



AGENDA

ADULT SOCIAL SERVICES POLICY OVERVIEW COMMITTEE

Tuesday, 23rd September, 2008, at 10.00 am Ask for: **Theresa Grayell**
Council Chamber, Sessions House, County Telephone **(01622) 694277**
Hall, Maidstone

Tea/Coffee will be available 30 minutes before the meeting, outside the Chamber

Membership (15)

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

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

Liberal Democrat (1): Mr S J G Koowaree

UNRESTRICTED ITEMS

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

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

Item No

A.COMMITTEE BUSINESS

A1 Substitutes

A2 Declarations of Members' Interest relating to items on today's agenda

A3 Minutes of the meetings held on 30 May 2008 and 4 September 2008 (Pages 1 - 18)

A4 Dates of Meetings in 2009

To note that the following dates have been reserved for the Committee's meetings in 2009:-

Thursday, 15 January 2009
Wednesday, 1 April 2009
Wednesday, 15 July 2009
Tuesday, 22 September 2009
Tuesday, 17 November 2009

All meetings will commence at 10.00 am at County Hall

A5 Chairman's Announcements

10.00 - 11.00 am PRESENTATION

A6 Update on national and local initiatives in social care provision, including Active Lives for Adults, Transforming Social Care, Putting People First, Later Life Strategy

B. ITEMS FOR CONSIDERATION

B1 Transfer of Responsibility and Funding for the Commissioning of Social Care for Adults with Learning Disabilities from the National Health Service to Kent County Council (Pages 19 - 30)

1.00 pm - Suggested lunch break (approx 45 minutes). Lunch is not provided.

B2 2007/08 Business Unit Operating Plan Outturn Monitoring - Kent Adult Social Services (Pages 31 - 56)

B3 Adult Services Budget Monitoring 2008/09 (Pages 57 - 84)

B4 Update on End Of Year Performance, 2007-08 (Pages 85 - 92)

B5 'Towards 2010' - Second Annual Report (Pages 93 - 110)

B6 A Summary of Progress towards delivering Kent County Council's Climate Change Action Plan. (Pages 111 - 120)

C. SELECT COMMITTEE WORK

C1 Update on Select Committee work (Pages 121 - 136)

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

Monday, 15 September 2008

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.

KENT COUNTY COUNCIL

ADULT SOCIAL SERVICES POLICY OVERVIEW COMMITTEE

MINUTES of a meeting of the Adult Social Services Policy Overview Committee held at Sessions House, County Hall, Maidstone on Friday, 30 May 2008.

PRESENT: Mr L B Ridings (Chairman), Mr T A Maddison (Vice-Chairman), Mr M J Angell, Mr J Curwood, Dr M R Eddy (substitute for Ms C J Cribbon), Mr C G Findlay, Mr M J Fittock (substitute for Mr L Christie), Mr T Gates, Mr C Hibberd, Mr D A Hirst, Mr S J G Koowaree, Mr C J Law (substitute for Mrs A D Allen), Mrs M Newell, Mr M J Northey and Dr T R Robinson.

OTHER MEMBER PRESENT: Mr K G Lynes (Cabinet Member for Adult Social Services).

IN ATTENDANCE: Mr O Mills, Managing Director, Kent Adult Social Services; Miss C Highwood, Director, Resources, Kent Adult Social Services; and Miss T A Grayell, Democratic Services Officer.

UNRESTRICTED ITEMS

29. The Chairman welcomed Mr Christie, Mr Findlay, Mr Gates and Mr Maddison as fellow new Members to their first meeting of the POC.

30. **Minutes**
(Item A3)

RESOLVED that the Minutes of the meetings held on 1 April and 15 May 2008 are correctly recorded and that they be signed by the Chairman. There were no matters arising.

31. **Kent and Medway Partnership Trust Update on Foundation Status Application and Draft Integrated Business Plan**
(Item A4 - Presentation by Mr P Smallridge, Chairman of the Trust)

(Mrs E Green, Mr J F London, Mr G Rowe, Mr R Tolputt and Mrs E Tweed were present for this item)

(Mr M J Angell declared a non-pecuniary interest as a Non-Executive Director of the Trust, and Mr S J G Koowaree declared a non-pecuniary interest as a mental health worker employed by an agency which is used by the Trust)

(1) Mr Smallridge presented a series of slides which set out the Trust's progress towards its bid for Foundation Trust Status, how its organisation would change as a result of a bid being successful and how the change would impact upon KCC's

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relationship with the Trust. Members had also been sent the Executive Summary of the Trust's Integrated Business Plan. *The slides used in the presentation are attached to these Minutes at Appendix 1.*

- (2) Arising from the presentation, and in Mr Smallridge's responses to questions put by Members, the following points were highlighted:-
- (a) the Trust's services would be delivered both directly, using its own premises, and indirectly, via the PCTs' commissioning process. Using a range of premises and shared sites allowed the Trust maximum flexibility in the services it could deliver;
 - (b) one in six adults of working age in the UK experienced mental health problems of some sort, and the stigma surrounding anyone with mental health issues who was trying to stay in, or re-enter, the workplace was a major problem to be addressed. Part of the Trust's work included an Employability thread;
 - (c) the Trust would be steered (not run) by a Council of Governors, which would include elected representatives of the Trust's 1,500 public membership. The aim was to achieve a range of experience and skills on the Council of Governors. The Trust sought to increase its 1,500 membership, and any member of the public could apply to join;
 - (d) the Trust currently scored a level 2 in the Healthcare Commission's Auditors' Local Evaluation (ALE) ratings and was aiming for a score of 3, which it needed to achieve to be accepted by Monitor.
 - (e) the Trust's income would be allocated and set for three years at a time so there would always be some degree of estimation of costs for three years into the future. Data upon which estimates could be based had been poor in the past but was improving;
 - (f) although the aim was to move patients to short stay as far as possible and maximise the number of patients moving from long stay into the community, there would always be a need for some secure accommodation for those with severe mental health needs. Good rehabilitation services were key to achieving shorter stays and moves into the community;
 - (g) the figure of 28,000 current service users stated in the slides covered all outpatients, long stay patients and people with dementia, whether in hospital or at home. The recent King's Fund report "Paying the Price" had predicted a 14% increase in people needing mental health services, with the largest increase being in Alzheimer's and dementia patients in primary and secondary care. Mr Mills added that the number of people with dementia was predicted to increase by 61% over 20 years at a cost, nationally, of £9bn. Only one third of people with dementia were known to be receiving services which related to their condition;
 - (h) it was not known how many of the 1,500 public members were patients with mental health needs, but Mr Smallridge said he expected the public

representation to reflect the ratio of one in four of the main population having mental health needs. He emphasised that patients were not excluded from being members of the Trust, or from standing for election to the Council of Governors, but that, at the particular request of patients, no special forum had been established solely for patients;

- (i) the Trust provided services to young people and adults in custody. In Young Offenders' Institutions the Trust contributed the services provided by the Prison Service;
 - (j) the Trust would like to see greater priority being placed on CAMHS for children and young people, particularly by increased investment at tiers 3 and 4; and
 - (k) patients now had more choice and influence over their care packages, except for those who had been sectioned under the Mental Health Act, and those in prison.
- (3) Mr Mills pointed out that the Trust's move to Foundation Trust status constituted a very important change to the way KCC delivered mental health services in line with its statutory duties. This proposal offers major opportunities for service users and the local community to exercise more influence over the many mental health services KASS provides and improve local accountability. Services for people with learning disabilities currently living in NHS accommodation provided by the Partnership Trust in the West of the county will become the responsibility of KCC. This is a complex process, which is being carefully managed with the full participation of both KMPT and PCTs.
- (4) The status of the 300 KCC staff currently seconded to the Trust was raised. As a good employer, KCC remains fully committed to them and they will remain seconded whilst the Foundation Trust application is made. Any proposal to change their status would not be considered until the new organisation is fully bedded down and any proposed change would be subject to full consultation with staff and the recognised trade unions.
- (5) RESOLVED that the information given in the presentation and in response to questions from Members be noted and welcomed.

32. Consideration of the Draft KCC Annual Plan 2008/09 and the Process for Publishing the Final Approved Version

(Item B1 – Report by Managing Director, Kent Adult Social Services)

(Mr N Sherlock, Public Involvement and Performance Manager, was in attendance for this and the following item)

- (1) Mr Sherlock introduced the Draft Annual Plan and explained that all POCs had the opportunity to see and comment on the whole Plan before the final draft Plan went to the County Council on 19 June 2008. In discussion, and in Mr Mills', Mr Sherlock's and Miss Highwood's responses to questions put by Members, the following points were highlighted:-

- (a) Kent's Active Lives for Adults (ALFA) Strategy aimed to give as much control as possible to as many people as possible but the challenge of this was that people would need a range of services from which to choose;
- (b) Kent was a national leader in delivering Telehealth and Telecare, having been one of only three local authorities to bid successfully for a Whole System Demonstrator (WSD). Although Kent had looked at Telecare systems already in use in Lothian and Northern Ireland, no other local authority had developed Telehealth and Telecare to the extent that Kent now had;
- (c) projects relating to ALFA were those being delivered by "Invoke" under the Government-funded Partnerships for Older People Projects (POPPs), including community matrons and a care navigator system delivered via Age Concern;
- (d) the workforce training for care scheme was a critical part of the development of ALFA as it supported public confidence in reliable and consistent services. Mr Mills explained that he chaired the Skills for Care sub regional committee. Workforce training is available county-wide and could be delivered in providers' premises;
- (e) when LINKs are established later in 2008 they will have the power to consult and require a response from KASS on social care issues;
- (f) the WSD could be used to engage GPs and practice nurses to address patient care pathways and identify support needed to maximise patients' recovery and support needed for carers;
- (g) maximising the take up of benefits for older people was key to improving their quality of life and making the best use of KCC funded services. Work was going on to help identify and address this; and
- (h) the LAA had shown up a disparity in the reporting of indicators nationally and there was ongoing discussion with partners about how performance should be quantified and reported.

(2) RESOLVED that:-

- (a) the information given in the report, and in response to questions from Members, be noted, with thanks; and
- (b) further information and update reports be submitted to the POC on the issues listed in paragraphs (a), (c), (d), (f) and (g) above, and on the evaluation of the seven Brighter Futures projects.

33. Risk Management – Revised Directorate Risk Register
(Item B2 – Report by Managing Director, Kent Adult Social Services)

- (1) Mr Mills introduced the report and pointed out that all areas of service delivery inevitably carried some element of risk. He added that a substantial area of future risk would be the transfer of people with learning disabilities from NHS accommodation to KCC responsibility. In discussion, and in Mr Mills' and Miss

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Highwood's responses to questions put by Members, the following points were highlighted:-

- (a) There was always a potential for some element of risk in partnership working, if the partners' practices and priorities diverged;
- (b) although 85% of services were outsourced to independent sector providers, the large number of providers kept the risk score relatively low. If KCC were to be dependant on a few such providers, this would produce a higher score. However, the recent rapid rise in fuel costs could potentially raise this risk score as services would inevitably be more expensive to deliver;
- (c) Kent had attracted substantial risk in the number of clients placed within Kent by other local authorities who, if the services in which they are resident were to be re-registered, could become Kent's responsibility. For example, Kent currently had 1,500 people with learning disabilities placed by other local authorities. If all of these were to become Kent's responsibility this would bring huge costs and risks. Kent had challenged three recent decisions on ordinary residence which were then determined by the Secretary of State, who found against Kent.
- (d) levels of risk differed across areas of the county, so the more information that could be included about an area, the clearer the picture would be. To reflect the differences and give a more complete picture, risks should be assessed and scored at an area level;
- (e) KASS generated some areas of risk itself by pioneering new ways of working;
- (f) identifying future increases in services needed was very difficult. Although demographic predictions were available, it was impossible to predict quite how many people might move into or away from a locality or choose to become self-funders; and
- (g) Kent had done some pioneering work on the provision of long term care insurance which had been praised in the Wanless Report. This work had the aim of promoting better personal resource management. This links to national debate on future care needs, how to identify them and how they could be paid for.
- (h) KCC could potentially be seriously disadvantaged by the allocation of resources to accompany the transfer of people with learning disabilities from the NHS to the KCC, if the Department of Health were to apply the same formula to this as it had done to the allocation of the Learning Disability Development Fund.

(2) RESOLVED that:-

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

- (b) to give a more complete picture of geographical variations across the county, risks be assessed and scored at an area level in future.

34. The Supporting People Programme

(Item B3 – Report by Managing Director of Kent Adult Social Services)

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

(Mr T A Maddison declared a non-pecuniary interest as the Chairman of the Gravesend Churches Housing Association and Mrs M Newell declared a non-pecuniary interest as a Trustee of a charity which receives Supporting People money)

(Mr M J Fittock had declared a non-pecuniary interest as a Trustee of Invicta Advocates although he had left the room before discussion of this item)

- (1) Miss Martin introduced the six month update report on the Supporting People Programme and, with Miss Highwood, answered a number of questions from Members. The following points were highlighted:-
 - (a) the client group identified as “generic” was made up of those with fairly complex needs, requiring services for two years or more;
 - (b) KCC and District Councils will need to maintain good working relationships through the Supporting People Commissioning Body to make the best use of Area Based Grants; and
- (2) RESOLVED that the information set out in the report, and the response to Members’ questions, be noted, with thanks.

35. Update on Select Committee Work

(Item C1 – Report by Overview, Scrutiny and Localism Manager)

- (1) Miss Grayell introduced the report and added an oral update of the proceedings of the Policy Overview Co-Ordinating Committee on 23 May 2008. The POCC had an extensive discussion around resources for Select Committee work and trying new ways of covering work, including:-
 - (a) the recruitment of an additional Research Officer for POCs;
 - (b) the recruitment of a replacement Research Officer for the Health Overview Scrutiny Committee (HOSC) and support for a bid to be made for an additional Democratic Services Officer to support the HOSC;
 - (c) a bid for a six month graduate placement from the ADP Programme;
 - (d) an invitation to the Chief Executive to attend the POCC on 10 September 2008 to discuss resources;
 - (e) the establishment of a cross-party group of Members to work with the Research Officer to identify and refine the Terms of Reference and focus of a review as soon as the review is proposed;

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- (f) exploration of a new way to achieve a focused piece of work, potentially using staff from the Directorate concerned, without using a Select Committee, starting by working with E&R on a review of the CTRL;
 - (g) the establishment of a cross-party IMG with the Overview, Scrutiny and Localism Manager to develop a process and protocol for launching Select Committee reports and to look at the timetabling of POC meetings in 2009 to best meet the budget process, Towards 2010, the Annual Plan, etc.
- (2) RESOLVED that the content of the report and the information given in the oral update be noted, with thanks.

Your Partnership with the Foundation Trust

Peter Smallridge
Chairman

Better Together

About Us

**We work in partnership
... to provide a high quality
product to all who use our services**

- 28,000 current service users
- 1.6 million population
- Across 1,442 square miles
- 4,200 staff
- An income of £186m

**... and we believe we can do this best within the freedoms
of a Foundation Trust**



Better Together

What we do

Kent and Medway **NHS**
NHS and Social Care Partnership Trust

The Trust provides a full range of all age integrated mental health services and specialist services:

- **Community**
- **Inpatient**
- **Forensic**
- **Child and Adolescent Mental Health Services [CAMHS]**
- **Learning Disability Services**
- **Neuro-Rehabilitation and Neuro-Psychiatry Services**
- **Drug and Alcohol Services**
- **Mother and Infant Mental Health Services [MIMHS]**

Better Together

A partnership

Kent and Medway **NHS**
NHS and Social Care Partnership Trust

- **A partnership with others that not only aids recovery but helps people to truly flourish to be part of communities, families and neighbourhoods**
- **With Kent County Council [KCC] on schemes such as the apprenticeship scheme that provide employment opportunities and economic regeneration schemes to secure our regions' firm economic base**
- **Formal links with Care Service Improvement Partnership [CSIP] and National Social Inclusion Programme to promote social inclusion, employment, housing and leisure activities**

Better Together

What is a Foundation Trust?

Kent and Medway **NHS**
NHS and Social Care Partnership Trust

- An organisation that involves service users, carers, the public and staff in the way it is run
- They are part of the NHS
- They have local people and staff who are members
- They have a Council of Governors (elected and appointed)
- They have new financial freedoms
- They are not subject to central Government management

Better Together

Benefits include

Kent and Medway **NHS**
NHS and Social Care Partnership Trust

- Having better arrangements to help patients, local people and the community have their say
- A greater focus on understanding and meeting patients' needs
- Stronger financial management, greater efficiency and productivity
- Having more freedom to innovate in services
- More control over our own future
- Being able to be more sure about how much money we will get to provide services
- Freedom to operate more like a business

Better Together

Our Journey so far

Kent and Medway **NHS**
NHS and Social Care Partnership Trust

Diagnostic tests conducted by the Strategic Health Authority	Mar-May 07
Strategic Health Authority recommends Trust to move forward to Department of Health assessment stage	May 07
Department of Health assessment stage begins	Dec 07
Trust conducts public consultation	Jan - Mar 08
Governors appointed and elected	Late 2008
If successful, Trust becomes a Foundation Trust	Late 2008

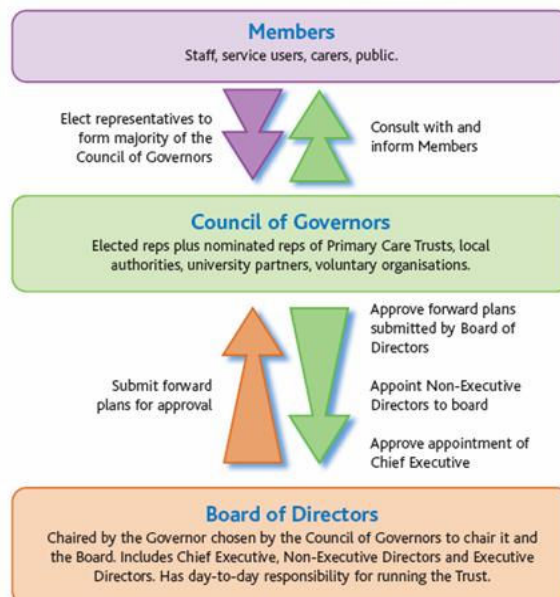
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Governance

Kent and Medway **NHS**
NHS and Social Care Partnership Trust

Future Governance centres on:

- Members
- Council of Governors
- Board of Directors



Membership

Kent and Medway 
NHS and Social Care Partnership Trust

Influence the Trust's future work

- Shape and endorse future strategy
- Critical link between the Trust and community

Public – has to sign up to become a member

Staff – automatically members

- Able to vote, or stand for, the election of Staff Governors

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Governors

Kent and Medway 
NHS and Social Care Partnership Trust

- Appointment of the Chair and other Non Executive Directors of the NHS Foundation Trust
- Approving the appointment of the Chief Executive
- Appointing the Trust's auditors
- The Council of Governors is made up of both elected and appointed governors
- More than half the Council of Governors will be elected
- Appointed Governors include representatives of the Trust's local partner organisations

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Governors

Kent and Medway 
NHS and Social Care Partnership Trust

- Voluntary role
- The Governors do not 'run' the Trust, they hold Directors to account
- Community ambassadors
- Positively raise the profile of mental health and challenge discrimination % stigma
- Be channels of communication between the Trust and local communities

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Proposed Council of Governors

Kent and Medway 
NHS and Social Care Partnership Trust

Group	Organisation	Number of Governors
NHS	Primary Care Trusts	3
	Acute Trusts	1
Local Authority	Kent County Council	2
	Medway Council	1
Partner Organisations	Business Link	1
	Police Service	1
	National Offender Management Service	1
	Academia	1
	Voluntary Sector	3
Total Appointed Representative Governors		14
Staff	East	1
	West	1
	Medway	1
	Trust-wide	1
Total non-public constituency Governors		18
Public	East	7
	West	7
	Medway	6
Total Public Governors		20
Total Governors		38



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Our Plans

Kent and Medway 
NHS and Social Care Partnership Trust

During the next five years the Trust will develop five key service development plans:

- *Redesign services in the Eastern and Coastal area*
- *New Low Secure Forensic 15 bed offender mental health inpatient unit*
- *Expand our Child and Adolescent Mental Health Service in Tiers 3 and 4 county-wide*
- *Development of Improving Access to Psychological Therapies [IAPT]*
- *Disinvesting in Learning Disability Services*

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The 3rd Sector

Kent and Medway 
NHS and Social Care Partnership Trust

- Role on the Council of Governors
- Competitors or Partners?
- What will stay the same?
- What will improve?

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Summary

Kent and Medway 
NHS and Social Care Partnership Trust

We will work in partnership and provide a high quality product to all who use our services

Through our improving performance management ensure that we do that at a cost that is affordable to those who want to buy it and which provides us with a return on our investment

We look forward to working closely with and being challenged and held to account by our Council of Governors to be the best

That's our business, our FT business

Better Together

Kent and Medway 
NHS and Social Care Partnership Trust

Are you a member?

Your Questions

?

Better Together

Contact Us

Kent and Medway 
NHS and Social Care Partnership Trust



Call our membership office on [0800 3769229](tel:08003769229)



e-mail us at ftoffice@kmpt.nhs.uk



Write to us at Foundation Trust Membership, Kent and Medway Partnership Trust, Trust HQ, 35 Kings Hill Avenue, Kings Hill, West Malling, Kent, ME19 4AX

Go online at: www.kmpt.nhs.uk/membership

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KENT COUNTY COUNCIL

ADULT SOCIAL SERVICES POLICY OVERVIEW COMMITTEE

MINUTES of a meeting of the Adult Social Services Policy Overview Committee held at Sessions House, County Hall, Maidstone, on Thursday, 4 September 2008.

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

IN ATTENDANCE: Mr P D Wickenden, Overview, Scrutiny and Localism Manager; and Miss T A Grayell, Democratic Services Officer.

UNRESTRICTED ITEMS

Urgent Business

The Overview, Scrutiny and Localism Manager sought and gained the Committee's approval to transact the business set out on the agenda, accepting that the statutory requisite notice for the meeting had not been given.

36. Membership *(Item A1)*

RESOLVED that it be noted that Mr R F Manning, Ms B J Simpson and Mr M V Snelling had joined the Committee in place of Mr L B Ridings, Mr C Hibberd and Mr M J Northey, respectively.

37. Election of Chairman *(Item A3)*

Mr M J Angell proposed, and Mrs P A V Stockell seconded, that Mr R F Manning be elected Chairman of the Committee.

Agreed without a vote

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By: Oliver Mills, Managing Director Kent Adult Social services

To: Adult Social Services Policy Overview Committee –
23 September 2008

Subject: **TRANSFER OF RESPONSIBILITY AND FUNDING FOR THE COMMISSIONING OF SOCIAL CARE FOR ADULTS WITH LEARNING DISABILITIES FROM THE NATIONAL HEALTH SERVICE TO KENT COUNTY COUNCIL**

Classification: Unrestricted

Summary: The transfer of responsibility and funding for the commissioning of social care for adults with learning disabilities from the National Health Service to Kent County Council involves KCC taking social care commissioning responsibility for 559 people with learning disability, many of who have profound and complex needs who are currently supported by the NHS. The associated budget transferred is likely to be in excess of £20m per annum.

This paper outlines the background, key elements, the risks and opportunities that are presented by this transfer. It further details the timeline and governance process in place to achieve this key transformation programme for these individuals.

FOR INFORMATION

Introduction

1. (1) Historically people with learning disabilities (PLD) who were unable to live at home were placed in the long stay hospitals. The long stay hospital closure programme undertaken in the large part in 1980's and 1990s, transferred some responsibility and resources for PLD to local authorities. However, some people have remained in campus accommodation provided and staffed by the NHS. Recent reports by the Health Care Commission, from both Cornwall and Sutton and Merton NHS provided services have uncovered institutional abuse, poor quality services and very poor outcomes for people living in these services.

(2) The Department of Health (DH) has directed that all NHS campus accommodation must close before March 2010 and that local authorities must also take on all social care commissioning responsibility from the NHS by April 2009. This is an extremely high profile programme, closely monitored by the Commission for Social Care Inspection (CSCI) in local authority performance monitoring meetings and contributing to the overall assessment of Adult Social Services Departments' performance.

(3) Members will know from the previous reports outlined in the policy background section, that Kent Adult Social Services (KASS) has been working closely with colleagues in Eastern and Coastal Kent Primary Care Trust (ECKPCT), Kent and Medway Partnership Trust (KMPT) and West Kent Primary Care Trust (WKPCT) to deliver the re-

provision programme in Kent. The model of service delivery that is being designed follows the supported living model where people will be enabled to live in their own homes, accessing the full range of benefits to which they are entitled and receiving the level of personal care and support that they need as individuals.

(4) As of 1 August 2008 there were 172 people living in 'campus' accommodation in Kent. The programme of re-provision for these individuals involves both some people moving individually into personally tailored services delivered by the independent sector and for the others, the services in which they are living transferring into the Independent Sector by April 2009. The programme of change to deliver the service model of supported living will happen thereafter. The process of tendering for the contracts is happening now and when the contracts are let in January and April 2009 they will transfer to KASS to monitor and manage along with the associated resources.

(5) This paper updates ASSPOC of the current position within Kent and identifies risks associated with the transfer and how these risks will be mitigated.

Policy Background

2. (1) The background to these developments has been covered within KCC by previous papers highlighted at the end of this paper.

(2) These developments all link to the national agendas of:

- Valuing People (2001) makes it clear that all people with learning disabilities should have the same rights as the general population and that they should not live within NHS funded or provided services unless they are receiving treatment.
- Our Health, Our Care, Our Say (2006) repeated this commitment and said that no one should be living in NHS accommodation (such as LD Campuses) by March 2010.
- Putting People First (2007) gives the wider agenda for adult social care with personalised services giving as much control as possible to the individual.
- Valuing People Now - Consultation (2007) raised concerns about the lack of progress and re-emphasised the commitment to March 2010 as the deadline for closing the LD Campuses. It also introduced April 09 as the preferred deadline for the transfer of wider social care commissioning responsibility from the NHS to Local Authorities.
- NHS Operating Framework 2008/09 also reiterated these deadlines.
- DH Gateway Reference: 9906. Most recently, on the 21 August 2008, the Department of Health wrote to all PCT and Council Chief Executives setting out guidance in relation to the financial transfer, and requiring the Department of Health to be informed, by 1 December 2008, of the locally agreed amount of funding that will be transferred for 2009/10. The target date being that from 1 April 2009 there will be a local funding agreement in place so that social care commissioning and funding responsibility can be transferred to the local authority.

Key Elements

3. (1) The Department of Health has identified two elements to the transfer which have two different timescales:

(i) Firstly, the transfer of the wider social care commissioning and funding responsibilities to KCC on 1 April 2009 (referred to as Transfer of responsibility).

(ii) Secondly, the closure of the current NHS LD Campus Services by March 2010 and the creation of new services in the community (referred to as Campus Re-provision). Revenue and capital funding for the re-provided campus services will transfer to KCC at the point the contracts are let to the independent sector providers. It is anticipated all the services will transfer by April 2009.

Transfer of Responsibility

4. (1) KASS has taken the lead role for social care commissioning for most PLD for many years. With the transfer of responsibility KASS will now also take all social care commissioning responsibility for the NHS clients who are transferring.

(2) KCC will take the commissioning and funding responsibility for all social care for adults with a learning disability. That is the responsibility for the wide range of services designed to support people to:

- Maintain their independence
- Enable them to play a fuller part in society
- Protect them in vulnerable situations and manage complex relationships.

(3) It includes support with:

- Personal care
- Day activities
- Respite breaks
- Supported living or residential placements

(4) The NHS will continue to retain commissioning and funding responsibility for all health-care for adults with a learning disability. In particular this will include:

- Specialist Learning Disability Health Services

These are provided by Health staff such as LD Nurses, Speech & Language Therapists, Physiotherapists, Occupational Therapists, Clinical Psychologists and Psychiatrists. Some of these staff will continue to operate within, and be accountable to, the KCC-led Integrated Community Teams, while remaining commissioned and funded by the NHS under the separate, existing Section 31 Agreements.

- In-patient services

Access to specialist LD health beds may be needed for the very small number of people who have specific assessment diagnostic and treatment needs at a particular point in time.

- Forensic Services

For those people with learning disability who offend or are at risk of offending.

- Continuing Healthcare

People with learning disability continue to have the same right as other citizens to funding for NHS continuing healthcare.

(5) This transfer will mean that KCC will take direct responsibility for 387 people across Kent whose services are currently being commissioned or funded by the NHS, (Table 1) and for the 172 people living in 'campus' accommodation (Table 2) a combined total of 559 people.

Table 1 Transfer of Responsibility: Numbers of People

	Eastern & Coastal PCT	Kent & Medway Partnership Trust	Total in Kent
Existing Section 256 clients	45	38	83
Other residential placements (no previous KCC involvement)	100	106	206
Other residential placements (some KCC involvement)	42	56	98
Total	187	200	387

Note: Section 256 refers to the NHS Act (2006) and was formerly known as Section 28a. This is the legal mechanism by which the NHS transfers funding to KCC for these clients.

Campus Re-provision

5. (1) A campus is a service that is NHS provided long-term care which is provided in conjunction with NHS ownership/management of housing. It is commissioned by the NHS. It also includes people who have been in assessment and treatment beds for more than 18 months, who are not compulsorily detained or undergoing a recognised and validated treatment programme.

(2) In Kent there are a total of 172 people affected by the campus re-provision. These are generally people with profound or complex levels of need.

Table 2 Campus Re-provision: Numbers of People

	Eastern & Coastal PCT	Kent & Medway Partnership Trust	Total in Kent
Unregistered residential care	45	95	140
Receiving NHS domiciliary services	32	0	32
Total	77	95	172

(3) There are a further 8 people who are currently cared for by KMPT in Woodend, a facility which does meet the campus definition. They have not been included as the service is subject to review and service redesign as part of the separate specialist learning disability service review being undertaken by the PCT in conjunction with KCC. This will have concluded prior to the national deadline of March 2010.

(4) Although the transfer immediately affects these 559 people (Table 1 & 2 combined) and their associated services, the responsibility is wider in both elements. Much of the current NHS responsibility for learning disabilities derives from when the NHS ran large long stay hospitals. The largest proportion of this NHS investment was on the social care needs of those individuals. It is government policy that when this funding is transferred to local authorities it is done in perpetuity. This is to meet the costs of the new generations of people entering services who historically would have been supported by the NHS in such long stay institutions. This is an important principle which KASS strongly supports and which will ensure resources which have been allocated to support PLD will be available for the emerging and growing needs of that client group now and in the future.

Commissioning and Contracting

6. (1) Currently, both KASS and ECKPCT (who are taking a lead on behalf of both Kent PCTs) commission social care for clients with a learning disability. The commissioning team in ECKPCT currently commissions health and social care for their clients.

(2) There is ongoing discussion about the extent to which this commissioning capacity will need to transfer to KASS. Clearly the PCTs will need to continue to commission their healthcare responsibilities and will need to retain some capacity to do this. Equally KASS will need to increase its commissioning capacity to successfully deliver quality services to this sizeable group of people.

(3) As part of their current commissioning and provision responsibilities, the PCTs have undertaken consultation with the people with learning disabilities and their families regarding the re-provision programme. The response to this has been generally positive although understandably there have been some concerns and anxiety expressed about the change.

(4) It has been agreed that at the point the services transfer out of the NHS they will require new contracts between KCC and the new providers. The external services that the NHS currently commissions will also require new KCC contracts. In preparation for this a KASS Contracts Manager has been seconded to Eastern & Coastal PCT to ensure that the preparatory work by health will meet KCC's requirements. It is proposed that this contracting expertise and capacity transfers back to KASS. This will be when the main service transfers occur, to undertake the very complex and detailed contractual work with the providers as they move first to registered care and then in most cases to supported living. To do this as well as deliver the capital change programme will require temporary additional contracting capacity and it has been agreed to fund this out of the Department of Health's Campus Revenue Grant.

Capital Interest that will pass to the Local Authority

7. (1) The transfer guidance also refers to the capital interest that will transfer to Local Authorities in line with their additional commissioning responsibilities. Work is underway to scope the potential size of this interest but it is likely to include:

- New Housing developed to accommodate campus clients which will be owned by the landlords
- Properties currently owned by the NHS and operated by the Independent Sector providers which will transfer to and be owned by the housing providers
- Those properties in ownership of Independent Sector providers but against which the NHS has a legal charge

(2) There is a detailed business case for the capital programme agreed by the PCTS which sets out the funding streams to achieve the programme. These are:

- The value of the current asset base
- The DOH capital grant
- Additional loans to be sourced by housing providers

(3) There is also a contingency where other properties used for people with learning disabilities can be disposed of where they are not now required.

(4) Detailed work has now been commissioned with health colleagues to map the full LD estate, including any residual interest in previously disposed of LD properties. This will all transfer to KASS on 1 April 2009.

Revenue Resources Available

8. (1) For the Transfer of Responsibility, the Department of Health has said that the starting figure should be the NHS's actual spend on these services in 07/08. Within Kent there has been recognition by the PCTs that they needed to increase resources in these services to raise them to the National Minimum Standards required by the Commission for Social Care Inspection, and this is very welcome.

(2) Detailed work is now under way to assess the appropriate level of costs to transfer. This is complicated by the fact that the services themselves are subject to significant change, as the campus reprovision process gets underway. A framework for developing the costing has therefore been agreed. This will take into account the starting position proposed by DH of the 2007/08 outturn figures, suitably adjusted by known variations. It will also look at “bottom up” costings for all of the individuals whose services are due to transfer, together with any appropriate additions (such as the costs of care management). In this way, the agreement will be transparent, between the PCTs and ourselves, with all parties being satisfied that the money transferred is sufficient for the service.

(3) In addition to the core funding there is also temporary work needed to facilitate the transitional period. This consists of things such as temporary additional Care Management, Speech & Language Therapy and advocacy services to ensure the individuals have significant input into the service developments and necessary project management. The Department of Health has recognised these additional costs and has given KCC a revenue grant of £700k for 08/09 for these costs. This has been allocated in partnership with health colleagues. The revenue grant to KCC in 09/10 will be £1.5m and in 10/11 will be £2.5m. Work is ongoing with health colleagues as to the most efficient use of this additional money to support the transfer and improve outcomes for the service users involved.

Opportunities and Risks

9. (1) There are a number of opportunities and risks in this important process, both for the individuals concerned and for KCC and our partners.

Table 3 Opportunities

Opportunities	Facilitation
Improved quality of life	KASS has the legal and policy framework to maximise choice and control by individuals, and their families, over the service they receive. People who have previously lived in congregate and segregated services will have the chance to live, with the right levels of care and support, in their own homes within their local communities. This can eventually be through Direct Payments and Individual Budgets.
Economic well being	By moving out of NHS care, individuals will have access to significantly more benefit income and KASS will ensure that benefit maximisation occurs.

Improved service quality	Although many of the NHS services are good, some are not. By having both contractual obligations to KASS and external inspection by Care Quality Commission (the CSCI successor body) there will be a requirement that all services meet the National Minimum Standards. Also, all service users will have advocates who will support them through this change programme and ensure that their needs and wishes are represented.
Efficiency & Value for Money	By removing duplication of commissioning between KCC and NHS there could be efficiency savings. It will also mean that KASS, as the lead commissioner, will have more opportunity to influence the market.
In perpetuity funding	This principle should ensure that there is a long term DOH commitment to enable the development of quality services for people with learning disabilities, including new service users and assisting KASS in meeting the anticipated additional pressures associated with demography and increasing complexity.

Table 5 Risks

Risks	Mitigation
Perception that service users' health may deteriorate once outside the care of the NHS	PCTs will focus more clearly on commissioning high quality inclusive mainstream health services and specialist learning disability health services. Health staff will continue to work closely with KASS through integrated teams. Primary Care Facilitators will also be appointed by the NHS.
Need to have appointeeship for some people who lack capacity	Work is on going to develop the best model of helping people who lack capacity manage their money. KASS has the experience and ability to provide this if necessary, but other solutions involving external providers are being investigated.
Liability to personal charges for services previously supplied free by the NHS	The significant majority of people will be better off due to increased rights to benefits, irrespective of possible charges. This will only adversely affect a few people who have built up significant savings whilst in NHS care, and who may not therefore be entitled to the full range of benefits. Work is being undertaken to mitigate this where possible

<p>Reputation of KCC due to the possibility of inheriting poor or inadequate services</p>	<p>A significant and robust Quality Assurance process is underway, involving health's specialist Project Manager, KASS staff and CSCI pre-inspections. Additional resources have been allocated by the PCTs to ensure services will meet registration standards when they are registered.</p> <p>ECKPCT has employed a specialist Project Manager who has audited all of the campus re-provision homes and services across Kent. Improvement and Action plans are being implemented by the current NHS providers. This has given KCC a higher level of assurance that the individuals concerned are safeguarded and that the services will meet registration standards.</p> <p>In West Kent this has been supplemented by the work of KASS's Care Standards Visiting Officer, who is working closely with some of the services to ensure that they meet the National Minimum Standards.</p> <p>Furthermore, each service user will have an advocate who will ensure their voice is heard with regard to the quality of the services the client receives.</p>
<p>Inadequate resources transfer to the local authority increasing the financial pressure in LD services.</p>	<p>All parties have agreed that this transfer should be at no detriment to any of the statutory organisations. An integrated finance subgroup has been established to negotiate the details of the capital and revenue transfer and this group is chaired by Caroline Highwood, and attended by an Audit Commission representative, to ensure that the local authority's interests are protected.</p>
<p>Department of Health using formula to redistribute the funding, post 2011</p>	<p>Representations have been and will continue to be made to the DH about this, by Kent, and other local authorities similarly affected by this risk. This funding is essential to continue the services required by these individuals.</p>
<p>Possible significant increase in need of people as they age</p>	<p>The Department of Health has confirmed that, like the general public, these individuals will have potential entitlement to NHS continuing health care in the future.</p>
<p>Insufficient staffing resources within KASS to deal with the additional responsibility</p>	<p>Required amounts of additional staff – Care Management, Contracting and Management etc have been identified, including specific individuals where high-level expertise is needed. KASS will need to recruit to the additional posts in 2008 to ensure they are available post transfer.</p>

Governance & Decision Making Process

10. (1) Kent's Strategic Learning Disability Board will oversee both elements in the transfer. The board is chaired by Oliver Mills, Managing Director of KASS, and has senior representation from other stakeholders including health colleagues and, through the associated Kent Partnership Board, with people with learning disabilities. The strategic board has established two groups that will concentrate on particular aspects.

(2) Firstly, the Learning Disability Finance Strategy Group is chaired by Caroline Highwood, Director of Resources, KASS, and has representation from health finance colleagues. This is planning and overseeing the transfer of financial responsibility. For 09/10 and 10/11 the funding for this will be transferred from the local PCTs to KCC. This group will ensure that an appropriate funding mechanism for this transfer is in place. Beyond 2011 the funding will be allocated directly to KCC by the Department of Health. The Department of Health has said that it will consult on the determination of these allocations before it implements this.

(3) Secondly, the Learning Disability Campus Re-provision Board is chaired by David Meikle, Director Commissioning & Finance, Eastern & Coastal Kent PCT. KASS is represented by both Janet Hughes and Margaret Howard, the East and West Kent Area Directors and by Des Sowerby, Joint Director – Learning Disability. This is overseeing the commissioning and delivery of the re-provision for the 172 people in this group. This Board has delegated responsibility to make decisions to ensure the successful delivery of the changes. They have been meeting monthly and are making regular reports to the Strategic Board. The plans are on track and the campus re-provision programme will meet the local deadline of April 2009 for the vast majority of the services.

(4) Within KCC, the potential impact on the individuals concerned and the likely size of the proposed transfer (potentially in excess of £20m per annum) means that this will be taken to Cabinet for decision on 1 December before it is submitted to DH. It is highly unlikely that the final figure will be available by this date. The fact is that the major campus re-provision programme will have an impact on the long-term costs of the service. It would therefore be foolish to confirm a final cost to transfer, before these changes have been fully assessed. In part this is dependent on the contracts in process of being let, and in part a number of other more minor factors. The report to Cabinet (and DH) in December will set out those figures which can be confirmed, and will indicate where there is still work to be done to finalise this.

Dispute Resolution

11. (1) There has been close partnership working between KCC and our health colleagues. It is fully expected that this will lead to a successful transfer that will meet the Department of Health's requirements. Namely that the transfer is seen to be fair by KCC, the NHS, the service users affected and by their families, that there is partnership working and that there is a local solution.

(2) In the extremely unlikely event that agreement cannot be reached on the transfer, the Department of Health has published a mechanism for mediation, which in Kent would involve representatives from the South East Coast NHS Strategic Health Authority, the Association of Directors of Adult Social Services and the Government Office for the South East.

Recommendations

12. Members are asked to note the ongoing work, the risks and mitigation and to comment on the issues identified for people with learning disabilities and for KCC.

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Background documents:

- NHS Overview & Scrutiny Committee, 12 October 2007, Re-provision of NHS supported accommodation in Kent (Item 4)
- ASSPOC, 29 January 2008, Valuing People Now – From Progress to Transformation (Item B7)
- ASSPOC, 29 January 2008, Re-provision of NHS Accommodation in Kent (Item B9)
- Cabinet, 17 March 2008, Valuing People Now – From Progress to Transformation (Item 7)

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By: Oliver Mills, Managing Director of Kent Adult Social Services

To: Adult Social Services Policy Overview Committee –
23 September 2008

Subject: **2007/08 BUSINESS UNIT OPERATING PLAN OUTTURN
MONITORING – KENT ADULT SOCIAL SERVICES**

Classification: Unrestricted

Summary: Report outlining the final outturn and monitoring of 2007/08
Business Plans

Introduction

1. (1) In order to support policy led budgeting, the Leader decided that full-year outturn for 2007/08 be reported by business unit to the September 2008 round of Policy Overview Committee (POC) meetings in order to help improve KCC's budget and MTP process and enhance the role of POCs.

Policy Context underpinning KASS Business Plans

2. (1) Active Lives, our ten-year vision, sets out our major priorities. Recently Active Lives was reviewed with the full involvement of the public. The priorities set out in Active Lives reflects those set down in key Government documents such as 'Our Health, Our Care, Our Say', 'Putting People First', the 'Transforming Social Care Consultation' and 'Valuing People Now'. These are underpinned by our core values of:

- Promoting Independence
- Personalisation
- Prevention
- Partnership

Process

3. (1) The documents, attached as Appendix 1 and 2, cover the following aspects for the 2007/08 outturn:

- Revenue/capital budget
- Key PIs
- Projects/developments/key actions and Achievements by Business Plan
- Towards 2010
- Summarised user feedback, survey feedback and external evaluation
- Overall summary of achievements
- Managing Director's summary

(2) The above format is based on a Corporate template which all Directorates are using in reporting back to their relevant Policy Overview Committees

Recommendations

4. (1) Members are asked to NOTE the contents of the report.

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Public Involvement and Performance
Improvement Manager
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Michelle Goldsmith
Directorate Finance Manager
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Background documents: Kent Adult Social Services 2007/08 Unit Business Plans

2007/08 BUSINESS UNIT OPERATING PLAN OUTTURN MONITORING – KENT ADULT SOCIAL SERVICES

1. Introduction

This report outlines the Directorates final budget position for 2007-8 and a summary of the Directorates performance in the delivery of the unit business plans. The Unit Business Plans were:

- Adult Social Services plan – which covered most of the operational services in East & West Kent.
- Mental Health
- Occupational Therapy and Sensory Services
- Gypsy and Traveller Unit
- Supporting People
- Strategic and Area Management and Business Support

It is to be noted that the business plans for 2008 –9 have been significantly changed in response to the development of the Directorate and it's partnership with Health

2. Revenue/Capital Budget Outturn

The final revenue outturn variance was an overspend of £1,497k which is a reduction of £418k from the £1,915k pressure reported to the April meeting of this Committee. Attached at Appendix 2 is the report to Cabinet in June on the final revenue and capital outturn position for 2007/08. The main areas to note in the outturn position are:

Older People -£948k underspend: Although the overall position on gross is nearly at breakeven there are some significant unders and overs within this. Residential placements decreased during the year due to higher than expected attrition and the impact of management actions. The number of permanent clients in a placement at the end of March was 2,917 compared with 3,045 at the same time last year. Attrition within Preserved Rights clients is also higher than allowed for in the grant which has resulted in an underspend. The number of nursing clients has also fallen from a high of 1,433 in September to 1,386 at the end of March. Expenditure on domiciliary care has been a pressure all year as the service has often been used as an alternative to residential care. The average number of hours provided per client has increased over the year and could reflect the greater numbers of clients who require a higher level of support. The number of Older People receiving a Direct Payment remains below the affordable target and there has been a drop in the number of meals provided. The savings attributable to the latter are reduced because the terms of the meals contract includes penalties for activity dropping below certain thresholds. The Directorate was awarded funding in June from the Department of Health in respect of it's Whole System Demonstrator (WSD) bid and this has increased the number of people accessing both telecare and telehealth facilities, with a subsequent increase in costs. This is not currently budgeted for.

The significant over-recovery in income of £945k relates to £1,725k of unbudgeted contribution from the Eastern & Coastal Kent PCT in respect of intermediate care proposals and services for patients leaving hospital and requiring social care. The award of the WSD funding identified above has also impacted on the income variance as this too was unbudgeted. This is off-set by a drop in client income on residential care, including preserved rights, because of falling numbers, together with the impact of the Ombudsman's decision on charging for domiciliary care, and reductions in income from meals.

People with a Learning Difficulty +£4,376k overspend: Services for this client group remain under extreme pressure as a result of both demographic and placement price pressures. As a result there were overspends against the main budget lines – residential, direct payments and supported accommodation /independent living, day care and domiciliary. Part of the pressure relates to 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. Alongside these so-called “transitional” placements is the increasing number of older learning disabled clients who are currently 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. This is the term used to describe people deemed to be living in the county and therefore the responsibility of KCC, rather than just receiving care in a residential or nursing placement. A client would become “ordinarily resident” following de-registration of a residential home and conversion to supported accommodation, something which is starting to happen more frequently. There are 70 more Direct Payments than budgeted for, although 30 did not start until March so costs for these were minimal. The income target for Independent Living Scheme (mainly from Supporting People) is £100k lower than budgeted. The budget assumed a similar level of income as received in 2006/07. Although there are some increases to residential income, they are relatively small as although client contributions would have increased along with an increase in activity, health income has reduced due to less joint funded agreements.

People with a Physical Disability +£1,012k overspend: There were similar pressures here to those for services for People with Learning Disabilities – an increase in direct payments, without a corresponding reduction in domiciliary and other costs, together with demand and demographic pressures against residential care budgets, day-care and supported accommodation. There were 107 more Direct Payments clients at the end of March than budgeted for, although 37 of these did not start until March.

Adults Assessment & Related -£790k underspend: Significant savings were generated through management action which helped to offset pressures elsewhere within the Directorate. There was also some slippage on posts, for example Direct Payments staffing is underspent because the number of clients remained low until the last few weeks of the year. The amount of savings from management actions have been offset to an extent because increments were not funded. Additional income was generated primarily through secondments with Health and other local authorities. Funding was also received to aid in implementing the Mental Capacity Act and the Whole System Demonstrator.

Older Persons Direct Service Unit +£524k overspend: The overspend primarily results from increases in energy costs, and the need to staff establishments at levels that met care standards. There was also a £50k contribution to a new reserve to fund the feasibility costs associated with the future development of various capital projects.

Adult Service Provider Unit -£290k underspend: Despite an injection of £50k to the new feasibility reserve (outlined in OPDSU above), this line still underspent. This stemmed from vacancy management throughout the year plus savings resulting from the decision to close some respite units over the Christmas period. As well as this, four amounts of £25k relating to old invoices for the Ashford PCT were credited back to revenue following review of the bad debt provision, specifically where health debts had been 100% provided for. Successful negotiations with the Eastern & Coastal Kent PCT resulted in payment of these invoices which enabled the credit balances to be released back to revenue. This line showed a small over-recovery of income, in part relating to additional rent from group homes.

SESEU -£22k underspend: Minor variance resulting from Management Action.

Occupational Therapy Bureau -£278k underspend: Additional costs were incurred in respect of the Integrated Community Equipment Store (ICES) which is a S31 Pooled Budget, to meet growing demand, especially in East Kent, and the desire amongst partners to prevent admission to hospital/residential care, and keep people in their own homes. However these costs were offset by additional income from partners. The underspend primarily relates to the release back to revenue of a provision of £100K, and also because of slippage against planned recruitment. Although the provision was set up in 2006/07 to fund the bulk replacement of hoists on health and safety grounds the service was able to absorb these costs within its existing budget.

Mental Health Service -£233k underspend: The underspend primarily resulted from higher than expected attrition of Preserved Rights clients, together with the impact of management action to reduce pressure within residential care. The latter had an impact on domiciliary care and supported accommodation where costs have increased substantially, as these services are increasingly considered as an alternative to a residential placement. The number of clients in receipt of a direct payment has also increased. Savings have been generated through management action in staffing to offset pressures elsewhere within Mental Health. Spend on voluntary organisations was reviewed by the two new Social Care Commissioner posts, in conjunction with Health partners, and in some cases it was decided not to invest further funds in these schemes.

The drop in Preserved Rights clients outlined above is the main reason for the under-recovery of income. The reduced spend with voluntary organisations indicated above also meant a reduction in contributions from health, as some schemes were funded jointly.

Supporting People -£26k underspend: Management action has achieved a minor underspend within the Supporting People admin budget.

Gypsy Unit +£7k overspend: Minor variance against budget.

Asylum All Appeal Rights Exhausted -£25k underspend: Fewer clients than anticipated accessed this service.

Strategic & Area Management -£1k underspend: Minor variance against budget.

Performance, Contracting & Planning -£874k: The majority of the underspend on gross resulted from management actions designed to offset pressures elsewhere within the Directorate. Recruitment in East Kent was held back to offset pressures within the facilities budget. Additional income was also generated through joint working with other local authorities (eg Swindon and Staffordshire).

Training, Duty & Support -£935k: The majority of the underspend on gross resulted from management actions designed to offset pressures elsewhere within the Directorate, although the winding down of services through the Regional Regeneration Hub also contributed to this position. Management actions against Training have resulted in over £500K of savings, delaying the recruitment of the systems support team generated £112K, and £468K provision for risks in the Systems Renewal Package was not required and was therefore released back to revenue. However there are some significant costs within this line which are unbudgeted, for example £446K was injected into a provision to offset future pressures relating to the new client billing system. There were also costs relating to the PFI indicated below which were not budgeted for.

Although the overall position is an over-recovery on income of £108K, there are some significant unders and overs within that. The Public Private Partnerships & Property unit forecast £222K of contributions from 10 of the District Councils within Kent towards fees for the Better Homes Active Lives PFI. £100K of extra external income was generated from third parties who contributed towards training courses and activity, together with other recharges within the Directorate. These were mostly been offset by an under-recovery of income relating to the wind down of services through the Regional Regeneration Hub (with a corresponding decrease in gross).

The capital budget reported break-even at the end of the year following agreed re-phasing of schemes that are reflected in the 2008/11 MTP.

The following table summarises the headline financial information:

The main reasons for the change between original budget and the revised budget are as follows:

a) Revenue:

Mental Health Services – transfer of Out of Hours Service from CFE, other adjustments.
 OT & Sensory Disabilities Services – disaggregation of County Services, other adjustments.
 Gypsy Unit – minor adjustment for savings

Budgets Business Unit/Service Unit	Revenue			Capital		
	Original Budget (£'000)	Revised Budget (£'000)	Final Outturn (£'000)	Original Budget (£'000)	Revised Budget (£'000)	Final Outturn (£'000)
Mental Health Services	15,947	16,109	15,876	382	5	5
OT & Sensory Disabilities Unit	6,844	6,175	5,897	769	784	784
Supporting People	0	0	-26	0	0	0
Gypsy Unit	346	345	352	0	29	29
Adult Social Services (Total)	273,683	271,996	273,493	7,018	2,486	2,486

Adult Social Services Total - roll-forward of £1,0011k pressure from 2006/07, disaggregation of budgets to and from other Directorates, various savings and other adjustments.

b) Capital:

Re-phasing of expenditure reflected in the MTP, majority of Mental Health funding used for dementia related projects.

3. Key Performance Indicators

Outlined below is the Directorates performance for 2007 – 8 in the delivery of key performance indicators

Adult Social Services	Actual Performance 2006/07	Target 2007/08	Actual Performance 2007/08
PAF C26. Admissions of supported residents aged 65 or over to residential/ nursing care per 10,000-population aged 65 and over.	72	72	73
PAF C28 BVPI 53, KPI Intensive Home Care per 1000 population aged 65 and over	11	12	11
PAF C32 BVPI 54 Older People aged 65 and over helped to live at home per 1000 population aged 65 and over	75	76	77
PAF D40 BVPI 55 Clients receiving a review as a percentage of adult clients receiving a service.	86	88	86
PAF D39 BVPI 58. Percentage of people receiving a statement of their need and how they will be met.	98	99	98
Mental Health	Actual Performance 2006/07	Target 2007/08	Actual Performance 2007/08
Reviews conducted within time (PAF county position).	86	88	86
% of people receiving care plans (PAF county position)	98	99	98
Increase number of service users receiving direct payments (PAF)	101	120	109
Reduce the number of mental health clients in residential care (PSA 2)	234	249	222
Occupational Therapy and Sensory Services	Actual Performance 2006/07	Target 2007/08	Actual Performance 2007/08
Occupational Therapy Bureau	15923		14282
No of referrals for service (adults)		15,326	
No of people provided with service (adults)	15252	15,236	14882
PAF D39 - Percentage of people receiving a statement of their needs and how they will be met.	98	Data not available	98
PAF D54 - Percentage of items of equipment and adaptations delivered within 7 working days	92%	93%	91%
PAF D55 PAF - Acceptable waiting times for assessments. (Percentage of new older clients who had their assessments completed within 28 days of contact)	94.5	Data not available	90.9

Services for Deaf People	1,249		1,008
Hi Kent			
No of referrals (adults)		1,249	
No of people provided with service	1,258	1,249	1,008
Deaf Services Bureau	578		578
No of referrals (adults)		578	
No of people provided with service(adults)	461	461	486
Kent Association for the Blind (KAB)	6,984		6,657
No of Referrals Adults		6,164	
No of people provided with a service (Adults)	6,804	6,164	6,571
Recuperative Care	100%		100%
% People aged 65 and over, assessed within 48 hrs of referral.		100%	

Supporting People - to be reported to ASSPOC in November

4. Adult Services Business Plans

4.1 Projects/developments/key actions

Many of the projects/developments/key actions outlined in all of the KASS business plans of 2007/08 were long term and therefore continue on course to be completed beyond this year. Outlined below is a brief summary of progress on each of the plans

In this plan there were twenty-two projects, of which

- 6 were fully delivered in 2007/08..
- 16 projects are ongoing, such as ALfA, Telecare, development of Extra Care Sheltered Housing and supported accommodation through PFI.

4.2 Achievements in 2007/08

Briefly outlined below are some of the achievements obtained within the context of this Adult Services Business plan activity. These include:

- Successfully bidding to gain the POPPS bid which has now been launched in East Kent – INVOKE.
- Successful Implementation of the Brighter Futures Project in West Kent
- Telehealth /Telecare - Successfully achieving the WSD grant, which is now being implemented. The Kent Telehealth Pilot team was the winner of the Telehealth award at this year's Health Business Awards. Held at the Royal College of Physicians on 13 December, the awards, organised by Health Business Magazine and Public Sector Publishing.
- Kent Adult Social Services (KASS) and the Pension Service are joint working across the Thanet District. To progress to 'full' joint working, negotiations are underway with the Revenue and Benefits Department of Thanet District Council.
- **Modernisation & Personalisation.** There are many examples of achievements under these key themes which include:
 - Dementia Services at Lawrence House, Shepway. Work is progressing with the Eastern and Coastal Kent PCT to take forward this service development, with capital resources confirmed.
 - The modernisation of services for people with a learning disability in Sevenoaks District is progressing. Service users are now accessing different venues in the community. The Mencap hall is now accessible and meets the needs of service users.
 - As part of the modernisation of services and promoting independence and choice for individual service users, an independent living scheme is being established in Maidstone. The Area has successfully managed the procurement of a Registered Social Landlord as a partner in the Bower Mount project.

- Successful partnership working with Tonbridge & Malling Borough Council and Invicta Housing, the Mary Magdalene project, has facilitated the provision of accommodation for people with learning disabilities
- Modernisation of in-house day services for people with a learning disability. This proposal has been modified with the Government's refresh of the "Valuing People" White Paper. Consultations have been taking place on the "Good Day Programme" which will aim to facilitate what people with a learning disability really want. The programme is now underway.
- The development of the **County Duty Service** will be key to the progression of the modernisation agenda outlined below are some of its achievements from last year.
 - New Adult Social Services client database fully established.
 - Introduced pilot project to fast track Occupational Therapy assessment and provision, consistent with Active Lives for Adults (ALfA). The project will be extended early 08/09.
 - Public Direct Payments Helpline transferred into County Duty Service.
 - New efficiency and quality assurance measures introduced into Service
 - Consolidation of County Duty Service presence within Ashford Gateway and plans to extend CDS function into new gateways during 08/09.
 - Highest number of people for six years have travelled through County Duty Service during 07/08, reaching 1000,000 for first time. 10% above target.

5. Adult Mental Health Business Plan

5.1. Projects/developments/key actions. There were five projects:

- 4 were fully delivered
- 1 is ongoing. This is the development of information systems with connectivity between KCC and the Trust, and implementation of training and changes to data inputting methods

5.2. Achievements in 2007/08

- Excellent progress was made on delivering the PSA 2 target in reducing the number of people of working age in residential care. There was a reduction of the numbers of people aged 18-64 in residential care down to 225, and this figure is continuing to reduce as we pursue our policies through the residential and continuing care panels in conjunction with the PCTs and the Trust. We aim for a further 8% reduction in the next 2 years.
- Mental Health's contribution to the employment PSA2 target. Mental Health's share was 75 and at present there are 71 identified.
- In conjunction with our District and Borough Local Authority Housing partners, there was the development of an additional 21 units of supported accommodation across Kent.
- The launch of the Maidstone "One Stop Shop" for Vocational Support marks a significant change in the way service users access employment services in Kent. The development of a single point of access for Vocational Support has been welcomed and will lead to greater numbers of service users accessing Vocational Support and permanent paid employment.
- The year saw the continued development of an integrated health and social care workforce with the transfer of the management and operation of the ASW Service to the Trust. Continued improvements to the level of community support offered to service users led to a reduction in the average length of stay on hospital wards.
- The Out of Hours ASW service transferred successfully to the KMPT Trust from KCC on 1st December 2007, involving considerable planning and input from the Trust and KCC staff.
- The introduction of the Mental Health Commissioning and Contracting Team led to a renewed focus on the commissioning of Mental Health Social Care provision.

6. Gypsy and Traveller Unit business Plan

6.1 Projects/developments/key actions. There were six projects. Four were fully delivered and two are ongoing.

6.2 Achievements in 2007/08

- Made best use of available pitches and tackled long term issues for the benefit of residents and neighbours.
- Installed water meters on all plots and will start charging licensees for water use from April 08.
- Installed additional equipment to solve ongoing and expensive drainage problems on two sites.
- Supported Districts in carrying out Accommodation Assessments.
- In partnership with District and Borough Councils, co-ordinated the submission of long term countywide pitch requirement data to South East England Regional Authority (SEERA).

Carried out a number of stakeholder engagement events

7. Occupational Therapy Bureau Business Plan

7.1 Projects/developments/key actions. There were 11 projects.

- Seven projects were fully delivered
- 4 projects are ongoing, such as the review of Equipped for Independence.

- Established a new countywide Sensory Disabilities Unit.
- Developed service user and carer Involvement Strategy including setting up Area groups.
- Established a specialist outreach service for Deaf people with mental health needs.
- Facilitated Deaf Awareness training for GP surgeries to improve accessibility.
- Developed strategy for implementing Local Authority Circular (2001) 7 Social Care for Deafblind Children and Adults.
- In partnership with Health, Education, Medway Council, voluntary organisations and service users, finalised an Options Paper to better meet the needs of visually impaired people.
- With the Duty Service introduced pilot project to fast track Occupational Therapy assessment and provision, consistent with Active Lives for Adults (ALfA). The project will be extended early 08/09.
- Supported people to maintain their independence in the community by providing 90% of all their equipment and minor adaptations within 7 working days of assessment.
- Embedded Microsoft, an integrated electronic system to manage the delivery of equipment.
- Quality Service Award for Technician Service.

8. The Supporting People Business Plan

8.1 Projects/developments/key actions. There were twelve projects, all fully delivered

8.2 Achievements in 2007/08

- The Audit Commission in September 2007 inspected the Supporting People Programme in Kent. The outcome was Good with Promising prospects. The recommendations from the Audit Commission Inspection were incorporated into an action plan, which was developed in co-operation with the Core Strategy development Group, and the Commissioning Body. The outcome of the inspection was also subject to Cabinet Scrutiny, and an action sheet was confirmed. The recommendations from the Audit Commission related to:
 - strengthening the strategic approach to the Supporting People Programme
 - improving performance management and governance of the Programme
 - improving the approach to value for money
 - improving service user involvement
 - improving access and information in relation to the Supporting People Programme
 - All these issues are being actively worked on as part of this years business plan
- The inspection preparation led us to review, standardise and streamline business processes and procedures. The administrative burden on providers has also been reduced, by introducing one-page workbooks and fixed capacity contracts. Good practice has been cascaded to the Kent Adult Social Services Directorate in relation to contracting, monitoring and review.
- The Supporting People Programme met its LAA1/PSA2 targets and achieved a particularly good outcome in relation to Investors in People.
- The Commissioning Body revised and agreed eligibility criteria for the Programme, and its Memorandum of Understanding. There was also an evaluation of self-directed support and the implications for the programme in relation to individualised budgets.
- Strategic reviews were undertaken of older people's services and short-term accommodation based services, and further work was undertaken on the strategic review of floating support. This led to the commissioning and tendering of additional services. The strategic review of long-term accommodation based services is still ongoing due to the duration of the strategic review of older person's services.

9. The Strategic and Area Management and Business Support business plan

9.1 Projects/developments/key actions. There were eight projects. 3 of which were fully delivered. 5 are ongoing such as service modernisation and the development of ALfA / Self Directed Support

9.2 Achievements in 2007/08

- Successful project management of the performance framework process for adult social services ensuring we maintained our 3 star status.
- A further Housing PFI with four District Councils (Ashford, Dover, Thanet and Tunbridge Wells) for 182 Extra Care and Supported apartments for vulnerable people.
- Active Lives – a major process of engagement with the public in looking at KASS's priorities for the next 10 years. The new version was written with a editorial panel from the public.
- Implementation of user involvement recruitment policy.
- Successful implementation of Domiciliary Charging policy. Given the potential controversial nature of the changes, lessons were learnt from the past and it was implemented with fewer difficulties

10. Towards 2010

All business units within KASS work towards the delivery of the Towards 2010 Targets which the Directorate is responsible (targets 52 – 56). Currently KASS is on course for the delivery of these targets and a more detailed report on progress is part of the agenda are ongoing such as service modernisation.

11. Summarised user feedback, survey feedback and external evaluation

KASS received 368 statutory complaints in 2006/07 and 295 statutory complaints in 2007/08. The numbers of statutory complaints have gone down whilst there has been a rise in the number of compliments. The feedback we have from members of the public is that we are more receptive.

With the changes in the procedures in 07/08, KASS has spent time and energy in increasing training input around customer care and public involvement.

The Directorate has a strong ethos of engaging the public. We have developed a whole range of forums and engagement processes which means that people have other avenues to pursue issues other than complaints and are fully involved in the development of the Directorate. These include; The Partnership Board & District Groups, Occupational Therapy user groups, and a wide range of District forums. The public are being engaged in the development of Self Directed Support and other new initiatives including Tele health.

We have involved members of the public on numerous issues. For example, Public consultations were held across Kent regarding the Older Persons Strategy. People have also helped us to develop the KASS Core Standards and have been involved in monitoring them and raising their profile. Within the Sensory Services Unit, a health and social care Long Term Conditions sub group is being established. A more detailed report on our work with the public will be presented at ASSPOC in November.

12. Overall summary of achievements in 2007/08

In 2007-8 Kent Adult Social Services achieved 3 star status for the sixth year running. Only six other 6 Local Authorities have achieved this.

The Directorate also played a significant part in ensuring that Outcome 18 of the Kent Agreement– Independence for All, was achieved. This was the Outcome which the Directorate led on. We also made significant contributions to other outcomes within the Kent Agreement

Despite increase demand and significant budget pressures as outlined above the Directorate continues to make good progress and improvement as outlined above. The Implementation of ALfA / Self Directed Support is key to the modernisation of the Directorate and ensuring that the personalisation agenda is embedded firmly into the future of the Directorate

The Modernisation Programme of Learning Disability Day Services, through the Good Day Programme has been launched and will in the future offer more choice and control. A Strategic review of Older People Services is also underway.

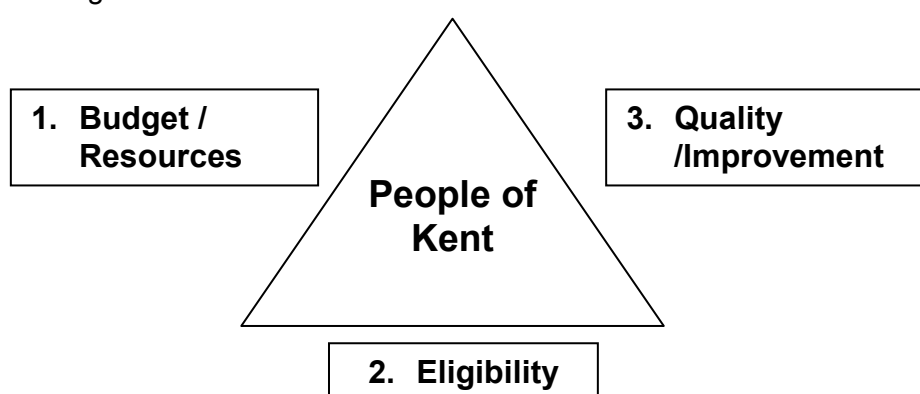
Managing Directors Statement

Active Lives, our ten-year vision sets out our major priorities. Recently Active Lives was reviewed with the full involvement of the public. The priorities set out in Active Lives reflects so those set down in key Government Documents such as Our Health Our Care Our Say, Putting People First and Valuing People Now. These are underpinned with our core values of

- Promoting Independence
- Personalisation
- Prevention
- Partnership

These values are reflected throughout all the Business Plans

As outlined above the Directorate continued to make good progress through the implementation of our Business Plans, in an increasingly difficult environment of increased activity and resource pressures. Continued improvement and the delivery of good quality, value for money, adult social services depends on us effectively managing the three sides of the triangle as illustrated below.



- 1. Budget / Resources** – It is essential that we work within budget. This is increasingly difficult to do as the impact of an ever-increasing ageing population combined with more profoundly disabled young people surviving childhood. This is being evidenced through increased activity. Furthermore people's changing expectations has added to this pressure. These issues have been highlighted in the recent report from Commission of Social Care Inspection 'The State of Social Care '
- 2. Eligibility** - Our eligibility criteria has been maintained at Moderate. Key to our strategy for promoting independence is *prevention*. We believe that this focus on prevention is supported by keeping eligibility as low as possible, along with our major investment in preventative services. However, this position has to be kept under constant review. Again in 'The State of Social Care ' it was noted that 75% of Local Authorities are raising their eligibility criteria to substantial or even critical, with more planning to do so'. Kent is therefore unusual in maintaining moderate eligibility criteria
- 3. Quality / Improvement** – Good Quality Services are essential to maintain our focus on our core values of promoting independence, personalisation, prevention & partnership. It is essential that they deliver good outcomes and value for money, particularly in a society where people's expectations of social services continue to rise. We recognise that to ensure that quality continues to keep in step with expectations, we need to strive for further improvements and look at new ways of doing things – modernisation. ALFA and the development of Self Directed Support is a key driver in pursuing this goal.

Partnership Working

Partnership working is vital for the continued development of social care in Kent. The new PCT arrangements in Kent offer excellent opportunities for partnership working, building on a successful history of close working relationships with the health service.

In developing shared priorities and joint commissioning arrangements with Health, the Joint Strategic Needs Assessment with Health will strengthen joint commissioning, which is essential to make best use of resources to achieve outcomes as determined by the assessment of need. Another significant driver for KCC's working relationship with Health is the Public Health Strategy, the implementation of the action plan stemming from the Strategy, and the Annual Public Health Report.

The Directorate has a strong relationship with the Voluntary and Private Sector. Around 85% of services are purchased from outside the Directorate. We will continue to build upon partnerships with the private and voluntary sector, working closely to develop the new commissioning arrangements that are needed as more people choose to direct and control their own support.

The Directorate now also works more closely than ever with District and Borough Councils over housing issues, sustainable development (including ensuring good community infrastructure in the growth areas), and social inclusion

Challenges

Outlined below are some of the key challenges we are facing

Maintaining a balanced triangle. It is increasingly difficult to balance the budget, whilst meeting increasing demand/ activity.

Valuing People Now. As part of this review the Local Authorities nationally are taking the lead on Learning Disabilities, including the transfer of resources and those people placed in NHS units. As the Commission has noted this is a major challenge, Kent having one of the largest cohorts of people in the country. This is as a result of geographical position historical trends and size of Kent. The Directorate is determined that the principles of person centered planning will be paramount in meeting the needs of those people transferring from the NHS. In the pack there is more detail on the implementation of this.

Active Lives for Adults (ALfA). This is a major cultural change, which will see a shift in emphasis away from 'managing care packages' and towards personalisation - supporting people in identifying how best to meet their own needs. It will transform all front line services.

Workforce- KASS continues to have a skilled and stable workforce. Staff Care package, Training and IIP have all contributed to maintaining this healthy position. As outlined already the future holds a range of challenges and to meet these the Directorate will need a skilled, committed workforce with the right 'skill mix'. Within ALfA workforce development is a major workstream. The issues regarding workforce extend beyond KASS to the Private & Voluntary Sector and the NHS. We have been working now for sometime with the Private and Voluntary Sector to develop the wider social care workforce as evidenced by such initiatives as 'Training 4 Care'. We are also working with the PCTs to look at some of these issues. The Directorate has developed a detailed workforce plan to address these and other issues such as succession planning and continuous improvement.

Mental Health. Currently the Mental Health Trust is in the process of seeking Foundation Status, and the outcome of this will have implications for the Directorate.

Transition. This is a key T2010 Target that we share with Children Families & Education Directorate. Good transitional planning is a key element ensuring independence and personalisation and is a key issue in Valuing People Now. Implementing the recommendations of the recent select committee will be a key driver.

Carers. We are committed to implementing the recommendations of the recent KCC Select Committee report, and the new National Carers Strategy is a further driver in the development of services for carers..

Improving Performance. Every year it becomes increasingly difficult to maintain our three star rating. As already outlined the Directorate is finding it difficult to maintain its performance with increase demand. Furthermore year on year the Commission for Social Care Inspection continue to raise the bar to achieve 3 star rating. As outlined in another paper on performance before the committee this trend is set to continue.

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(1) REVENUE AND CAPITAL BUDGET OUTTURN 2007-08

REVENUE

3.2.5 Kent Adult Social Services Portfolio:

The overall position for the portfolio has only marginally moved since the last report to Cabinet, with a £0.023m improvement in the position reported. However there have been some significant changes between client groups. The main changes are:

- +£0.566m on Older People – a reduction in the underspend from £1.514m to £0.948m. Approximately £0.250m of this reduction relates to domiciliary care, this budget is continuing to prove very difficult to forecast with great accuracy, as it is the most volatile activity line within Adult Social Services. The hardware issues since the beginning of March have resulted in more manual interrogation being undertaken through Oracle Financials, especially in relation to domiciliary services. This has picked up some clients that have not previously been identified or included in the forecasts, particularly where suppliers have invoiced for clients at a later stage and backdated charges.
Although there has been a reduction of 17 residential placements in March, any saving has more than been offset by an increase of 29 nursing placements in March. There have been a number of smaller changes to other budgets and some bad debt adjustments.
There has been a movement in gross and income to represent different accounting treatment for funding received from the Department of Health for the Whole System Demonstrator. This will provide a large number of Kent residents with access to telehealth, as well as to telecare, as part of a wider programme that will include greater joint working between Health and Social Care. The funding has now been treated as a receipt in advance rather than dealt with through reserves.
- -£0.359m on Learning Disability – a reduction in the pressure from £4.735m to £4.376m. Of this £0.090m relates to increased income, partly following agreement with Eastern and Coastal Kent PCT to contribute to a residential placement. The amount recharged by direct service units through internal trading arrangements is also about £0.080m less than forecast. There have been a number of smaller changes to other budgets and some bad debt adjustments.
- -£0.211m on Physical Disability – a reduction in the pressure from £1.223m to £1.012m. The main reduction has been in East Kent where the actual cost of non-permanent residential weeks was £0.093m less than predicted. Although March saw a significant increase in the number of clients accessing Direct Payments, the increase came later in the month than expected resulting in a lower cost. There have been small changes on many other service lines, including residential, day-care, domiciliary care and supported accommodation.
- +£0.164m on Assessment and Related – a reduction in the underspend from £0.954m to £0.790m primarily as a result of changes to the bad debt provision. Four invoices to Health, amounting to £0.1m that had been provided for in previous years were actually paid in 2007-08, which meant that the provision could be released back to reduce the revenue position. Although this was previously reflected against Assessment and Related, the closure of accounts process identified that this should be more accurately included against In-House services as the debts related to a couple of Learning Disability Day Opportunities units.
- -£0.146m on Other Services – an increase in the underspend from £1.708m to £1.854m, relating to a number of different budgets.

Also, £3.535m has been transferred to the Supporting People reserve to meet likely funding shortfalls in future years. This is consistent with the practice adopted in previous years. There are proposals (to be agreed by the Supporting People Commissioning Body,) to utilise all of the reserve over the next four years, primarily to fund inflationary uplifts year on year at an assumed 2.5% each year, as the specific grant (Area Based Grant from 2009-10) does not allow for it. There are also proposals for some new developments as well as extensions to existing services. The proposed new developments include:

- Floating Support Accommodation Services from January 2009
- Home Improvement Agency Handy Person scheme in East & West Kent from 2008-09
- Service User Involvement from 2008-09

- Horizons Thanet PFI Bid from 1 November 2008
- Dual Diagnosis Mental Health Service, Dover from 1 November 2008

The activity indicators shown at Appendix 3 generally show a continued increase in direct payments and expenditure on services for the learning disabled. Older persons residential has reduced, whilst nursing care has remained relatively static. Although the number of clients receiving domiciliary care has remained fairly static, the number of hours of service provided has increased reflecting an increasing number of clients who require a higher level of support to enable them to remain within their own homes.

CAPITAL

3.7.6 Kent Adult Social Services Portfolio:

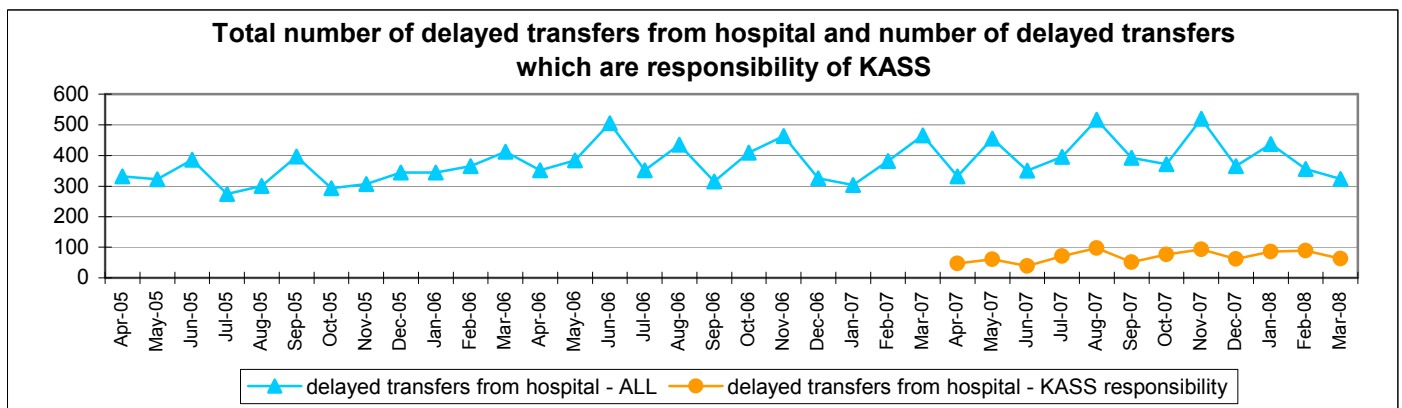
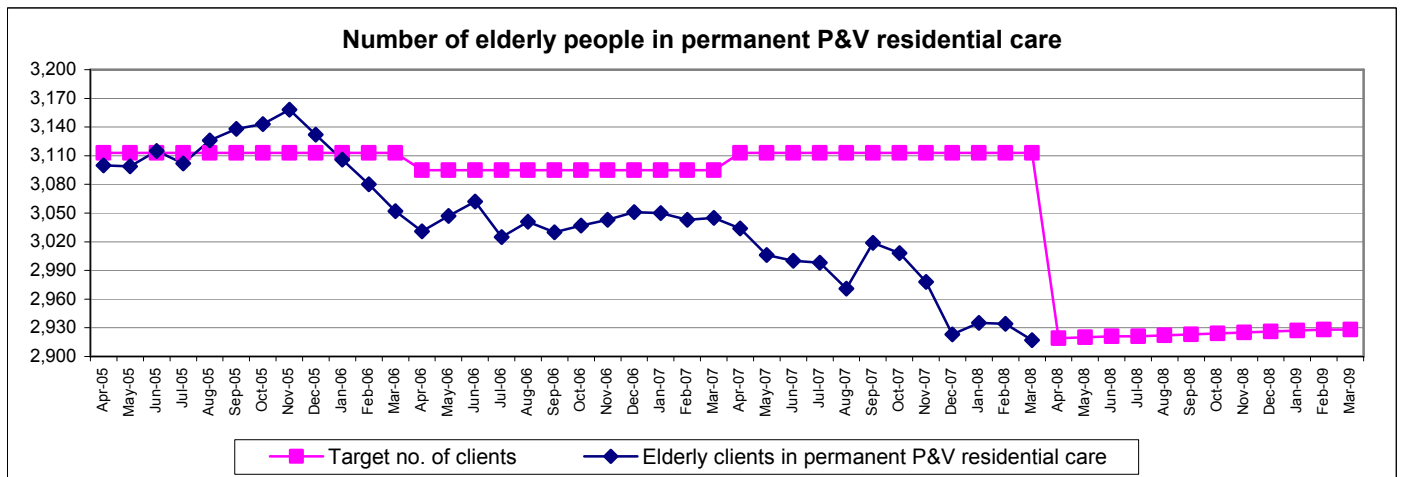
The overall capital position for the portfolio has moved by +£0.454m since the last report to Cabinet on 12 May, which is mainly due to the quicker than expected completion of numerous works in residential homes funded by Dignity In Care Grant (£0.399m).

2. KENT ADULT SOCIAL SERVICES DIRECTORATE

Owing to delays in implementing SWIFT (client activity system), the activity data for the period August 2006 to March 2007 was entirely reliant on local records and manual counts. Since April 2007 SWIFT data has been used in conjunction with local records and manual counts to produce the performance information contained within this report. The information is regularly revisited as part of the on-going validation and data quality process and it is often the case that previous months' figures will change. This is more evident at year-end because of the work required to produce the statistical returns completed by the Directorate.

2.1.1 Numbers of elderly people in permanent P&V residential care, including indicators on delayed transfers:

	2005-06			2006-07			2007-08				2008-09
	Target	Elderly clients in permanent P&V residential care	Delayed transfers from hospital	Target	Elderly clients in permanent P&V residential care	Delayed transfers from hospital	Target	Elderly clients in permanent P&V residential care	Delayed transfers from hospital (DTCs)		
									All	KASS	
April	3,113	3,100	332	3,095	3,031	352	3,113	3,034	332	47	2,919
May	3,113	3,099	322	3,095	3,047	384	3,113	3,006	455	61	2,920
June	3,113	3,115	386	3,095	3,062	505	3,113	3,000	351	39	2,921
July	3,113	3,102	274	3,095	3,025	352	3,113	2,998	395	71	2,921
August	3,113	3,126	301	3,095	3,041	435	3,113	2,971	517	97	2,922
Sept	3,113	3,138	397	3,095	3,030	315	3,113	3,019	392	51	2,923
Oct	3,113	3,143	293	3,095	3,037	409	3,113	3,008	372	76	2,924
Nov	3,113	3,158	307	3,095	3,043	463	3,113	2,978	520	93	2,925
Dec	3,113	3,132	344	3,095	3,051	326	3,113	2,923	365	62	2,926
Jan	3,113	3,106	344	3,095	3,050	304	3,113	2,935	437	86	2,927
Feb	3,113	3,080	365	3,095	3,043	382	3,113	2,934	356	89	2,928
March	3,113	3,052	412	3,095	3,045	465	3,113	2,917	323	63	2,928

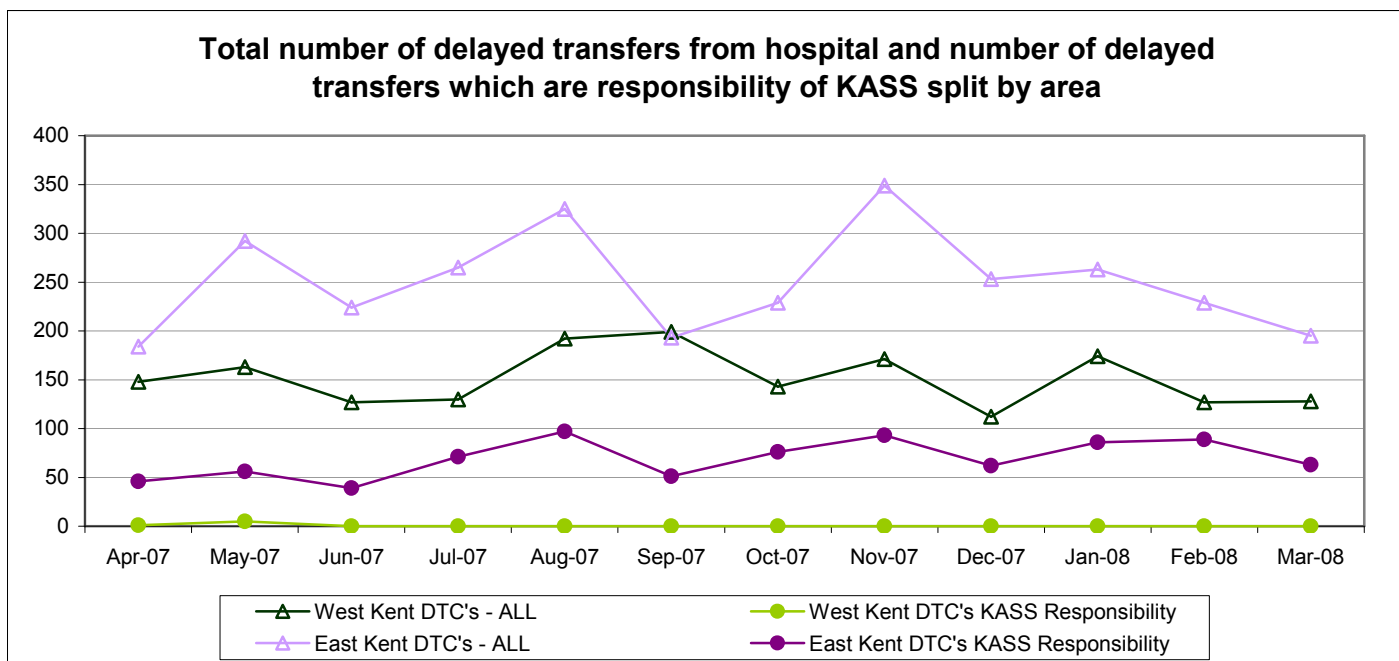


Comments:

- 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 and these are also now shown on the graph. 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 over which we have very little influence. It should also be noted that each third month is a five-week month.

2.1.2 Indicators on delayed transfers, split between East and West Kent

2007-08						
	Delayed transfers from hospital (DTCs)					
	West Kent		East Kent		TOTAL	
	ALL	KASS	ALL	KASS	ALL	KASS
April	148	1	184	46	332	47
May	163	5	292	56	455	61
June	127	0	224	39	351	39
July	130	0	265	71	395	71
August	192	0	325	97	517	97
September	199	0	193	51	392	51
October	143	0	229	76	372	76
November	171	0	349	93	520	93
December	112	0	253	62	365	62
January	174	0	263	86	437	86
February	127	0	229	89	356	89
March	128	0	195	63	323	63

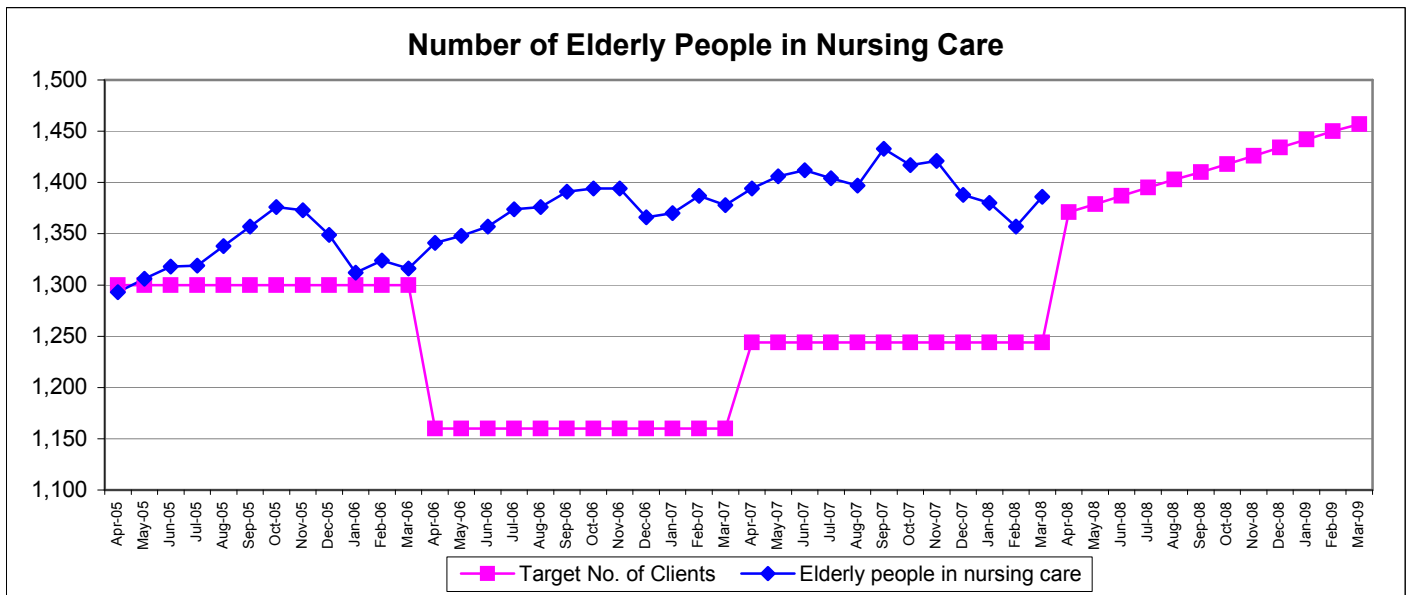


Comments:

- This graph analyses the data by KASS Area in order to reflect the differences in both the finances and performance of the East Kent and West Kent PCTs.

2.2 Numbers of elderly people in nursing care:

	2005-06		2006-07		2007-08		2008-09
	Target	Elderly people in nursing care	Target	Elderly people in nursing care	Target	Elderly people in nursing care	Target
April	1,300	1,293	1,160	1,341	1,244	1,394	1,371
May	1,300	1,306	1,160	1,348	1,244	1,406	1,379
June	1,300	1,318	1,160	1,357	1,244	1,412	1,387
July	1,300	1,319	1,160	1,374	1,244	1,404	1,395
August	1,300	1,338	1,160	1,376	1,244	1,397	1,403
September	1,300	1,357	1,160	1,391	1,244	1,433	1,410
October	1,300	1,376	1,160	1,394	1,244	1,417	1,418
November	1,300	1,373	1,160	1,394	1,244	1,421	1,426
December	1,300	1,349	1,160	1,366	1,244	1,388	1,434
January	1,300	1,312	1,160	1,370	1,244	1,380	1,442
February	1,300	1,324	1,160	1,387	1,244	1,357	1,450
March	1,300	1,316	1,160	1,378	1,244	1,386	1,457

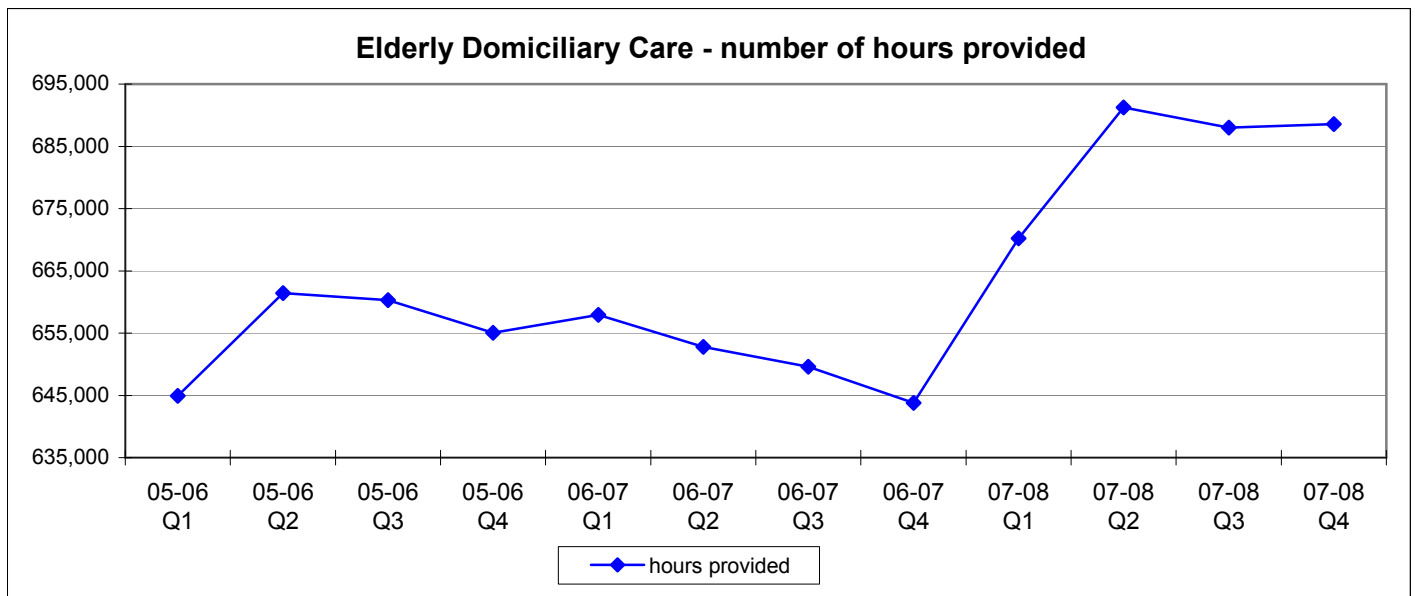
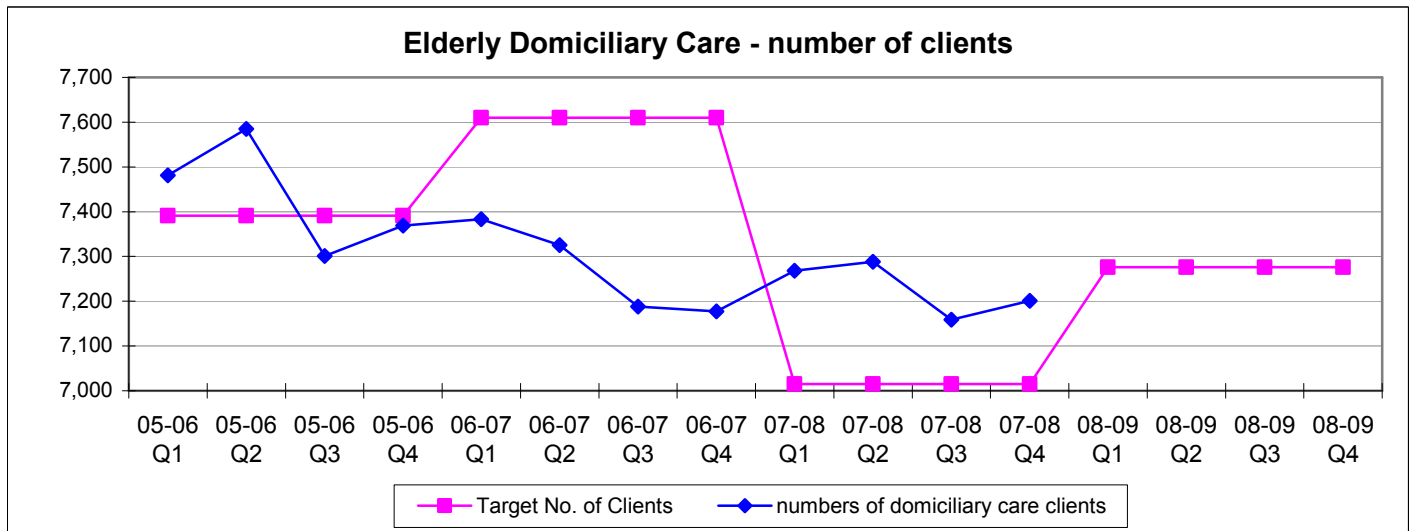


Comment:

- Increases in permanent nursing care may happen for many reasons. The main influences over the last year have been the closure of hospital beds in the East of the County. The knock on effect of minimising delayed transfers of care has resulted in an increase in the number of older people being admitted to nursing 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. The recent general downturn in placements is the result of higher than expected attrition.

2.3 Elderly domiciliary care – numbers of clients and hours provided:

	2005-06			2006-07			2007-08			2008-09
	Target	numbers of domiciliary care clients	hours provided	Target	numbers of domiciliary care clients	hours provided	Target	numbers of domiciliary care clients	hours provided	Target
Apr-Jun	7,391	7,481	644,944	7,610	7,383	657,948	7,015	7,268	670,203	7,276
Jul-Sep	7,391	7,585	661,415	7,610	7,325	652,789	7,015	7,288	691,231	7,276
Oct-Dec	7,391	7,301	660,282	7,610	7,188	649,624	7,015	7,159	688,032	7,276
Jan-Mar	7,391	7,369	655,071	7,610	7,177	643,777	7,015	7,201	688,571	7,276

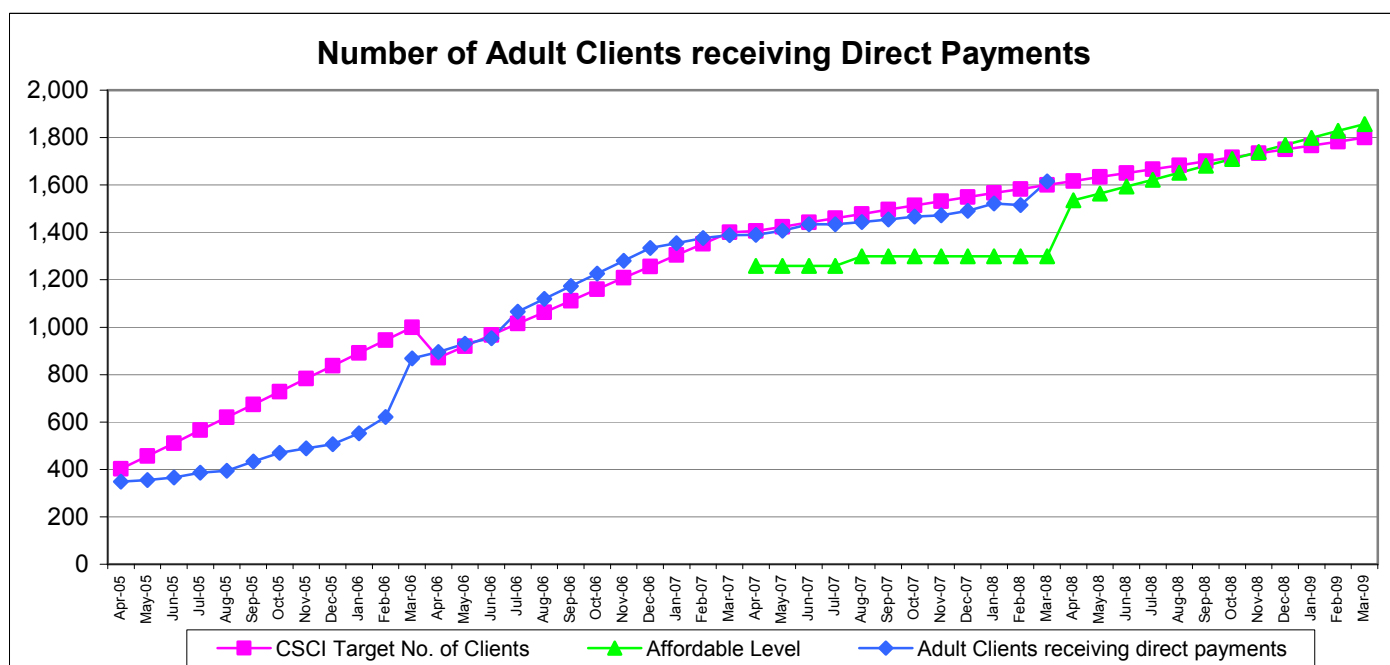


Comment:

- The number of people receiving domiciliary care, together with the number of hours provided, has increased in Quarter 4. In addition, the average number of hours provided per client has increased slightly and continues to reflect the increasing number of clients who require a higher level of support to enable them to remain within their own homes. Often this support could be through two care workers rather than one. As indicated earlier in the report the reduction in residential placements has also had an impact on activity, as this is often the alternative to seeking a permanent placement. Data quality issues in Swift make comparison with last year more difficult which might also explain the significant increase in clients.

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

	2005-06		2006-07		2007-08		2008-09		
	CSCI Target	Adult Clients receiving Direct Payments	CSCI Target	Adult Clients receiving Direct Payments	CSCI Target	Affordable Level	Adult Clients receiving Direct Payments	CSCI Target	Affordable Level
April	403	349	871	896	1,406	1,259	1,390	1,617	1,535
May	457	355	919	930	1,424	1,259	1,407	1,634	1,564
June	511	366	967	954	1,442	1,259	1,434	1,650	1,593
July	566	386	1,015	1,065	1,460	1,259	1,434	1,667	1,622
August	620	395	1,063	1,119	1,478	1,299	1,444	1,683	1,651
Sept	674	434	1,112	1,173	1,496	1,299	1,454	1,700	1,681
Oct	728	470	1,160	1,226	1,514	1,299	1,467	1,717	1,710
Nov	783	489	1,208	1,280	1,532	1,299	1,472	1,734	1,740
Dec	837	507	1,256	1,334	1,549	1,299	1,491	1,750	1,769
Jan	891	553	1,304	1,355	1,566	1,299	1,522	1,767	1,799
Feb	945	621	1,352	1,376	1,583	1,299	1,515	1,783	1,828
March	1,000	868	1,400	1,388	1,600	1,299	1,615	1,800	1,857

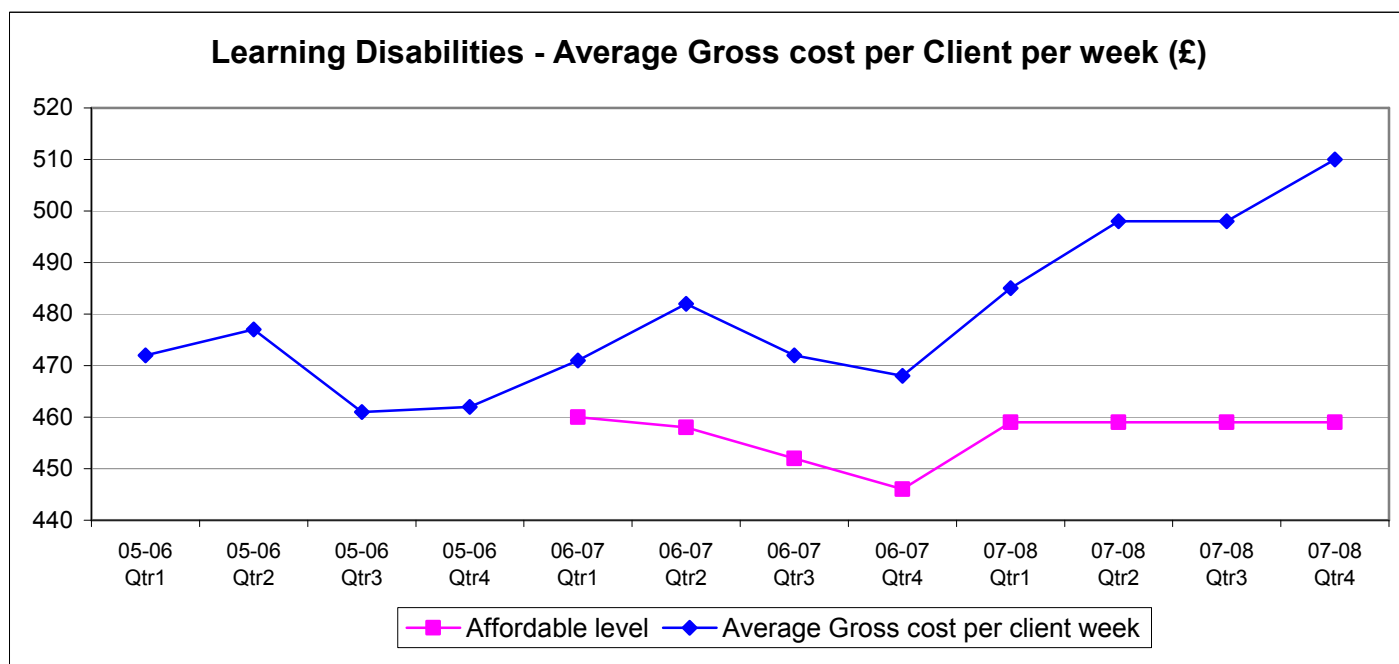


Comments:

- Direct payments are increasing, however a body of evidence is growing which suggests that 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.
- It should be noted that the affordable level is 1,299, which relates to the budgets that are currently set for direct payments. This level has been increased since July to reflect budgets vired from other service lines, such as domiciliary and day-care, to recognise the move away from traditional services into self directed support.
- The financial forecast and variances being reported cover the ongoing costs of the 1,615 direct payment users we currently have.
- The original target of 1,662 clients was a self-reported target to the Commission for Social Care Inspection (CSCI). Following review the Directorate decided to assume a target of 1,600 clients by year-end which would still leave us in the top band. The actual number of clients in receipt of a Direct Payment by 31st March was 1,615, 15 higher than the revised target.

2.5 Learning Disabilities – Average Gross Cost per Client per Week:

	2005-06	2006-07		2007-08	
	Average Gross cost per client £	Affordable level £	Average Gross cost per client £	Affordable level £	Average Gross cost per client £
April - June	472	460	471	459	485
July - September	477	458	482	459	498
October - December	461	452	472	459	498
January - March	462	446	468	459	510

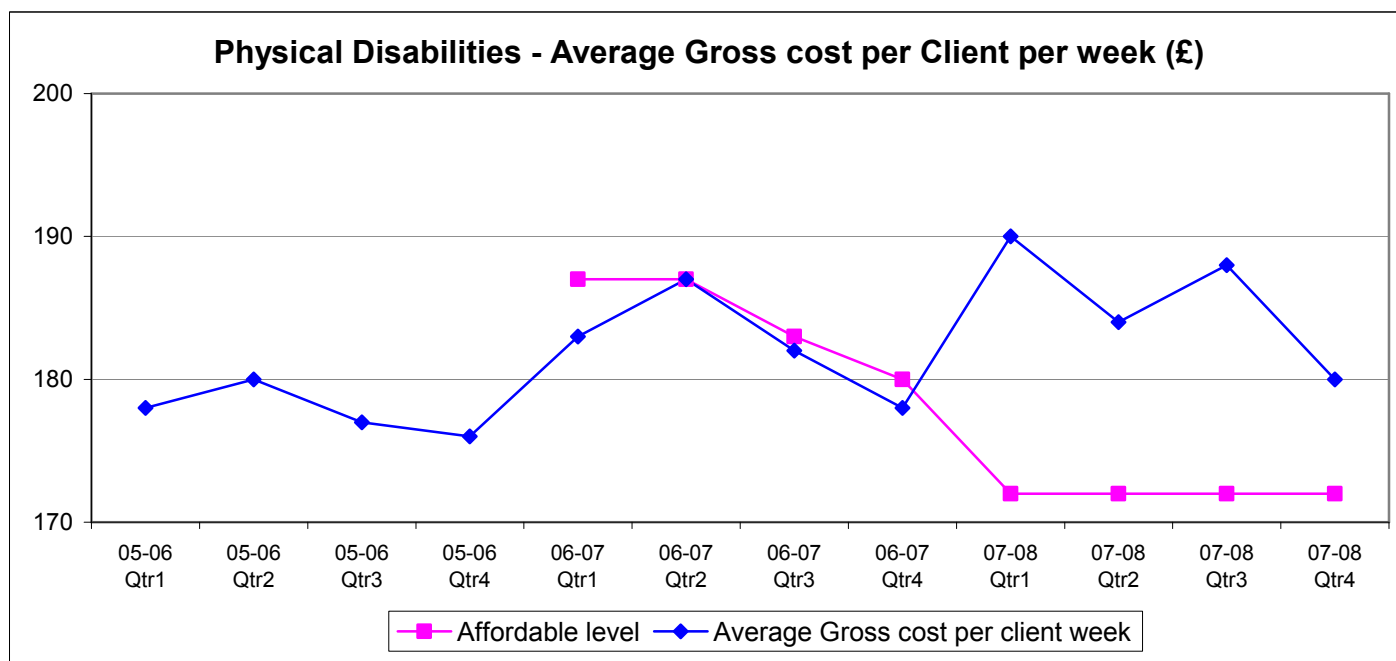


Comments:

- Targets did not exist prior to 2006-07 as this average cost is not a real performance indicator. It is merely intended to demonstrate the general upward trend in the cost of supporting clients with Learning Disabilities.
- This graph reflects the average cost per client week across all Learning Disability services, including those with the lowest levels of need.
- The basis for calculation has changed from last year in order to include both the costs of services provided by the private and voluntary sector and in-house service provision. The previous years' figures have been adjusted accordingly.
- There is no target for 2008-09 for this indicator as this indicator will be replaced by more detailed analysis around the cost of residential care in 2008-09.

2.6 Physical Disabilities – Average Gross Cost per Client per Week:

	2005-06	2006-07		2007-08	
	Average Gross cost per client £	Affordable level £	Average Gross cost per client £	Affordable level £	Average Gross cost per client £
April - June	178	187	183	172	190
July - September	180	187	187	172	184
October - December	177	183	182	172	188
January - March	176	180	178	172	180



Comments:

- Targets did not exist prior to 2006-07 as this average cost is not a real performance indicator. It merely attempts to demonstrate the general upward trend in the cost of supporting clients with Physical Disabilities.
- This graph reflects the average cost per client week across all Physical Disability services, including those with the lowest levels of need.
- The basis for calculation has changed from last year in order to include both the costs of services provided by the private and voluntary sector and in-house service provision. The previous years' figures have been adjusted accordingly.
- There is no target for 2008-09 for this indicator as we do not propose to continue reporting on this indicator for 2008-09 because it is considered that the activity associated with this client group is less volatile than others and is not a high financial risk. If this position changes, we will consider the most appropriate replacement.

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By: Oliver Mills, Managing Director Adult Social Services

To: Adult Social Services Policy Overview Committee –
23 September 2008

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

Classification: Unrestricted

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

Introduction

1. (1) This is the first 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.

First Quarter monitoring report

3. (1) The monitoring report for the first quarter for Adult Services is attached at Appendix 1 and this indicates an overall revenue pressure of £1,663k. 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' can be found at section 1.1.8 in the attached Appendix and through their implementation the Directorate expects to achieve a balanced position by the end of the year.

(2) The variances reported to Cabinet are based on cash limits that include adjustments for both formal virement and technical adjustments, and these are detailed in Section 1.1.1 and Table 1a of the Appendix. The Cabinet report sought approval for these adjustments.

(3) The main areas to note within the first quarter's position are:

- Older People is forecasting an underspend of £852k including the one-off release of the Deferred Payments Loan of £1,256k. Therefore there is an underlying pressure of £404k. The remaining balance of the Contingency held by the Managing Director (£436k) has also been released to reduce the overall Directorate position. Significant pressures remain within this client group, and there are increasing numbers of people with higher needs, particularly those with some form of dementia. A reduction in the number of residential clients in permanent placements since March is offset by additional weeks of respite care required to assist people to remain within their own homes. Also the average cost per week is increasing as people with higher needs/dementia require more expensive placements. There are pressures within in house residential provision resulting from the costs of agency staff needed to cover sickness and absence in order to meet care standards. Nursing clients have also increased by 34 from March. 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 628 in June, 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 £1,759k 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. A reduction in the number of residential placements has been offset in part by an increase in the unit cost. Also a proportion of the residential

budget has been transferred to support increasing demand in domiciliary, direct payments and supported accommodation (as referred to in 3 (2) above) which has left an overspend. Even so pressures remain within domiciliary, direct payments and supported accommodation as the Directorate tries to support clients within the community. 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 has risen by 27 from March to 365 in June. 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 £548k. The number of residential placements has increased over the first three months and there are pressures within supported accommodation and direct payments although these are reduced following a transfer of cash limit from residential. The number of Direct Payments clients has increased to 586 in June from 547 in March. It is expected that the number of domiciliary clients, along with direct payments and supported accommodation clients, will increase throughout the year, as the Directorate tries to support people within the community rather than in a residential placement. The overall forecast pressure has also been reduced by £90k following release of the remaining balance of the contingency held by the Managing Director.
- All Adults Assessment and Related is reporting a pressure of £607k even though there is a freeze on recruitment to all but the most essential of posts. Although the cost of increments has not been funded by the Directorate for several years, the assumption that turnover will cover this cost is proving optimistic as the level of turnover seems to be reducing. The staffing requirement of the Directorate will need to be viewed in light of increasing numbers of referrals and assessments, set against the impact of service modernisation, mobile working, and the move towards self directed support, amongst others.
- Although the position for Mental Health is a small underspend of £31k, within that is a significant pressure against residential care offset by savings within Assessment and Related staffing. As with other client groups budget has been transferred from residential to address growing demand in other services, in this case primarily supported accommodation. This means that despite a drop in the number of residential placements from 278 in March to 270 in June, this service is reflecting a significant pressure. The saving in staffing results from vacancy management.

- Policy, Performance and Quality Assurance is underspending by £321k and reflects vacancy management as well as costs covered by grants/external funding.
- Although Resources is showing a small underspend of £17k, within this is an underspend on gross, and an under-recovery of income. The underspend on gross primarily relates to the release of £300k from the Supporting People Reserve to fund some of the legal costs incurred last year on the Better Homes Active Lives PFI. The release from reserve is shown as a credit entry in revenue. The under-recovery in income is also primarily related to the release from reserve as the position is skewed by writing back of a debtor of £225k which is shown as a debit entry in revenue. The debtor was raised last year in respect of contributions expected from District Councils towards the legal costs, but now covered by the release from reserve.

(4) As reported to Cabinet in August, it is proposed to recast the authority's capital programme to reflect action to be taken to address the funding issues brought about by the current economic situation. A revised capital programme will be reported, for decision, to Cabinet in October, following the above review. This report therefore does not include any details of the current position against the capital programme as this will all change as a result of this review.

Recommendations

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

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VPN: 7000 1770

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

1. FINANCE

1.1 REVENUE

1.1.1 The cash limits that the Directorate is working to, **and upon which the variances in this report are based**, include adjustments for both formal virement and technical adjustments, the latter being where there is no change in policy. The Directorate would like to request formal virement through this report to reflect adjustments to cash limits required for the following two reasons:

- Firstly, changes required in respect of the allocation of previously unallocated budgets where further information regarding allocations and spending plans has become available since the budget setting process. This primarily relates to how the Directorate allocated demography/growth and savings, decisions for which were made following a Special Budget SMT in mid February. Where necessary allocations have been adjusted in light of the 2007-08 out-turn, whereas before they would have been based on forecasts from several months earlier. As a result demography/growth and savings have in some cases been allocated across different headings to those assumed within budget build. The value of these changes is a reduction in gross expenditure of £1,710k and a corresponding £1,710k reduction in income.
- Secondly, cash limits need to be adjusted to reflect the changing trends in services over the past couple of years through modernisation of services and the move towards more self directed support. Services are now more likely to be community based, for example in supported accommodation, or through a domiciliary care package, or via a direct payment, rather than residentially based. The value of these changes is a £1,858k reduction in gross expenditure and a £1,858k reduction in income.

Cash limits have also been adjusted to reflect a number of technical adjustments to budget, including realignment of gross and income to more accurately reflect current levels of services and the inclusion of a number of 100% grants/contributions (i.e. which fully fund the additional costs) awarded since the budget was set. These include £1,725k from the Eastern and Coastal Kent Primary Care Trust, and £701k in respect of the Learning Disability Campus Closure Grant. Throughout 2007/08 it was acknowledged that some of the income budgets were not correctly aligned to where the gross budget was held. This should have been rectified in budget build but regrettably was not hence a number of adjustments are now required. The value of these changes is a £1,176k increase in gross expenditure and a £1,176k increase in income.

These adjustments have resulted in an overall decrease in the gross expenditure budget of £2,392k (-£1,710k - £1,858k + £1,176k) and a reduction in the income budget of an equal amount, giving a net nil effect.

In addition there has been an increase of £1,617k in the gross budget, which includes a £1,384k allocation from the corporate contingency set aside from the rolled forward underspend from 2007-08 for the impact of the current economic situation and the transfer of services from other portfolios.

Therefore, the overall movement in cash limits shown in table 1a below is a reduction of £775k in gross expenditure (-£2,392k + £1,617k) and a reduction in income of £2,392k.

Table 1a shows:

- the published budget,
- the proposed budget following adjustments for both formal virement and technical adjustments, together with Corporate allocations,
- the total value of the adjustments applied to each service line.

Cabinet is asked to approve these revised cash limits:

1.1.2 Table 1a: Movement in cash limits since Published Budget

Budget Book Heading	Published Budget			Revised Cash limit			Movement in Cash limit		
	G	I	N	G	I	N	G	I	N
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Kent Adult Social Services portfolio									
Older People:									
- Residential Care	89,446	-31,330	58,116	87,732	-29,891	57,841	-1,714	1,439	-275
- Nursing Care	44,144	-19,084	25,060	42,753	-18,982	23,771	-1,391	102	-1,289
- Domiciliary Care	43,457	-9,606	33,851	45,964	-10,461	35,503	2,507	-855	1,652
- Direct Payments	4,138	-432	3,706	3,927	-327	3,600	-211	105	-106
- Other Services	22,793	-6,980	15,813	23,373	-7,157	16,216	580	-177	403
Total Older People	203,978	-67,432	136,546	203,749	-66,818	136,931	-229	614	385
People with a Learning Difficulty:									
- Residential Care	63,332	-11,927	51,405	62,104	-9,946	52,158	-1,228	1,981	753
- Domiciliary Care	5,129	-419	4,710	5,822	-696	5,126	693	-277	416
- Direct Payments	3,858	-97	3,761	3,772	-49	3,723	-86	48	-38
- Supported Accommodation	5,666	-597	5,069	7,247	-593	6,654	1,581	4	1,585
- Other Services	19,405	-1,818	17,587	19,139	-1,076	18,063	-266	742	476
Total People with a LD	97,390	-14,858	82,532	98,084	-12,360	85,724	694	2,498	3,192
People with a Physical Disability									
- Residential Care	12,024	-2,381	9,643	10,897	-1,649	9,248	-1,127	732	-395
- Domiciliary Care	8,105	-521	7,584	8,039	-689	7,350	-66	-168	-234
- Direct Payments	5,857	-215	5,642	5,712	-247	5,465	-145	-32	-177
- Supported Accommodation	287	0	287	604	-59	545	317	-59	258
- Other Services	4,828	-82	4,746	4,734	-78	4,656	-94	4	-90
Total People with a PD	31,101	-3,199	27,902	29,986	-2,722	27,264	-1,115	477	-638
All Adults Assessment & Related	33,893	-496	33,397	35,088	-1,596	33,492	1,195	-1,100	95
Mental Health Service									
- Residential Care	7,759	-1,692	6,067	6,441	-948	5,493	-1,318	744	-574
- Domiciliary Care	915	-2	913	874	0	874	-41	2	-39
- Direct Payments	321	0	321	234	0	234	-87	0	-87
- Supported Accommodation	51	0	51	303	-62	241	252	-62	190
- Assessment & Related	9,435	-726	8,709	10,131	-854	9,277	696	-128	568
- Other Services	6,555	-996	5,559	6,569	-881	5,688	14	115	129
Total Mental Health Service	25,036	-3,416	21,620	24,552	-2,745	21,807	-484	671	187
Supporting People	32,957	0	32,957	32,957	0	32,957	0	0	0
Gypsy & Traveller Unit	632	-283	349	628	-279	349	-4	4	0
People with no recourse to Public Funds	100	0	100	100	0	100	0	0	0
Strategic Management	1,327	0	1,327	1,407	0	1,407	80	0	80
Policy, Performance & Quality Assurance	6,680	-175	6,505	6,152	-307	5,845	-528	-132	-660
Resources	15,265	-510	14,755	14,881	-392	14,489	-384	118	-266
Specific Grants	0	-34,187	-34,187	0	-34,945	-34,945	0	-758	-758
Total Adult Services controllable	448,359	-124,556	323,803	447,584	-122,164	325,420	-775	2,392	1,617

1.1.3 Table 1b below details the revenue position by Service Unit against the revised cash limits shown in table 1a:

Budget Book Heading	Cash Limit			Variance			Comment
	G	I	N	G	I	N	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	
Kent Adult Social Services portfolio							
Older People:							
- Residential Care	87,732	-29,891	57,841	41	-83	-42	Demographic and placement pressures offset by one-off release of loan and additional income
- Nursing Care	42,753	-18,982	23,771	-8	-212	-220	Demographic and placement pressures offset by one-off release of loan and additional income

Budget Book Heading	Cash Limit			Variance			Comment
	G	I	N	G	I	N	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	
- Domiciliary Care	45,964	-10,461	35,503	-231	89	-142	Reducing clients but more intensive packages
- Direct Payments	3,927	-327	3,600	22	-2	20	
- Other Services	23,373	-7,157	16,216	-561	93	-468	Balance of Managing Director's Contingency to offset overall pressure
Total Older People	203,749	-66,818	136,931	-737	-115	-852	
People with a Learning Difficulty:							
- Residential Care	62,104	-9,946	52,158	1,971	-347	1,624	Demographic and placement pressures offset by additional income
- Domiciliary Care	5,822	-696	5,126	121	-4	117	Demographic and placement pressures
- Direct Payments	3,772	-49	3,723	77	-10	67	
- Supported Accommodation	7,247	-593	6,654	52	2	54	
- Other Services	19,139	-1,076	18,063	-137	34	-103	Balance of Managing Director's Contingency to offset overall pressure
Total People with a LD	98,084	-12,360	85,724	2,084	-325	1,759	
People with a Physical Disability							
- Residential Care	10,897	-1,649	9,248	996	-285	711	Demographic and placement pressures offset by additional income
- Domiciliary Care	8,039	-689	7,350	-87	19	-68	
- Direct Payments	5,712	-247	5,465	34	-4	30	
- Supported Accommodation	604	-59	545	-21	9	-12	
- Other Services	4,734	-78	4,656	-127	14	-113	Balance of Managing Director's Contingency to offset overall pressure
Total People with a PD	29,986	-2,722	27,264	795	-247	548	
All Adults Assessment & Related	35,088	-1,596	33,492	732	-125	607	Pressure of increments, low turnover and increasing numbers of referrals/assessments
Mental Health Service			0			0	
- Residential Care	6,441	-948	5,493	415	10	425	Forecast activity in excess of affordable level
- Domiciliary Care	874	0	874	49	0	49	
- Direct Payments	234	0	234	0	0	0	
- Supported Accommodation	303	-62	241	-62	0	-62	
- Assessment & Related	10,131	-854	9,277	-473	58	-415	Vacancy management
- Other Services	6,569	-881	5,688	-27	-1	-28	
Total Mental Health Service	24,552	-2,745	21,807	-98	67	-31	
Supporting People	32,957	0	32,957	-9	0	-9	
Gypsy & Traveller Unit	628	-279	349	30	-4	26	
People with no recourse to Public Funds	100	0	100	-20	0	-20	
Strategic Management	1,407	0	1,407	-33	0	-33	
Policy, Performance & Quality Assurance	6,152	-307	5,845	-321	6	-315	Vacancy management
Resources	14,881	-392	14,489	-186	169	-17	Release from reserve, write back of debtor
Specific Grants	0	-34,945	-34,945	0	0	0	
Total Adult Services controllable	447,584	-122,164	325,420	2,237	-574	1,663	
Assumed Management Action				-1,663		-1,663	
Forecast after Mgmt Action				574	-574	0	

1.1.4 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:

1.1.4.1 General Comment

The Directorate continues to face significant demographic pressures, primarily within services for People with Learning and Physical Disabilities, and although they are offset by underspends elsewhere, there remains an overall pressure of £1,663k.

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.

1.1.4.2 Older People:

Although the overall net position is an underspend of £852k, this is only achieved after releasing the one-off Deferred Payments Loan of £1,256k from the Department of Health, therefore there is an underlying pressure of £404k. Significant pressures remain, particularly the increasing proportion of clients who are suffering from dementia.

a. Residential Care

There is a pressure of £41k against gross expenditure which includes the release of the proportion of the Deferred Payments Loan that relates to residential care (£628k). There is also a small over-recovery in income of £83k. Although the number of clients in permanent placements in the independent sector has reduced from 2,917 in March to 2,901 in June, in terms of client weeks the forecast assumes 790 weeks more than is affordable at a cost of £294k. 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 £372.27 per week against an affordable figure of £371.60 which has resulted in a pressure of £107k. This pressure reflects the increasing number of clients with dementia that the Directorate is having to contend with as placements are more expensive.

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

A pressure of £149k is forecast against Preserved Rights because the actual attrition rate is currently less than that assumed in the budget.

In house residential provision is showing a pressure of £117k on staffing because of the continuing need to cover sickness and absence with agency staff in order to meet care standards set by the regulator (Commission for Social Care Inspection - CSCI).

b. Nursing Care

There is an underspend of £8k gross expenditure which includes the release of the proportion of the Deferred Payments Loan that relates to nursing care (£628k); there is also an over-recovery in income of £212k. Client numbers have increased from 1,386 in March to 1,420 in June with the result that the forecast is assuming 1,577 weeks more than budget. The cost of these extra weeks is £716k. The unit cost is also forecast to be marginally higher than budget, £453.86 instead of £453.77, and this adds £7k to the pressure. The additional activity has resulted in increased income of £212k.

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

The attrition within Preserved Rights is actually higher than budgeted for and this has resulted in an underspend of £103k against gross expenditure.

c. Domiciliary Care

This service remains the most volatile and difficult to forecast. Currently this line is forecasting an underspend against gross of £231k, and a corresponding under-recovery of income of £89k. The number of clients receiving packages of care from an independent sector provider has dropped from 6,739 in March to 6,696 in June and as a result the forecast assumes 19,735 hours less than the budget, a saving of £292k. The forecast unit cost is slightly more expensive than affordable, at an additional cost of £106k. The average number of hours per client per week has increased from 7.2 in March 2008 to 7.6 in June and 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).

It was estimated that the number of clients on 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 increasing numbers 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 – 626 clients in June compared with 518 in March – but approximately 60 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 explains why this budget line is only forecasting a minor net pressure of £20k.

e. Other Services

The position is a £561k underspend against the gross budget with an under-recovery against income of £93k. There are small variances against a number of services, including meals, payments to voluntary organisations, and in-house day-care, but the significant portion of the underspend relates to the £436k release of the remaining balance of the Contingency held by the Managing Director to offset the overall pressure within the Directorate.

1.1.4.3 People with a Learning Difficulty:

Overall the position for this client group is a net pressure of £1,759k. 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. 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. This is the term used to describe people deemed to be living in the county and therefore the responsibility of KCC, rather than just receiving care in a residential or nursing placement. A client would become "ordinarily resident" following de-registration of a residential home and conversion to supported accommodation, something which is starting to happen more frequently.

a. Residential Care

Although the number of clients has reduced from 633 in March to 623 in June the forecast assumes 1,060 more weeks than is affordable. It should be noted that the Directorate has 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 £1,130k. The forecast unit cost is also above the affordable level which adds £180k to the position. The additional activity has resulted in an over-recovery of income of £203k.

The position on Preserved Rights clients is also a pressure. Lower than expected attrition means that there are 873 more weeks than budgeted for at a cost of £789k. However the actual unit cost

is £904.17 per week which is nearly £14 lower than the £918.05 budgeted for. This reduces the pressure by £313k. Also there is additional income from this extra activity of £144k.

As with Older People, in house residential provision is showing a pressure of £176k 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 £121k relates to the in-house independent living scheme.

c. Direct Payments

Client numbers have increased from 338 in March to 365 in June which is slightly above the affordable level of clients. This budget is therefore showing a pressure of £77k on gross expenditure with a small over-recovery on income of £10k.

d. Other Services

There is an underspend on gross of £137k 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 minor pressures against a number of services including day-care, supported employment and payments to voluntary organisations. These services also show minor under-recoveries of income.

1.1.4.4 **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 £548k.

a. Residential Care

This line is forecasting a pressure against gross expenditure of £996k. Client numbers have increased from a figure of 207 in March to 219 in June and overall the forecast assumes 1,268 weeks of care above the affordable level. The additional cost of these weeks is £1,046k. The additional activity has resulted in an over-recovery income of £285k. The unit cost is also forecast to be £824.88 per week as opposed to the £823.38 assumed within the budget, and this adds nearly £16k.

It should be noted that the residential budget has been adjusted 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 £108k against gross expenditure.

b. Domiciliary Care

The forecast is for an underspend of £87k on gross and an under-recovery in income of £19k. The adjusted budget gives an affordable level of activity which is currently in excess of actual demand. It is expected that this underspend will reduce over the course of the year as the Directorate looks to keep clients out of residential care.

c. Direct Payments

This budget is currently forecasting a small pressure of £34k, with a small over-recovery of income. The number of clients has increased from 547 in March to 586 in June.

d. Supported Accommodation

There is a small underspend on gross expenditure of £21k as client numbers remain slightly below what is affordable. As with domiciliary, the supported accommodation budget has been increased at the expense of residential care and gives an affordable level of in excess of actual demand. Again it is expected that this underspend will reduce over the remaining months of the year as clients in residential care are reviewed, and where appropriate transferred back into the community.

e. Other Services

The current forecast is an underspend of £127k on gross, however within this is £90k released as the balance of the Contingency held by the Managing Director to offset the overall pressure within the Directorate. The remaining budgets, which include day-care, OT equipment, sensory disabilities unit, payments to voluntary organisations and assisted telephones are showing a small underspend of £37k. These services also show a minor under-recovery of income of £14k.

1.1.4.5 **All Adults Assessment & Related:**

There is a pressure against gross expenditure of £732k, with an over-recovery in income of £125k. As a result there is currently a freeze on all non-essential posts. An impact assessment is also currently being undertaken on the use of agency staff to inform any decision that may be taken to reduce their numbers or move to a position of no agency staff. The over-recovery in income relates to additional one-off contributions from Health.

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

Although there has been no increase in the number of staff within care management for a number of years there is strong evidence of increases in the number of referrals made to the Directorate. Between 2004 and 2007 there was a 25% increase in referrals to care management, but more importantly the number of referrals leading to a formal assessment, and therefore potentially a service, increased from 78% to 88%. The requirements of the Directorate, for both professional and non-professional staff, need to be seen in light of demographic pressures and the clear impact that this is having on numbers of referrals.

The move towards more self directed support should mean less support is needed from professionals. There are also a number of initiatives to modernise the service, particularly through mobile technology. However it should be recognised that as more clients remain within their own homes and receive more complex packages of care in a community setting, the support from care managers is higher than if they were in traditional residential placements.

Although there is little benchmarking data currently available to enable comparison with other authorities, we are pursuing this to try and obtain further information

1.1.4.6 **Mental Health Service:**

The overall position for Mental Health is an under-spend of £31k.

a. Residential Care

Although client numbers have reduced slightly from 278 in March to 270 in June this budget is reporting a pressure of £415k against gross expenditure. This is 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. A similar pressure on this line was reported through much of last year but the application of good financial practice and delaying planned placements brought this budget in at an underspend. Where appropriate, specialist resettlement teams will work to get clients out of residential care into the community.

b. Assessment & Related

A significant underspend of £473k on gross expenditure is being forecast as a result of the vacancy management necessary to offset the pressure within residential care. Savings also accrue from difficulties experienced in recruiting to senior posts in both social care and health. This is especially so in the north west of the county because of the proximity to London.

There is an under-recovery of income of £58k which relates primarily to a joint funded post with Health that is forecast to remain vacant as a result of the recruitment savings identified above.

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

The gross budget is estimated to underspend by £321k which is spread across a number of teams both at Headquarters and in the two Areas. The forecast position is very much in line with the 2007/08 out-turn 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.

1.1.4.8 **Resources:**

There is a £186K 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. Fortuitously the remaining £75K released from reserve reduces the Directorate's position as the costs were incurred last year. There are pressures relating to the legal SLA, and other legal costs involved with the new PFI scheme, and pensions but much of this is covered by the additional income outlined below.

The current position is an under-recovery in income of £169k. The position is skewed by the writing back (to revenue as a debit) of a debtor for £225K set up in 2007/08 in respect of contributions from District Councils towards the legal costs of the Better Homes Active Lives PFI scheme. The contribution will instead come from the Supporting People reserve as described above. In addition we are expecting income from Medway Council in respect of Enhanced Pensions as well as contributions from District Councils involved in the new Excellent Homes For All PFI scheme.

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

Pressures (+)			Underspends (-)		
portfolio		£000's	portfolio		£000's
KASS	LD Residential gross - activity in excess of affordable level in independent sector placements	1,130	KASS	Older People Residential gross - release of Deferred Payments Loan from DoH	-628
KASS	PD Residential gross - activity in excess of affordable level in independent sector placements	1,046	KASS	Older People Nursing gross - release of Deferred Payments Loan from DoH	-628
KASS	LD Residential gross - Preserved Rights reduced attrition	789	KASS	MH Assessment & Related gross - vacancy management	-473
KASS	All Adults Assessment & Related Gross - staffing pressures	732	KASS	Older People Other Services - release of the balance of the Managing Director's contingency	-436
KASS	Older People Nursing gross - activity in excess of affordable level in independent sector placements	716	KASS	PPQA gross - vacancy management	-321
KASS	MH Residential gross - activity in excess of affordable level	415	KASS	LD Residential gross - Preserved Rights change in unit cost	-313
KASS	Older People Residential gross - activity in excess of affordable level in independent sector placements	294	KASS	Resources gross - release of Supporting People reserve to fund PFI legal costs	-300
KASS	Resources income - write back of PFI debtor	225	KASS	Older People Domiciliary gross - reduction in hours in independent care	-292
KASS	LD Residential gross - pressure relating to change in unit cost of independent sector placements	180	KASS	PD Residential gross - additional income through additional activity	-285
KASS	LD Residential gross - in house provision staffing	176	KASS	LD Other Services - release of the balance of the Managing Director's contingency	-264
KASS	Older People Residential gross - Preserved Rights reduced attrition	149	KASS	Older People Nursing income resulting from additional activity	-212
KASS	LD Domiciliary gross - cost of Independent Living Scheme	121	KASS	LD Residential income - additional income resulting from additional activity	-203
KASS	Older People Residential gross - in house provision staffing costs	117	KASS	LD Residential income resulting from additional Preserved Rights activity	-144
KASS	Older People Residential gross - pressure relating to change in unit cost in independent sector placements	107	KASS	All Adults Assessment & Related one-off income from Health	-125
KASS	Older People Domiciliary gross - pressure relating to change in unit cost in independent sector placements	106	KASS	PD Residential gross - Preserved Rights increased attrition	-108
			KASS	Older People Nursing gross - Preserved Rights increased attrition	-103
		+6,303			-4,835

1.1.5 **Actions required to achieve this position:**

The forecast pressure of £1,663k assumes that the savings identified within the MTP will be achieved and the Directorate remains confident that all savings will be achieved. The Management Action, or 'Guidelines for Good Financial Practice' as they are now referred to, required to address the residual pressure is detailed in section 1.1.8 below.

1.1.6 **Implications for MTP:**

The MTP includes an underlying pressure of £1,256k for 2008/09 as this year's position has been reduced by this same amount in respect of the Deferred Payments Loan. The impact of the Current Economic Situation has also identified a pressure of £7,102k in 2009/10 as highlighted in the report to Cabinet on 4 August.

1.1.7 **Details of re-phasing of revenue projects:**

No revenue projects have been identified for re-phasing.

1.1.8 **Details of proposals for residual variance:**

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

It should be noted that at this time of the year, history tells us that managers tend to be overly cautious with their forecasts, and in recent years we have seen that forecasts begin to fall over the summer and autumn months, especially on non-direct services. At this stage we would predict that this is likely to happen again.

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 in the latter part of the year.

The guidelines below are currently expected to balance the £1.663m forecast pressure by year end:

1.1.8.2 Guidelines for Good Financial Practice – Residential/Nursing:

Waivers

Action: **Residential** – No waivers or exceptions to be agreed

Impact: Service users may not get District of choice/no transport for visiting outside of District.

Action: **Nursing** – No waivers to be agreed

Exceptions to be agreed when there is a risk to the service user.

District Manager and Head of Adult Services (HOAS) sign off at agreed limits.

Impact: Letter to be updated and handed out by District Manager in hospitals.

Action: **All** Placements under contract price to be agreed by HOAS

Impact: Contract team to be aware that there will be an increase in spot contracts and that "under price" negotiations are unavoidable.

Transition – LD & PD

- Supported living default position for Transition Service Users.
- 6 Monthly Area and 2 monthly District transition meetings to be held between Children disability teams and KASS.
- All transition cases are to be presented at panel, cost model applied, in control (Resource Allocation Statement) Person Centred Planning (PCP) to be used.
- LD Contracts to receive handover from contracts in CFE for all Service Users in transition from CFE to KASS.
- Spreadsheet to be maintained by Budget Team of all transition clients and presented to Area Finance Managers Meeting monthly.

- Outcomes of JRAP to be communicated to HOAS

Continuing Care

- Monthly Continuing Care panels to continue. Weekly District panel notes to be emailed to HOAS.
- KASS attendance at NHS Continuing Care panel.
- Hospital teams to close referral where potential Service User is medically unfit.
- Note family are not to look for homes until decision at panel has been made.
- Budget Team to maintain a Continuing Care spreadsheet to be presented quarterly at Area Activity & Finance Monitoring Group (AAFMG).
- Panel notes to include a summary of decisions made and a risk assessment of clients on waiting list.
- Panels to put expected admission dates in notes.
- If a client is not accepted for NHS Funded Continuing Care, Practitioners to review the decision support tool information from panel; reconcile with health practitioner and provide enhanced evidence to support the application for arbitration.

OPMH Nursing

- When nursing is required because of enhanced nursing needs, the cost above the band price is to be charged to the PCT under joint funding arrangements as set out by policy. If it is required because of behavioural issues continuing care should be applied for.
- Agreement should be reached before placement is made.
- If an existing placement is moved from Elderly Mentally ill residential to nursing, move to go ahead, application to PCT for top up above nursing home level.

Placement Panels – OP & PD

- All Districts to hold panels.
- All placements including respite in P&V to go to panel.
- Panel to assess risk of delaying placements and to report accordingly to appropriate District Manager.
- Assessment beds to be used for hospital placements.
- Unit Managers Direct Provision to ensure maximum bed usage.

Wealth Depleters

- Can Third Party Top Up (TPTU) be arranged?
- Can home within price band be found?
- Can service user move?
- Can contract price be reduced?
- Could shared room/reduced price room to be an option?

Action

- Hospital Teams to ensure the TPTU is signed by the Service User and on file prior to case notes transferring to the community.
- Directorate to introduce standard letter to be sent to the client stating that when assets reduce KASS will not pick up top up.

LD Placements

- All placements and supported living (up to £500) to be presented to monthly panel.
- Panel notes to all DMs/HOAS/Team Managers.
- All districts to implement Invest to Save model with a view to reducing placements. Identify Service Users with “moving on” potential.
- DP respite requests to go to panel.
- Panels to assess risks.
- Identify Service Users who could apply for Continuing Care.
- Ensure service users moving out of residential care have a minimum 20% reduction on care costs.
- Review 1:1 funding using the cost matrix model.
- Leaflet to be designed for Service User/Family member.
- TOR placement panel to be adhered to.

1.1.8.3 Guidelines for Good Financial Practice – Community:

Domiciliary

- All service users to receive up to 4 – 6 weeks intermediate care, active care or re-ablement service prior to agreement for an ongoing care package.
- Practice guidance case reviews to be followed and developed through Self Directed Support.
- Domiciliary Purchasing Strategy to be developed Per District/review of block contracts.
- In supervision review of low level care packages (under 2.5hrs) – cancel if not for personal care or essential for service users to remain in the community.
- Review packages within Independent Living Fund (ILF) limit and apply for ILF funding.
- No packages above the ceiling hours agreed as in guidance (incl. Direct Payments) unless client tops up privately.
- No domestic and shopping to be given unless informal carer does all the personal care and there is critical risk to carer whereby maximum of up to 2 hours per week can be provided. (1 hour for shopping, 1 hour domestic). Clients in Receipt of Disability Living Allowance/Attendance Allowance (DLA/AA) will have to pay for domestic and shopping service from DLA/AA.
- All new packages above 8 hours to be agreed by Team leaders and above 14 hour with District Manager

Meals

- Discontinue all meals after 4 weeks unless Domiciliary Package is required in its place.
- Contract Team to review the optimum usage before a block contract increases in price due to optimum not being reached.

Day Care

- In House and block service to be considered first.
- Direct Payment default for external respite.
- Direct Provision to use over-booking system showing decrease in costs
- New transport arrangements to show decrease in costs;
- Direct Payment and Kent Card to be default position for transport

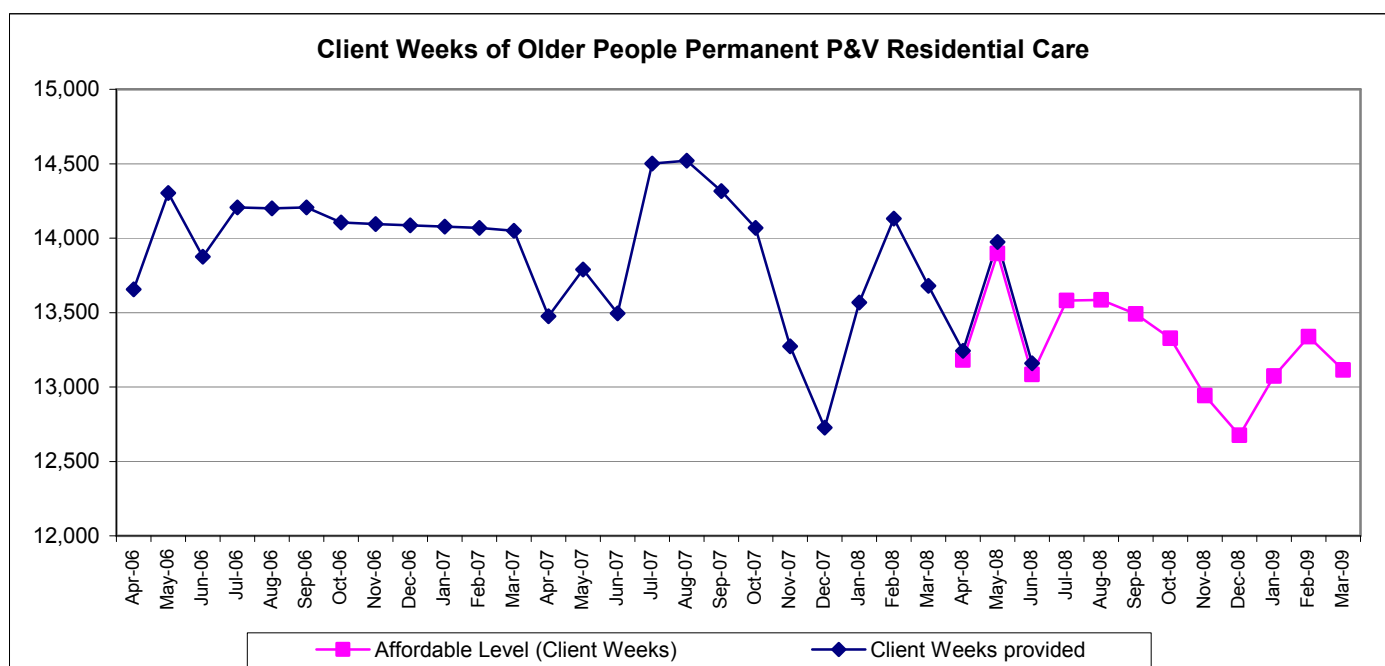
Direct Payments (DP)

- Direct Payments and Kent Card to become the default position.
- All above guidelines applicable to DP's including ceilings in domiciliary care.
- DP – cost of package should not exceed cost of non-DP package.
- DP4 form completed (used to review Direct Payments packages every 6 months) – Personal Assistant to client and Care Manager to carry out these reviews.
- Reduction in outstanding amounts in DP and Client Money Service user's bank accounts to be achieved

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	
August		14,199		14,520	13,585	
September		14,206		14,316	13,491	
October		14,105		14,069	13,326	
November		14,095		13,273	12,941	
December		14,086		12,728	12,676	
January		14,077		13,568	13,073	
February		14,069		14,131	13,338	
March		14,049		13,680	13,114	
TOTAL	167,393	168,928	169,925	165,546	159,287	40,378

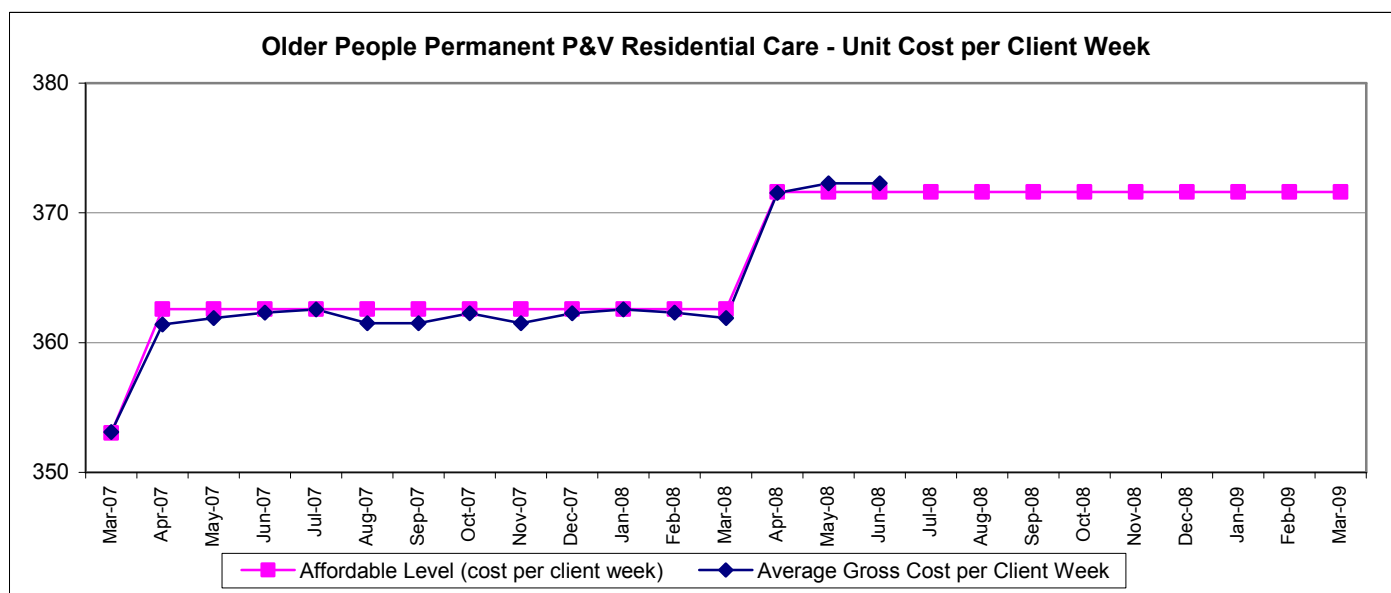


Comments:

- 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 June 2008 it was 2,901.
- The current forecast is 160,077 weeks of care against an affordable level of 159,287, a difference of 790 weeks. Using the forecast unit cost of £372.27 this additional activity adds £294k to the forecast, as highlighted in section 1.1.4.2.a.
- To the end of June 40,378 weeks of care have been delivered against an affordable level of 40,162, a difference of 216 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	
August			362.60	361.50	371.60	
September			362.60	361.50	371.60	
October			362.60	362.27	371.60	
November			362.60	361.50	371.60	
December			362.60	362.27	371.60	
January			362.60	362.56	371.60	
February			362.60	362.31	371.60	
March	353.04	353.10	362.60	361.90	371.60	

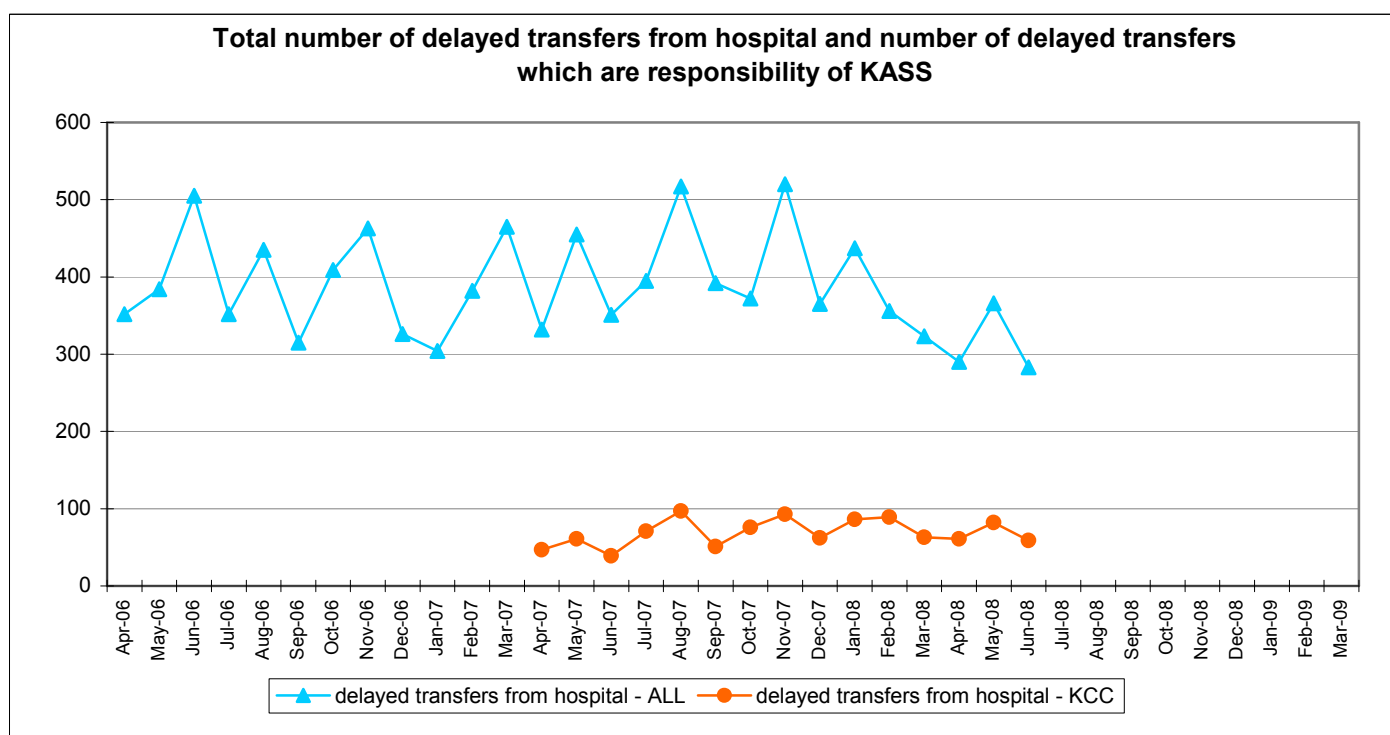


Comments:

- Average unit cost per week has increased more than inflation and may reflect the increasing numbers of clients with dementia.
- The forecast unit cost of £372.27 is slightly higher than the affordable cost of £371.60 and this difference of 67p adds £107k to the position when multiplied by the affordable weeks, as highlighted in section 1.1.4.2.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		
August	435		517	97		
September	315		392	51		
October	409		372	76		
November	463		520	93		
December	326		365	62		
January	304		437	86		
February	382		356	89		
March	465		323	63		

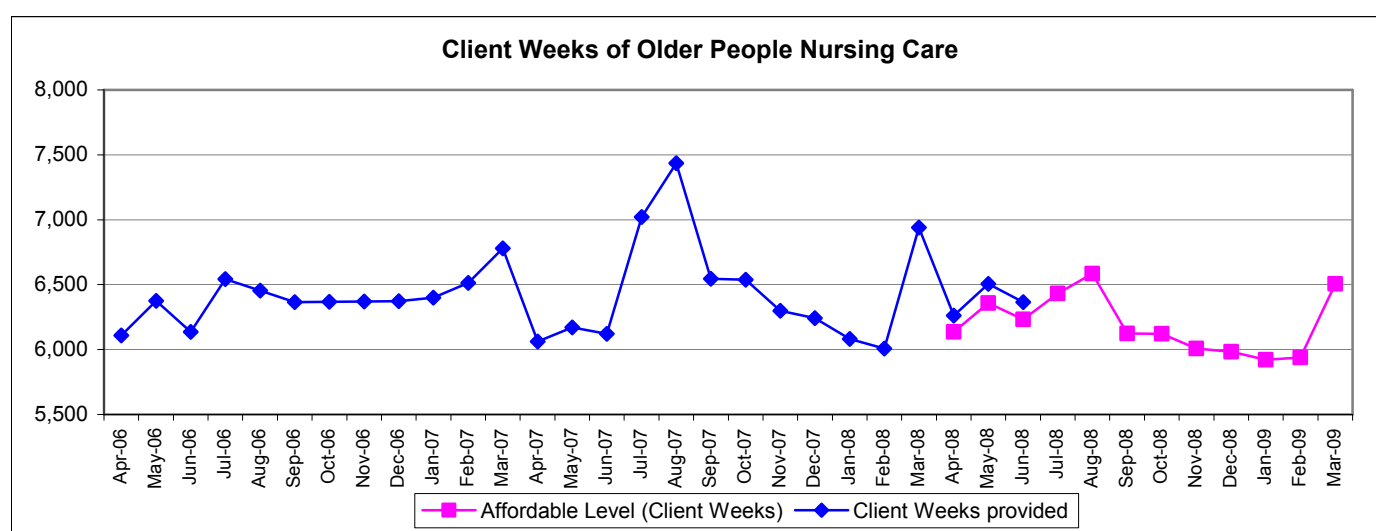


Comments:

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

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	6,365
July		6,542		7,020	6,432	
August		6,454		7,436	6,586	
September		6,366		6,546	6,124	
October		6,368		6,538	6,121	
November		6,371		6,298	6,009	
December		6,374		6,243	5,984	
January		6,399		6,083	5,921	
February		6,513		6,008	5,940	
March		6,780		6,941	6,507	
TOTAL	74,256	76,786	74,707	77,463	74,351	19,133

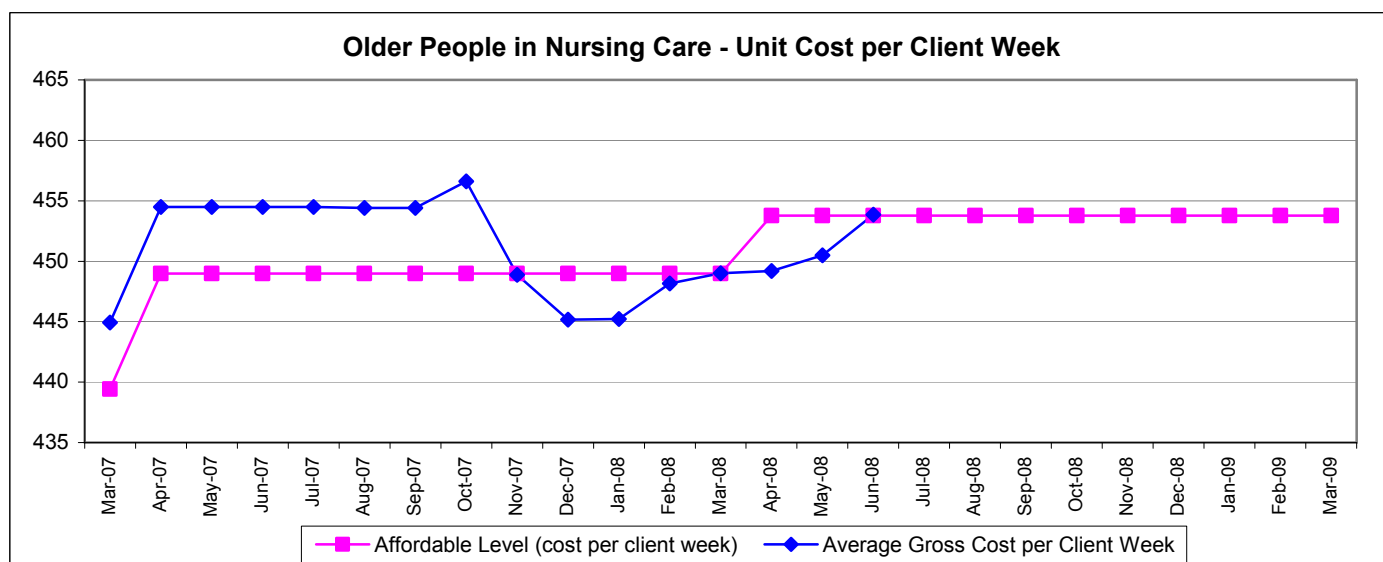


Comment:

- 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 1,378, at the end of 2007-08 it was 1,386 and at the end of June 2008 it was 1,420.
- The current forecast is 75,928 weeks of care against an affordable level of 74,351, a difference of 1,577 weeks. Using the forecast unit cost of £453.86 this additional activity adds £716k to the forecast, as highlighted in section 1.1.4.2.b.
- To the end of June 19,133 weeks of care have been delivered against an affordable level of 18,727, a difference of 406 weeks.
- Increases in permanent nursing care may happen for many reasons. For example the knock on effect of minimising delayed transfers of care has resulted in an increase in the number of older people being admitted to nursing 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.

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	
August			448.98	454.40	453.77	
September			448.98	454.40	453.77	
October			448.98	456.60	453.77	
November			448.98	448.88	453.77	
December			448.98	445.16	453.77	
January			448.98	445.22	453.77	
February			448.98	448.17	453.77	
March	439.42	444.94	448.98	449.00	453.77	

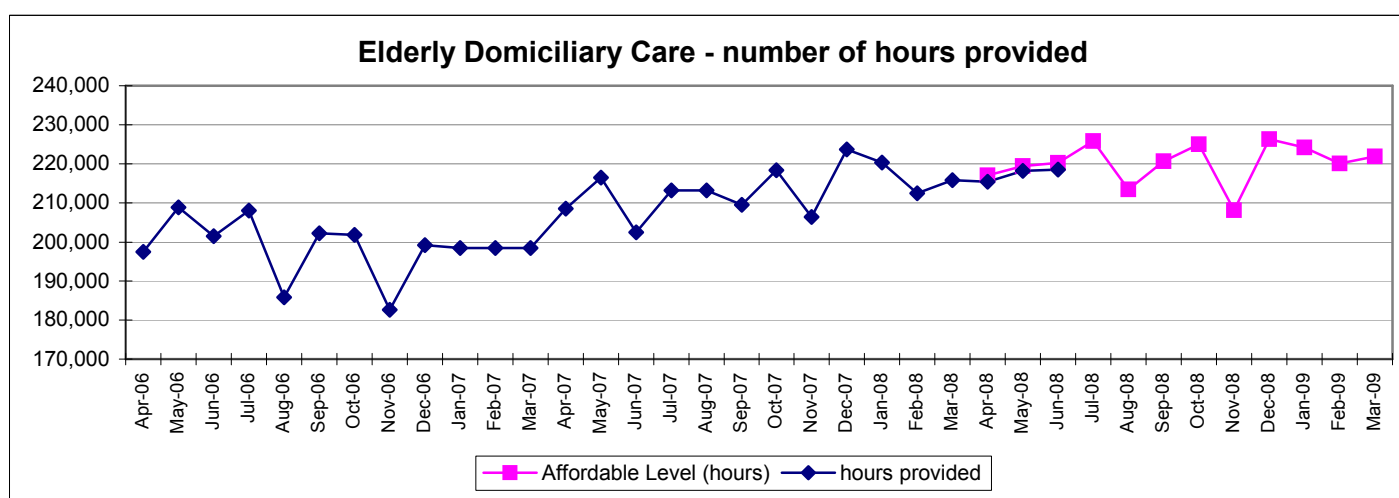
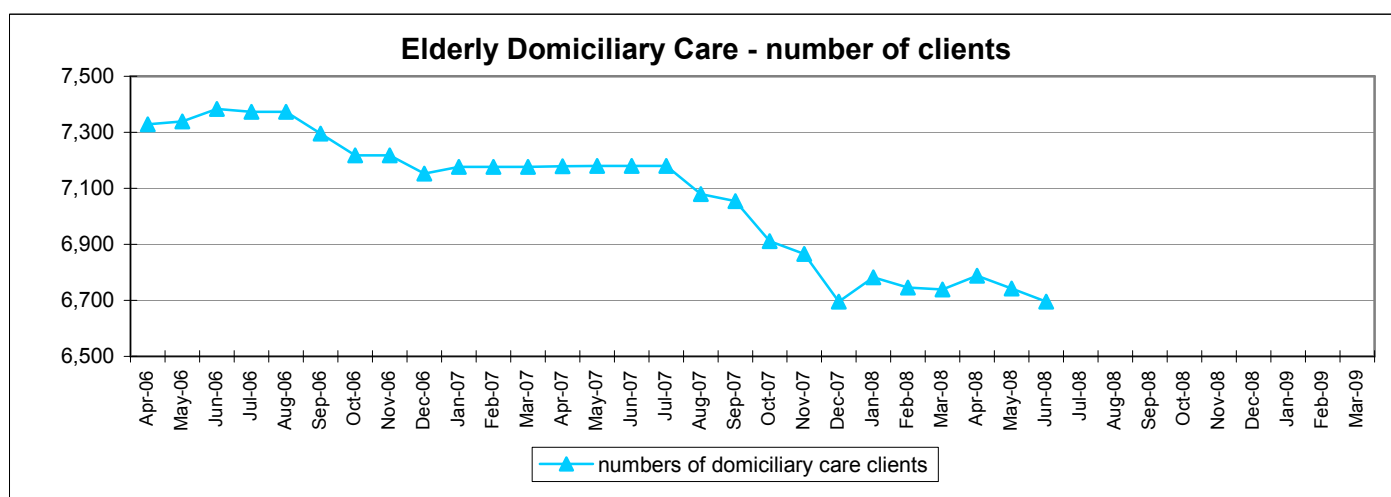


Comments:

- The forecast unit cost of £453.86 is slightly higher than the affordable cost of £453.77 and this difference of 9p adds £7k to the position when multiplied by the affordable weeks, as highlighted in section 1.1.4.2.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	6,788
May		208,870	7,339		216,477	7,180	219,480	218,200	6,742
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		
August		185,768	7,373		213,246	7,079	213,436		
September		202,227	7,295		209,504	7,054	220,644		
October		201,815	7,218		218,397	6,912	225,012		
November		182,608	7,218		206,465	6,866	208,175		
December		199,235	7,153		223,696	6,696	226,319		
January		198,524	7,177		220,313	6,782	224,175		
February		198,524	7,177		212,499	6,746	220,135		
March		198,524	7,177		215,865	6,739	221,875		
TOTAL	2,462,712	2,383,286		2,610,972	2,560,774		2,642,419	652,205	



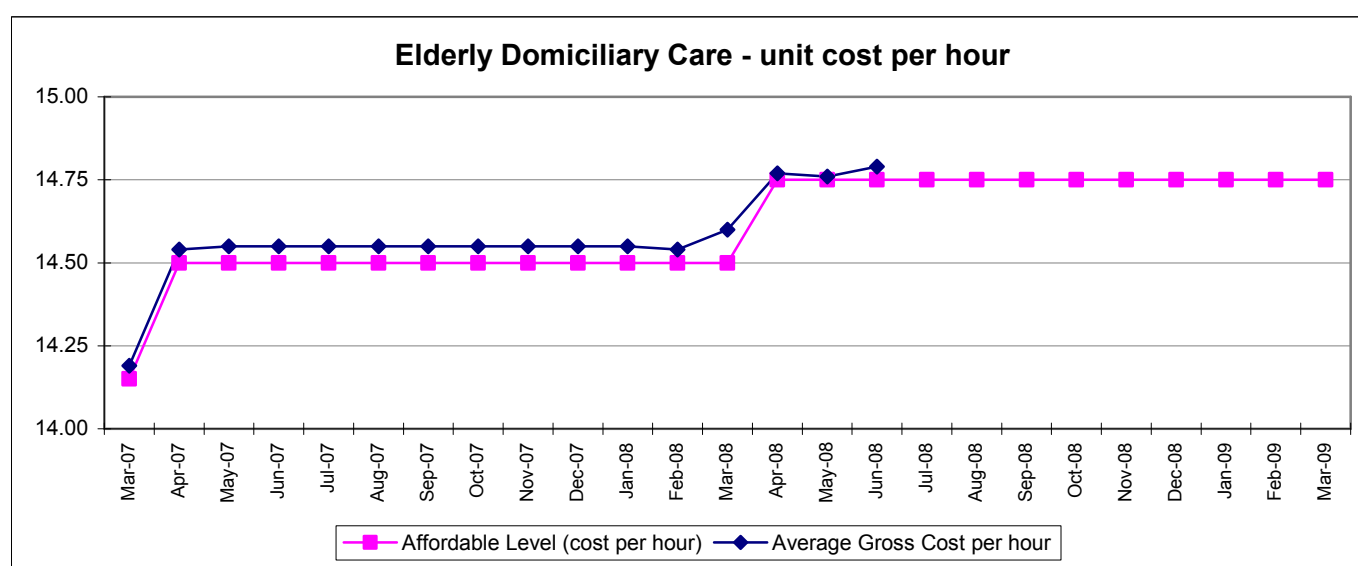
Comments:

- Figures exclude services commissioned from the Kent HomeCare Service.
- The current forecast is 2,622,684 hours of care against an affordable level of 2,642,419, a difference of 19,735 hours. Using the forecast unit cost of £14.79 this reduction in activity reduces the forecast by £292k, as highlighted in section 1.1.4.2.c.
- To the end of June 652,205 hours of care have been delivered against an affordable level of 656,807, a difference of 4,602 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.
- The average number of hours provided per client has over the first three months of this year and reflects the increasing number of clients who require a higher level of support to enable them to remain within their own homes. Often this support could be through two care workers rather than one.

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	
August			14.50	14.55	14.75	
September			14.50	14.55	14.75	
October			14.50	14.55	14.75	
November			14.50	14.55	14.75	
December			14.50	14.55	14.75	
January			14.50	14.55	14.75	
February			14.50	14.54	14.75	
March	14.15	14.19	14.50	14.60	14.75	

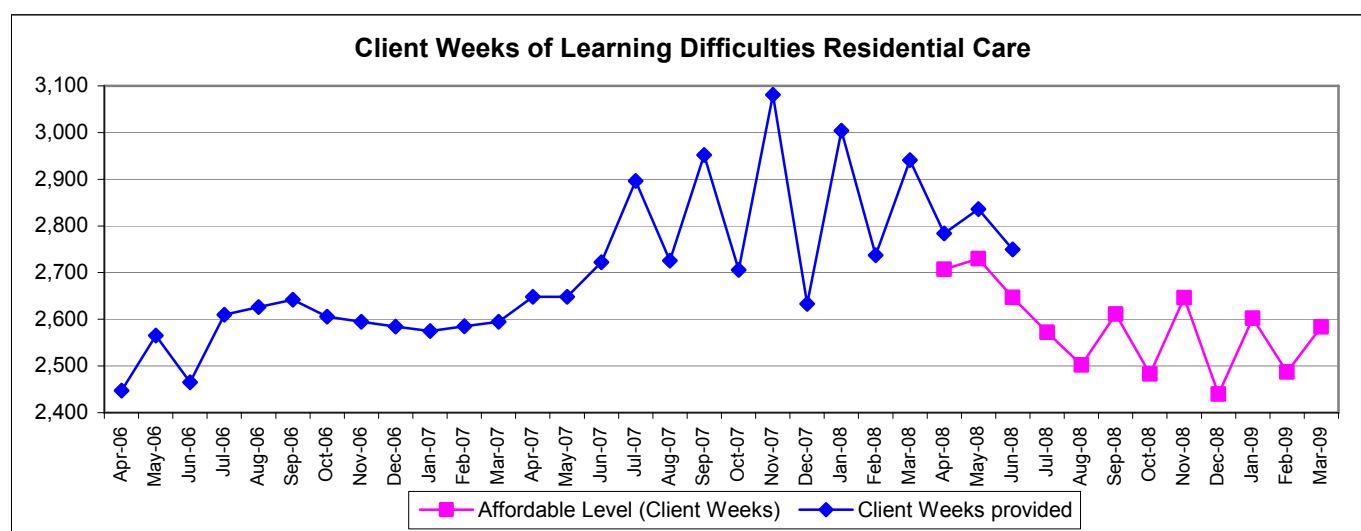


Comments:

- Average unit cost is increasing and may reflect the same issues outlined above concerning more intense packages and higher levels of need.
- The forecast unit cost of £14.79 is slightly higher than the affordable cost of £14.75 and this difference of 4p increases the pressure by £106k when multiplied by the affordable hours, as highlighted in section 1.1.4.2.c.

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

	2006-07		2007-08		2008-09	
	Affordable Level (Client Weeks)	Client Weeks of LD residential care provided	Affordable Level (Client Weeks)	Client Weeks of LD residential care provided	Affordable Level (Client Weeks)	Client Weeks of LD residential care provided
April		2,447		2,648	2,707	2,784
May		2,565		2,648	2,730	2,836
June		2,465		2,722	2,647	2,750
July		2,610		2,897	2,572	
August		2,626		2,725	2,502	
September		2,642		2,952	2,611	
October		2,606		2,706	2,483	
November		2,595		3,081	2,646	
December		2,584		2,633	2,440	
January		2,575		3,004	2,602	
February		2,585		2,737	2,487	
March		2,595		2,941	2,584	
TOTAL	30,984	30,895	30,984	33,695	31,011	8,370

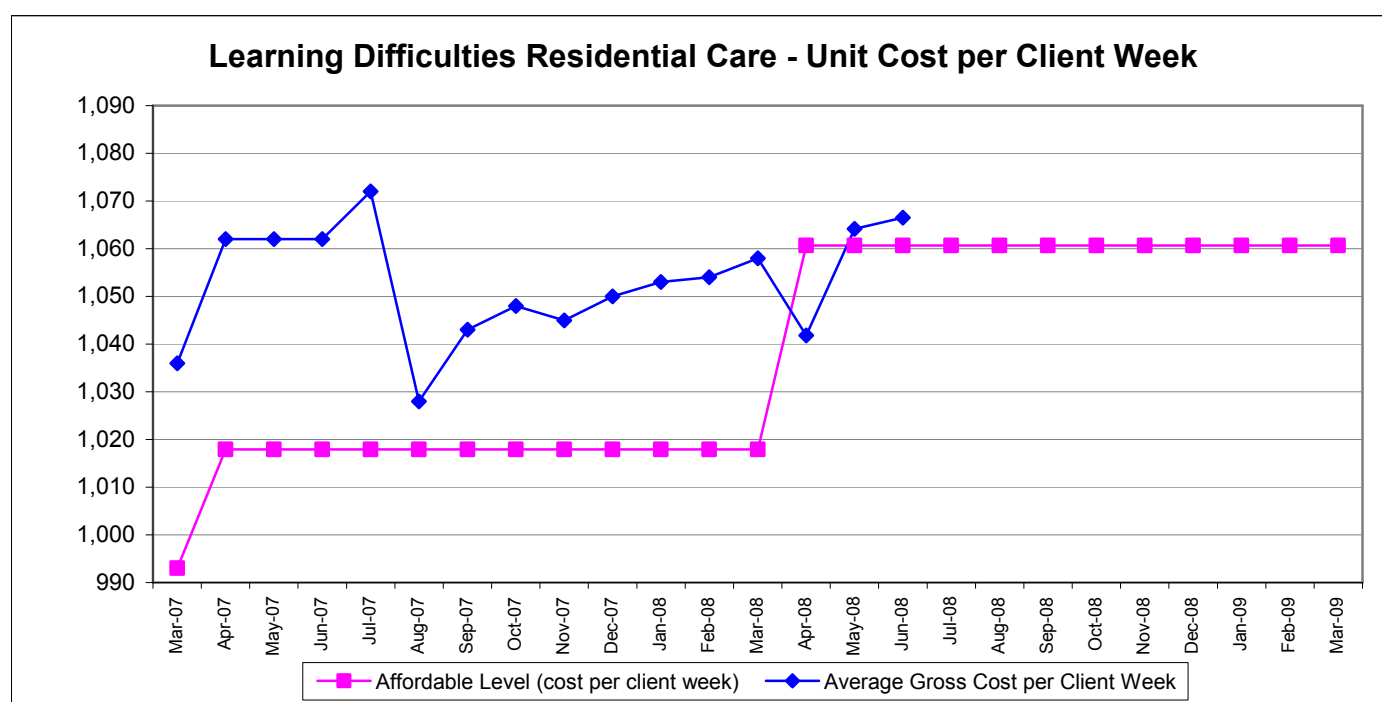


Comments:

- 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.
- The current forecast is 32,071 weeks of care against an affordable level of 31,011, a difference of 1,060 weeks. Using the forecast unit cost of £1,066.49 this additional activity adds £1,130k to the forecast, as highlighted in section 1.1.4.3.a.
- To the end of June 8,370 weeks of care have been delivered against an affordable level of 8,084, a difference of 286 weeks.

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

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

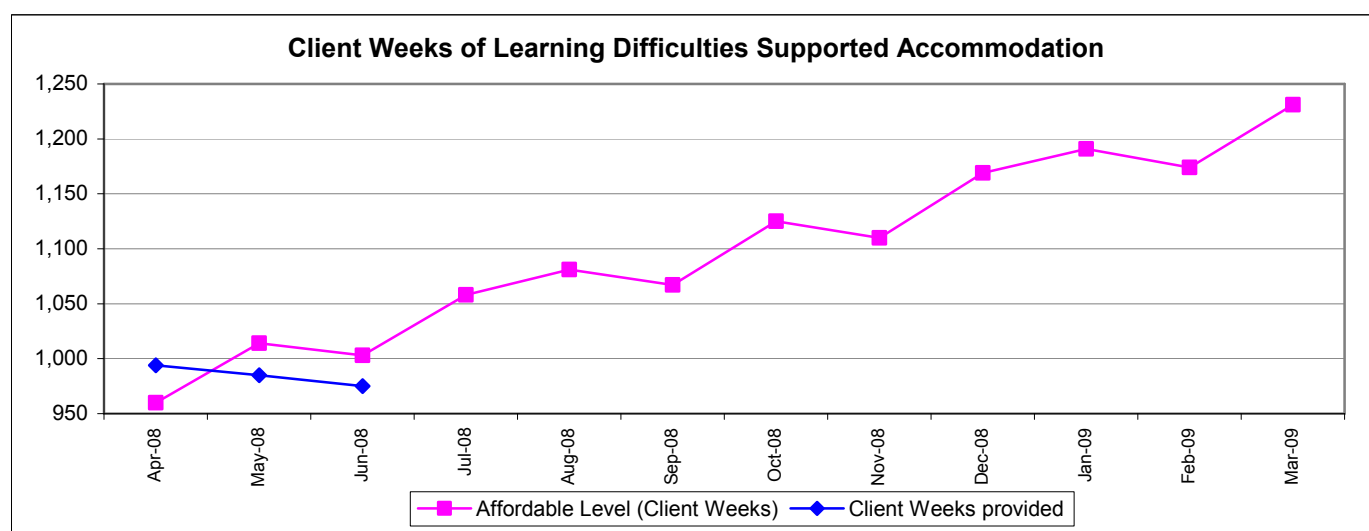


Comments:

- Clients being placed in residential care are those with very complex needs which makes it difficult for them to remain in the community, in supported accommodation/supporting living arrangements, or receiving a domiciliary care package. These are therefore placements which attract a very high cost, with the average now being over £1,000 per week. It is expected that clients with less complex needs, and therefore less cost, can transfer from residential into supported living arrangements. This would mean that the average cost per week would increase over time as the remaining clients in residential care would be the very high cost ones – some of whom can cost up to £2,000 per week.
- The forecast unit cost of £1,066.49 is higher than the affordable cost of £1,060.70 and this difference of £5.79p adds £180k to the position when multiplied by the affordable weeks, as highlighted in section 1.1.4.3.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	994
May			1,014	985
June			1,003	975
July			1,058	
August			1,081	
September			1,067	
October			1,125	
November			1,110	
December			1,169	
January			1,191	
February			1,174	
March			1,231	
TOTAL	7,618	11,156	13,182	2,954

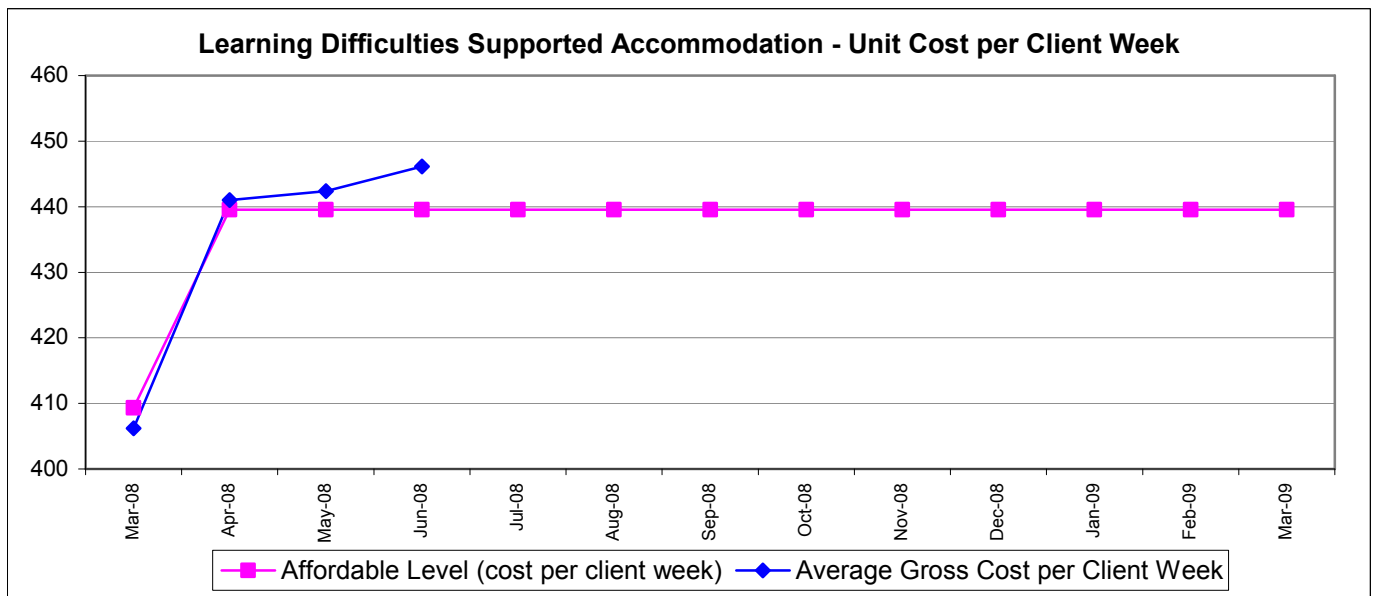


Comments:

- 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 supported accommodation at the end of 2007-08 was 224 and at the end of June 2008 it was 237.
- The current forecast is 13,081 weeks of care against an affordable level of 13,182, a difference of 101 weeks. Using the forecast unit cost of £446.13 this reduction in activity provides a saving of £45k.
- To the end of June 2,954 weeks of care have been delivered against an affordable level of 2,977, a difference of 23 weeks.
- This number is expected to 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 been a corresponding increase in the cash limit to support these additional clients.
- Supported Accommodation is a rapidly growing area of expenditure and as such there is little activity/unit cost data available from prior years. There remains some discussion nationally regarding the definition of Supported Accommodation so some adjustment to the activity may be required in the future once an agreed definition has been reached.

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			439.54	441.00
May			439.54	442.40
June			439.54	446.13
July			439.54	
August			439.54	
September			439.54	
October			439.54	
November			439.54	
December			439.54	
January			439.54	
February			439.54	
March	409.31	406.18	439.54	

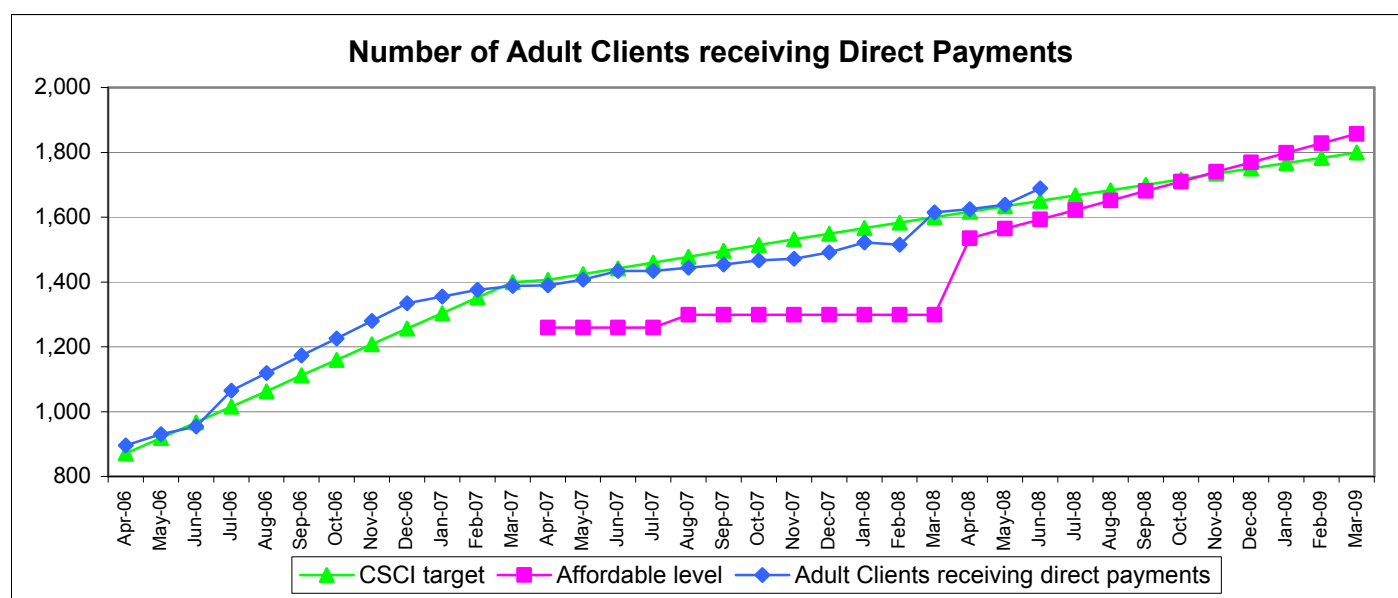


Comments:

- The forecast unit cost of £446.13 is higher than the affordable cost of £439.54 and this difference of £6.59p adds £87k to the position when multiplied by the affordable weeks.
- Supported Accommodation is a rapidly growing area of expenditure and as such there is little activity/unit cost data available from prior years. There remains some discussion nationally regarding the definition of Supported Accommodation so some adjustment to the activity may be required in the future once an agreed definition has been reached.

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	
August	1,063		1,119	1,478	1,299	1,444	1,683	1,651	
September	1,112		1,173	1,496	1,299	1,454	1,700	1,681	
October	1,160		1,226	1,514	1,299	1,467	1,717	1,710	
November	1,208		1,280	1,532	1,299	1,472	1,734	1,740	
December	1,256		1,334	1,549	1,299	1,491	1,750	1,769	
January	1,304		1,355	1,566	1,299	1,522	1,767	1,799	
February	1,352		1,376	1,583	1,299	1,515	1,783	1,828	
March	1,400		1,388	1,600	1,299	1,615	1,800	1,857	



Comments:

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

By: Oliver Mills, Managing Director, Kent Adult Social Services

To: Adult Social Services Policy Overview Committee –
23 September 2008

Subject: **UPDATE ON END OF YEAR PERFORMANCE 2007-08**

Classification: Unrestricted

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

Introduction

1. (1) The Adult Social Services Directorate 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 currently produce 25 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 25 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. This process is finalised with the publication of the star rating for each Local Authority in late November/ early December.

(3) Although for 2008-9 the 25 Performance Assessment Framework indicators are being replaced by fewer National Indicators, as explained at the presentation to the Adult Social Services Policy Overview Committee (ASSPOC) in April 2008, in practice the Directorate will continue to provide almost all the information currently required, plus some additional information, and will also be developing new indicators. More information on this is set out later in the paper.

Performance update for 2007/08 for Key indicators

2. (1) Despite the Directorate facing some difficult challenges, good performance for key indicators has been maintained during 2007-8.

Current Performance Bandings

(2) The results for the 25 performance indicators are each given a rating or a "banding". CSCI sets out the banding framework for each performance indicator as follows:

- Band 5 – OPTIMUM Performance
- Band 4 – GOOD performance
- Band 3 – ACCEPTABLE performance
- Band 2 – Ask Questions about performance
- Band 1 – Investigate urgently

Kent's performance results for 2007-08 compared to 2006-07

(3) Kent Adult Services Directorate continues to demonstrate its excellent performance culture. CSCI have frequently acknowledged that Kent's priority is not to just increase performance indicator results, but to ensure that the focus is on improved outcomes for people. The Directorate's approach to performance management is well embedded and is managed through accountable staff. CSCI have also acknowledged that where there *appears* to be poorer performance for some indicators (details below), there are credible reasons or explanations as to why this is. This shows that in these areas, it's the performance indicator itself that is at fault, and not the way in which we support the people of Kent.

(4) At present we have 21 indicators for 2007-08 that are directly comparable with 2006-07. We are still awaiting some information from CSCI for one indicator and we have not yet finalised the unit cost indicators. Of the information that we do have, the results are as follows:

	2006/07	2007/08
BAND 1	0	0
BAND 2	1	1
BAND 3	5	4
BAND 4	7	7
BAND 5	8	9
TOTAL	21	21

(5) Full results for 2007-08 can be found at appendix A. Over three-quarters of our performance indicators were rated as good or optimum. This included maintaining excellent performance including:

- Increases the number of people helped to live at home.
- Significant increases in the take up of Direct Payments
- Continuing to providing a very high level of services within four weeks of assessment to all service users
- Continued good support to carers

The Band 2 indicator

(6) Although Band 2 indicators indicate that we need to 'ask questions about performance', the definition for Kent's Band 2 indicator is flawed and does not indicate poor performance, and our CSCI inspectors are in agreement with us about this.

Older People helped to live at home

(7) Within Kent, over 20,000 older people are helped to live at home, whether through a direct payment, homecare, or support from a *voluntary organisation* such as Age Concern. Wherever possible, people are enabled to retain their independence by accessing either one or a combination of these services. Within Kent, a large amount of funding is given to the voluntary sector to provide this type of preventative service, which is a critical part of 'Promoting Independence'.

(8) The definition for this performance indicator, as provided by the Department of health, is very out of date, and does not allow us to count anybody supported through the voluntary sector without going via a care manager. Because of this, we cannot count all of the people we support to live independently within this indicator, and so it is not a fair reflection of our performance.

Future Performance Management

3. (1) The way in which Government is monitoring local government is undergoing a change. The Performance Assessment Framework indicators will no longer be reported after 2007-08 but will be replaced by the National Indicator set with fewer social care indicators within it. The consultation process on the National Indicator Set has been completed and a final set of indicators announced.

(2) The set of new performance indicators are aiming to move towards a more outcome based performance framework, although there is still work to do on this. Some of the indicators are based on the same data sets as before whilst there are also some brand new ones. A list of the new indicators can be found at Appendix 2.

(3) Monitoring of this new performance framework is still very much in progress, but much work is being done to embed them within our existing performance culture and to ensure staff are engaged. An update of the latest performance against these new definitions will be brought to the next ASSPOC.

Government Consultation on Changes to the Performance Assessment Process

4. (1) The National Indicator Set has been finalised, but Government has not yet published its response to the consultation earlier in the summer on its proposed changes to the performance assessment process. This fits into the new Comprehensive Area Assessment, which replaces CPA, as explained in the presentation to ASSPOC in April. The thrust of the changes, which KCC would support, is to:

- position the work that KASS does within the wider Health and Wellbeing context
- expect KASS to take the initiative in managing performance, and demonstrate to inspectors how it identifies and addresses the needs of the people of Kent, rather than relying so heavily on nationally-prescribed indicators
- use a wider range of information to inform judgements about performance
- reduce the burden of performance monitoring (this is a stated intent, but in practice local authorities strongly deny that this will be the case – indeed the burden currently seems heavier because we are in transition between indicator sets)

(2) The star rating will disappear and be replaced with a numerical rating (Excellent – 4, Promising – 3, Uncertain – 2 and Poor -1). The rating will be applied to the two domains: delivery of outcomes and leadership/commissioning and use of resources. For delivery of outcomes, there will be an overall rating across the seven outcomes: Improved health and wellbeing, improved quality of life, making a positive contribution, increased choice and control, freedom from discrimination and harassment, economic wellbeing, and maintaining personal dignity and respect). The ratings will feed directly into Kent's CAA rating.

(3) 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), including provision to self-funders.

(4) Stronger weighting will also be given to feedback from people receiving support, and Councils are required to develop more approaches to capture evidence from service users. Over time, evidence from LINKs, national surveys, and Care Quality Commission (which replaces CSCI) user surveys will be used to triangulate the results from Councils.

(5) Because standards have risen nationally, it will be harder to get an "excellent" rating as the bar has been raised. The consultation paper provides detailed 'descriptors' which describe what "excellent", "promising", "uncertain" and "poor" would look like against each of the outcomes. Whilst councils agree that the bar should be raised, we do have some concerns about accountabilities. For example with outcome 1 (improved health and wellbeing), the first descriptor (of 9) is "Information and advice on health and wellbeing are readily accessible, promote healthier lifestyles and reduce the incidence of preventable illness and accidents for the local populations". 'Excellent' against this is defined as "Campaigns produce a demonstrable impact in promoting healthier lifestyles. Health and social care staff work closely together towards shared aims in preventing harm. This is demonstrated by consistently low or substantially decreasing rates of falls, preventable illnesses, infections acquired in hospitals and care homes, and suicides." Whilst it is right that the performance assessment of KASS should reflect the Managing Director's wider 'wellbeing' role, it can be seen that elements of KASS's assessment will be reliant upon the performance of our partners, and other external factors.

(6) Service inspections will continue to be commissioned though performance assessment and will supply evidence back into the performance assessment process. Inspections themselves provide evidence of delivery and capacity, as does the progress against action plans councils are required to produce to respond to inspection findings.

(7) We have been notified by CSCI that Kent will be inspected at some point between December 2008 and March 2009. This will be as part of CSCI's Service Inspection Programme looking at Independence, Wellbeing and Choice.

(8) When the results of the consultation are published, a further report will be brought to ASSPOC for information.

Recommendations

5. Members are asked to NOTE
 - (a) KASS's performance indicators for 2007-8
 - (b) The changes to performance assessment taking place this year

Steph Abbott
Performance Manager
01622 69**1796**

Nick Sherlock
Public Involvement and Performance Manager
01622 69**6175**

Background documents: None

Appendix 1 2007-08 Performance results

Ref	Performance indicator	2007-08 Outturn	Band
B11	Intensive home care as a percentage of intensive home and residential care	26.0	4
C72	Older people aged 65 or over admitted on a permanent basis in the year to residential or nursing care per 10000 population	72	5
C73	Admissions of supported residents aged 18-64 to residential/nursing care per 10000 population	1.5	4
C28	Intensive home care provided per 1000 population	10.9	3
C29	Adults with physical disabilities helped to live at home per 1000 population	5.6	5
C30	Adults with learning disabilities helped to live at home per 1000 population	3.2	5
C31	Adults with mental health problems helped to live at home per 1000 population	3.8	5
C32	Older people helped to live at home per 1000 population	77	2
C51	Direct payments per 1000 population	148	4
C62	Services for Carers - % Service users who have carers that receive support	27	5
D37	Percentage people allocated single rooms	97	5
D39	Percentage of people receiving a statement of their needs and how they will be met	98	4
D40	Clients receiving a review	86	4
D41	Delayed transfers of care per 1000 population	38	4
D54	Percentage of items of equipment and adaptations delivered within 7 working days	91	5
D55	Percentage assessments completed within 4 weeks	91	5
AO/D56	Percentage Care Packages delivered within 4 weeks	97	5
AO/E47	Ratio of Ethnicity of older people receiving assessment compared to population	1.96	3
AO/E48	Ratio of ethnicity of older people receiving services following an assessment compared to all people being assessed	1.00	3
AO/E82	Assessments of adults and older people leading to provision of service	81	4
AO/D75	Practice learning (adults element) (new definition)	9.8	3

Appendix 2 – New performance indicators

Indicator	Description
NI 119	Self-reported measure of people's overall health and wellbeing
NI 125	Achieving independence for older people through rehabilitation / intermediate care
NI 127	Self reported experience of social care users
NI 130	Social Care clients receiving Self Directed Support (Direct Payments and Individual Budgets)
NI 131	Delayed transfers of care from hospitals
NI 132	Timeliness of social care assessment
NI 133	Timeliness of social care packages
NI 135	Carers receiving needs assessment or review and a specific carer's service, or advice and information
NI 136	People supported to live independently through social services (all ages)
NI 139	People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently
NI 140	Fair treatment by local services
NI 145	Adults with learning disabilities in settled accommodation
NI 146	NI 146 Adults with learning disabilities in employment PSA 16
<i>NI128</i>	<i>User reported measure of respect and dignity in their Treatment</i>
NI 149	Adults in contact with secondary mental health services in settled accommodation PSA 16
NI 150	Adults in contact with secondary mental health services in employment PSA 16

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By: Oliver Mills, Managing Director, Kent Adult Social Services

To: Adult Social Services Policy Overview Committee –
23 September 2008

Subject: **TOWARDS 2010 – SECOND ANNUAL REPORT**

Classification: Unrestricted

Summary: This report sets out the process for finalising the second *Towards 2010* Annual Report prior to approval by County Council on 16 October and attaches a draft of the report (for the five Kent Adult Social Services-related targets) for Members' comment.

FOR INFORMATION

Introduction

1. (1) *Towards 2010* was formally launched in September 2006. Annual reports on progress against all 63 targets are discussed and approved by County Council each autumn.

Format

2. (1) Feedback from Members has been taken into account in finalising the layout of this year's Annual Report and each separate report for each target includes the following elements:

- Status of the target (Either 'More progress needed', 'On course' or 'Done and ongoing')
- List of partners with whom we are delivering this target
- Progress to date
- Work planned between now and 2010
- Measurable indicators (where relevant – as agreed at County Council in December 2007).

Summary

3. (1) Those *Towards 2010* targets relevant to this Committee are shown in the table below together with the relevant status:

Towards 2010 Target	Status
Target 52: Increase the number of people supported to live independently in their own homes. This will include: <ul style="list-style-type: none"> • encouraging the development of more housing for older people, disabled people and those with special needs • encouraging more people to take control of their care/support through 	On course

Direct Payments <ul style="list-style-type: none"> taking advantage of new technologies, such as expanding our TeleHealth and Telecare programmes 	
Target 53: Strengthen the support provided to people caring for relatives and friends	On course
Target 54: Work with our colleagues in the health service to reduce the number of avoidable admissions to hospital and combine resources, where appropriate, to improve the health and well-being of the people of Kent	On course
Target 55: Ensure better planning to ease the transition between childhood and adulthood for young people with disabilities and to promote their independence	On course
Target 56: Improve older people's economic well-being by encouraging the take-up of benefits	On course

Please note that where targets are cross-directorate they will be reported to all relevant Policy Overview Committees.

Approval process

4. (1) The draft Annual Report will be discussed at Cabinet on 13 October 2008 prior to approval at County Council on 16 October 2008.

(2) The draft Annual Report will be discussed at the September meetings of all Policy Overview Committees to enable Members to comment on the early draft prior to its finalisation for the Cabinet and County Council meetings.

(3) Each Policy Overview Committee will receive the draft reports on the relevant targets relating to their Committee's accountabilities. Attached, as Appendix 1 is a draft of the reports for the five Kent Adult Social Services-related targets in the above table.

Recommendation

5. (1) Members are asked to COMMENT on the attached drafts.

Accountable Officer:
Nick Sherlock, Public Involvement and Performance Manager,
Kent Adult Social Services
01622 69(6175).

Background Documents: None

<p>Target 52: Increase the number of people supported to live independently in their own homes. This will include:</p> <ul style="list-style-type: none"> • encouraging the development of more housing for older people, disabled people and those with special needs • encouraging more people to take control of their care/support through Direct Payments • taking advantage of new technologies, such as expanding our TeleHealth and Telecare programmes 		
<p>Lead Cabinet Member: Kevin Lynes</p>	<p>Lead Managing Director: Oliver Mills</p>	<p>Lead Officers: Anne Tidmarsh/Chris Belton/Michael Thomas-Sam</p>

Status: On course

List the partners with whom we are working to deliver this target:

The success of this target is dependent on working together with a whole range of organisations both in the private and voluntary sector, ensuring that we are working together to promote independence. This target includes a whole range of complex activities all interdependent and all in partnership with others. The new Government Concordat, 'Putting People First' and the Social Care Grant have given this target further impetus. Partners include:

- 12 District Councils
- Health – PCTs and Mental Health Trust
- Voluntary Agencies – who manage many of the support projects
- Private Sector – who, for example are home care providers, and who manage a range of home care services
- Other Statutory Agencies including Police and Ambulance Service
- The public – particularly current users of services who have significantly contributed to the development of new services

Progress to date on delivering this Towards 2010 target:

Work is progressing well on developing more housing for older people, disabled people and those with special needs. Accommodation for older people and for people with mental health problems are areas where we are making particularly good progress currently and there will be schemes developed by 2010 and more planned for development. Based on current work we fully expect there to be at least 417 new housing units built and ready for occupation by 2010. Of these, 40 will be built in 2008/09 and 377 will be built in 2009/10. District Council partners and Kent Adult Social Services continue to work together, even more closely and as a result some excellent developments are planned in the housing growth areas to agreed design standards.

Target 52 is linked closely to the development of Housing Strategies with the District Council and at regional level. Kent Adult Social Services is now represented at the Kent Housing Group and promotes this target with partner Housing Commissioners and providers in Kent.

The Supporting People Programme has made available 1,200 units of short-term accommodation, just under 1,000 units of longer-term supported housing, and a range of 'floating support' services for vulnerable people living in their own accommodation.

Direct Payments are being actively promoted, leading to a significant increase in take up. There are now 1615 (31 March 2008) people using Direct Payments in Kent. The Kent Card is now being used by 225 people as a banking option for Direct Payments.

The Kent TeleHealth pilot was deployed across the county. The target was 250. The pilot is now being mainstreamed in partnership with Health and will contribute to the Local Delivery Plans of the Health Service. The pilot laid the foundations for the Whole Systems Demonstrator.

The Kent Telecare Project has reached 1116 clients across Kent. The service is ongoing in the 6 Districts in which the service has been rolled out, and is viewed locally as a mainstream service option.

Whole Systems Demonstrator (WSD) is a DH programme which will “examine the effect of TeleHealth and Telecare”. The programme is of national significance and will be evaluated by a team of independent academics commissioned by the DH. This is a partnership programme with both West Kent and Eastern and Coastal Kent PCTs and the above mentioned partners. Under this programme there will be 1333 *new* recipients of TeleHealth technology and 1333 *new* recipients of Telecare. The roll out began in April 2008.

The Brighter Futures Group (BFG) is a partnership between KCC, PCTs and voluntary and community organisations aimed at helping older people remain independent. The programme targets those people aged over 75, who are living alone, in poor housing and on a low income. It seeks to reduce the isolation and loneliness that older people can face and help them stay comfortably and independently in their own homes. The programme currently runs in the Ashford, Maidstone, Tunbridge Wells, Tonbridge & Malling and Sevenoaks areas. The interim findings of the formal evaluation from the London School of Economics indicate that the projects are meeting the needs of service users very well.

As outlined in other target sheets, we continue to develop a range of schemes with the NHS which focus on enabling people to live at home independently. An example being ‘INVOKE’ outlined in target 54.

Within West Kent Mental Health Services, a successful model in partnership with the private and voluntary sectors has been developed to maximise employment opportunities. In East Kent, as a result of some extra investment and redesign of services, East Kent will have Vocational Advisors in all Community Mental Health Teams by December 2008.

Work planned between now and 2010:

Further work will be progressed between now and 2010 to both identify new housing developments and refurbish existing housing to meet standards and need. Further specific work between now and 2010 includes delivering a further Housing PFI with four District Councils (Ashford, Dover, Thanet and Tunbridge Wells) for 182 Extra Care and Supported apartments for vulnerable people. We will also work with partners in housing growth areas (Dartford, Gravesham and Ashford) and identify opportunities with other District Councils to maximise the target and pursue joint partnership working opportunities.

April 2008 was the go live date for the Whole Systems Demonstrator. It is planned to roll-out both Telecare and TeleHealth to intervention groups totalling 833 for each and to identify delayed delivery groups totalling 500. The anticipated completion date is July 2009. These will be county wide and will be over and above the figures already receiving the service.

Active Lives for Adults will be a major driver for the future development of direct payments / personalised budgets and the whole personalisation agenda. This is a major cultural change, which will see a shift in emphasis away from ‘managing care packages’ and towards personalisation and self directed support.

A resource allocation system based on self-assessment is being developed, so that people can be told how much money is available to them at the start of the process i.e. at the assessment stage. By knowing how much money is available over the period of a year, people can plan their lives in a better way and achieve identified outcomes.

In addition, we are developing a co-ordination role within Kent Adult Social Services and independent brokerage within the community to support people in planning and managing their personal budget. People can choose to manage the money themselves and therefore receive a Direct Payment or have the money and support managed for them.

Brighter Futures Group. Now sources of funding have been identified through the Social Care Reform Grant, the work will be to evaluate the current schemes to ensure the appropriate level of funding. Furthermore, work will be undertaken to explore the possibilities of developing schemes in Districts which have not yet had the benefit of Brighter Futures Groups. In East Kent consideration will be given to linkages with INVOKE (Partnerships for Older People Project – see target 54 for more detail).

This target is closely linked to the other targets in this section (52-56) and much of the work undertaken within these targets directly contributes to the success of this target and vice versa.

Measurable Indicator(s)	2005/06	2006/07	2007/08 Actual	2008/09 Target	2009/10 Target
Number of people supported by community based services provided by Kent Adult Social Services (including through voluntary sector funding) to live independently, as at 31 March each year	31,027	31,990	32,983	*	34,027

* Agreed that the focus is the 2009/10 target

Monitoring completed by: Jeremy Blackman, Christy Holden, Jean Penney, Nick Sherlock, Katherine Williams, Chris Belton, Anne Tidmarsh

Date: August 2008

Target 53: Strengthen the support provided to people caring for relatives and friends		
Lead Cabinet Member: Kevin Lynes	Lead Managing Director: Oliver Mills	Lead Officer: Emma Hanson

Status: On course

List the partners with whom we are working to deliver this target:

Children, Families and Education Directorate, Communities Directorate, Kent Children’s Fund, Carers Support Organisations, University of Kent, Primary Care Trusts and Independent Providers.

Progress to date on delivering this Towards 2010 target:

The “Carers in Kent”, a County Council Select Committee Report, was published in January 2008. Kent Adult Social Services has committed to delivering the report’s 14 recommendations in partnership with Children, Families and Education Directorate, Communities Directorate, Carers Support Organisations, Primary Care Trusts, Independent Providers and Partner Agencies delivering ‘Every Child Matters’ Outcomes.

On 8 July 2008 at the Ramada Hotel in Hollingbourne, we held a Carers Stakeholder Event. We used the event to feedback to a larger group of carers and their support organisations the findings of the Select Committee and some of the work already undertaken focusing on the priorities of the Select Committee. The event was a great success with a wide range of carers from across Kent and representatives from 22 organisations that support carers. The feedback from this session has helped refine our plans and will be published shortly.

The event was also used to launch the successfully completed Young Carers Strategy, ‘Invisible People’. Kent Adult Social Services has worked alongside Children, Families and Education Directorate to develop this Strategy which has an agreed Action Plan. Kent Adult Social Services will continue to work closely with Children, Families and Education Directorate to ensure that the Strategy is delivered.

170 anonymous Kent young carers have been identified and their educational achievements and attendance is being tracked. Young carers aged 16+ who remain at school and who attend carers projects are now able to access the Learning Support Grant. A multi-agency training DVD has been commissioned to support all agencies in developing a better understanding of the needs of young carers. Young carers over 11, who attend a local young carers project, will be given the opportunity to have access to a local leisure centre.

Kent Adult Social Services is currently working with the Personal Social Services Research Unit to develop a Carers Survey. This survey will be delivered to a random sample of carers known to Kent Adult Social Services and the Carers support organisations that we work with. The survey will focus on carers’ experiences of services and support; it will provide a baseline for future surveys. The DH is extremely interested in the survey and the approach that we are taking. Our learning and experience in Kent will inform the national carers survey planned for Autumn 2009.

We have collected descriptive information about the participating carers, so will be able to describe various characteristics, including age, gender, ethnicity, the needs of the cared for person and the cared for person's experience of help and support. We have recruited 30 carers to take part in the cognitive testing of the Survey questions, which is scheduled to take place during late February – April 2009.

Kent Adult Social Services continues to provide a range of “short breaks” which mutually benefits carers and the people they support. These include day care, support in the home, overnight care, adult placements and emergency breaks.

In Mental Health, a carers support group is funded 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 support 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.

We have, in partnership with the NHS, developed the role of carers assessment worker within Community Mental Health teams. These workers ensure that carers’ requirements are considered and assessed as part of each service user’s care plan. Carers are put in touch with the carers support service that can arrange respite using specially identified carers breaks money.

An example of the work we do with carers is the Dover District - ‘Carers Support’s Young Onset Dementia Activity Project’. This offers the opportunity to enjoy everyday activities such as gardening, cooking, walking and arts and crafts in a friendly environment with people who understand their situation. It is not a respite service, but an opportunity to support and involve carers, and to help them find ways to deal with some of the problems of dementia; and also help those with dementia to sustain social and daily living skills, thereby boosting their confidence and self-esteem.

We have continued to hold Carers Safeguarding Vulnerable Adults forums twice a year. The aim of the forums has been to help a wide range of people who use or may use services and carers to gain a better understanding of what constitutes abuse, what can be done if abuse is reported, and most importantly to prevent the abuse of vulnerable people happening.

The Supporting Carers Implementation Group, is a countywide group focusing on the needs of carers of people with learning disabilities. The group has a number of projects. An example being:

- Training for carers of people with a learning disability. This is a six-week course covering all aspects of care, topics such as working with your care manager, person centred planning. One block of six weeks has successfully run in Ashford and is due for roll out across Kent in September. It is hoped through these groups to form carers sub groups to inform the District Partnership groups.

KCC has shown its commitment to supporting employees who are carers, by recognising that they may need special assistance from time to time. To enable carers to meet their commitments in and outside work, KCC has put in place a range of measures. A Carer's Leave Pilot, which runs from June 2007 to 31 August 2008, enables carers with their manager’s agreement, to use up to 5 days personal leave (formerly Compassionate Leave) for caring responsibilities. Carers can also work with their managers to agree their needs within a support plan using strategies such as flexible working, changing to part time hours, annualised hours, nine day fortnight or term time only working.

Work planned between now and 2010:

During the next year the focus on work with carers is going to have an even greater profile. The Government have launched a national Strategy for Carers. This has been a major piece of work involving carers and carers organisations across the country, including Kent. The Carers grant will also take on a higher profile. It will be allocated as part of the Area based grant through the Local Area Agreement framework.

- Following the Select Committee a short term working group of Kent Adult Social Services staff and carer support organisations, met and agreed the five key priority development areas for Carers in Kent, which are:
 - Carers Emergency Card
 - A Carers Single Point of Contact/Access
 - Improved range and supply of short-breaks
 - Emergency support
 - Education & Training (caring with confidence)

Work has begun to develop a Kent Wide Carers Emergency Card which will be linked to a 24hr single point of access. This card is designed to provide carers with the piece of mind that should an emergency situation occur, support can be accessed quickly.

The focus of future work will be on these priorities. We will continue to develop services, which meet the needs of carers in line with the Select Committee recommendations.

We will progress the expansion of the “Learning for Living” Programme for Carers which was successfully tested in north west Kent. A multi-agency group has been established to plan, develop and implement the Kent Adult Carers Strategy, which will be informed by the national Carers Strategy.

We propose to set up a Standing Carers Advisory Group to inform service planning and commissioning with the aim of enhancing choice and flexibility for adult carers as part of the personalisation of adult social care. An annual carers report to the Adult and Children’s Policy Overview Committees will be produced to demonstrate the state of carers support arrangements.

We will continuously update accessible information about carers rights and services available to them. Kent Adult Social Services will work together with Health to support carers in delivering requirements of the NHS operating framework. We will also ensure that policy on people who fund their own care reflects carers rights and support, as those financially supported by KCC and the NHS. We will explore how a national information line can link to local carers information sources.

Building on the success of the Young Carers Strategy, Kent Adult Social Services is working in partnership with Children, Families and Education Directorate and Kent Drug And Alcohol Team to develop a multi-agency Hidden Harm Strategy to support the children/carers of parents with problems with substance misuse.

We have been successful in reducing the use of inpatient facilities for people with functional mental health problems, but recognise that people spend more time in the community and this may mean additional burden on carers. We will provide additional funding for carers support services in mental health, so that more carers can be better supported and have greater opportunities for training through carers educational and support programmes.

Between now and 2010 we will also further develop our capacity to offer carers breaks to ensure that a funded carers break can be accessed in all localities in Kent. We will work with the Health Service to produce a joint plan for short breaks for 2009/10 in line with the Carers National Strategy.

This target is closely linked to the other targets in this section (52-56) and much of the work undertaken within these targets directly contributes to the success of this target and vice versa.

Measurable Indicator(s)	2006/07	2007/08 Actual	2008/09 Target	2009/10 Target
Satisfaction measure being developed – based on user survey	New indicator	New indicator	To be set in December 2008	To be set in December 2008

Monitoring completed by: Michael Thomas-Sam, Emma Hanson

Date: August 2008

Target 54: Work with our colleagues in the health service to reduce the number of avoidable admissions to hospital and combine resources, where appropriate, to improve the health and well-being of the people of Kent

Lead Cabinet Member: Kevin Lynes	Lead Managing Director: Oliver Mills	Lead Officers: Anne Tidmarsh/Chris Belton/Jan Harker
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Status: On course

List the partners with whom we are working to deliver this target:

The main partners in delivery of this target are the NHS in Kent, particularly the 2 PCTs and the Mental Health Trust. However, the voluntary and private sector in managing many of the community based projects and the District Councils all make significant and valuable contributions to this target.

Furthermore the success of this target is closely linked with the performance of other targets in Towards 2010 – particularly those related to health issues in this section.

Progress to date on delivering this Towards 2010 target:

The Directorate has a good record of working with the Health Service as illustrated by the range of joint services we have which fall under the remit of S31 Agreements. One of the major services is the Mental Health Trust. The Trust is currently making application to gain ‘Foundation Status’. Should this application be successful it will add another significant dimension in our working relationship with the Health Service.

The Joint Strategic Needs Assessment has been undertaken in partnership with Health to identify the future needs of the population of Kent and thereby facilitate joint planning and commissioning.

The Public Health Department is now firmly established in KCC. A Public Health Strategy and an action plan flowing from it has now been published and this is now being implemented.

As outlined in Target 52, Active Lives for Adults (ALfA) will transform all front line services. Integral to this is the joint work with the NHS.

At an operational level a wide range of initiatives continue to be developed in partnership with Health. These include the following projects and initiatives:

- Close working with Intermediate Care teams across East Kent has ensured that people are able to access therapeutic interventions without hospital admission, either in the Registered Care Units or in their own homes. The Intermediate Care teams now include the Occupational Therapists who work in Recuperative Care.
- Fast Track Assessment and provision of community equipment and minor adaptations provides a quick response to enable people to receive essential services to prevent falls and enable greater independence. Trusted Assessors are trained to allow provision of equipment through one assessment approach.
- INVOKE (Independence through the Voluntary action of Kent Elders) is the project that has been developed out of the successful POPPs (Partnerships for Older People Projects) bid. It is a project that has been developed in partnership with Eastern and Coastal Kent PCT. Community Matrons have a significant role. The project has 18 Community Matron support workers linked to it. The project is designed to give older people greater independence and enhance self-management through increased choice and control. It also aims to reduce

hospital admissions. The feedback from the project, which has been recorded in articles in a range of Newsletters, is very positive.

- The INVOKE project also has Care Navigators (6 across East Kent) and Community Information and Liaison Assistants (6 across East Kent). These posts are working to increase choice and control by delivering local information to communities. They are developing district directories, facilitating health promotion workshops and providing one to ones with clients to enable them to make an informed decision in regards to the best solution for their need.
- The partnership with Health in the investment of the re-imburement grant into preventative community based projects continues to be effective.
- The partnership with Health in developing the Whole Systems Demonstrator, already described in detail in target 52, is another initiative which is supporting the development of this target.
- We continue to work closely with the Health Service in the investment of the re-imburement grant into community schemes to avoid people having to be admitted to hospital. In partnership with Health this has enabled small local, community based schemes to be set up – for example ‘falls schemes’, which support old and disabled people who might well have ended up staying in hospital after experiencing a fall.
- East Kent has been selected as a DH Demonstrator Site for Urgent Care. Again this is in full partnership with the Health Service. The aim of the programme is to treat people closer to home, to prevent hospital and long term care admissions and to provide better, integrated care in a person’s own home. A rollout programme of Intermediate Care for East Kent is part of the project and this again is aimed at providing care and rehabilitation in the person’s own home where possible. This project is now operational and is beginning to have positive outcomes.
- Across East Kent a partnership has developed to promote the links between good physical health and mental health. The partnership includes KCC, District Councils, Health Promotion, independent sector, private sector and secondary mental health services. The partnership has organised a "Physical Health Taster day" event on the 22 July 2008. The event will offer people with mental health difficulties the opportunity to try out a wide range of activities, from aerobics to juggling, at no cost to themselves. The event will bring together service users from all over East Kent and has been co-ordinated by the Mental Health Local Planning and Monitoring Groups. Pfizer, who are providing the facilities for the day, has sponsored the event.

Work planned between now and 2010:

Next year there will be an even greater emphasis on close working with the Health Service. On a National Level there have very recently been a series of publications, i.e. ‘Putting People First’, ‘Transforming Social Care’ and ‘Valuing People Now’ – all of which put a firmer emphasis on the close working relationship with Health. A Carers Strategy has been launched and shortly this will be followed by a new Dementia Strategy.

Within Kent the Joint Strategic Needs Assessment (JSNA) will be a key driver. This was presented to Cabinet in March 2008 and the actions from it will be key to the delivery of this target. For example, the JSNA will be a main driver in future joint commissioning between Health and KCC.

The outcome of the application for ‘Foundation Status’ by the Mental Health Trust will also have an impact on future work with the NHS.

KCC and partners in the NHS and District Councils are developing at least 37 new units of supported accommodation across the county to enable people to receive longer-term community support as an alternative to residential care or hospital. The work has led to extra investment in the social care economy via joint working with District Councils and the private sector and the first of the units of accommodation becomes available for use from October 2008.

At an operational level we will:

- Expand the Fast Track service to the twelve Districts on an ongoing basis and more training of Trusted Assessors will take place between now and 2010
- Continue with the development of INVOKE and Urgent Care Demonstrator
- Continue with the implementation of TeleHealth and Telecare as outlined in target 52
- Continue to develop preventative services, such as providing intensive community support care packages to reduce the number of people going into hospital
- Work with Health to develop joint pathways to ensure an integrated programme for people with a range of long term conditions, including Dementia
- Develop, with the PCTs, services to support carers

A major piece of work for this year, as outlined in 'Valuing People Now', will be the transfer of responsibility of those people with Learning Disability being looked after by the NHS to the Local Authority.

This target is closely linked to the other targets in this section (52-56) and much of the work undertaken within these targets directly contributes to the success of this target and vice versus.

Measurable indicators:

None – This Towards 2010 target has been formally agreed as having an 'aspirational' status and progress is measured via qualitative means.

Monitoring completed by: Jan Harker, Nick Sherlock, Katherine Williams

Date: August 2008

Target 55: Ensure better planning to ease the transition between childhood and adulthood for young people with disabilities and to promote their independence

Lead Cabinet Members:
Kevin Lynes/Chris Wells

Lead Managing Directors:
Oliver Mills/Graham Badman

Lead Officers:
Michael Thomas-Sam/Colin Feltham

Status: On course

List the partners with whom we are working to deliver this target:

Kent Adult Social Services and Children, Families and Education Directorate are leading the partnership that also includes the Kent Learning Disability Partnership Board, Parent Organisations, Primary Care Trusts, Learning Skills Council, Connexions and Schools.

Progress to date on delivering this Towards 2010 target:

The Partnership has developed multi-agency Transition Protocols, which are in the process of being signed off by each organisation. These will ensure that there is a clear process as to what support young people will receive through transition and how the different services will interact.

Work is ongoing in identifying all Kent young people who may need additional support with their transition into adult life. With the young people and their carer's consent, this will link together basic identifying information held by Education, Health and Social Care agencies. It will ensure that no one who needs and wants support through transition will be missed.

KCC has commissioned independent research into young adults and their recent experiences of transition and the quality of the support they received. Nearly 20% of all the young people and their carers who have transferred to Kent Adult Social Services in the past two years agreed to take part and have been interviewed. This will form a baseline for this target. The research will also develop tools that will enable an annual survey to be conducted. This will provide the annual measure of young people's satisfaction with the support they receive during transition.

There are examples of excellent Transition Support for young people, which has led to Kent being selected as a pilot site for the national "Getting a Life" Project. This is a cross-departmental government project, co-ordinated by the Office of Disability Issues, to improve the life chances of young people with learning disabilities. Selection is an indication of how Kent's partnership approach to transition is viewed nationally.

Examples of current best practice include the Person Centred Transition Planning being done by Valence School in partnership with the Kent Learning Disability Partnership Board's Transition Champion, Sheelagh Smith. In Ashford there has been creative use of Learning Disability Development Fund grants to develop summer schemes that involves carers, schools, KCC staff and the community. These, and other local solutions, are crucial in making young people's transition to adulthood a supported and positive experience.

The 2007 curriculum survey of provision in special schools showed the growing number of vocational facilities, promoted by the Kent 14-16 vocational programme, that are being used increasingly by special schools and units e.g. use of the Thanet skills studio for hospitality and catering by The Foreland School, St Anthony's School and the independent Westgate College. Further discussions are taking place across the county to consider how best to extend this offer to all special schools. A project is also being run out of St Nicholas School (school for pupils with profound, severe and complex needs) known as 'person centred planning' which offers direct support to enable the student, parents and carers to develop their ideas towards their future

dreams, careers and prospects for life beyond school. One of many examples is a young man, who left St Nicholas School a few years ago having acquired some basic work experience in catering through the post 16 unit based on the site of Canterbury College. Since leaving, he went on to achieve mainstream qualifications in catering at Canterbury College and is now working and living in his own 'supported living' flat.

Improvement in Transition support is being steered strategically by Oliver Mills and Graham Badman. Kent Adult Social Services and Children, Families and Education Directorate are leading a partnership that includes the Kent Learning Disability Partnership Board, Parent Organisations, the Primary Care Trusts, Learning Skills Council, Connexions, and Schools. The partnership has developed multi-agency Transition Protocols. These have developed from excellent local practices and are ensuring that this becomes available to all Kent young people who need support.

Target 55 is linked closely to the development of Housing Strategies with the District Council and at regional level. Kent Adult Social Services is now represented at the Kent Housing Group and promotes this target with partner Housing Commissioners and providers in Kent.

KCC Members' Select Committee on Transition has held their one-year on meeting to review the implementation of their 12 recommendations. They agreed that 8 have had complete or advanced progress and the remaining 4 have good progress with some further work to do.

Work planned between now and 2010:

Implementation of the Transition Protocols across all agencies will be phased in from April 08, with full implementation by April 09. The annual survey of young people who have gone through transition, based on the research tools developed by the Tizard Centre, University of Kent, will be repeated. This will give a robust measure of satisfaction, by the people who are best placed to say if the support in their transition was good. Work is being done to ensure that as many people as possible take part in this.

We will develop Young People, Carer and Easy-Read Guides to the Transition Process. This will ensure that every young person and their families will know what support they will receive and how to access it. We will continue the encouragement of the take up of Direct Payments for both Young People aged over 16, and for Adults. This increases both flexibility and control for individuals, enabling them to live their lives more independently. With the development of Self Directed Support, this will become the norm for everyone needing support.

The Transition Partnership will be widened to include representatives from the District Councils, Housing Associations and Employment and Training organisations. This will increase the opportunities for young people to move to full adult life with more integrated access to housing and employment opportunities.

We will ensure that the outcomes achieved by this target are supported by other targets:

- Develop multi-agency support to parents and their children (Target 13)
- Listen to young people's views (Target 14)
- Increase the number of people who are supported to live independently (Target 52)
- Strengthen the support to people caring for relatives and friends (Target 53).

Measurable Indicator(s)	2006/07	2007/08 Actual	2008/09 Target	2009/10 Target
Satisfaction measure being developed – based on user survey	New indicator	New indicator	To be set late 2008	To be set late 2008

Monitoring completed by: Daniel Waller, Policy Manager, KASS **Date: August 2008**
Jo Berry, County AEN Manager

Target 56: Improve older people's economic well-being by encouraging the take-up of benefits		
Lead Cabinet Member: Kevin Lynes	Lead Managing Director: Oliver Mills	Lead Officer: Chris Grosskopf

Status: On course

List the partners with whom we are working to deliver this target:

Pension Service, District Councils, Kent Benefits Partnership and Voluntary Organisations e.g. Age Concern, CAB, Citizens Rights for Older People.

Progress to date on delivering this Towards 2010 target:

Older people receiving social care services are already offered information, advice and, if necessary, assistance by their care manager to claim the relevant benefits. Since April 2007, all areas within Kent Adult Social Services are covered by our new Specialist Finance Teams which include Finance and Benefit visiting officers (FABOs), specially trained to provide benefit advice and assistance with claims. If cases become complex or there is a need to challenge a decision of the Department of Work and Pensions (DWP), service users are referred to one of our 11 Area Benefit Officers (ABOs) who will assist with this including representing service users at appeal tribunals. In the last financial year, the 11 ABOs alone raised nearly **4 million pounds** for their clients, the majority of whom are older people. This is over and above money raised as a result of the work of the FABOs and Care Management (work is underway to determine this amount).

The KCC County Benefit Service also operates a Benefits Helpline and provides training in benefit issues to staff. Both of these services are available to voluntary organisations. They also have a Benefits site on KCC's public website www.kent.gov.uk/benefits-information. This provides information on all the major benefits with links to relevant government and District Council sites.

Kent has been working with the DWP and District Councils and is working towards the creation of joint teams. This should lead to a better experience for service users, who will not need to provide financial information to so many agencies, and a higher take-up of the relevant benefits.

Kent has, with the District Councils and DWP, set up the Kent Benefits Partnership to increase the take up of council tax benefit amongst the older residents of Kent. They are now helping clients to claim other benefits to which they are entitled.

Work planned between now and 2010:

- We will carry out media campaigns to increase take up of specific benefits. Such new avenues as Kent TV will be helpful in this.
- We will build upon the work of the Kent Benefits Partnership to increase the range of benefit advice. We will also build upon the successful Finance and Benefit Teams, for example furthering the development of joint working with the Pension Service and District Councils.
- KASS will be involved with joint take-up campaigns with the voluntary sector.

Measurable Indicator (s)	Aug 06	Aug 07	Aug 08 Target	2009/10 Target
Number of older people who are in receipt of /with underlying entitlement to Attendance Allowance	34,540	36,330	36,000	+5%
Number of older people who are in receipt of Pension Credit	70,270	70,960	72,000	+5%
Number of older people in receipt of council tax benefit	61,690	Not available	63,000	+5

Monitoring completed by: Chris Grosskopf

Date: August 2008

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By: Cabinet Working Group on Climate Change (Alex King (Chairman), Keith Ferrin & Roger Gough)
Cabinet Member for Kent Adult Social Services (Graham Gibbens)
Managing Director for Kent Adult Social Services (Oliver Mills)

To: Adult Social Services Policy Overview Committee - 23 September 2008

Subject: **A summary of progress towards delivering Kent County Council's Climate Change Action Plan (which implements Select Committee on Climate Change recommendations as adopted by Council in January 2007) and other environmental performance objectives. An overview of next steps for Kent Adult Social Services.**

Classification Unrestricted

Summary: The Select Committee on Climate Change published its recommendations in October 2006. Kent County Council produced its first response in January 2007 in which it committed to a series of actions since drawn together in a Climate Change Action Plan, overseen by the Cabinet Working Group on Climate Change. This report summarises progress and outlines next steps for Kent Adult Social Services Directorate to contribute to the next phase of the programme.

Recommendation: That Members:

- a. Note progress made to date;
- b. Agree proposed next steps for Kent Adult Social Services Directorate, specifically at **4.3** and **5.5** below;
- c. Invite Kent Adult Social Services officers to report back progress to the POC at six-monthly intervals.

1. Introduction

- 1.1. The Select Committee on Climate Change published wide-ranging and ambitious recommendations in October 2006. The Council approved action in response to the 12 sets of recommendations in January 2007. This action was a first response to the recommendations, focused on immediate priorities and on bringing together several existing areas of work into a coherent strategy.
- 1.2. The climate change agenda is moving rapidly. A reconvened review meeting of the Select Committee on Climate Change in March 2008 recognised that significant progress had been made and identified the next phase of work now needed in each Directorate in KCC. This has been further supplemented by an independent review from Climate Southeast and the outcomes of KCC's recent CPA review.
- 1.3. The purpose of this report is to bring Members up-to-date with progress relevant to the Kent Adult Social Services portfolio; and to present proposed next steps for Kent Adult Social Services, focusing on win-wins between climate change objectives and the vision for the Directorate.

2. An overview of KCC's Climate Change Action Plan

2.1. KCC's Climate Change Action Plan is grouped into three workstreams as defined in the Nottingham Declaration Action Pack (this is the definitive source of good practice for local government on tackling climate change to which KCC signed up in 2001), underpinned by cross-cutting leadership, governance and communication.

2.2. The three workstreams are:

- a. **KCC as an estate manager: Mitigation and carbon management:** We are leading by example to reduce our own carbon emissions to meet a series of targets; 10% reduction by 2010, 20% by 2015, working towards the Government's current UK-wide target of a 60% reduction by 2050.
- b. **KCC as a service provider: Adaptation and resilience:** We are working to ensure all the services we deliver understand the impacts of climate change and make provisions to adapt as necessary, reflected in business planning across KCC from 08/09 onwards. We are also making sure our policies and decisions support adaptation across Kent.
- c. **KCC as community leader:** We have agreed new Kent Agreement 2 targets to take action across Kent, both to reduce carbon emissions and to ensure businesses, infrastructure, services, communities and landscapes across Kent are able to adapt to the opportunities and challenges presented by climate change.

2.3. Further information is attached in case of interest:

- **Annex 1** summarises current KCC policy on climate change and environmental performance.
- **Annex 2** contains some highlights and successes so far, and next steps as identified by the Select Committee on Climate Change and an independent review by Climate Southeast.

The remainder of this paper focuses on action within Kent Adult Social Services Directorate.

3. Specific action owned directly by Kent Adult Social Services

3.1. Unlike other KCC Directorates, Kent Adult Social Services does not directly own any of the current set of actions agreed by Council as per **Annex 2**. Rather, the emphasis is on what KASS can contribute to corporate objectives and targets, as outlined below.

4. Mitigation and carbon management in Kent Adult Social Services

4.1. A KASS representative attends the KCC Environment Board, which has agreed a prioritised strategic action plan on environmental performance for KCC. The Directorate is also well represented on a range of cross-Directorate sub-groups.

4.2. Kent Adult Social Services Directorate remains committed to tackling all aspects of environmental performance, including making a proportionate contribution to the KCC-wide carbon reduction targets. Specific highlights to date and 2008-09 business plan commitments include:

- a. Some initial implementation of **greener office practices**, such as reducing wasted energy, using recycled paper and reduced printing;

- b. Recognising that KASS has one of the highest travel-related carbon footprints in KCC, a commitment to review **travel and transport** arrangements. This includes use of the KCC Fleet Hire, developing alternative options to transport people to in-house day care, developing mobile and smarter working. A specific example is KASS's enthusiasm for holding online interactive workshops on climate change and environmental performance in autumn 2008 in order to avoid additional highly-dispersed staff business miles – a first in KCC;
 - c. Ensuring that any **building work** is of the highest standard by applying an evidence-based approach to sustainability using energy-efficient, robust and built to last materials. This particularly applies to PFI Extra Care Sheltered Housing, which will be designed to high construction standards
- 4.3. Looking forward to March 2009, the next set of opportunities for Kent Adult Social Services are:
- a. Working towards a target of achieving **ISO 14001** environmental management system accreditation by March 2009;
 - b. Delivering against wider commitments outlined in 2008-09 business plans, in particular on reducing travel and transport **business miles**;
 - c. To **invest-to-save** in further carbon-saving and energy-saving measures across the Directorate, taking advantage of high energy prices and increasingly attractive payback periods. This includes, but is not limited to, making full use of the corporately-funded Energy Loan Fund and of upcoming Energy Performance of Buildings analysis where feasible. The KCC Energy Loan Fund is available to fund capital investment in energy efficiency and renewable energy measures across the KCC estate. Use of the fund to date for 36 projects elsewhere in KCC has saved £120,152 per annum and rising, so there is an opportunity for KASS to also benefit from this;
 - d. To further develop understanding of the impacts of the Carbon Reduction Commitment on the Directorate;
 - e. To begin to consider opportunities for monitoring and reducing more of the Directorate's wider carbon footprint, including exploring whether or not it is appropriate and practical to include those arising from some outsourced functions and services in such a way that supports both KASS objectives and future CAA requirements.

5. Service adaptation and resilience in Kent Adult Social Services

- 5.1. KCC is taking a risk-based approach to identifying vulnerabilities and opportunities for its services arising from the changing climate. A standard methodology has been developed based on national good practice, which the corporate Climate Change team has been using successfully to engage both senior managers and frontline staff across service areas, often as a supplement to the standard business planning process.
- 5.2. The method reveals some interesting relationships between the changing climate, service delivery and the resilience of wider "receptors", for example patterns in service demand, impacts on staff and customers, implications for all long-term policies, strategies and decisions, implications for local budget structures, insurance, logistics and management structures. These are often subtle, but are critical to understand and respond to on a risk-based basis in order to maintain high standards of service delivery, not least when it is critical to retain continuity of service during extreme weather events. In many cases, business models are not yet optimally adapted to the current climate, let alone any future changes.
- 5.3. Extreme weather events, nested within longer-term trends, cause the most direct impacts on KCC services. An innovative initiative is being taken forward by Kent partners to develop a Kent Local Climate Impacts Profile, with support from the UK Climate Impacts Programme and a national network of pilot projects. This quantifies the

impacts of recent extreme weather events on services, communities and businesses in Kent, establishes thresholds, and combines with predicted climate and weather trends in order to improve decision-making about what adaptive response is appropriate. Products from this will continue to inform the risk-based approach.

- 5.4. Some further information, including some possible impacts and adaptive responses for Kent Adult Social Services is at **Annex 4**. There is ever-growing national and regional evidence and guidance about the potentially significant impacts of the changing climate on health and social care.
- 5.5. Kent Adult Social Services Directorate has committed to taking further action on service adaptation and resilience by March 2009. The next set of opportunities are:
 - a. As a first step, a series of online adaptation workshops for KASS staff will be held during autumn 2008, with a view to completing a first Kent Adult Social Services risk-based climate change adaptation strategy in time for 2009-10 business plans (with full support from the corporate Climate Change team);
 - b. Following these workshops, to develop enhanced in-house knowledge about climate change impacts on KASS services and infrastructure, keeping up-to-date with latest research, evidence and good practice from elsewhere;
 - c. To participate fully in the development of the Kent Local Climate Impacts Profile upon request;
 - d. In line with the KCC Environment Policy, to build capacity towards developing a clear approach within the Directorate for “climate-proofing” all decision-making and policy work.

6. Kent Adult Social Services community leadership

- 6.1. There are strong win-wins between KASS objectives and Kent-wide action on climate change, for example around active lives, older people and wellbeing. KASS therefore has an important contribution to make to implementation of Kent Agreement 2 delivery plans on county-wide carbon reduction, tackling fuel poverty, and preparing the county's communities to adapt to climate change.

7. Conclusion

- 7.1. Kent County Council has made good progress towards delivery of the Climate Change Action Plan in the last 18 months. However, as the economic, regulatory, public opinion and scientific drivers become stronger, Kent Adult Social Services will wish to demonstrate a further significant contribution towards the next phase of the Action Plan as outlined above. This in turn will be a sound basis upon which the Directorate can also support delivery of Kent-wide targets on carbon reduction and climate change adaptation and fuel poverty under Kent Agreement 2.

8. Recommendations

- 8.1 Members are asked to:
 - a. Note progress and general next steps for KCC's Climate Change Action Plan; ;
 - b. Agree the proposed next steps for KASS, as outlined at **4.3** and **5.5** above;
 - c. Invite KASS officers to report back progress to the POC at six-monthly intervals starting March 2009.

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Annex 1: Current KCC policy on climate change

Kent County Council recognises that climate change is happening and that KCC has a critical role in helping Kent's businesses, communities and individuals understand and prepare for the impacts of climate change, as well as playing their part in reducing those impacts. Some climate change is already unavoidable and will require us to adapt to the inevitable as well as reducing emissions to minimise future climate change.¹

- KCC has been signatory to the *Nottingham Declaration on Climate Change* since 2001 (now signed by most local authorities in the UK, including most in Kent)².
- The implications of climate change cut across all work areas of KCC's work and services, and as such require a corporate, organisation-wide response across the themes below³. KCC will ensure staff are aware of the relevance of climate change for all its services and activities⁴.
- KCC's vision, as stated in the KCC Environment Policy¹, is to stabilise and progressively reduce the Council's environmental footprint; to progressively reduce carbon dioxide emissions and make sure the KCC estate and services are adapted to the future impacts and opportunities of climate change. KCC will 'climate proof' decisions to ensure it reduces its contribution to climate change and help to prepare for the impacts and opportunities of unavoidable climate change.
- Tackling climate change has been identified as a priority for 2008-09 in KCC's Annual Plan⁴.

Climate change mitigation & carbon management within KCC

- Through implementation of the KCC Environment Policy and the ISO 14001 environmental management system, KCC will make continuous improvements in reducing the impact of KCC's buildings, vehicles and operations on the environment⁵.
- KCC has a special responsibility to lead by example and will ensure that carbon emissions arising directly from the delivery of its services are minimised. KCC is committed to reducing carbon emissions arising from its own estate by 10% by 2010 and 20% by 2015 (from a 2004 baseline), in line with current Government targets towards 60% by 2050⁶.
- KCC is extending its carbon reduction work to include emissions from arising from business travel, commuter travel, outsourced services and other sources, in line with the approach in the *Cabinet Paper on KCC Energy Reduction Targets (2007)* and the new Government national indicator on carbon emissions from local authorities.
- These will be real reductions arising from increased energy efficiency and use of on-site renewable energy. Carbon offsetting will only be considered as a last resort when all other options have been explored – e.g. for some essential car use⁶.
- KCC is committed to continuing the Energy Loan Fund (which funds capital investment for energy-saving, water-saving and renewable energy measures across the KCC estate)^{5,6}.
- KCC is preparing for the impact of the Carbon Reduction Commitment on KCC from 2010 onwards by joining the Local Government Information Unit (LGIU's) innovative *Carbon Trading Councils* scheme for 2008-2009. This stimulates the idea of operating within carbon budgets and trading with other councils⁴.
- Towards 2010 Target 41: KCC will ensure that new KCC buildings set an example by delivering the best possible standards of construction by applying an evidence-based approach to sustainability using energy-efficient, robust and built to last materials⁵.

Climate change adaptation and resilience

- KCC will ensure that the impacts of climate change on all KCC work areas and services are understood and that appropriate adaptive responses are identified in business planning from 2008 onwards³.
- KCC is committed to continuing development of a Kent Local Climate Impacts Profile in order to inform a risk-based approach⁴.

Community leadership

- KCC will develop plans and projects with its partners and local communities to progressively address the causes and impacts of climate change, according to local priorities and securing maximum benefit for communities.
- KCC will lead work through the Kent Partnership and Kent Public Service Board to deliver the Vision for Kent, which contains a goal to reduce Kent's contribution to climate change by reducing energy use and increasing energy efficiency and to prepare for its impacts⁷.
- Specifically, KCC will continue to lead activities under the *Kent Agreement 2* to help the county to reduce carbon emissions and adapt to the changing climate, moving towards creation of a low-carbon and climate change resilient economy⁴.
- On Kent-wide carbon reduction, KCC will play its part towards achieving an 11.2% ($\pm 2.5\%$) reduction in per capita CO₂ emissions across Kent by 2011 in line with National Indicator 186⁸.
- KCC will play its part towards planning to adapt to climate change across Kent by 2011 in line with National Indicator 188⁸.

Energy policy⁹

- KCC will take an evidence-based, case-by-case approach to influencing decisions about the future energy mix in the UK, following the energy hierarchy⁹:
 1. *Reduce*: We will support energy efficiency measures thereby reducing the need for new power stations and sources;
 2. *Renewables*: We will support new opportunities for renewable energy sources where practical and in the best interests of the people of Kent;
 3. *Rethink*: Where there is a need, for the best interests of the people of Kent, to build new fossil fuel / nuclear power stations as part of the energy mix, we will support the most efficient technologies possible.

Biomass and biofuels⁹

- KCC is exploring opportunities for using biomass and biodiesel.
- It is important that the source of biofuels and biomass is sustainable and each proposal will be considered on a case-by-case basis with the aim of balancing locally-sourced sustainable supply and demand for biofuels.
- KCC recognises that there are opportunities in Kent to make better commercial use of our own available biomass, notably coppiced woodlands. KCC supports such schemes where they are of benefit to the people of Kent.

Water policy³

- KCC recognises that supporting efforts to ensure the maintenance of a healthy water environment is central to its community leadership role.
- KCC will adopt and adhere to a *water policy hierarchy* based on an evidence-based, case-by-case approach:
 1. *Reduce*: We will support a reduction in the use of water and leakages thereby minimising the need for the development of new resources
 2. *Rethink*: Where there is a business need for recycling water or developing new resources we will call for further work to compare the feasibility and sustainability of options and support those which offer the best practicable environmental outcome.

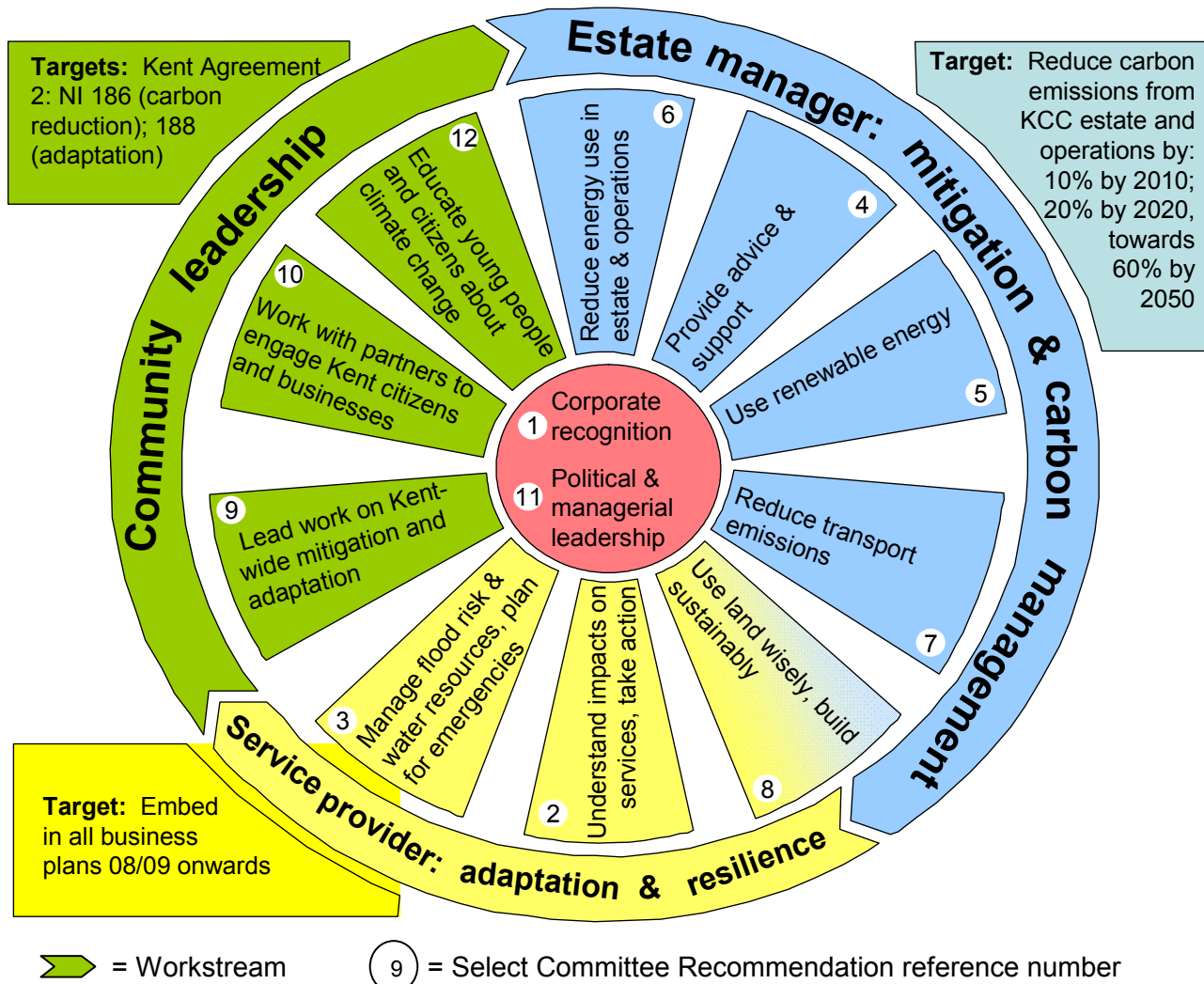
Climate Change Programme | Corporate Policy Unit Correct as at 1 September 2008

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1. Revised KCC Environment Policy (2007)
 2. KCC's Nottingham Declaration on Climate Change commitment (2001)
 3. Council response to Select Committee on Climate Change Report (2007)
 4. KCC Annual Plan 2008-2009
 5. Towards 2010 targets (2007 update)
 6. Cabinet paper on KCC energy reduction targets (2007)
 7. Vision for Kent (2006)
 8. Kent Agreement 2 (2008)
 9. Agreed by Cabinet Working Group on Climate Change (2008)

Annex 2: KCC Climate Change Action Plan overview

Overview

The following diagram shows the Select Committee recommendations grouped into 3 strands of action, together with the high-level targets for each strand:



Benchmarking

An independent assessment of the KCC Climate Change Action Plan by Climate South East in February 2008 concluded that:

- Full implementation of all the outcomes intended by the Select Committee on Climate Change would position KCC at Level 5 on a scale of 1 to 6, and therefore amongst the leading public and private sector organisations responding to climate change.
- Significant progress has been made in the first phase of the Climate Change Action Plan; a strong foundation upon which to build. KCC is now averaging Level 3, with some leading edges into Level 4.
- Implementation of next steps identified above and in the full range of papers going to all Directorate POCs will enable KCC to make significant further progress towards Level 5 and even beyond.

Several of our Climate Change Action Plan projects and initiatives are now being held up as exemplars across the South East, the UK as a whole and internationally.

Highlights to date and next steps

The full plan runs to some 30 pages. Some brief highlights only are listed here.

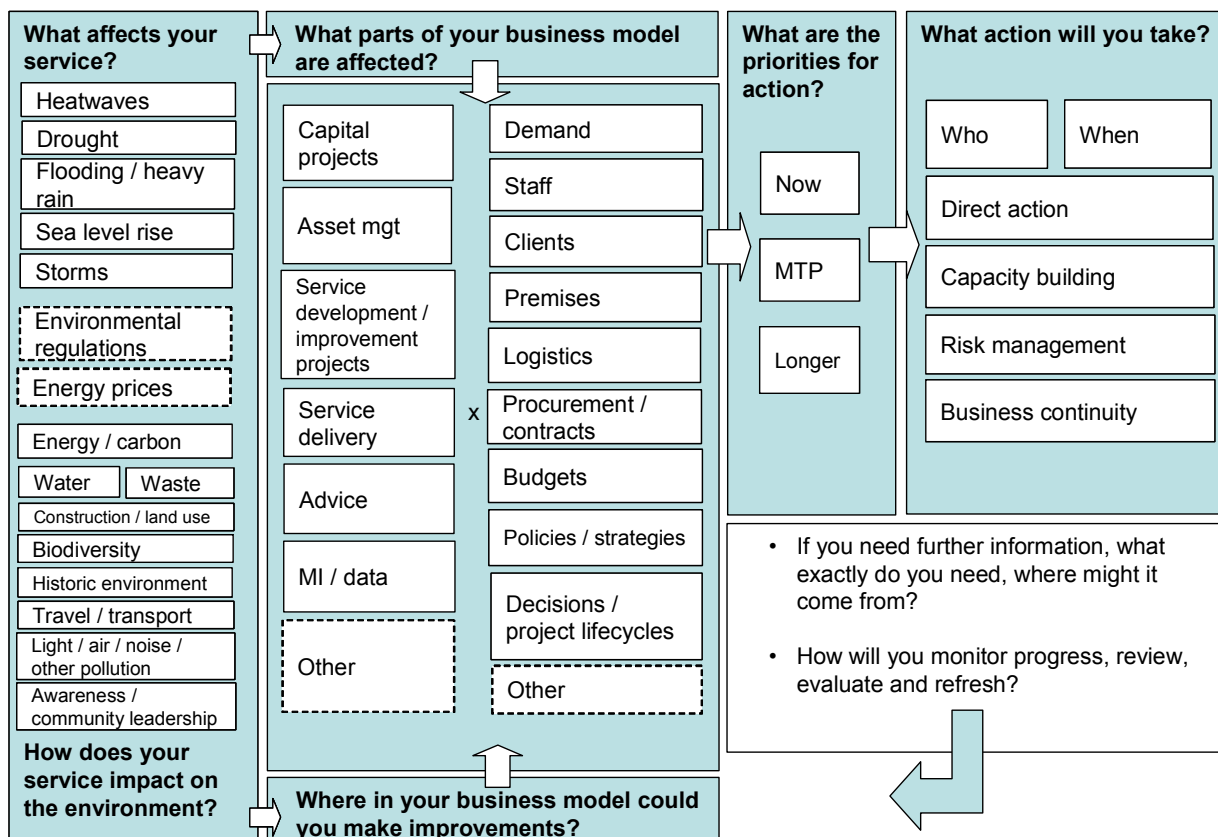
Some selected highlights	Important next steps ¹
Corporate leadership	
<ul style="list-style-type: none"> ▪ Governance arrangements established, including Cabinet Working Group on Climate Change ▪ Programme team established ▪ Programme funding baselined ▪ New KCC Environment Policy ▪ Energy-saving measures for Directorates embedded into ISO 14001 accreditation programme ▪ Targets embedded in Towards 2010, business plans, Annual Plan ▪ New sustainability appraisal for decisions ▪ KCC climate change officers are leading and actively participating in several regional and national good-practice networks 	<ul style="list-style-type: none"> ▪ Stronger Directorate-led ownership of next steps through Policy Overview Committees* ▪ Further corporate improvement on climate change and sustainability through CPA Improvement Plan and linked to audit processes* ▪ New internal “hearts and minds” engagement on climate change and environmental issues, including staff training, regular written briefing for Members, Kent Graduate Programme project on climate change autumn 2008 (with Carbon Trust funding)* ▪ New external and internal webpages on climate change autumn 2008 ▪ New “breakthrough” projects to be scoped around which to focus staff development, testing what is possible: Better Workplaces and Building Schools for the Future projects*
Estate manager: mitigation & carbon management	
<ul style="list-style-type: none"> ▪ Carbon reduction targets agreed by Cabinet ▪ Carbon emissions reduced by ~3% so far ▪ Energy Loan Fund extended, achieving significant carbon savings ▪ Set of working groups established to drive progress in estates, travel & transport etc. ▪ Participating in Carbon Trading Councils initiative 2007-08 to help prepare for Carbon Reduction Commitment (mandatory cap and trade scheme from 2010) ▪ Commitment in principle to BREEAM “very good” design standard for KCC buildings. Government now requires all new buildings to be “excellent / zero carbon” by 2019. ▪ Ongoing training programmes for energy management for facilities managers, school caretakers etc. ▪ KCC commercial fleet now runs on 5% biodiesel. ▪ Most schools now have travel plans. ▪ Switch to low-energy traffic signals, 	<ul style="list-style-type: none"> ▪ New drive for energy efficiency and take up of renewable energy across KCC directorates (due to energy price rises, improved progress towards carbon targets, “early action” credit for Carbon Reduction Commitment, regulatory requirements under Energy Performance of Buildings legislation* ▪ Develop and implement (as opportunities arise) expanded breadth of KCC’s measured carbon footprint to include all forms of travel, IT, operations, outsourced services, procured goods (also CAA requirement). Review and extend KCC’s internal carbon targets in line with this* ▪ Develop and implement sustainable procurement strand (an outline sustainable procurement action plan has now been agreed that starts with a few pilot projects across KCC spend areas, including ways to incorporate carbon management into assessment criteria)* ▪ Travel and transport remains about 40% of KCC’s carbon footprint. New drive to reduce emissions / costs of transport and

¹ Those next steps that are **asterisked*** were identified or re-emphasised in the 12-month review of progress by the Select Committee on Climate Change in March 2008.

Some selected highlights	Important next steps ¹
streetlighting pilot.	travel across KCC, new policies to be implemented by March 09*
Service provider: adaptation & resilience	
<ul style="list-style-type: none"> ▪ All 2008-09 business unit operating plans had some initial reference to developing an understanding of how the changing climate will impact service delivery and what action to take in response. ▪ KCC-specific methodology (based on good practice) established for all service areas to use to climate-proof their services. Now an exemplar. ▪ Report published and implementation in progress about impacts of climate change in Kent on biodiversity. ▪ Separate Select Committee on Flood Risk convened summer 2007, recommendations adopted by Council March 2008 (together with Pitt Review actions). Significant work now being taken forward in KHS, Kent Resilience Forum and elsewhere. ▪ Water policy adopted by KCC in 2007. 	<ul style="list-style-type: none"> ▪ Significant further work to be completed during 2008-09 to support each service area in developing a comprehensive climate change adaptation plan. ▪ Now that PPS1 (climate change) and other guidance is available, a new focus is needed in KCC to ensure planning decisions in Kent are “climate-proof”, including district LDFs.* ▪ Ensure sufficient up-to-date guidance available for new development and retro-fitting, including updating Kent Design Guide if needed* ▪ Further work on Kent flood risk management ▪ Further work to influence water company plans including re. balancing supply and demand, water efficiency, carbon emissions arising from water treatment
Community leadership	
<ul style="list-style-type: none"> ▪ Climate change mitigation and adaptation targets for the county agreed under the Kent Agreement 2 (2008-11), under both the Environmental and Economic themes. Comprehensive yet pragmatic delivery plans created, opportunities for drawing in external funding being pursued. ▪ Initial pilot Kent Local Climate Impacts Profile project a significant success and best practice exemplar ▪ Kent Low Carbon Communities pilot project has created significant public interest, has the potential to make real carbon savings, and has produced what is probably the most comprehensive and practical community toolkit currently available ▪ Kent Schools Climate Change Action Pack completed and will be published October 2008. ▪ Work has started with several district councils to help them develop their climate change programmes 	<ul style="list-style-type: none"> ▪ Secure extension of Energy Loan Fund to support Kent district councils too as far as possible* ▪ Programme of workshops and activity to share good practice between and further support action in district councils ▪ To provide further advice to parish councils ▪ Extension of Kent Low Carbon Communities pilot project (wider reach of resources into other communities, revision of toolkit, Kent-wide challenge fund and related activity) ▪ Broader citizen and business-focused engagement, communication and support (with other Kent partners) ▪ Kent-wide Local Climate Impacts Profile next phase project involving range of key partners. Preparation for release and use of new UK climate scenarios to be issued November 2008 ▪ To improve how Local Boards can continue to support Kent-wide climate change objectives.* ▪ To continue work and engagement with young people in Kent* ▪ To consider how best to apply the Sustainable Communities Act to deliver Kent Agreement 2 climate change objectives.

Annex 3: Climate change and environmental performance in Kent Adult Social Services: analysing service impacts

A simple flowchart aligned to business planning:



Selected climate change adaptation opportunities and challenges for Kent Adult Social Services:

Impact	Adaptive response
Increased heat stress and pollution leading to poorer air quality and an increase in related illness among vulnerable people, including breathing difficulties	Ensure adequate shading and cooling available in places where care is delivered, increased need for treatment measures and water for re-hydrating patients / customers
Fewer cold-related deaths but vulnerable groups can still require care in winter	Ensure adequate provision for groups at risk from cold weather / extreme events
Disproportionate impacts of extreme weather events on vulnerable groups. Ensuring water supply to vulnerable groups in event of standpipes being used in drought	Assistance with costs and provision of advice associated with disruption, repairs, loss of earning, uninsured property etc. Measures to ensure water gets to vulnerable groups in event of standpipe use
Increased risk of new diseases reaching UK due to warmer climate	Promote preventative measures and ensure treatments available
Higher risk of sunburn / skin cancer due to hotter summers and outdoor lifestyles	Raise awareness of dangers, ensure shade in public areas, 'slip/slap/slop' sunblock campaigns
Higher temperatures likely to increase cases of food poisoning	Raise awareness of food hygiene, revise best practice, increase resources for enforcement
Increase in water-borne and vector-borne diseases (e.g. in care homes and hospitals)	Promote preventative measures and ensure treatments available.

By: Overview, Scrutiny and Localism Manager

To: Adult Social Services Policy Overview Committee –
23 September 2008

Subject: **UPDATE ON SELECT COMMITTEE WORK**

Classification: Unrestricted

Summary: This report updates Members on the successful outcome of a past Select Committee and good progress of current Select Committee work.

Select Committee: Autistic Spectrum Disorder (ASD)

1. (1) This Committee started its work in June, with initial evidence-gathering hearings taking place through July. The second wave of evidence gathering is currently underway and will end in October. The Committee was successful in its bid to the Policy Overview Co-ordinating Committee on 10 September to gain more time to complete its work, and will present its finished report to Cabinet in the New Year.

(2) The Membership of the Select Committee is Mr J D Simmonds (Chairman), Mrs A D Allen, Mr G Cowan, Mrs E Green, Mr S J G Koowaree, Mr M J Northey, Mr R A Pascoe and Dr T R Robinson. Its Terms of Reference, which were agreed on 4 June, are:-

1. To investigate the extent and prevalence of people with autism in Kent.
2. To explore existing and emerging national and local policies and strategies with regards to Autistic Disorder Spectrum (ASD).
3. To examine the effectiveness of current ASD-related services in Kent.
4. To explore existing and emerging approaches to funding, and present financial resources employed to support ASD-related services in Kent.
5. To investigate the extent of existing collaboration and partnership working amongst individuals and agencies providing support to people with autism.
6. Having considered all the above aspects, to make recommendations for an approach for Kent.

(3) The Select Committee has so far interviewed and had very useful input from a range of contributors. Its further progress will be reported to the November meeting of this Committee.

Select Committee: Transitional Arrangements

2. (1) This Select Committee reconvened on 23 June 2008 to receive a report on progress against its recommendations, one year on from the publication of its report. Members were pleased to note the excellent progress which has been achieved and recorded their thanks to the officers and all those who have contributed to this progress.

(2) The minutes of that meeting, together with the officers' report, are attached to this report as Appendix 1.

Policy Overview Co-ordinating Committee

3 (1) At its meeting on 10 September, the Policy Overview Co-ordinating Committee approved a draft protocol for publishing Select Committee reports and discussed a process for launching them. This process will be discussed further with the Chairman and Cabinet prior to being considered by the Selection and Member Services Committee.

(2) The Chairman and Spokesmen will meet informally to discuss Member capacity to cover the number of *ad hoc* Member Committees and Select Committees which are not part of the agreed work programme and report back to the February meeting of the POCC. Also in February, the POCC will discuss the staff resources available to support future Select Committee work.

Recommendations

4. Members are asked to note:-

- (a) the ongoing work of the Autistic Spectrum Disorder Select Committee;
- (b) the excellent progress achieved in implementing the Transitional Arrangements Select Committee's recommendations, which was reported to the 'one year on' monitoring meeting on 23 June 2008; and
- (c) the issues covered at, and the outcomes of, the meeting of the Policy Overview Co-ordinating Committee on 10 September.

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Background Information: *Nil*

KENT COUNTY COUNCIL

ADULT SOCIAL SERVICES POLICY OVERVIEW COMMITTEE

SELECT COMMITTEE: TRANSITIONAL ARRANGEMENTS

MINUTES of a meeting of the re-convened Select Committee on Transitional Arrangements held on Monday, 23 June 2008 in Sessions House, County Hall, Maidstone.

PRESENT: Mrs V J Dagger (in the Chair), Mr R B Burgess, Mrs S V Hohler, Mr S J G Koowaree, Mr T A Maddison and Mr M J Northey

IN ATTENDANCE: Mr O Mills, Managing Director, Kent Adult Social Services; Mr M Thomas-Sam, Head of Policy and Service Development, KASS; Mr D Waller, Policy Manager, KASS; Miss T A Grayell, Democratic Services Officer, and Mr G Bridgland, Staff Officer to Mr K G Lynes (Cabinet Member for Kent Adult Social Services).

UNRESTRICTED ITEMS

1. Transition to a Positive Future – Response to the Select Committee Report
(Report by Managing Director, Kent Adult Social Services)

(1) Members considered a report which set out progress against each of the Select Committee's 12 recommendations, and commented on the progress against each. Where Members disagreed with the symbol denoting the progress made, this is noted below. *A copy of the officers' summary progress report is attached to these Minutes as Appendix 1.*

Recommendation 1 – That KCC work with all providers to increase the availability and choice of leisure facilities for young disabled people and promote and publicise 'taster sessions' to encourage participation

Members noted, and were pleased to hear about, the progress so far and the fact that there was ongoing action on developing partnership working to allocate the £15m of Government funding which had been made available. Feedback on this outstanding work would be reported at a later date to the Adult Social Services POC and the Children, Families and Education POC. *Members felt that this recommendation should show 'some good progress although more to do'*

Members expressed the wish that examples of good practice should be taken advantage of and rolled out across the whole county. They also emphasised that the way of working needed to be consistent and achieve continuity.

Recommendation 2 - That KCC and schools promote a variety of initiatives to raise disability awareness among peers of young disabled people in mainstream schools and the wider community

Members supported and encouraged signing up to the Charter and expressed the view that the importance of signing up should be emphasised in the text. Members were keen to know what obstacles, if any, there were to signing up. The text should emphasise that the Sevenoaks scheme quoted was only one example of what was going on and that many different good schemes were running around the county. *Members felt that this recommendation should show 'some good progress although more to do'*

Recommendation 3 - That the Cabinet Members of CFE and KASS are made aware of the Hampshire transition documents and protocols, particularly the new Transition Handbook and Multi-agency guide, with a view to working towards a similar scheme for Kent.

Members noted excellent progress and were pleased at what had been achieved.

Recommendation 4 - That KCC should evaluate the capacity of current data systems to enable strategic monitoring of transition plans.

Members felt this recommendation should show 'complete/advanced progress'. Further evaluation in the future would allow Members to see if the process was working and the information was being well used.

Recommendation 5 - That the Transition Task Group investigates the potential for the increased use of Trans – Active in Kent schools, colleges and other settings.

Members felt that the original recommendation of using the Trans-Active model was too prescriptive as this was not necessarily the best model to use. However, they felt the recommendation had been actioned in that Trans-Active and other models had been investigated (and, in some cases, discounted). Members emphasised that the outcomes were more important than the model used. *Members felt this recommendation should show 'complete/advanced progress'.*

Recommendation 6 - That KCC should identify the source and type of advocacy available for parents and young people to facilitate better transition planning and make provisions to meet any gaps in service.

Members were pleased to note the work done on this recommendation, and noted that, for the first time ever, a contract for advocacy services had been let to a national organisation. Members were keen to hear how well this scheme was working.

Recommendation 7 - To ensure that CFE and KASS commissioning strategies are co-ordinated, including use of jointly resourced budgets where appropriate, to provide a more graduated and consistent approach to service provision for young disabled people in transition from childhood to adulthood. Such strategies should incorporate Transition Worker roles or demonstrate clearly alternative means of providing similar support.

Members noted the progress made against this recommendation.

Mr Mills emphasised there had been clear agreement of the need to have one dedicated person to be a contact throughout the transition process but expressed the view that the first priority was to establish a protocol and identify resources to cover the role/services before deciding how best to deliver it, or what to call it.

Recommendation 8 - That the Managing Directors of KASS and CFE must ensure that information about transition and KASS is available in a range of accessible formats and is brought to the attention of young disabled people and their parents in advance of meetings to enable them to participate in transition planning

Members noted progress made and were reassured by Mr Thomas-Sam that the KASS/CFE officer team would check that this sharing of information was happening as it should.

Recommendation 9 - That KCC, Connexions and partners identify how to use available resources more effectively to benefit young disabled people in transition.

Members noted the progress against this recommendation, and the ongoing work.

Recommendation 10 - That individuals identified as Lead Professionals for young people in transition to adulthood have the capacity to undertake the function and are provided by KCC and partners with training and support.

Members were very pleased to see good progress on this recommendation.

Recommendation 11 - That KCC, schools and other partners promote the use of Direct Payments by young people whose social care needs will extend into adulthood, by raising awareness and understanding of DP among CFE staff and ensuring that DP are discussed (with the involvement of a peer-mentor or DP support worker/advisor where possible) as part of the transition planning from Year 9 onwards.

Members were very pleased to see good progress against this recommendation.

Mr Waller explained the problems experienced by profoundly disabled young people when reaching 18 if their parents could no longer claim direct payments on their behalf and the young person themselves could not claim for themselves if they lack sufficient mental capacity. This problem will largely be rectified by the Health and Social Care Bill when it becomes law in 2009.

Mr Mills explained there was also a complex situation for young people placed in Kent by other local authorities. Once they reached 18, if they chose to stay in Kent, Kent would take on the considerable cost of a large number of young people choosing to stay in the county and access its services.

Recommendation 12 - That KCC, through Kent Supported Employment and its partners, explore the potential of a programme to assist with transition planning in schools and elsewhere.

Members noted excellent progress made against this recommendation and noted that the Job Action Group had been established since the Select Committee had completed its work.

2. Next Steps

(1) The Democratic Services Officer explained that the Overview and Scrutiny Team's established monitoring process prescribed the 'one-year-on' meeting to review progress on recommendations, but that the Select Committee was free to decide how it wished to move forward thereafter.

(2) It was RESOLVED that:-

- (a) the Committee express its pleasure with the overall progress made, and that thanks be conveyed to the officers and all those who had contributed to the achievements which had been made in the 12 months since the Select Committee report had been published;

- (b) it be noted that KASS and CFE had worked closely to achieve the good progress outlined in the report;
- (c) the Committee need not meet again but would see updates on progress on the few outstanding threads via the Adult Social Services POC and the Children, Families and Education POC so it could address the monitoring issues highlighted above; and
- (d) these Minutes be submitted to both Adult Social Services POC and Children, Families and Education POC so both Committees can be made aware of the progress achieved and the work ongoing.

By: Oliver Mills, Managing Director, Kent Adult Social Services

To: Select Committee: Transitional Arrangements – 23 June 2008

Subject: **Transition to a positive future – RESPONSE TO THE SELECT COMMITTEE REPORT**

Classification: Unrestricted

Summary: To advise Members of the implications of the recommendations in the Transitional Arrangements Select Committee report presented in April 2007.

To outline responses to the recommendations and update on the actions taken to date as a result of the report's recommendations.

Introduction

- (1) The Transitional Arrangements Select Committee was formed in October 2006, and reported to Council in April 2007.
- (2) The Terms of Reference for this Select Committee Topic Review were, for young disabled people and those with a learning difficulty, (including those In Care), in making the transition to adult life and services, to:-
 - identify where KCC (through partnership working) could develop or enhance transition policy to improve the experience of transition;
 - incorporate the views of a number of young people aged 14-25 and their parents/carers;
 - consider ways of promoting independence and inclusion in community life for these young people; and
 - make recommendations that will ensure a more seamless transition to adult life and services and contribute to strategic corporate objectives especially those embodied in 'Towards 2010', target 55.
- (3) The Transitional Arrangements Select Committee Report made a total of 12 recommendations for further action. Please see Appendix 1 for the details of these recommendations and the Officer response.
- (4) The Committee received evidence from a wide range of stakeholders, including young people, parents and carers, Parent and Disability Organisations, professionals from special schools, Health, Connexions, Learning Skills Council, academia, other local authorities, as well as both

frontline and senior officers from Kent Adult Social Services and from Children, Families and Education. A full list of witnesses, who attended Select Committee hearings, visits made and written evidence received is shown in Appendix One and Two of the Select Committee report.

- There were a number of reasons for establishing this Select Committee. Primarily it was in response to concerns that some young disabled people, including those with learning difficulties, were having poor or unplanned transitions and that there was a variation across the county. This was coupled with the knowledge that local organisational change in line with national policy developments presented an opportunity for a fresh look at the topic. This Select Committee report will assist Kent County Council (KCC) and partners in improving the lives of young people.

Recommendation


Members are asked to note and comment on the response to the recommendations by officers.

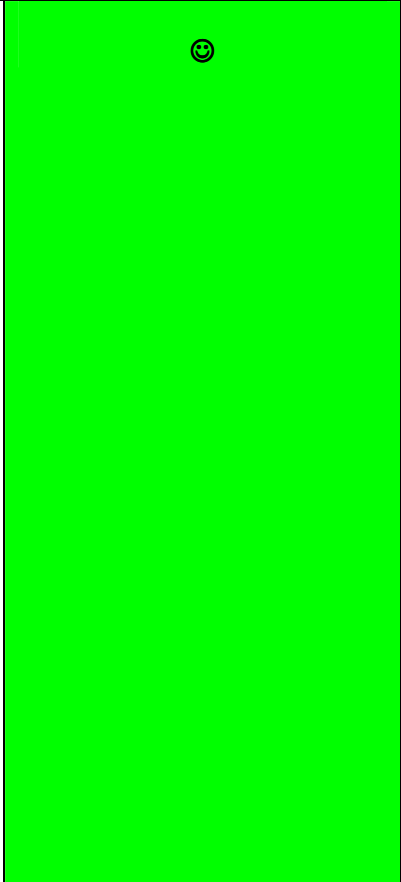
Michael Thomas-Sam
Head of Policy and Service Development
01622 694843

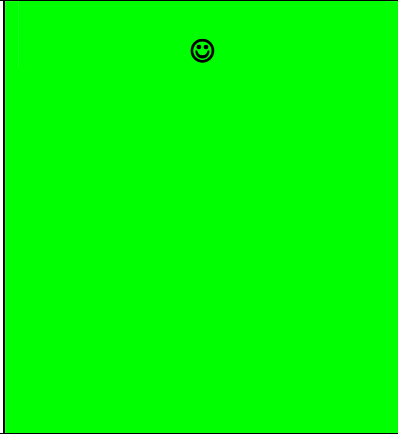
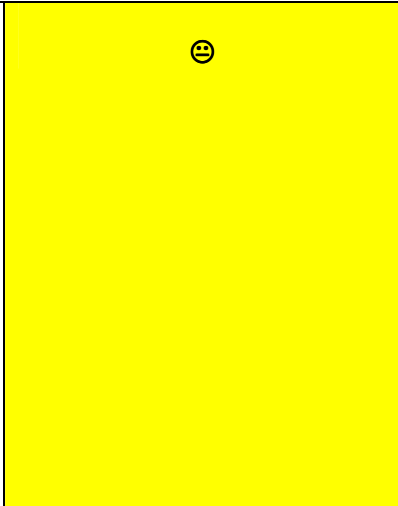
Joanna Wainwright
Director of Commissioning
01622 696595



Background Documents:

Summary of progress towards each Select Committee Recommendation

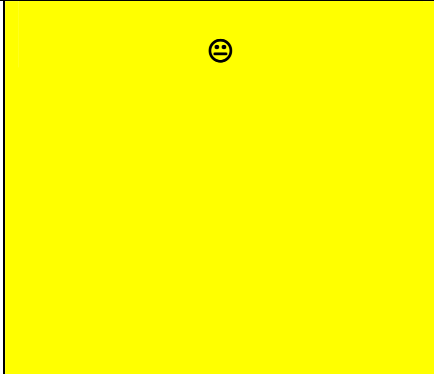
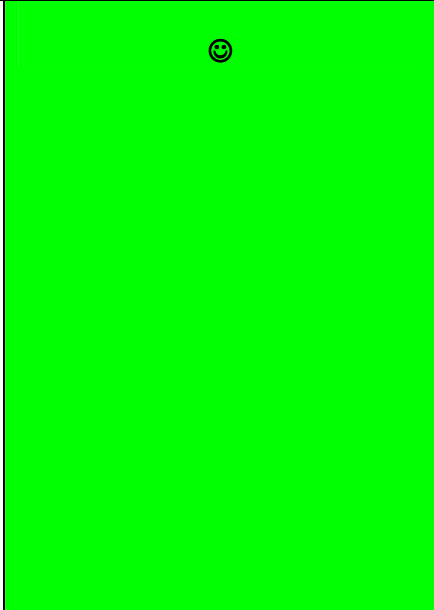
Significant highlights	Progress to date	Status
Recommendation 1:		
<p>That KCC work with all providers to increase the availability and choice of leisure facilities for young disabled people and promote and publicise 'taster sessions' to encourage participation</p>	<p>KCC is one of only 21 local authorities to have gained Pathfinder Status. CFE has been given an additional £15m over 3 years by central government to increase access to short breaks. Part of the plan for this is to increase the access to leisure activities for disabled youngsters, including those who currently may not be eligible for support.</p> <p>There is a lot of work going on via local Learning Disability groups and the Kent Partnership Board as well as across directorates and with district councils.</p> <p>For example, KASS services in Thanet have built links with the District Council's Sports Development Officer and with local schools. This had led to greater use of mainstream facilities by people with disabilities.</p> <p>Similarly, the Dartford's Local District Partnership Board has successfully engaged with the management of Bluewater to improve the disability awareness of the staff. Following this, Bluewater is now investigating installing a Changing Place. This will enable profoundly disabled people and their families to access the shops and facilities more easily.</p>	

Recommendation 2:		
<p>That KCC and schools promote a variety of initiatives to raise disability awareness among peers of young disabled people in mainstream schools and the wider community</p>	<p>The Kent Children’s Trust is considering whether to sign up to the Charter proposed under ‘Every Disabled Child Matters’ and is likely to decide on this by the autumn.</p> <p>However, this recommendation is not specific to transition and the responsibility to promote awareness is wider than schools. As part of wider policy agendas, KCC works with, or part funds, various disability and carers’ organisations, such as Partnership with Parents, Parents’ Consortium, and Centre for Independent Living Kent. These organisations have a role, and a track record, in raising disability awareness across the county.</p> <p>A specific example is the “Community for All” project in Sevenoaks. Members of the project include individuals, organisations and businesses such as shops. Members are committed to disability access and display a sticker that signifies that they are disability-friendly. In addition to increasing the confidence of some people with disabilities to access facilities, some shops are saying that it has increased their business.</p>	

Recommendation 3:		
<p>That the Cabinet Members of CFE and KASS are made aware of the Hampshire transition documents and protocols, particularly the new Transition Handbook and Multi-agency guide, with a view to working towards a similar scheme for Kent.</p>	<p>Kent's Protocols are now complete. They were informed by best practice from other authorities and developed in partnership with many of the stakeholders who gave evidence to the Select Committee.</p> <p>They have been through extensive consultation with the agencies concerned, as well as with young disabled people and their parents/carers. The Protocols have been edited to achieve the Plain English logo.</p> <p>The Protocols will be signed off by the Children's Trust Board this summer and will be in place by the start of the autumn. There will be a formal launch by The Leader of the County Council on the 6th November 2008.</p>	
Recommendation 4:		
<p>That KCC should evaluate the capacity of current data systems to enable strategic monitoring of transition plans.</p>	<p>The focus has not been upon a technical 'fix' but upon putting a tracking system in place that ensures that no young people fall through the cracks. It is believed that this has been achieved. All agencies have agreed a minimum set of data that, with parental consent, will be shared across agencies.</p> <p>Specifically within CFE, there have, however, been changes to technical systems. With the introduction of Integrated Children's System (ICS) there is now a single system that has key details available to both education and social care staff. This will improve the flow of information about individual young people as well as enabling more strategic monitoring.</p>	

Recommendation 5:		
<p>That the Transition Task Group investigate the potential for the increased use of Trans – Active in Kent schools, colleges and other settings.</p>	<p>Trans-Active is only one of several models and is not generally agreed to be the best. There is a view that Kent should not commit to one model and that it might be better to agree the principle objectives and allow 'settings' to achieve them in their own way.</p> <p>For example, a model that has been quoted nationally is the work undertaken at Valence School, Sevenoaks. Person Centred Plans have been used to form the basis of the statutory Transition Plans. This has been very well received by people involved, particularly the young people who have driven the process.</p>	
Recommendation 6:		
<p>That KCC should identify the source and type of advocacy available for parents and young people to facilitate better transition planning and make provisions to meet any gaps in service.</p>	<p>Partnership with Parents already provides independent advice/representation for parents. This has been identified as 'very good' in the recent Joint Area Review.</p> <p>Through the work of the 2010 Transition Executive and the Kent Partnership Board, work is being undertaken to identify and train peer mentors to provide independent representation for young people in transition. Young people are being identified through local learning disability (LD) groups.</p> <p>In addition, KASS has let a contract for a county-wide Advocacy Scheme for adults with LD. It might be possible for advocacy to be spot-purchased from this scheme for young people who require it.</p>	

Recommendation 7:		
<p>To ensure that CFE and KASS commissioning strategies are co-ordinated, including use of jointly resourced budgets where appropriate, to provide a more graduated and consistent approach to service provision for young disabled people in transition from childhood to adulthood.</p> <p>Such strategies should incorporate Transition Worker roles or demonstrate clearly alternative means of providing similar support.</p>	<p>This is a longer-term aim. However, Kent's Protocols require KASS to become involved in planning for children with complex needs at an earlier stage. This should promote a more consistent and co-ordinated approach. It also includes an advisory role for CFE staff beyond 18, to ensure consistency of support.</p> <p>Kent's transition strategy does not include dedicated transition workers at this point because the local authority is required to introduce the role of a Lead Professional for children.</p> <p>The need for transition workers is currently under review in both KASS and CFE. Work is being undertaken to produce an "Invest to Save" business case for the development of this role.</p>	☹️
Recommendation 8:		
<p>That the MDs of KASS and CFE must ensure that information about transition and KASS is available in a range of accessible formats and is brought to the attention of young disabled people and their parents in advance of meetings to enable them to participate in transition planning</p>	<p>The Protocols include a section that provides information for families and also includes an 'Easy Read' version for some people with learning disabilities. They also specify the minimum standard for the provision of local information and leaflets.</p> <p>Specific local guides on Transition and support networks and services are being developed or updated. This is being undertaken by KCC staff at a district level. The provision of more locally specific information is felt by young people and their families to be more helpful.</p> <p>For example, the Transition Guide for Thanet has been co-ordinated by KASS staff but has been closely guided by the suggestions of stakeholders, particularly young people and carers.</p>	☹️

Recommendation 9:		
<p>That KCC, Connexions and partners identify how to use available resources more effectively to benefit young disabled people in transition.</p>	<p>KCC now directly commissions Connexions and will be in a position to monitor Connexions' performance in relation to transition. With recently proposed changes to the funding of the Learning Skills Council, KCC is likely to have increasing influence on their resource as well.</p> <p>It is expected that Kent's Protocols will lead to a more effective use of all agencies' resources.</p>	
Recommendation 10:		
<p>That individuals identified as Lead Professionals for young people in transition to adulthood have the capacity to undertake the function and are provided by KCC and partners with training and support.</p>	<p>The Lead Professional role is being rolled out between April –September 2008. The requirements of the Transition Protocol have been included in the guidance relating to Lead Professionals.</p>	

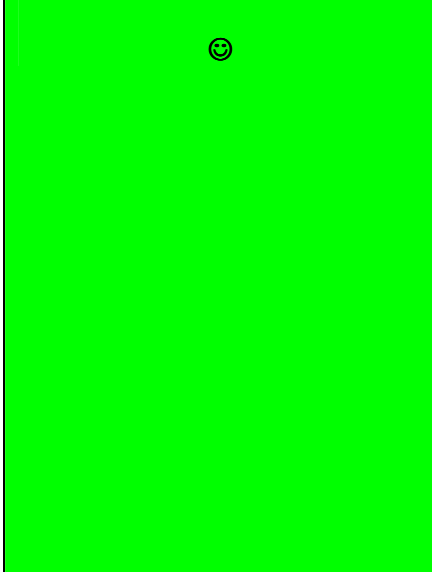
Recommendation 11:

That KCC, schools and other partners promote the use of Direct Payments by young people whose social care needs will extend into adulthood, by raising awareness and understanding of DP among CFE staff and ensuring that DP are discussed (with the involvement of a peer-mentor or DP support worker/advisor where possible) as part of the transition planning from Year 9 onwards.




Direct Payments are not specific to transition. However, DPs are addressed in the Protocol. Work is being undertaken by partnership organisations to raise awareness and the DP Team at Parents' Consortium has been expanded. As part of the Aiming Higher Pathfinder Programme even more staff will be recruited and support given to expand the availability of Personal Assistants. This will further increase the take up of DPs.

Work is also being undertaken between KASS and CFE to ensure that when people transfer to the Adults DP Support Scheme, the transition is as smooth as possible. There are still some legislative barriers to a smooth transition for some people. These should be addressed in the forthcoming Health and Social Care Bill and work is already being undertaken to ensure that as soon as the Bill is passed we can implement the benefits



Recommendation 12:		
<p>That KCC, through Kent Supported Employment and its partners, explore the potential of a programme to assist with transition planning in schools and elsewhere.</p>	<p>Kent, along with Medway and South East Transition to Adults Group, has been chosen by the Department of Work & Pensions to become a demonstrator project for "Getting a Life". This will help young people with disabilities to achieve their employment aspirations. Kent supported Employment (KSE) is leading the project in Kent.</p> <p>A specific example of this is St Nicholas at Canterbury College. The Select Committee identified the development of specialist provision in the mainstream FE college as a good example. This has now been built on with £80k additional funding from the LSC to enhance the employment outcomes of their students. KSE has been involved in supporting taking this forward.</p> <p>In addition, the Job Action Group is working to increase employment opportunities for people with LD.</p>	

STATUS

- Key:
-  = Complete/advanced progress
 -  = Some good progress although more to do
 -  = Little/no significant progress yet/high risk (therefore high priority next steps)