol and a board of service users - including Bridget Pestell and Patricia French - are planning to setup with support from KASS. It is planned that the new organisation will take over the delivery of the art and jewellery classes through the use of Direct Payments and will also offer opportunities for marketing of products and other developments. Minutes are available from the first two Board meetings - if you would like a copy of these minutes please let Edward know - the email is info@creatability.org



Christmas Events

Swanley

We had a finger buffet and a karaoke, as well as the usual get together and chat. Everybody enjoyed themselves.

Riverside

This is where the main Christmas dinner was held – all 7 courses of it! There was music and laughter, a Secret Santa, and silly hats were nigh on compulsory!

Dartford

Again, a finger buffet was held here, along with a karaoke, which proved popular on the Monday. Much hilarity ensued.

A big thank you to all who made the above events possible!



This Newsletter has been produced by Celia Luscombe a member of the Active Lives Network

By: Overview, Scrutiny and Localism Manager

To: Adult Social Services Policy Overview Committee –
1 April 2009

Subject: **UPDATE ON SELECT COMMITTEE WORK**

Classification: Unrestricted

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

Select Committee: Autistic Spectrum Disorder (ASD)

1. The Committee completed its report in January 2009 and has shared its findings and recommendations with the Cabinet Member and Managing Director of Adult Social Services, and met with key stakeholders to discuss how its recommendations can be taken forward via partnership working. The Committee's report and recommendations will be considered by the County Council on 30 April 2009.

Select Committee: Carers in Kent

2. (1) The Select Committee was reconvened on 30 January 2009 to receive an update report on the progress made on implementing its recommendations, one year on from the publication of its report.

(2) The Committee welcomed the report on progress, particularly the closer liaison between KASS and carers' organisations which had been developed in the last year, the establishment of a Standing Advisory Group and ongoing work in preparing a Multi-Agency Carers' Strategy.

e. The minutes of the 30 January meeting are appended to this report.

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. Two topics have so far been put forward from within this Committee's subject area – Safeguarding and Adult Protection, and Dementia – and any others that Members wish to suggest will need to be submitted very soon.

(2) Members are asked to consider 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 this meeting the POCC will be asked to indicate which potential topics could be included in

a future work programme, and decide on an order of priority. 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. This Committee will be kept informed of any other proposed topics which are within its remit.

- e. The 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 each review will be developed by a cross party Member Group (one from each political group) for approval by the Select Committee.

Recommendations

- 4. Members are asked to:-
 - (a) note the progress of the Autistic Spectrum Disorder (ASD) Select Committee, and the outcome of the 'one-year-on' monitoring meeting of the Carers in Kent Select Committee on 30 January 2009, the minutes of which are appended to this report; 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

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Background Information: *Nil*

KENT COUNTY COUNCIL**SELECT COMMITTEE - CARERS IN KENT**

MINUTES of a meeting of the Select Committee - Carers in Kent held at Stour Room, Sessions House, County Hall, Maidstone, on Friday, 30 January 2009.

PRESENT: Mr L Christie (Chairman), Mr A R Chell, Mr J Curwood, Mrs V J Dagger, Mr S J G Koowaree and Mrs M Newell

IN ATTENDANCE: Mrs B Hagan (Maidstone Carers Project), Ms E Hanson (Policy Manager), Mr A Hickmott (Head of Children's Services, West Kent), Mrs A Hornsby (Policy Officer), Mr S Leidecker (Director of Operations), Mr M Thomas-Sam (Head of Policy and Service Development) and Ms D Fitch (Assistant Democratic Service Manager (Policy Overview))

UNRESTRICTED ITEMS**1. Response to the Select Committee Report**

(Item. 1)

(1) Mr Leidecker updated the Committee on the general progress that had been made in this area since the Select Committee had submitted their report to Cabinet in December 2007. He stated that the Select Committee work had been really important for Kent Adult Social Services (KASS) and Children, Families and Education (C, F & E) Directorates. The Select Committee report combined with the national strategy had provided a platform to re-examine KCC's approach with Carers organisations.

(2) Mr Leidecker mentioned the challenges of estimating the extent of demand and need for services from carers and in connection with this the complex definition of "carer". Although he believed progress had been made both Directorates he was not complacent and stressed the importance of recognising carers and treating them with dignity and respect to help them to live more normal lives.

(3) KASS had made a significant contribution in financial terms and had £3.4m reported level of expenditure in 2007/08. In 2008/09 the Carers Grant was £1.1m from KASS. This had been invested in a range of services in East and West Kent and Mental Health. Mr Leidecker gave several examples of the new services that had resulted which included an extra 4,000 hours in West Kent to enable carers to have a break.

(4) Mr Leidecker stated that KASS had changed their approach to carers and carer organisations, to improve accountability to them. KASS and C, F & E had held a seminar at the beginning of 2008 which had been attended by 21 carers' organisations. Following this a representative group had been set up to identify priorities for 2008/09 and in addition the standing advisory group was set up and its terms of reference agreed. This group had now met twice and was due to meet again shortly. He introduced Mrs Hagan from the Maidstone Carers Project who was a co-chairman of the Carers Advisory Group.

(5) Mr Leidecker mentioned that there had been some progress in relation to engagement with the NHS and in the next couple of months they would be consolidating a multi-agency strategy. Next years each PCT would have approximately £600,000 to support carers and how this money was to be used would form part of the strategy.

(6) In conclusion Mr Leidecker emphasised that carers issues would be looked at along with other government strategies including dementia and end of life.

(7) Ms Hornsby and Mr Hickmott answered questions from Members specifically related to young carers and also showed an extract from a DVD which had been made by young carers and explained in their own words what life was like for them. This would be used in schools along with training materials for teachers, governors and multi-agency partners. Mr Hickmott stated that the Children and Young Persons Plan had identified key actions for Young Carers to be cascaded down to Local Children Services Partnerships. In addition guidance for schools on young carers had been placed on the Kent Children's Trust Website.

(8) Ms Hornsby explained that a joint protocol was being produced by KASS and C, F& E to help colleagues in Adult and Children's Social Services to identify and support young carers.

(9) Attached as an appendix to the report was a table showing the Select Committee's recommendations and the action that was being taken to address them and the progress that had been made since December 2007.

(10) The Committee discussed the progress made on each of the 14 recommendations and Officers answered specific questions on the action taken to date and action proposed:-.

Recommendation 1

- In response to a question on progress with providing a consistent supply of information for carers from the out of hours service, Ms Hanson explained that business process mapping had been carried out and from this it was hoped that the County Duty Service would be able to provide a more consistent approach to carers.
- In relation to the key area of identifying the number of carers in Kent, it was explained that a survey was planned.
- In response to a question, Mrs Hagan stated that from her perspective there had been a gradual change in the right direction. Regarding the out of hours service the biggest issue was around support and advice on mental health. Mr Leidecker explained that there had been significant developments in support for the mental health out of hours service as part of the £1.1m investment.

Recommendations 2 & 6

- The chairman mentioned the Carers Emergency Card which was a recommendation from the Select Committee. This had been launched at the end of last year. Unfortunately, Members of the Select Committee had not been invited to the launch. It was confirmed that 172 applications had been received for the Card via the website. Mrs Hagan stated that the Maidstone Carers Project was receiving 2 applications per day.

Recommendation 3

- Regarding the pilot for outsourcing of carers assessments to carer support organisations, Ms Hanson explained that the two organisations involved in this pilot

were Dover District Carers Support and Carers First in Tonbridge and the tender for this had just been produced.

- In response to question on the number of carers assessment carried out Mr Thomas-Sam undertook to provide Members with this information from CSCI's report.
- The Select Committee had heard evidence that carers preferred assessments to be carried out by voluntary organisations and it was important that there was a link between assessment and service provision. Ms Hanson explained that they planned to train carers support staff, who would be carrying out assessments, alongside KCC staff to make sure that they were all seen as part of an extended team.
- In relation to the funding of the outsourced carers assessment Members were informed that in the pilot an assessment officer plus on costs would be provided and for 48 weeks of the year it was anticipated that they would carry out 4 assessments a week but the pilot would help develop an understanding of how many assessments could realistically be carried out.

Recommendations 4

- It was acknowledged by Members that the work carried out on the policy for carer's assessments was a good start on the foundations of the service but it was hoped that the service would be flexible and able to respond to changes. Mrs Hagan stated that on the ground the voluntary groups had yet to see an improvement but this was within the context a changing situation. Mr Thomas-Sam pointed out that this area of work was under scrutiny with regular practice reviews being carried out.
- In response to a question Mr Thomas-Sam stated that young carers were able to access regular reviews or contact with care managers through direct payments.
- The Chairman stated that as this recommendation was still being actioned, he assumed that Adult Social Services POC would want to reserve the right to oversee this.

Recommendation 5

- Concern was expressed that carers would not be getting a named person as their contact. Mr Thomas-Sam explained that it was more important for a carer to get an effective response and have contact with a team rather than have a named person to contact who may not always be available.
- It was confirmed that the new call management system made sure that there was a record of what the caller had said last time they had made contact so that they did not have to keep repeating the same background information each time they called.

Recommendation 7

- The Chairman stated that respite had be the biggest single issue raised by carers. Mr Leidecker mentioned the increased number of hours that had been funded in East and West Kent. More of the expressed demand for respite, as demonstrated by waiting lists, had been met, but there was still unmet need. Mrs Hagan gave the example of Maidstone Crossroads which, when the Select Committee were gathering their evidence had a waiting list for respite of 18 months, which was now down to 6 months, which was an improvement but not ideal. Ms Hanson stated

that work was being carried to try to get funding from PCTs to complement this provision.

Recommendation 8

- The Chairman expressed disappointment that the Multi-Agency Carers Strategy had yet to be approved. Mr Thomas-Sam explained that the strategy was due to be completed by March 2009 and he was confident that this deadline would be met. Ms Hanson pointed out that there was a complex sign off process for this strategy e.g. it had to go to PCT Boards, Management Teams, POC and Cabinet Members.

Recommendations 9 & 10

- It was suggested that the DVD could be provided to Kent TV so that it could reach a wider audience.
- In relation to the £20,000 which had been allocated to each of the five young carer's projects it was confirmed that these organisations covered most of the County Councils area, but officers were working to fill a gap in the Canterbury area.
- Members suggested that it would be helpful to have a governor in each school who had responsibility for young carers. However, this should not necessarily be the governor with child protection responsibilities as this could reinforce young carer's fears of identification leading to family break up.
- Reference was made to the role of GP's in identifying carers. It was stated that the Royal College of GP's had set up a pilot project to look at the ways in which GP's could identify and support carers. Mrs Hagan informed Members that for the first time she had been invited to go to a GP practice and discuss carers issues with the staff.

Recommendations 11&12

- Members were happy with the progress that had been made to address the recommendations.

Recommendation 13

- The Chairman mentioned that the Select Committee had received considerable evidence from carers on how they were often excluded by health care professionals. Ms Hanson stated that this issue featured in the multi agency strategy. Another issue was ensuring that carers had the skills they needed to take on their caring role when a person was discharged from hospital. Mr Leidecker explained that PCT were being encouraged to invest money in acute trusts to train staff so that they were more aware of carers and their role.

Recommendation 14

- A Member stated that in the evidence that the Select Committee had heard, the balance between patient confidentiality and the role of carers, including the specific information that they are able to provide about the cared for person, especially in relation to mental health issues was a key issue for carers. Ms Hanson explained that a way that this could be addressed was by use of an advanced directive but again that assumed that the cared for person was willing to share information with their carer. Members acknowledged that this was a very difficult issue and that work needed to continue to be carried out to address this.

(11) Mrs Hagan, on behalf of carer's organisations, stated that they valued the work that the Select Committee had carried out and the holding this monitoring meeting had been extremely helpful in ensuring that work was carried out to achieve the recommendations.

RESOLVED that the progress made on the recommendations, and the work that was in progress, be noted.

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