



## **AGENDA**

## **CABINET**

**Monday, 15th January, 2007, at 10.00 am**      Ask for:      **Karen Mannering /  
Geoff Mills**  
**Darent Room, Sessions House, County Hall, Maidstone**      Telephone      **(01622) 694367/  
694289**

*Tea/Coffee will be available 15 minutes before the meeting.*

### **UNRESTRICTED ITEMS**

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

1. Minutes of the Meeting held on 4 December 2006 (Pages 1 - 6)
2. Revenue & Capital Budget Monitoring Exception Report (Pages 7 - 12)
3. Better Homes: Active Lives - Kent Housing PFI (Pages 13 - 34)
4. Commission for Social Care Inspection - Annual Performance Review Report for Adult Social Care (Pages 35 - 90)
5. Child and Adolescent Mental Health Services Joint Commissioning Strategy (Pages 91 - 94)
6. Cabinet Scrutiny and Policy Overview (Pages 95 - 98)
7. Other items which the Chairman decides are relevant or urgent

### **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 Gilroy  
Chief Executive  
Friday, 5 January 2007**

*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.*

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**KENT COUNTY COUNCIL****CABINET**

MINUTES of a meeting of the Cabinet held at Sessions House, County Hall, Maidstone on Monday, 4 December 2006.

PRESENT: Mr P B Carter (Chairman), Mr N J D Chard, Mr K A Ferrin, Mr G K Gibbens, Mr P M Hill, Mr A J King; Mr K G Lynes, Dr T R Robinson and Mr J D Simmonds.

OFFICERS: Mr P Gilroy, Chief Executive, Mr G Badman, Managing Director for Children, Families and Education; Miss A Honey, Managing Director, Communities, Mr O Mills, Managing Director for Adult Services; Ms L McMullan, Director of Finance; Miss M Peachey, Director of Public Health and Mr P Raine, Managing Director for Regeneration and Environment.

**UNRESTRICTED ITEMS****1. Minutes of the Meeting held on 16 October 2006**

The Minutes of the meeting held on 16 October 2006 were agreed as a true record.

**2. Revenue and Capital Budgets - Key Activity and Risk Monitoring**

*(Item 2 – Report by Mr Nick Chard, Cabinet Member for Finance, Lynda McMullan, Director of Finance and Managing Directors)*

- (1) Mr Chard said that the KCC had received from the Audit Commission the maximum “four” rating for its use of resources and financial management. KCC was one of only three Councils to be awarded a ‘four’ which is the highest rating.
- (2) Mr Chard highlighted the main areas of movement in the Revenue Budget since the report to Cabinet last month. There still remained a significant revenue pressure within the Adult Services budget but strong management action was beginning to take effect. The position on Asylum remained uncertain as new grant rules for 2006/07 had still not been issued. The position regarding Asylum payments for 2005/06 remained unresolved and negotiations continued with the DfES and the Home Office.
- (3) Mr Lynes placed on record his congratulations to Kent Adult Services which had been awarded a “3 star rating” from the Commission for Social Care Inspection. KCC is only one of four of England’s 150 local authorities to have been awarded a ‘3’ star rating every year since the inspection system began.
- (4) Following discussion, Cabinet placed on record its congratulations to the Corporate Finance Unit and Kent Adult Services for their achievements and noted the latest Revenue and Capital Budget position for 2005/06.

**3. Budget 2007/08 and Medium Term Plan 2007/08 to 2009/10: Update on Provisional Local Government Settlement and Associated Matters.**

*(Item 3 – Report by Mr Nick Chard, Cabinet Member for Finance and Lynda McMullan, Director of Finance)*

- (1) The Chairman declared consideration of this item to be urgent on the grounds that it contained information provided by the Government on the Provisional Local Government

Settlement, which was not available at the time the agenda for this meeting was despatched.

(2) Mr Chard said that being a "floor" funded authority, Kent County Council did not benefit from the "supported borrowing" it received from Government. The net effect of the settlement therefore was that when inflation was factored in the grant increase in real terms was equivalent to a 5% cut. Mr Chard also spoke about a number of uncertainties related to the Dedicated Schools Grant and said that the overall impact of a number of changes had meant that the expected head room that the authority had, may well become negative. Mr Chard also said that it was disappointing to note that the publication of the report of the Lyons Inquiry had been delayed.

(3) Mr Carter spoke about the pressures placed on South East authorities as a result of Government policy to move more resources to authorities in the North.

(4) Following further detailed discussion, Cabinet agreed:-

- (i) to note the details of the provisional local government finance settlement, that it is unchanged from the pre-numbered figures of last year and consequently fails to address a number of concerns Kent had with the settlement;
- (ii) to note that the capital directions for all portfolios are awaited;
- (iii) to note that in line with the Constitution, a draft budget for 2007/08 would be published on 22 January 2007;
- (iv) the draft budget would be subject to the Cabinet Scrutiny process and the views of the Policy Overview Committees would be sought before presentation to Cabinet on 8 February 2007. At that time Cabinet would be able to take into account the final Government Grant Settlement and district council tax base information, in making a recommendation to the County Council on the budget and Council Tax on 22 February 2007;
- (v) to note the issues relating to the uncertainty as to the quantum of Dedicated Schools Grant;
- (vi) to note the developments with regard to the Lyons Inquiry and the likely delay in wider publication.

#### **4. Kent Joint Municipal Waste Management Strategy**

*(Item 4 – Report by Mr Keith Ferrin, Cabinet Member for Environment, Transport and Waste and Mr Pete Raine, Managing Director for Environment and Regeneration)*

(1) The aim of the Kent Joint Municipal Waste Management Strategy is to provide direction for the management of Kent's municipal waste for the next 20 years. The Strategy had been developed on behalf of the Kent Waste Forum, which included representatives from all the local authorities in Kent. The strategy does not cover the Medway area.

(2) Cabinet supported the Final Draft of the Strategy for approval at the meeting of the County Council on 14 December 2006.

**5. Kent Highway Services – A 21<sup>st</sup> Century Service**

*(Item 5 – Report by Mr Keith Ferrin, Cabinet Member for Environment, Transport and Waste and Mr Pete Raine, Managing Director for Environment and Regeneration)*

See Record of Decision on pages 5 – 6.

**6. Results of Annual Performance Assessment of Children's Services for 2005/06**

*(Item 6 – Report by Mr John Simmonds, Cabinet Member for Education and School Improvement, Dr Tony Robinson, Cabinet Member for Children and Family Services and Mr Graham Badman, Strategic Director, Education and Libraries)*

(1) This report summarised the outcomes of the 2005/06 Annual Performance of Children's Services undertaken by OfSTED and the Commission for Social Care Inspection.

(2) Mr Simmonds said that the report showed that almost all the children services provided by KCC could demonstrate how they were improving the achievement and wellbeing of children and young people. The weaknesses identified in last year's assessment had been addressed and this had led to improvements against a number of key indicators. The assessment letter said that the Council's Children and Young People's Plan had been well constructed and demonstrated that the Council had a clear and accurate view of its own strength and weaknesses. Mr Simmonds paid tribute to staff, particularly as the inspection had come about at the same time as the Directorate had been undergoing structural changes. Dr Robinson said the letter highlighted the areas to be included in a future Area Performance Assessment and the County Council would be focusing on these over the coming months.

(3) Mr Badman also paid tribute to staff, including all those who worked in schools. Whilst the report was extremely satisfying, it did comment on the need to raise improvements in Key Stage 2 results and the services for Looked After Children. He was confident that the strategies that the County Council had in place would address these by the time the next APA took place.

(4) Cabinet noted the contents of the report and placed on record its congratulations to all staff for the part they played in achieving such an excellent report.

**7. Tackling Obesity – NHS Overview and Scrutiny Committee – Joint Select Committee**

*(Item 7 – Report of the Select Committee with a covering report by Mr Graham Gibbens, Cabinet Member for Public Health) (Mr Mark Fittock, Chairman of the Select Committee together with Mr Alan Chell, and Councillor Mrs Collins (Gravesham Borough Council) were present for this item)*

(1) Mr Fittock placed on record his thanks to all Members of the Select Committee including those Members from District Councils and other partner organisations. He said that whilst the Select Committee had found that in Kent there are many areas of good practice, there was still much that needed to be done. The actions for the way forward were reflected in the recommendations, all of which had been agreed by the Select Committee. He said obesity was a matter which needed to be addressed on a number of fronts and KCC needed to do as much as it could to tackle the problems both in its leadership role and as an employer. Mr Fittock also placed on record his thanks to Mr David Turner who had supported the Select Committee in his role as Research Officer. This was endorsed by Mr Chell. Mr Chell said that increases in the rates of obesity were building future problems for the NHS. The Select Committee had therefore put forward recommendations on a number of issues which it was believed would go some way in

reducing levels of obesity. Councillor Collins said that she had welcomed the involvement of the district councils and other partners in the work of the Select Committee and said that she hoped sufficient funding would be available in order for the Select Committee's recommendations to be implemented in full.

(2) Mr Carter said that he welcomed the report and the involvement of the district councils and other partners. He said KCC took the health agenda seriously and much of what the Select Committee was saying had important links to the County Council's "Towards 2010" document. It was essential to develop the right health and lifestyle initiatives and strategies and to get these messages across in ways which were relevant and meaningful to people's lives. Mr Gibbens paid thanks to the work of the Select Committee and its partners and said that obesity was a major issue, not only in Kent but across the rest of the UK and western Europe.

(3) Following further discussion Cabinet:-

- (a) placed on record its thanks to the Joint Select Committee for producing a relevant and balanced document;
- (b) thanked the witnesses and others who provided evidence and made valuable contributions to the work of the Select Committee; and
- (c) supported the findings of the report and its recommendations.

## 8. Cabinet Scrutiny and Policy Overview Committees

*(Item 8 – Report by Mr Peter Gilroy, Chief Executive)*

(1) This report provided a summary of outcomes and progress on matters arising from the meeting of the Cabinet Scrutiny Committee held on 25 October 2006. The report also detailed the overall work programme for Select Committee Topic Reviews as agreed by the Policy Overview Committee.

Chairman .....

Date .. 15/1/07 .....

## KENT COUNTY COUNCIL - RECORD OF A RECONSIDERED DECISION

**DECISION TAKEN BY CABINET ON MONDAY 4 DECEMBER 2006 (following Reference back by the Cabinet Scrutiny Committee)**

**Kent Highway Services – A 21<sup>st</sup> Century Service**

**DECISION NO.**

**06/00898**

### **Decision (taken at Cabinet on 16 October 2006)**

Cabinet:-

- (a) agreed the County Council should not proceed with the acquisition and development of a site at a Whitfield and agreed that Kent Highway Services continue to deliver the operational service from two divisions based in super depots / offices at Wrotham and Ashford – subject to planning permission – and three satellite depots;
- (b) noted that as a result of not proceeding with Whitfield there would now be an unallocated budget and agreed this should be used to invest in a technology programme;
- (c) agreed that as a result of the investment in technology, and economies of scale arising from reducing to two divisional offices, KHS should be restructured to create staff efficiencies; and
- (d) the Managing Director for Environment and Regeneration be given delegated authority in consultation with the Cabinet Member for Environment, Highways and Waste to take forward and implement the management actions arising from these decisions.

The reasons for this decision are set out above and in the Cabinet report.

### **Reasons for Reference back by Cabinet Scrutiny Committee or County Council**

At its meeting on 26 October 2006 the Cabinet Scrutiny Committee RESOLVED that:-

- (a) Mr Ferrin, Mr Raine and Mr Harrison-Mee be thanked for attending the meeting and answering Members' questions;
- (b) concern be expressed to the Cabinet Member for Environment, Highways and Waste at the lack of consultation with the wider KCC membership, District Councils and other partners about the further changes to the KHS structure proposed in the Cabinet report;
- (c) implementation of the decision be postponed pending reconsideration of the matter by

Cabinet on the grounds that that the report to Cabinet on 16 October did not contain sufficient information on which the decision could safely be based. Cabinet's reconsideration should be on the basis of a much more detailed report, which should include the following:-

- (i) consideration of the central HQ option for KHS (one of the two options recommended by external consultants in 2004);
- (ii) a detailed financial breakdown of capital and revenue costs (including IT costs and any additional costs to contractors which they might pass on to KCC) allowing a proper comparison to be made between the three-depot option, the two-depot option, and the Central Office option;
- (iii) a full risk assessment of the option recommended to Cabinet for approval in the new report;
- (iv) a full environmental impact assessment of the option recommended to Cabinet for approval in the new report.

#### **Decision taken by Cabinet at its meeting on 4 December 2007**

Cabinet at its meeting on 4 December 2006 had before it a comprehensive report which covered the concerns expressed by the Cabinet Scrutiny Committee.

Following detailed discussion Mr N J Chard proposed and Mr K A Ferrin seconded that the report, be agreed as follows:-

- (a) that Kent Highway Services should operate from two divisions (these being based at Ashford and Wrotham as per the decision taken by Cabinet at its meeting on 16 October 2006) ; and
- (b) that it be noted that the sites of these two depots were now owned by KCC and would be available for occupation in early 2008 (subject to planning permission). This new accommodation proposal would free up the capital funding to reinvest in the service to fund new technology to drive efficiencies, reduce annual overhead costs and improve customer satisfaction. And therefore all the decisions taken on these matters by Cabinet at its meeting on 16 October 2006 be re-affirmed.

Carried unanimously



.....  
signed (Chief Executive)

date 11 December 2006



To: CABINET – 15 January 2007

By: Nick Chard, Cabinet Member – Finance  
Lynda McMullan, Director of Finance

## REVENUE & CAPITAL BUDGET MONITORING EXCEPTION REPORT

### 1. Introduction

The second full quarterly monitoring report for 2006-07 was presented to Cabinet in December. This exception report, based upon returns from directorates, highlights the main movements since that report. There remain significant revenue budget pressures within the directorates that will need to be managed during the year if we are to have a balanced revenue position by year end. The position reported below includes a significant amount of management action which is expected to be achieved by year end. Further management action is currently being put in place within the Chief Executives directorate, which is expected to reduce their forecast further.

The current underlying pressure by directorate, compared with the position reported last month, is as follows:

#### REVENUE

	This month £m	Last month £m	Movement £m
Children, Families & Education	-0.586	-0.586	-
Asylum	+2.650	+2.300	+0.350
Adult Services *	+1.253	+1.254	-0.001
Environment & Regeneration	+0.120	+0.060	+0.060
Communities	+0.517	-	+0.517
Chief Executives	+0.912	+1.635	-0.723
Financing Items	-0.700	-0.700	-
	+4.166	+3.963	+0.203
Schools	-2.207	-2.207	-
	+1.959	+1.756	+0.203
Dedicated Schools Grant	+2.432	+2.432	-
	+4.391	+4.188	+0.203

\* Within Adult Services the impact of management action to date has reduced the forecast pressure from £4.42m to £3.9m since last month. Further assumed management action of £2.647m is expected to be achieved by year end to get to the £1.253m pressure reflected in this report.

#### CAPITAL

	This month £m	Last month £m	Movement £m
Children, Families & Education	-29.350	-8.511	-20.839
Adult Services	-2.054	-1.626	-0.428
Environment & Regeneration	-34.355	-29.383	-4.972
Communities	-6.636	-4.693	-1.943
Chief Executives	-1.564	-0.485	-1.079
	-73.959	-44.698	-29.261
Adult Services PFI Housing	-6.900	-6.900	-
	-80.859	-51.598	-29.261

### 2. 2006-07 REVENUE MONITORING POSITION BY DIRECTORATE

#### 2.1 Children, Families & Education Directorate

The one main area that has changed since the detailed monitoring report submitted in November is Asylum. The increase in applications for asylum reported in the last month's monitoring has continued and does not appear to be a one-off. The service is currently staffed to deal with about 20 referrals a month, but they are having to deal with actual numbers of 50 plus for October and November (with similar numbers looking likely for December), which will result in increased costs. These costs will not be offset fully by Government grant and will increase the shortfall on the Asylum budget. Finance staff within Asylum are revising the forecasts for the remainder of the year and are working on the likely impact that this will have. The report which was attached to the quarter 2 monitoring report on Asylum indicated that if the increase in applications continued at the same rate for the rest of the financial year, this would equate to a £0.350m increase in the forecast and this will be confirmed shortly. However, this £0.350m estimate has been included in the forecast in this report until the work within the Asylum team is complete and a more robust forecast is available.

Negotiations with the DfES on the Special Circumstances bid have not come to a satisfactory conclusion. Following the joint meeting between the LGA and London Councils, the Minister announced a small increase in total grant available but this does not cover Local Authority costs. The LGA in conjunction with Local Authorities is pressing for further negotiations.

The CFE Director of Finance and Corporate Resources is developing a strategy to deal with this increase in activity, and using the work that Mary Blanche and David Godfrey have carried out for the Chief Executive to support further lobbying.

## **2.2 Adult Services Directorate:**

The forecast pressure on the Adult Services budget has reduced by £0.520m since last month, leaving a forecast pressure of £3.9m with assumed management action of £2.674m being achievable in order to reach the forecast position of £1.253m by year end. The main movements are:

- 2.2.1 Older Persons -£0.154m – an increase in the underspend from £2.317m to £2.471m which is broadly in line with the management actions around reductions in residential placements and domiciliary care.
- 2.2.2 Learning Disability -£0.071m – a reduction in the pressure from £5.321m to £5.250m mainly due to the net reduction of 4 residential placements.
- 2.2.3 Assessment & Related -£0.050m – an increase in the underspend from £0.975m to £1.025m which relates to further slippage on recruitment.
- 2.2.4 Mental Health +£0.091m – an increase in the pressure from £0.370m to £0.461m mainly due to high cost residential placements that have had to be made, and also the reduction of income from housing associations in respect of supporting people contracts that have ended.
- 2.2.5 Other Services -£0.332m – an increase in the underspend from £0.446m to £0.778m. This confirms the reality of the management actions we reported in the December Cabinet report in respect of support services. Until managers had confirmation of their cash limits following the disaggregation of budgets arising from the reorganisation, and the moving from 3 geographical areas to 2, it was not prudent of them to forecast any underspend. As in previous years, managed vacancies and the delay of non-urgent spend on these services will assist the Directorate in off-setting client related pressures.
- 2.2.6 In addition there has been a marginal reduction in the pressure within Specialist Services from £0.528m to £0.524m, whilst the pressure on Physical Disability services has remained static at £1.939m.
- 2.2.7 Management Action – the Directorate is still working towards achieving its management action plan, which should enable us to reach the forecast position of £1.253m. It should be noted however that if all the management action is achieved and the Directorate's outturn variance is +£1.253m, a number of one-off savings have been made which currently amount to £2.492m, which will not be sustainable in subsequent years.

## **2.3 Environment & Regeneration Directorate:**

The net pressure within the directorate has increased slightly to £0.120m, which is mainly as a result of increased emergency expenditure incurred due to road and drainage collapses. Where appropriate it is agreed that costs are recovered from third parties. These emergency costs now

total £0.450m but, consistent with previous practice, it is intended that this will be met from the Emergency Reserve. This will leave the directorate with an underlying underspend of £0.330m which it is intended will be requested to roll forward for Waste (£0.250m) and Public Transport (£0.080m).

## **2.4 Communities Directorate:**

The £1m overspending on Adult Education continues to be offset by underspending of:

- £0.5m loan from the Finance portfolio, to be repaid in 2007-08
- £0.3m within Community Safety following a review of commitments
- £0.1m on the Turner contemporary budget as a result of staff vacancies, closure of the Maidstone office and reduced expenditure on the Artistic budget
- £0.1m within the Policy Unit due to savings on vacancies.

Also reported this month is £0.517m of residual expenditure on the original Turner Contemporary scheme that needs to be charged to the revenue account. This mainly arises from the final settlement with the contractor. A case is being put together to see if the authority can seek damages from the original architect and design consultants to recover a substantial amount of the costs associated with the aborted scheme.

## **2.5 Chief Executives Directorate:**

The forecast pressure has reduced by £0.723m to £0.912m this month, which is mainly due to:

- Property -£0.573m. There is a very high probability that the cost of the Police HQ roof will be covered by Insurance (-£0.400m); a vacancy freeze and a freeze on planned maintenance (-£0.173m).
- Corporate Communications -£0.080m due to increased income and a reduction in the estimated costs of publications.
- There have also been smaller reductions in the forecasts for Payroll and the Home Computing Initiative this month.

Of the £0.912m current forecast pressure, £0.716m in respect of the Home Computing Initiative and Kent Works is proposed to roll forward to be met from earmarked resources in 2007-08. This leaves a residual pressure of £0.196m of which £0.150m relates to Kent Works, who have been tasked with identifying management action to address this and also Property are still in negotiations with service directorates regarding funding for the increase in energy costs. The directorate expect to manage this residual pressure by year end.

## **3. 2006-07 CAPITAL MONITORING POSITION BY DIRECTORATE**

### **3.1 Children, Families & Education Directorate:**

The forecast for the directorate has moved by -£20.839m this month to -£29.350m (Education & School Improvement portfolio -£28.111m and Children & Family Services portfolio -£1.239m). The main changes are detailed below.

#### **3.1.1 Education & School Improvement portfolio:**

This month's movement within the Education & School Improvement portfolio is a reduction in spend of £20.394m within 2006-07, but there are increased costs of £1.107m across all years of the capital programme.

#### **The main changes in 2006/07 are:**

- -£6.712m Children's Centres (Phase 2): due to the time needed to establish where both the Children's Centres & Extended School projects are to be located there has been a need to re-phase a large part of the Surestart grant into 2007-08.
- -£4.350m Development Opportunities 2005-06 (Tonbridge Grammar Girls): due to prolonged delays in securing Schedule 22 approval (sale of playing fields).
- -£4.094m Development Opportunities 2006-07:
  - -£3.094m Folkestone School for Girls due to delays following difficulties in securing residential development approval from Shepway District Council.

- -£1.000m Axton chase due to delays pending a decision on whether the school will become an Academy.
- -£2.600m Basic Need 2004-05 (Tovil Primary School (Archbishop Courteney PS)): the project has been delayed whilst awaiting the results of the Compulsory Purchase Order for the proposed site.
- -£0.959m Basic Need 2006-07 (The North School Ashford): as a result of re-phasing provided by the PFI Property Team.
- -£0.702m Modernisation Programme 2004/05/06: The main changes are:
  - -£0.186m Crockenhill PS – the project is on hold pending a potential larger project, which if agreed will be included in the 2008-10 Modernisation Programme.
  - -£0.489m Temple Ewell CEP – this project was to be funded from an enabling development which has not been successful. If this project is to proceed, the project will form part of the 2008-10 Modernisation Programme.
- -£0.618m Site Acquisitions 2005-06: the previous arrangement with regard to the land swap deal relating to the project at Clarendon House has been changed following legal advice. We will now be paying for the site at the completion of the project (estimated in 2007-08) rather than at the start.
- -£0.495m Special Schools Review: As mentioned in the quarter 2 monitoring report to Cabinet, the phasing of this project has now been reviewed and re-phased in order to limit the adverse impact on the borrowing costs as a result of the progress of the programmes implementation. As a result, compared to the forecast position last month, the re-phasing profile across the years is 2006-07 -£0.495m, 2007-08 -£11.368m, 2008-09 -£3.011m and +£14.874m in future years.

**The main changes across all years are:**

- +£0.228m Replacement of Catering Equipment: due to the Health & Safety need to replace heavy catering equipment in schools.
- +£0.200m Development Opportunities 2006-07: Original cash limit is insufficient to meet the demands for consultancy costs.
- +£0.194m Capital Strategy Unit: the costs of additional staffing in the Property Team to enable the delivery of the capital programme.
- +£0.141m Modernisation Programme 2006/07/08: mainly due to drainage works at St Paul's PS, Swanley.
- +£0.116m Basic Need Pre 2004-05 (Mascalls School): The contractor dispute has now been settled and the increased cost reflected.
- +£0.107m Basic Need 2007-08 (The North School Ashford): the costs have been updated from information supplied by the PFI Property Team.

The capital programme will be adjusted accordingly in future years to accommodate these increases and ensure that spend matches the available resources.

**3.1.2 Children & Family Services portfolio:**

This month's movement within the Children & Family Services portfolio is a reduction in spend of £0.445m within 2006-07, and reduced costs of £0.078m across all years of the capital programme.

**The main changes in 2006-07 are:**

- -£0.299m Improving Public Access – Lowfield Road: This was originally a 'shared' project with Adult Services but is now on hold because of redevelopments in the Dartford area. With the exception of minimal costs the project has been re-phased into 2007-08.
- -£0.171m Allsworth Court: The delay on this project has been due to insufficient monies being available to complete the project as originally intended and a decision on how to proceed has been pending. The budget will now be used to generally improve the fabric of the building.

## **The main changes across all years are:**

- +£0.750m East Kent Children's Resource Centre (Windchimes): Following approval by PAG and the Leader, the cash limit for this project has been increased by an internal virement from the Preventative Strategy budget and £750k to be funded by Capital Receipts.

### **3.2 Adult Services Directorate:**

The forecast for the directorate has moved by -£0.428m this month to -£2.054m, excluding PFI. This movement is mainly due to confirmation of the £0.4m virement from CFE directorate towards the Broadmeadow project. In addition the forecast on the Broadmeadow project has increased by a further £0.49m this month but this will be met from underspending on the Modernisation of Assets and Public Access budgets to be achieved by stopping any further commitments. The possibility of claiming some of these costs back from the contractor is currently being investigated.

### **3.3 Environment & Regeneration Directorate:**

The forecast for the directorate has moved by -£4.972m this month to -£34.355m (Environment, Highways & Waste portfolio -£18.270m and Regeneration & Supporting Independence portfolio -£16.085m). The main changes are:

#### E, H & W portfolio:

- -£0.850m of further re-phasing on the KHS co-location project into 2007-08 and 2008-09.

#### Regeneration & SI portfolio:

- -£2.700m re-phasing into 2007-08 due to delayed progress on the Folkestone Arts & Business Centre.
- -£1.000m further re-phasing of the Thamesway project due to a delayed start date. This is now due to start on site in February.
- -£0.350m further re-phasing on the Everards Link Road Phase 2, as no work will start in 2006-07 due to the poor ground condition.
- -£0.150m of re-phasing into 2007-08 on the Sittingbourne Northern Relief Road due to slower progress than anticipated.
- -£0.100m of re-phasing of the landscaping works on the A228 Leybourne/ West Malling bypass project into 2008-09.
- +£0.220m of costs brought forward from 2007-08 on the East Kent Access phase 1c project as the project is progressing faster than anticipated.

### **3.4 Communities Directorate:**

The forecast for the directorate has moved by -£1.943m this month to -£6.636m. The main changes are:

- -£1.585m Community Facilities at Edenbridge – there has been a reduction in the scale of the project by £0.250m down to the level now capable of being funded upfront by CFE. The project will eventually be funded from the residential development on the site and remains subject to achieving the necessary planning approvals. The -£1.335m balance of the reduction this month represents re-phasing into 2007-08.
- -£0.200m Ramsgate Library – re-phasing into next year due to protracted negotiations over the tender.
- -£0.198m Archives Development Costs – the Kent History Centre and Maidstone Library project has been delayed resulting in re-phasing into 2007-08.

### **3.5 Chief Executives Directorate:**

The forecast for the directorate has moved by -£1.079m this month to -£1.564m (Finance portfolio -£1.946m, Corporate Support & Health portfolio +£0.272m and Policy & Performance portfolio +£0.110m). The main changes are:

#### **3.5.1 Finance portfolio:**

- -£1.207m reduction in Commercial Services replacement of vehicles and equipment, matched by a reduced draw down from their renewals fund
- +£0.228m due to increased spend on the Oakwood House project, to be funded by directorate funded prudential borrowing which will be financed by additional income from the Lewis Wigan room extension.

3.5.2 Corporate Support & Health portfolio:

- -£0.200m following confirmation of a virement from CFE directorate towards the IT refresh programme.

3.5.3 Policy & Performance portfolio:

- +£0.110m on the refurbishment of the Brussels Office to be funded by directorate funded prudential borrowing, financed by savings from the new lease.

#### **4. RECOMMENDATIONS**

- 4.1 Cabinet Members are asked to note the latest forecast revenue and capital budget monitoring position for 2006-07.

By: Kevin Lynes, Cabinet Member for Adult Services  
Oliver Mills, Managing Director, Adult Services

To: Cabinet – 15 January 2007

Subject: BETTER HOMES: ACTIVE LIVES – KENT HOUSING PFI

Classification: Unrestricted

Summary: In 2004 a report (22/11/2004) recommending the approval of the Outline Business Case for the Better Homes Active Lives project and the progression of its procurement was approved by Cabinet.

This report updates Cabinet on the Kent Better Homes Active Lives Housing PFI project. The project is being procured in partnership with 10 District Council authorities and will result in the provision of up to 352 new homes for vulnerable people in Kent.

This report requests Cabinet to approve:

- Delegated Authority to the Managing Director for Adult Services, in consultation with the Cabinet Member for Adult Services, to approve the signing the contract documentation including the Project Agreement to enable it to become operational;
- Delegated Authority to the Managing Director for Adult Services, in consultation with the Cabinet Member for Adult Services, to approve the signing of the Back to Back Agreement to share the risks and benefits of the project with our District Council partners;
- Approval for the use of the designated sites for the project.

## 1. Introduction

- 1.1 In May 2005 Kent County Council and 10 District Council Partners received approval for an Outline Business Case for £72 million PFI credits from the Office of the Deputy Prime Minister (ODPM) now the Department for Communities and Local Government and Local Government (DCLG), to deliver the Better Homes Active Lives project – Kent's Additional Social Housing PFI.
- 1.2 The project will develop up to 352 apartments of additional social housing across Kent including 280 extra care apartments for older people, 65 supported apartments for people with learning disabilities, and seven apartments for people with mental health problems in Thanet.
- 1.3 The Project is being procured by Kent County Council on behalf of itself and 10 District Councils..
- 1.4 In order for the project to become operational the County must sign a Project Agreement with the PFI Contractor. The risks and benefits from this Agreement will then be shared with the Districts through a Back to Back Agreement. The Project is currently affordable with the capital cost being covered entirely by PFI

credits. No further contribution from the local authorities is anticipated through the contract.

- 1.5 This report presents the strategic, financial and legal context for the project and recommends that the Cabinet approves the delegation for the signature of the Project Agreement and Back to Back Agreement and to confirm permission to use the designated sites for the project.

## **2. Strategic Background**

- 2.1 In 2004 a report (22/11/2004) recommending the approval of the Outline Business Case for the project and the progression of its procurement was approved by Cabinet. The report cited the following documents as the strategic context for the project:

- the Vision for Kent theme for promoting independence and preventative social care;
- the Next Four Years target for additional sheltered housing and;
- Adult Services' strategic vision Active Lives.

- 2.2 The project will also deliver against the County's current strategic objectives to modernise adult services by providing innovative housing schemes which support people to live independently in their own homes with care delivered in a flexible way, as and when individuals need it. The project also fits with the aims of Outcome 18 of the Kent Agreement, to promote independent living for all, by increasing the numbers of vulnerable older people who will be able to live in their own homes, and reducing the numbers of vulnerable adults who have to go into residential care placements by providing appropriate new housing in which individuals can be supported to live independently.
- 2.3 Appendix 1 shows how the accommodation being delivered through the project will be distributed across the County. This is a key part of a range of care services available and residential care will itself be provided for people who need it.

## **3. Need for the Project**

### **3.1. Extra care housing for Older People – 280 new apartments**

- 3.1.1 The Better Homes Active Lives Project will develop extra care housing in Ashford, Dover, Maidstone, Shepway, Canterbury, Thanet, Dartford and Sevenoaks.

#### **3.1.2 Kent's Ageing Population**

Kent County Council is the largest local authority in the UK in terms of the population it serves. It is therefore not surprising that the proportion of Older Persons alone is enormous. For example, there are currently 237,800 retired people in the County and among the very elderly population (aged 85 and over), we have 25,500 people aged 85+.<sup>1</sup>

- 3.1.3 In proportional terms, the retired age group makes up 17.3% of the total population (nearly 2% if those aged 85 and over). In growth terms, we can expect

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<sup>1</sup> Figures from the Performance, Policy & Planning Unit, KCC Adult Services Directorate



over 6,000 additional retired people per annum over the next 10 years across the county. Over 700 of that annual increase will be very elderly (aged 85+).<sup>2</sup>

- 3.1.4 At present many older people are supported at home through domiciliary care, home adaptations and housing related support. Sometimes there comes a point where this is no longer possible as homes are unsuited to further adaptation, or because it is difficult to provide a continuing level of personal care that an individual may need. Consequently, people move into a residential care because they, or their relatives, no longer feel they are safe at home.
- 3.1.5 Extra care housing will provide specially designed homes and support enabling people to remain in local communities and will provide an alternative to institutional care. The Outline Business Case for the project showed that there is a lack of extra care housing in Kent.
- 3.1.6 The Better Homes Active Lives project will provide up to 280 self contained new apartments of extra care housing across Kent. The apartments will be designed and operated to cope with a range of dependencies including people with dementia. The schemes will include communal facilities such as a restaurant, gym and café. The schemes will have a 24 hour on site dedicated care team and all apartments will be equipped to take assistive technology (telecare and telehealth equipment).

### **3.2 Supported Housing for People with Learning Disabilities**

- 3.2.1 The Better Homes Active Lives project will also deliver housing for people with learning disabilities in Ashford, Dover, Dartford, Canterbury, Maidstone, Swale Shepway, Tonbridge & Malling and Thanet.
- 3.2.2 Kent's Learning Disability Partnership Board (representing Social Services, District Housing representatives, Health, the voluntary sector, carers' organisations, Health and users of services) has commissioned a Kent-wide Learning Disability Housing Strategy.
- 3.2.3 The Strategy highlights the fact that there is a lack of appropriate housing for people with learning disabilities in Kent. Individuals' aspirations are growing, and more people would like to live independently rather than in institutional care.
- 3.2.4 The Better Homes Active Lives project will provide small clusters of self contained single apartments for people with learning disabilities in 9 districts in Kent. Each block of apartments will include the equivalent space for one flat to be used by support staff and for group activities. The accommodation will enable individuals to choose to move on from residential provision.

### **3.3 Housing for People with Mental Health Problems in Thanet**

- 3.3.1 There is currently no appropriate accommodation for people with mental health problems in Thanet.
- 3.3.2 The East Kent Review and Redesign of Inpatient Services Project are developing 33 units of accommodation across East Kent. These units will be supported by a comprehensive range of housing related support and specialist community mental health services.

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<sup>2</sup> Figures from the Performance, Policy & Planning Unit, KCC Adult Services Directorate

3.3.3 New provision for people with mental health problems in Thanet will be provided through the Better Homes Active Lives project and will be linked to the East Kent Review and Redesign of Inpatient Services for the provision of support and care services. The new housing will be in the form of 7 one bed apartments with the equivalent space for one flat to be used by support staff or communal and community use.

#### **4. Procurement Process**

4.1 The £72 million PFI credits for the project were approved by the Treasury and ODPM (now DCLG), in May 2005. Since then the project has undergone an extensive procurement process in accordance with EU regulations and guidance from the Treasury and DCLG.

4.2 The project is directed by a Project Board which comprises of 6 Heads of Housing from District Authorities and is chaired by Caroline Highwood, Director of Resources for KCC Adult Services. RSM Robson Rhodes have advised the project on finance, Addleshaw Goddard on legal, AON on insurance and Philip Pank Partnership on technical matters.

4.3 The project was advertised in the Official Journal of the European Union in May 2005. The procurement was structured as a three stage competitive tender process to select a Preferred Bidder with whom the Project Team are currently negotiating the project.

4.4 Housing 21, a specialist Registered Social Landlord, were appointed as Preferred Bidder to the project in July 2006 following approvals from the Project Board. Before proceeding to appoint Housing 21 information from their bid was assessed by Partnerships UK on behalf of the Treasury & DCLG.

#### **5. Scope of PFI Contract**

5.1 The scope of the contract is to design, build, finance and operate the housing over a 30 year period. It is financed through the Private Finance Initiative.

5.2 To deliver the contract Housing 21 have formed a Special Purpose Vehicle – ‘Kent Community Partnership’, which will be responsible for constructing, maintaining and providing housing management for all of the assets over the course of the contract.

#### **6. Financing & Affordability**

6.1 KCC has been awarded a PFI credit of £72m from the DCLG. This credit will be paid to KCC in the form of a revenue grant. It will be paid in equal amounts each year following the date the first facility is open and available for use. PFI credits are intended to cover the costs associated with building the facilities. The majority of running costs, such as energy, communal cleaning and catering are recovered by the contractor through the Service Charges to the tenants.

6.2 This project also includes not only building the facilities but operating and maintaining the facilities and it also includes the provision of housing management. The contractor has factored inflation and the cost of borrowing to build the facilities into the financial model and the unitary charge includes this. (The Unitary Charge is the charge which is paid to the Contractor by KCC.)

The contractor will receive reimbursement for the costs of the project from the following sources:

- Rent and service charges - collected from tenants by the contractor;
- Third party income (e.g from the hire of communal facilities/gym);
- The Unitary charge to KCC.

The PFI credit will be paid quarterly in arrears. The unitary charge will be paid monthly in arrears. The affordability of the project is based on an assessment of affordability over the life of the contract. It will be necessary to establish an equalisation reserve with interest to address the timing difference of the credit and the unitary charge and to use the surplus from the credit in the beginning of the contract to fund the shortfall in later years. Any surplus in this reserve will be used as a first call on additional costs before KCC and the partners need to contribute.

RSM Robson Rhodes are the project's financial advisors and Appendix 2 is a brief report from them confirming the current affordability position of the project. Robson Rhodes are also advising on the FRS5 analysis which will confirm that the project is off-balance sheet. This will also be cleared with the Council's external auditors before the contract is signed.

- 6.3 There is provision in the contract to benchmark some of the services at five yearly intervals. These services include cleaning, catering, grounds maintenance and utilities. If the benchmarking exercise indicates that these costs need to increase, this will impact on the service charges.
- 6.4 It is intended that at the point of financial close there should be no affordability gap and the net unitary charge will be met from the PFI credit with no additional financial contribution from the partners. The indication at this stage is that this is achievable. The cost of the project may change over the negotiations in the coming months, however, the Project Board have agreed that the Project Agreement should not be signed unless, at the point of signature, the partners' contribution to the unitary charge is nil.
- 6.5 In signing the contract Kent Community Partnership will have agreed to a set of standards to which they must perform. A payment mechanism will be in place to ensure deductions are made to the unitary charge if the performance falls below the acceptable standard set out in a detailed output specification, or if the units or some of the communal areas are unavailable for use. These deductions will increase if the performance continues to fail.
- 6.6 Although the project will only be signed if there is no affordability gap there is always the possibility that additional costs will arise in future years. The risks of this have been explored so that they are well understood, and control mechanisms are in place to ensure that they are remote. However, over the life of the contract no absolute guarantee can be given that no difficulties will arise.

## **7. Land Contribution**

- 7.1 The partner authorities are providing land for the developments under the contract. Of the 13 sites being used for the project, KCC is contributing nine of the sites. The other four are being contributed by some District Councils. Most of the sites which KCC are contributing, were previously being used for the provision of residential care, which is being replaced by new extra care or learning disability housing. The new housing will promote independent living and provide an

improved service for residents and an environment in which the provision of care should be more cost effective than residential care.

- 7.2 It is proposed that land is put into the project on a 99 year lease. For the duration of the 30 year 'contract period' the land must be used for the purposes outlined in the PFI contract. During the contract period the Authorities, including KCC, have 100% nomination rights and nominations will be made from the local District Council housing list through a joint referral procedure which local housing and Adult Services officers control.
- 7.3 Following the contract period, the Contractor retains the assets and the sites for the purpose of delivering social housing. Allowing the contractor to do this has enabled the contractor to give the Authorities a reduction in the unitary charge for the project and therefore ensure that it is affordable. The Authorities retain 80% of the nomination rights to the properties for the first five years of the post contract period.
- 7.4 Those authorities that are contributing land will receive a 'peppercorn' ground rent during the 30 year contract period. For the remaining 69 years after the contract period this is raised to a peppercorn plus level of 32p per square metre (subject to inflation). The benefit of the peppercorn plus ground rent is that it secures a lower and affordable unitary charge to the Authority covered by the PFI credits.
- 7.5 The contribution of land by some of the authorities has been factored into the mechanism for sharing any costs which may arise under the Back to Back Agreement (appendix 3).

## **8. Project Agreement & Back to Back Agreement**

- 8.1 Kent County Council is procuring the contract on behalf of itself and the 10 District Councils. KCC will therefore enter into the PFI Agreement with the Contractor (Kent Community Partnership) for the provision of services over the next 30 years. The target for contract signature is the first quarter of 2007/2008.
- 8.2 Risks and benefits from the Project Agreement will be shared with the District Council partners through a Back to Back Agreement. The Back to Back Agreement will be signed with the 10 District Councils prior to KCC signing the Project Agreement and will tie the District Councils as though they had been signatories to the main PFI contract. The relationship has been carefully negotiated to provide an agreed risk sharing arrangement and through the Back to Back the costs associated with any risks that occur under the PFI Agreement will be shared between the partners.
- 8.3 Addleshaw Goddard the external legal advisors to the project, have advised the partners with regard to the Project Agreement. A report from Addleshaw Goddard and the Project Team outlining the key risks in the Project Agreement and Back to Back Agreement is included at appendix 5.
- 8.4 The Back to Back Agreement has been negotiated by partner authorities lawyers. The Back to Back Agreement covers project governance, nomination rights, risk sharing and contract management requirements for the project. It operates on a number of key principles:
- If a risk occurs under the contract as a consequence of the actions of one party, that party should be responsible for the cost;

- If a risk occurs under the contract which is the result of a choice made by all of the partners or is the fault of no partner then a mechanism should be applied to share those costs (appendix 3 & examples in appendix 4). KCC would take 25% of the cost with the remainder being shared between the District Councils;
- Any decisions under the Back to Back which may result in an increase of risk or cost to any of the partners must be taken as unanimous decisions between all the partners through the Project Board (which will have one representative per partner).

## **9. Project Governance & Project Administration**

- 9.1 The Back to Back dictates the ongoing governance arrangements for the Project. The Project will be governed by a Project Board, on which partner authorities will have equal representation. Any decisions which could result in an increase in costs or risk to any of the partners must be made unanimously by the Project Board.
- 9.2 The administration of the contract will therefore be borne by KCC but costs will be shared through the project reserve and the Contract Manager will report to, and take instruction from, the Project Board.

## **10. Project Review & Approval by DCLG & Treasury**

- 10.1 In July 2006 the project was reviewed by Partnerships UK on behalf of the DCLG and the Treasury in terms of its affordability and compliance with standard contract guidance for PFI (SOPC3).
- 10.2 The review concluded that *“The bid from the prospective preferred bidder appears to be affordable and contains no unacceptable derogations from SOPC3 provisions”*.
- 10.3 The Project will be reviewed again with regard to affordability and to ensure appropriate risk transfer to the private sector before the PFI contract can be signed.

## **11. Recommendations**

- 11.1 Cabinet is asked to APPROVE:
- (a) Delegated Authority to the Managing Director for Adult Services, in consultation with the Cabinet Member for Adult Services, to approve the signing of the Project Agreement and the Back to Back Agreement on behalf of the County Council and appoint an officer to do this.
- (b) The contribution of land to the Project as a long lease for the purposes outlined in this report as listed in appendix 1.

David Weiss  
Head of Public Private Partnerships &  
Property Team  
Social Services  
Ext: 4898

Sara Naylor  
Project Manager  
Public Private Partnerships & Property  
Team  
Social Services  
Ext: 4897

Andrea Melvin  
Project Accountant  
Public Private Partnerships & Property  
Team  
Adult Services  
Ext 6627

*Background documents:* None

**Distribution of proposed provision across the County:**

<b>Apartments</b>	<b>Location</b>
<b>Extra care housing apartments for Older People</b>	
▪ 40 apartments	Ashford (Hopkins Field, Eastern Ave)
▪ 40 apartments	Canterbury (King Edward Court, Herne Bay)
▪ 40 apartments	Thanet (Appleton Lodge) *
• 40 apartments	Dover (Roly Eckhoff House, Roosevelt Rd)
• 40 apartments	Maidstone (Tovil Green, Tovil) *
• 40 apartments	Shepway (Whitegates, Hythe) *
• 40 apartments (combined scheme between Dartford/Sevenoaks Councils)	Dartford (Stanley Morgan, Wilmington) *
<b>Total: 280 new apartments PFI funded</b>	

<b>Supported living apartments for people with Learning Disabilities</b>	
▪ 7 apartments	Ashford (Westchurch House, Eastern Ave) *
▪ 7 apartments	Canterbury (King Edward Court, Herne Bay)
▪ 9 apartments	Dartford (Stanley Morgan, Wilmington) *
▪ 7 apartments	Dover (Roly Eckhoff House, Roosevelt Rd)
▪ 7 apartments	Maidstone (Tovil Green, Tovil) *
▪ 7 apartments	Shepway (Whitegates, Hythe) *
▪ 7 apartments	Swale (Kiln Court, Faversham) *
▪ 7 apartments	Thanet (Crispe House, Birchington) *
▪ 7 apartments	Tonbridge & Malling (Millstream, ex school site) *
<b>Each cluster of apartments will also have an additional office / communal space – equivalent to one apartment in space.</b>	
<b>Total: 65 new apartments PFI funded</b>	

<b>Supported living apartments for people with Mental Health Needs</b>	
▪ 7 apartments	Thanet (Westbrook House, Margate) *
<b>The cluster of apartments will also have an additional office / communal space – equivalent to one apartment.</b>	
<b>Total: 7 new apartments PFI funded</b>	

**Total number of apartments to be delivered across the whole project: 352**

\* KCC sites.

**Kent County Council**

**Better Homes – Active Lives**

**Affordability position  
September 2006**

**RSM Robson Rhodes**



## Affordability of the Housing 21 bid

### Introduction

Since the selection of Housing 21 as preferred bidder no revised models have been required or received. The affordability position remains as per their BAFO submission. We recognise that further discussions have been held on the potential to re-scope some of the project requirements to further enhance the affordability of the project.

### Affordability & VFM

Overall the Housing 21 bid is affordable to the Council and its partners on the agreed PFI credit and no requirement for revenue funding. It is within the affordability envelope, and presently carries a surplus on the funding arrangement. In summary the position of Housing 21 is:

	<b>Base Unitary Charge £m</b>
Housing 21	4.3

The re-scoping suggested indicates the following reductions in the annual unitary charge (indicative at this point as no financial model has been rerun).

A shower to be fitted in each apartment that can be changed to a bath if the tenant prefers. Assume that baths will be fitted into 40% of flats.	<b>£3,000</b>
Remove the requirement for an ATM.	<b>£2,000</b>
Remove the requirement for a communal space (the size of 1 apartment) in each of the learning disabilities facilities and add one additional apartment for each facility to be used for housing tenants. Please include the benefit of any additional rental and service charge income in your figures.	<b>£40,000</b>
Remove the provisional sum requirement for additional fitting out and equipment in all facilities.	<b>£81,000</b>
Remove the requirements to have windows facing the corridors.	<b>£6,000</b>

The key factors moving towards close that can affect the affordability position are the long-term interest rates and changes resulting from planning or design requirements. The funding will be based on a 28-year loan, with a rate fixed at financial close. Rates have been steadily increasing over the past few months, and

whilst no major rises are predicted it is the one area other than significant planning issues that can change the affordability position. This will be kept under review, and should rates increase sufficiently towards losing the current surplus buffer, action will be taken to bring the project back within affordability limits.

In terms of VFM, all bids have been compared in NPV terms, discounted at the Treasury discount rate of 3.5%, to the start of operations.

	<b>NPV of Unitary Charge £m</b>
<b>BAFO</b>	
Housing 21	57.4

**Cost Share Percentages Post Financial Close.**

The only ongoing costs which partners could be liable for under the project are those which may arise due to either a change that partners agree they want in the project or through the occurrence of one of the risks which are set out in the Project Agreement and Back to Back Agreement. Although these risks are of low likelihood, or are in the control of partners, it is necessary to agree a mechanism which will be used to apportion any costs associated with those risks.

It is envisaged that having the risk sharing mechanism will work in the interest of the project as a whole and will encourage partners to be risk averse in their actions, because all partners take a share in the risks and benefits associated with it.

The cost shares were agreed by the Housing Managers and the Director of Resources (Adult services) for KCC. They were subsequently reviewed by the Finance Directors. The factors which were taken into consideration in apportioning the shares were as follows:

**1. Number of units which an Authority will receive through the project / Benefit to the Authority**

The shares are based on the number of units each district will gain from the project with a percentage share set for KCC. KCC's share was set following discussion between housing representatives and the Director of Resources for Adult Services regarding the benefit to KCC of the project.

**2. Contribution of land to the Project**

An adjustment was made to the risk shares to reflect the contribution that some districts are making by giving land to the project. This reduction is based on the residual value and capital expenditure in the bid, which reflects the value of the site. This has been converted to a percentage on the basis of £1m = 0.75%. It was agreed that the KCC share would not be part of this adjustment, on the basis that KCC should make some savings on care costs through the project.

**Cost Share Proportions - Calculation**

Partners	Units	KCC % & district units	Land value adjustment	Final share
	No.	%	%	%
Kent County Council		25.0	0.0	<b>25.0</b>
Ashford	46	10.1	-2.6	<b>7.5</b>
Canterbury	46	10.1	-3.5	<b>6.6</b>
Dartford	28	6.1	1.3	<b>7.4</b>
Dover	46	10.1	-3.3	<b>6.8</b>
Maidstone	46	10.1	2.1	<b>12.2</b>
Sevenoaks	20	4.4	0.9	<b>5.3</b>
Shepway	46	10.1	2.1	<b>12.2</b>
Swale	6	1.3	0.3	<b>1.6</b>
Thanet	52	11.4	2.4	<b>13.8</b>
Tonbridge and Malling	6	1.3	0.3	<b>1.6</b>
	342	100.0	0.0	<b>100.0</b>

**Examples of risks in the Project Agreement (and back to back)****ANNUAL INSURANCE PREMIUM**

This is probably one of the most difficult costs for the contractor to predict. The bid includes the insurance premium inflated over the life of the contract. The increases below are over the amounts already allowed for. The contractor is committed to taking an increase of +30% above that already allowed for in the bid. If the premium increases beyond this level then the partners may need to make a contribution. The following table illustrates the impact of this:

**£000**

The impact of an increase in insurance premium of:		+30%	+35%	+40%	+50%
Contractor's share	% cost share	71.0	72.8	74.6	78.2
Kent County Council		-	2.5	5.2	10.2
Ashford	25.0	-	0.8	1.5	3.1
Canterbury	7.5	-	0.7	1.3	2.7
Dartford	6.6	-	0.8	1.5	3.0
Dover	7.4	-	0.7	1.4	2.8
Maidstone	6.8	-	1.2	2.5	5.0
Sevenoaks	12.2	-	0.5	1.1	2.2
Shepway	5.3	-	1.2	2.5	5.0
Swale	12.2	-	0.2	0.3	0.6
Thanet	1.6	-	1.4	2.8	5.6
Tonbridge & Malling	13.8	-	0.2	0.3	0.6
	1.6				
		<b>71.0</b>	<b>83.0</b>	<b>95.0</b>	<b>119.0</b>

***The contractor takes the impact of the first 30% increase. Any further increase is shared between the contractor and authorities in the proportion 15%:85%.***

**EARLY TERMINATION OF THE CONTRACT**

The early termination of the contract is extremely unlikely. In the case of termination by the partners this is completely within their control and it is extremely doubtful they would wish to choose this option and pay compensation such as that set out below.

In the unlikely event of contractor default there is a mechanism for retendering in the market which would determine the value to be paid to the new contractor for the work. No compensation would be paid by the partners.

In the case of force majeure which is narrowly defined in the contract (e.g war, civil war, terrorism) a situation might arise where the services are not being fully provided by the contractor as a consequence of the force majeure event. The contractor will incur performance deductions and after six months the contractor might issue a notice of termination to KCC. The partners would have the option of issuing a notice to the contractor to continue to provide the services. If this was the case the PFI credits would continue to be used to pay the unitary charge but without deductions (like an extended relief event) in this way the partners would avoid the need to pay compensation.

Should the contract be terminated by either the contractor or the Authority, the partners could be liable for some of the associated costs. These costs could potentially be quite substantial, however, over the 10 years that PFI has been in existence there is no example of a PFI contract being terminated and there are a range of measures which could be taken to mitigate the impact for the partners. If it did occur KCC would approach the DCLG for assistance.

Under the Back to Back Agreement to terminate the contract voluntarily all partners would need to agree to this in the knowledge that they would be liable to compensate the contractor. This scenario is therefore extremely unlikely and within the control of each authority.

The Project Agreement contains a range of mechanisms to ensure that contractor default does not occur and that steps are taken at an early stage if the contractor fails to perform. One such measure is the provision for the contractor's lender to step in and rectify problems in the contractors performance to bring standards up to an acceptable level and therefore prevent termination through their default.

**Two examples of potential termination scenarios are given below at year 10 and year 20 of the contract.**

£m

Indicative liability for early termination.	% cost share	Contractor default		Force majeure	
		Year 10	Year20	Year 10	Year 20
Kent County Council	25.0	14.250	13.750	16.500	12.250
Ashford	7.5	4.275	4.125	4.950	3.675
Canterbury	6.6	3.762	3.630	4.356	3.234
Dartford	7.4	4.218	4.070	4.884	3.626
Dover	6.8	3.876	3.740	4.488	3.332
Maidstone	12.2	6.954	6.710	8.052	5.978
Sevenoaks	5.3	3.021	2.915	3.498	2.597
Shepway	12.2	6.954	6.710	8.052	5.978
Swale	1.6	0.912	0.880	1.056	0.784
Thanet	13.8	7.866	7.590	9.108	6.762
Tonbridge & Malling	1.6	0.912	0.880	1.056	0.784
		57.000	55.000	66.000	49.000

*The figures are based on the assumption that the partners would take the units back. If the units were not taken back by the partners this would reduce the costs by approximately 40%. The figures are estimates and do not include potential redundancy costs or breakage costs.*

**APPENDIX 5**

**This report is based on the most up-to-date version of the Project Agreement which is still under negotiation, however no significant changes to the risk positions are anticipated.**

**BETTER HOMES ACTIVE LIVES**

**HOUSING PFI**

**Report to members on Project Agreement risks**

Issue	Key risk areas	Likelihood of risk occurring and ways to manage risk
Ground Condition	<p>The Project Agreement provides for the Contractor to take the risk for site condition on the basis that detailed investigations and surveys have been carried out prior to financial close. The area of risk that remains with KCC is as follows: Where there are existing buildings which require demolition, to the extent that there are problems with ground condition beneath such buildings which could not reasonably have been discovered from the surveys carried out this risk falls to KCC.</p> <p>Where one of the Districts has provided the land for the Project it makes sense that this risk should be retained by the District providing the land.</p>	<p>In relation to site condition under existing buildings the risk can be mitigated by ensuring that ground investigations very close to the existing building are carried out.</p> <p>The bidder has already carried out surveys on all of the sites and will be instructed to undertake further surveys prior to financial close. This will enable the bidder to take most of this risk and therefore leave the partners less exposed. It is likely that only one site which is in KCC ownership will be left affected.</p>
Maintenance Surveys	<p>KCC has the right to carry out maintenance surveys every two years if it reasonably believes that the Contractor is in breach of its maintenance obligations. In the event that a survey is undertaken and KCC finds that the Contractor is not in breach of its maintenance obligations then the cost of the survey falls to KCC.</p>	<p>The risk in connection with this clause is within the control of the partners as decisions to carry out maintenance surveys will need approval by the project board.</p>

Specific Change in Law	<p>Specific Change in Law is a change in law relating specifically to the Care Services. The cost of a Specific Change in Law falls to KCC under the Project Agreement.</p> <p>Housing change of law risk has been accepted by Housing 21 and is the first example of this being achieved in Housing PFI projects.</p>	<p>It is likely that, where a Project runs for 25 years, there will be specific changes in law which directly affect the Services being provided under the Agreement. Changes in Law can be monitored but not controlled. Costs associated with Specific Change in Law which relates to the provision of care services will be borne by the relevant statutory authority</p> <p>It is unlikely that this risk will arise without prior warning and if they occur they will also affect other care projects in the same way.</p>
Emergencies	KCC will be responsible for ensuring that the Contractor is in a no better no worse position as the result of the authority needing to take over or use the facilities being contracted in an Emergency. Where the Contractor is required to provide additional services these must be paid for.	<p>It is possible that some form of emergency will occur and such events are difficult to foresee. However, it would be an authority decision to undertake this action.</p> <p>It is unlikely that the cost impact would be excessively high in the event of an emergency.</p>
Employee Default:	KCC's responsibility for provision of the Care Services means that it is liable for the acts or omissions of Care Providers acting in the course of their duties.	KCC is capable of mitigating such a risk as staff may be vetted, trained and supervised accordingly. KCC has the right to remove unsuitable staff from site.
Employee Default:	Any staff visiting the accommodation causing damage or preventing the contractor from carrying out their duties will be the responsibility of either KCC or the relevant District.	Both KCC and each DC will be responsible for its own staff and any damage they may cause. Therefore it is the responsibility of KCC and each DC to train and supervise staff accordingly. District Councils may have occasional visiting staff to the sites but will not have on site staff.

Contractor requests changes to the works and/or services	Where the Contractor requests changes to the works and or services KCC and the Districts may agree to such changes which may have an impact on pricing.	Note: This is to include Small Works Changes. This is manageable because the partners can reject the contractors request for changes to the works and services provided they are not required pursuant to a change of law.
KCC or DC requires changes to works and/or services	Where KCC or a DC requests changes to the works and or Services these may attract an increase in price which must be covered by KCC and the DCs.	If a party wishes to propose a change to the works then that party must support the cost.  If however, the change has a wider application where all councils will benefit then all those benefiting will agree on the proportions to be paid by each partner.
Disputes	Where there is a dispute costs of pursuing a dispute are to be shared by all parties involved in such dispute.	Costs can be mitigated through endeavouring to resolve any dispute through early ADR measures.
Insurance claim made where KCC acts as insurer of last resort	Where a risk becomes uninsurable through no fault of the Contractor the cost falls to KCC.	The likelihood of significant changes in the insurance market is difficult to predict. However, a sudden change that renders areas of a Housing PFI Project uninsurable is relatively unlikely.  KCC and the DCs are only required to cover a share of this risk in the event that a risk that has become Uninsurable through no act or omission of the Contractor and this limits the likelihood of costs falling to KCC and the DCs in this regard.  It is intended that these costs will be funded through the project account.



Insurance Premium Risk Sharing	<p>This mechanism ensures that both the benefit and burden of significant fluctuations within the insurance market are shared between the Contractor and KCC. To the extent that follow a review of actual insurance costs against the base insurance costs there is a cost increase of more than 30% for a period, 85% of such cost shall be covered by KCC (and the DCs in accordance with the agreed Back to Back sharing mechanisms).</p>	<p>It is difficult to manage the risk in relation to an increase in insurance costs which is so significant that a share of the increase is required to be covered by KCC and DCs. Although the insurance market has settled down recently fluctuations in the cost of insurance can occur at any time and over the term of the Project it is possible that certain insurances could rise or fall significantly. KCC could take comfort from the fact that the Contractor takes the first 30% of the risk of the burden.</p> <p>It is intended that these costs will be funded through the project account.</p>
Voluntary Termination	<p>Where KCC needs to terminate the agreement on a voluntary basis there is a significant cost implication.</p>	<p>This is completely within the control of KCC and the DCs who must agree unanimously pursuant to clause 11 of the Back to Back Agreement to Voluntary Termination.</p>
Termination on Authority Default	<p>Termination for Authority Default can only occur in very specific circumstances for example non-payment of a specific sum etc. which can all be managed and avoided by KCC and the DCs.</p> <p>In the event that this head of termination occurs there is a significant cost implication for KCC (and the DCs).</p>	<p>This is within the control of KCC and the DCs because providing they comply with their obligations this should not occur.</p>

Termination on Force Majeure	Termination in the event of Force Majeure would lead to significant cost implications for KCC and the DCs.	The occurrence of a Force Majeure even is not within anyone's control. However, it is reasonably unlikely to occur.
Authority Step In	KCC may step into the place of the Contractor under the Contract in the event that it is required to discharge a statutory function or there is a serious risk to health or safety of persons or property or to the environment. Where there is a step in but the Contractor is not in breach of its obligations KCC must indemnify the Contractor against losses incurred as a result of this.	KCC has a right to step in under the contract which may need to happen very quickly. The need to step in would be agreed unanimously by the project board and the costs would be shared in accordance with the mechanism in the back to back agreement.
Residual Value	Where KCC elects on Expiry or Termination to purchase the Facilities from the Contractor to the extent that the market value of the Facilities exceeds the Residual Value Sum in the model KCC will be responsible for the difference in the price. For example if the sum in the model is 12 million and the market value is 16 million KCC would have to pay the Contractor an additional 4 million in order to acquire the Properties.	This is completely within the control of KCC and the DCs and only occurs on their election to acquire the Facilities at the end of the Project.
Termination on Contractor Default or for corrupt gifts and breach of the refinancing provisions	<p>KCC may terminate the agreement for default by the Contractor in specific defined circumstances and if the Contractor is found to have given a corrupt gift to a Council officer or breaches the contractual requirements with regards to refinancing its funding for the project. In the event that this head of termination occurs:</p> <p>a) for termination due to Contractor Default the project is retendered if there is a liquid market available. The new tenderer pays to the outgoing Contractor the sum bid for the contract by way of compensation (this may be zero). If there is no liquid market an</p>	The default of the Contractor is outside of KCC's and the DCs control. There is a direct agreement between KCC, the Contractor and the bank which allows the bank to step in if the Contractor is underperforming and likely to be in default to rescue the project by running it itself or finding another contractor to run it.

expert determines the value of the contract and this value is paid by KCC as compensation to the Contractor.

Given the nature of the facilities (Social Supported Housing) it is highly likely that that a Liquid Market will be available. The test of the availability of a liquid market is only 2 bidders able and willing to bid. Therefore in this case no compensation will need to be paid to the contractor.

b) on termination for corrupt gifts and breach of the refinancing provisions all outstanding debt is paid as compensation by the KCC.

However by KCC choosing not to terminate the agreement and by solving issues by other means this will ensure that no compensation for contractor default is payable by partners.

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By: Kevin Lynes, Cabinet Member for Adult Services  
 Oliver Mills, Managing Director, Adult Services

To: Cabinet – 15 January 2007

Subject: COMMISSION FOR SOCIAL CARE INSPECTION – ANNUAL  
 PERFORMANCE REVIEW REPORT FOR ADULT SOCIAL CARE

Classification: Unrestricted

Summary: Enclosed is the Performance Review Report for Adult Social Care. It outlines the Commission for Social Care Inspection's view of the Adults Social Services Directorate's performance over the last year.

## **Introduction**

1. On 31 August 2006, Adult Service's Annual Review Meeting with the Commission for Social Care Inspection took place to audit performance for the year 2005/06. This was the second year where adult social care was reviewed separately from Children's Social Services and covered the last year in which Adult Social Care was managed within the Social Services Directorate, before the Adult Services Directorate was established on 1 April 2006. Enclosed with this report is the ROPA (Record of Performance Assessment – Appendix 1), and the letter from CSCI informing us of our star rating for the period 2005- 2006 (Appendix 2). There is a requirement to present the ROPA to an executive meeting of elected members.
2. Although in the main the services this assessment applies to the Adult Services Directorate it does cover some services now managed within the Communities Directorate such as KDAAT (Kent Drug & Alcohol Action Team).

## **Policy Context**

3. The ROPA outlines areas where Adult Services have improved and recommends areas for improvement. The recommendations are intended to help the council improve outcomes and the quality of services.
4. In assessing performance, CSCI uses Performance Assessment Framework (PAF) indicators and other statistical data, the delivery and improvement statement (Adults).
5. Key points we were commended for were:
  - The successful implementation of the Adult Services Directorate
  - The council continues to be at the forefront of the development of national policy.
  - Kent's strong leadership at Member, Chief Executive, Director, and Senior Manager levels

- The council's strong partnership arrangements and its effective public and user participation processes that have enabled continued service development that is line with national priorities and local need
- Overall performance on PAF performance indicators has improved
- The council can demonstrate strong recruitment, retention and training and development opportunities for staff.

6. The main areas for improvement identified – increasing the take up of Direct Payments, closely monitoring the number of delayed transfers of care, and helping commissioning strategy under review in the light of pressure on Health funding - are being addressed.

The outcome of the performance analysis of Adult Services for 2005-06 was announced on 20 November 2006. KCC has retained its **3-star rating** for the **fifth year** for Adult Social Care. This is good news for KCC and people and their carers who use Adult Social Care Services as it demonstrates that 'we serve most people well and have excellent capacity for improvement', while recognising the hard work and dedication of staff.

## **Recommendations**

7. Cabinet is asked to

- a) NOTE this report, the ROPA and Star rating letter.

Nick Sherlock  
Public Involvement and Performance Manager  
01622 696175

### *Attached documents:*

Appendix 1: Performance Review Report for Adult Social Care dated 2005-6.  
Appendix 2: Star rating letter.



*Making Social Care  
Better for People*

## **RECORD OF PERFORMANCE ASSESSMENT FOR ADULT SOCIAL CARE 2005-06**

Name of Adult Services Authority

Kent

### Contents

Part 1

Part 2

Business Relationship Manager: Jessica Slater

Performance Information Manager: Joyce Phillips

Date Last Updated (dd/mm/yyyy): 20/10/2006

Final Version: Yes

## **Part 1:**

### **Summary of Improvements**

- The implementation of the new Adults Services Directorate has been successfully achieved.
- The council has continued to provide strong leadership at Member, Chief Executive, Director, and Senior Manager levels.
- The council's strong partnership arrangements and its effective public and user participation processes have enabled continued service development that is in line with national priorities and local need.
- The council's website is being used increasingly by people to access information about care services, with the information on registered services being linked to CSCI for latest inspection reports. This part of the website receives the greatest number of hits of any other.
- Overall performance on PAF performance indicators has improved.
- The council has made further progress in introducing its innovative Kent card enabling people to pool sources of income such as direct payments.
- The council can demonstrate strong recruitment, retention and training and development opportunities for staff, including its work with Swindon which has strengthened its own performance and passed on skills and experience to support others.

### **Summary of Areas for Improvement**

- The council needs to ensure that it increases take-up of direct payments.
- Numbers of delayed transfers of care have been variable over the year and the council needs to maintain current processes of close monitoring and control.
- Practice Learning (D59) performance appears to be low, although this can partly be explained through sponsorship of social work degree places not being included. These form a significant part of Kent's training and development strategy.
- Commissioning strategies need to be kept under review in the light of pressures on health funding.



## **STANDARD 1: National Priorities And Strategic Objectives**

The council is working corporately and with partners to deliver national priorities and objectives for adult social care, relevant National Service Frameworks and local strategic objectives to serve the needs of diverse local communities

### **Improvements achieved/achievements consolidated since the previous annual review**

#### *General*

- The council made a smooth transition to restructuring its social care services with minimum disruption to people using services and their carers, and with strong support from staff. From April 2006 there has been a fully operational Community Services Directorate with a separate Children, Families and Education Directorate.
- The council has strong Member support and engagement. A further strength is the range of cross directorate working and strategic planning encompassing employment, transport, and housing. The council employs a demographer in adult services to give expert advice to districts when planning services and has forecast increasing demand for social care, which is mapped, to a local level.

#### *Older People*

- The council has a falls prevention strategy that aims to restore confidence and reduce the likelihood of falls occurring. A number of voluntary sector groups are involved, some running exercise programmes and one offering a course in how to gain better balance and avoid falls. The Telecare service provides falls monitoring and timely response services.
- Telecare services are supporting an increasing number of people to live safely in their own homes retaining independence.

#### *Prevention of Hospital Admission / Timely Discharge*

- Numbers of delayed transfers of care have fluctuated over the year and been above the England average but current performance shows improvement, due to close working with health colleagues and monitoring and reviewing all delays during the year.

#### *Extra Care Housing*

- Alternatives to residential care are continuing to be developed by the council. Numbers of places of extra care housing have increased by 720 in 2005-06. Further increases in places are planned with additional PFI funding. An extra care partnership scheme in ten of the twelve District/Borough councils will see the development of 240 purpose built extra care housing units for older people. This will have community and nursing care available so people do not have to move, as their care needs change.

#### *Learning Disability*

- The recent Member led learning disability review has provided valuable research for the learning disability strategy and is proving to be a model for developments by other councils. We note the grip Kent has on strategic planning, with strong contributions from many different perspectives. It is clear that strategies are communicated well throughout the council and all clearly know what is going on.

#### *Physical and Sensory Disability*

- The council area has fewer registered places for people with a physical disability per thousand of population than nationally. This has been influenced by Kent's policy not to

place people in residential care in Kent and instead provide community support to enable people to live more independently.

#### *Mental Health*

- The council has fully integrated individuals and carers into mental health planning and service delivery. Carers and people using services are fully engaged in all review processes, revision of policies, and are a high priority in the public involvement strategy.

#### *Drugs and Alcohol*

- The council is working with Kent PCTs to provide better support for people with alcohol problems and to maximize services to target needs. The council is being creative in responding to needs by introducing a pilot scheme due to start in December 2006 targeting A and E. This is an example of opportunistic intervention. The council has also targeted PCTs to better engage with GPs and ensure that individuals going to primary care get access to services. A Section 31 agreement is likely to be in place by March 2007 with PCTs to provide more integrated alcohol support services.

#### *Carers*

- The council has effectively consulted with carers and satisfaction levels are high, carers have been involved in Kent's 2010-consultation exercise, and in recruitment. There has been very positive feedback from carers on the range of support they receive and on their participation in decisions.

## **Areas for improvement**

### *Older People*

- The council should continue its focus on managing the market for social care to ensure services commissioned and supplied in the local area give choice for local people, are effective and provide value for money.
- The council needs to consolidate its work with local hospital trusts to ensure a consistent downward trend in delayed transfers of care continues.

### *Prevention of Hospital Admission / Timely Discharge*

- The council should continue to work closely with local health colleagues to prevent unnecessary hospital admissions and focus effort on timely hospital transfers of care.

### *Extra Care Housing*

- The council should review future plans for extra care housing to ensure that targets are achievable in the planned timescales.

### *Learning Disability*

- The council should continue to work with providers to ensure the supply of care for learning disabilities is tailored to local needs.

## **STANDARD 2: Cost and efficiency**

Adult Social Care commission and deliver services to clear standards of both quality and cost, by the most effective, economic and efficient means available

### **Improvements achieved/achievements consolidated since the previous annual review**

#### *General*

- The council has welcomed the Commission's information on registration standards in the local area (the Local Authority Market Analyser) which it is using alongside other information and intelligence sources. Kent has been an active participant in the CRILL project, which brings together commissioning, and registration information at a local level. Information from CRILL is being given to all providers in Kent.
- Kent is expanding its on-line service directory with information on service standards to help consumers make informed choices about the services on offer. The Kent on-line directory receives the most 'hits' of all areas of the council website, indicating how helpful people find it.
- Kent has actively responded to consultations on new quality ratings for services and is contributing to the 2006-07 review of the social care performance assessment framework.

#### *Older People*

- The council has gained good quality information from its survey of users of domiciliary care, has fed results back to providers and has acted to address issues raised including areas of complaint. People have been impressed by the level of commitment made by the director who personally met with a group of users to discuss areas of concern. Alternative arrangements for charging users have been introduced as a result of this work. There is strong support from the Portfolio Lead Council Member.
- The council places more people in residential care in Kent than outside the area. Whilst this is not surprising given the level of places available in the local area, Kent is to be commended for its placing policies.
- Whilst the level of dementia care in Kent is lower than the national average, the council has a policy of providing support to people with dementia to enable them to stay safely in their own homes wherever possible.

#### *Learning Disability*

- The council is to be commended for its continued policy of avoiding placing people with a learning disability into residential care wherever possible. The council is encouraging providers to diversify when vacancies occur to reduce the local over-supply of learning disability places.

### **Areas for improvement**

#### *Older People*

- Numbers of places for people with dementia are low. The council needs to work with providers to increase availability in the local area in the light of a significant projected increase in demand.

#### *Learning Disability*

- The council should continue to work with learning disability providers to manage the over-supply of learning disability residential places.

### **STANDARD 3: Effectiveness of service delivery and outcomes**

Services promote independence, protect from harm, and support people to make the most of their capacity and potential and achieve the best possible outcomes

#### **Improvements achieved/achievements consolidated since the previous annual review**

##### *Older People*

- PAF indicator performance is improving. The council has a policy of not 'PI chasing' and instead focuses on managing for better outcomes for individuals and more effective service delivery and performance. Performance on some PAF indicators (helped to live at home indicators PAF 29, 30, 31 and 32) is affected by the amount of services Kent has from by the voluntary sector and available on an open access basis to prevent the need for more complex packages of care.

##### *Telecare*

- Progress has been on an upward trajectory, and is enabling greater numbers of people to gain independence. The service is linked in with the falls strategy to ensure people who are at risk of falling have backup services in place should they fall again.

##### *Mental Health*

- Kent performance on PAF C31 people with mental health problems helped to live at home continues to be very good. Early intervention teams are now in place and the council is working closely with health partners to meet new Department of Health targets.

### **Areas for improvement**

##### *General*

- The council should continue to increase the proportion of people allocated single rooms (PAF D37) which is currently 93%.

##### *Older People*

- Kent's performance on helped to live at home indicator PAF C32 continues to be low. The council does not expect this to change significantly in the future, but emphasises that it funds a high proportion of preventative services run by the voluntary sector which do not feature in data for this indicator. The council should continue to closely monitor outcomes for people using these preventative services and funding allocated to these groups to ensure good outcomes, effectiveness, efficiency and value for money.

### **STANDARD 4: Quality of services for users and carers**

Services users, their families and other supporters, benefit from convenient and good quality services, which are responsive to individual needs and preferences

#### **Improvements achieved/achievements consolidated since the previous annual review**

### *General*

- Performance on issuing statements of need (PAF D39) has improved with the council moving up a performance band due to improved use of IT systems and better performance management and monitoring.
- The council has outperformed its statistical neighbours for reviews and assessment waiting times (PAF D40 and D55).
- The council is ahead of most authorities in developing the Electronic Social Care Record.
- Kent is making good progress towards sharing information electronically with other partners such as health and education.

### *Older People*

- The council's performance is particularly strong in speed of delivery of services following assessment, which will impact mainly on older people who are the largest proportion of service users. Kent's priority is to carry out urgent assessments within 48 hours of referral and non-urgent cases within 28 days. The council has maintained its high performance against these targets. Kent exceeded the performance of its statistical family in the percentage of new assessments of older people carried out within two weeks and in the percentage of assessments of older people begun within 48 hours of first contact with social services.

### *Learning Disability*

- The council has strengthened person-centred planning and reviewed its transition process to ensure consistently good outcomes. One innovation the council is piloting is the use of family conferencing for adults.

### *Carers*

- The council has produced a DVD giving information about direct payments and benefits for carers, which is aimed at encouraging more people to access services. Alternatives to direct payments are offered for people caring for others who need short breaks. This is achieved through carers deciding on which providers are selected which avoids the need to directly employ staff whilst still giving more choice and control over who supplies the service.

## **Areas for improvement**

### *General*

- The council is addressing variations in some locations of the percentage of people receiving statements of needs, which were identified in 2005-06.

### *Learning Disability*

- The council should continue to undertake work streams identified by the learning disability review to make necessary improvements to policies, procedures and practices, in close collaboration with local PCTs and the PCP Implementation Group.

### *Mental Health*

- At times during the year performance on issue of statements of need has been lower than for other service users.

## **STANDARD 5: Fair access**

Adult Social Care services act fairly and consistently in allocating services and applying charges

### **Improvements achieved/achievements consolidated since the previous annual review**

#### *General*

- The council has carried out assessments of all key areas, which have been expanded from race equality impact assessments to equality impact assessments. These have a wider remit than race equality only, covering the full range of diversity issues. Thirty managers have received impact assessment training.
- The council can demonstrate that it has achieved level 2 of the local government Equality Standard – it has incorporated a range of supportive groups into its personnel and operational management for example the UNITE Black staff group; race equality in procurement; the BME commissioning group and the Equal Care Project which is employing, training and mentoring 120 care workers from black and minority ethnic groups.
- Kent has achieved excellent comprehensive data on ethnicity of clients assessed, reviewed and receiving services, with 100% of adults having ethnicity data recorded.

#### *Older People*

- The council is continuing to maintain its excellent performance in assessing and providing services to older people without delay, exceeding its IPF neighbour councils in performance on PAF D56, percentage of social services for older people provided within 4 weeks of an assessment (Kent achieved 95% compared with an IPF average of 86%).

#### *Mental Health*

- The council commissioned Rethink to support a monthly black and minority ethnic forum to meet before each LIT to ensure that ethnicity issues are fully considered in new initiatives. There is a mental health race equality strategy.

#### *Drugs and Alcohol*

- The council is planning to expand access and funding to alcohol services to meet identified needs using its own resources as these services do not receive specific grant funding.

#### *Carers*

- The council has ensured that Carers have been a key focus of user involvement and have encouraged carers to participate in recruitment panels and to give their views quality of services via surveys. Survey results indicate that of those carers surveyed, 97% were satisfied with services, with 88% describing services as good. Half of respondents said that they believed that services like Crossroads have prevented the need for residential care, and 83% felt that these services had relieved or prevented a breakdown in the carer's personal health.

## **Areas for improvement**

#### *General*

- The percentage of assessments of adults and older people leading to provision of service is lower in Kent than the average of the council's statistical family. The council needs to consider whether resources are being used effectively where a significant proportion of assessments results in no service being offered.
- In some areas of Kent there have been gaps in accessing social care services 24 hours a day, 7 days a week which are being addressed for 2006-07.
- The proportion of people being assessed by the council from black and minority ethnic groups differs from the proportion of people from black and minority ethnic groups who are receiving services. The council should consider how to test out fair access. One way might be to sample data by ethnic group linking those people assessed with those receiving services to confirm that allocation of services is equitable.

#### *Mental Health*

- The council should continue to support funding bids for 8 community development workers to support the race equality strategy priorities and look at alternative ways of providing support within existing resources for 2006-07 and beyond.



## **STANDARD 6: Capacity for improvement**

The council has corporate arrangements and capacity to achieve consistent, sustainable and effective improvement in Adult Social Services

### **Improvements achieved/achievements consolidated since the previous annual review**

#### *General*

- The council has a coherent series of medium and longer-term plans and takes care to ensure that targets fit with LPSA and LAA objectives.
- The council uses feedback from users and carers to develop targets and four-year plans. Individuals have welcomed the opportunity to discuss issues directly with the managing director of the adult social care services and have found the dialogue very positive.
- The council has excellent financial and forward planning. Restructuring was undertaken to coincide with the beginning of the financial year to ensure that re-aligned budgets were in place at the right time.

#### *Commissioning*

- The council has robust and comprehensive commissioning strategies and uses external sources of information and research findings to improve its knowledge of providers. Kent uses quality standards to improve local services.
- The council's directly managed older people's homes have achieved better average national minimum standard scores than Kent or England averages.

#### *Partnership Working, etc.*

- The council has smoothly achieved restructuring of adult social care services with the core objective of promoting independence. During the time of change the focus has continued to be on front-line services, improving performance within budget and with good staffing levels maintained.
- The council has a new strategy with the working title 'Towards 2010' which focuses on helping people to live at home, carers, self assessment and transition plans. An important theme is improving the quality of life for older people by linking financial planning, leisure, educational activities and other areas such as transport, which can have a positive impact on individual's lives. 'Brighter Futures' outlines Kent's plans to improve outcomes for older people, which will be supported by Kent's role in the Innovations Forum.
- The council's Public Services Board, with multi-agency membership has played a key role in co-coordinating and monitoring the council's PSA 2/ Local Area Agreement.

#### *Human Resources*

- The council has extended equalities impact assessments from a narrower focus on race equality to include wider equality issues, and trained senior managers in carrying out assessments.

#### *Training*

- The council supports staff to undertake social work degree courses in addition to offering social work placement days.

#### *Equality and Diversity (including Race Equality)*

- The council has undertaken a review of ethnicity data held on staff following submission of the SSDS001 return which did not meet the key threshold. By February 2006 only 7% of staff did not have ethnicity stated in Human Resources records.

### **Areas for improvement**

#### *Commissioning*

- The council should continue to use research and registration data and reports to inform commissioning practice and use information collected as part of the CRILL project to gain a better understanding of costs and quality of services used.

#### *Partnership Working, etc.*

- The council needs to continue to work closely with health partners to ensure the best outcomes for individuals who need health and social care support, and to minimise the effects of budgetary pressures.

#### *Human Resources*

- There have been some increases in staff turnover in the last year although turnover has remained low when compared with Kent's statistical family. The council should monitor turnover on an ongoing basis to see whether this increase represents a temporary change, or whether it marks a more significant trend.

## **Part 2:**

### **STANDARD 1: National Priorities And Strategic Objectives**

The council is working corporately and with partners to deliver national priorities and objectives for adult social care, relevant National Service Frameworks and local strategic objectives to serve the needs of diverse local communities.

#### **Summary of admissible evidence (including sources)**

1.1 The council has implemented a coherent strategy for responding to national priorities and can demonstrate progress year on year

#### ***ROPA 26 Oct 2005:***

##### **General Improvements**

The council continues to be at the forefront of the development of national policy.

Kent works effectively with partners and consultation with service users and the public has been extensive, particularly in relation to Local Public Service Agreements and the Local Area Agreement, which set challenging targets for improved service delivery. Priority is given to promoting the independence of all service users. Referral, assessment, care planning and review processes are convenient, timely, and tailored to individual needs and preferences, including diverse groups. This is particularly well demonstrated in Kent's performance on waiting times for assessment and for care packages.

Good quality information about services and standards is readily accessible to all, including diverse groups in the community.

The council manages its resources effectively, and makes good and imaginative use of information technology and financial options.

##### **General Areas for improvement:**

The rate of service users who are in receipt of Direct Payments needs to increase, in line with Government policy. The rate is particularly low for low for carers and people with mental health problems, and for people from black and minority ethnic groups. The council expects that its new purchase card arrangements will support progress in this important area. The council should continue to use its strong performance management arrangements to ensure that improved outcomes for service users are demonstrated through improvement across all performance indicators. The council needs to continue to respond proactively to the challenges it faces. These include the profile of the care market and changes to Government funding.

##### **Standard 1**

Very strong correlation between national and local priorities. Kent is in the forefront of the development of national policy. Local priorities clearly stated in the Directorate's 10-year 'Active Lives' strategy, and are translated into operational policies and practice. Kent leads the Innovations Forum, which covers 10 local authorities and 20 PCTs focussing on innovation in the promotion of independence. Kent has worked with partners to set challenging targets via the Local Area Agreement and Local Public Service Agreement processes.

Consultation with service users and the public has been extensive. The council has sustained good or very good performance on a number of performance indicators and other data that demonstrate achievements in this standard. These include: the ratio of intensive homecare as a percentage of intensive homecare and residential care (PAF PI B11); the rate care packages involving 5 hours or more a week; the rate of extra care housing that Kent has developed through its innovative PFI scheme; the number of people funded in intermediate care services. The council has improved performance in relation to delayed transfers (PAF PI D41), which is now above the average for England councils. Over 600 people with disabilities in Kent now have direct payments, giving them more control and choice. The council is working with the NHS to develop Integrated Care Centres with funding from the NHS PFI fund. Kent has achieved very good performance on waiting times for assessment and for services (PAF D55 and D56).

The council has developed innovative IT-based systems to support service development (Telecare and TeleHealth) and to support user involvement. The council has made good progress in restructuring adult and children's social care in line with the requirements of the Children Act, and in response to the adult services green paper. A guiding principle for this is that form should follow function, and that financial structures should be in place at the start of the change.

#### Standard 1 Areas for improvement

Uptake of Direct Payments by carers and people with mental health problems is slower than the council would like. It is noted that a significant number of people with mental health problems are not charged for services, and for these people direct payments would not be suitable. New purchase card arrangements are expected to lead to improvements in the current year.

#### **21 February 2006 RBM:**

##### Standard 1: National Priorities and Objectives Direct payments

Oliver Mills outlined work that Kent is doing with its bank partner. Trials of the original purchase card scheme indicated that it was not going to achieve the results wanted in time. Kent is aiming to increase the rate of change in the last weeks of the financial year and aiming to go up a band (to 960).

Current position is 560 users of direct payments, compared with last year's 360. Kent has targeted all client groups but take-up has been predominantly users with physical disabilities. Kent's progress is comparable with other local authorities as far as older people are concerned. RBM focused on direct payments for mental health service users in Kent. Last year in Kent there were 6 mental health service users with direct payments, however the total nationally was only 800, which puts this figure in context. Steph Abbott indicated that 50-60 carers of mental health clients are likely to use direct payments in 2005-06 – this shows progress made to support people with mental health problems through direct payments, although it does not feed into this indicator.

Kent is exploring new options, and working with key organisations to achieve a culture shift so there are more ways of promoting direct payments. The support service will continue to provide support to people with most complex support arrangements e.g. people directly employing staff. Oliver Mills outlined plans to employ support workers to make it possible to extend direct payments further for people with less complex needs.

To improve capacity Kent has been exploring options with the voluntary sector, with the aim of establishing a direct payment infrastructure group. The aim would be to use voluntary sector input to supply "direct payments navigators" and develop more creative ways to provide support.

Jessica asked how Kent had arrived at its direct payments projections. She requested additional material to show the current trajectory and when Kent might expect to reach the target set. Oliver Mills and Pat Huntingford gave details of management plans in place. There is a direct payments action plan. Oliver Mills stressed the need for action to be sustainable, Debra Exall said that managers are aware of this, and that training has been carried out. There are major strategic issues to be addressed as Kent shifts the bulk of people move towards direct payments. Caroline Highwood mentioned an issue with VAT, which applies to direct payments e.g.: the meals service is VAT chargeable if you receive it directly, but not if you receive it through the council.

Some concerns were expressed about the need to consider the potential political sensitivity of direct payments.

Delayed transfers: briefing pack page 30 states that since Dec 2005 there has been a meeting called the Unscheduled Care Group (USCG). It has been acknowledged that 50% of delays are of a health origin (NB Kent CC delays were higher proportion than national average but have fallen since March 06)

31 community beds closed across the EKHT patch and Kent has seen an increase in the health delays. Pack includes unscheduled care action plan on pages 31 to 33.

Telecare:

Briefing pack has newsletter example on page 35. Page 34 gives details of geographical coverage and numbers. Countywide roll out planned for late 2006.

### **UEM/DIS 2006:**

2101 –director's statement summarising strategic direction for 2006-7 – missing

### ***Older People:***

2124 – PPF target increase numbers supported intensively at home by 30% of total at home/in res care PAF B11 – increase from 26 to 27, good, plan was 27 very good.

Service capacity: HH1 data on page 2 of UEM – 6170 people receiving 5 or more hours of home care, IPF average is 2882, so Kent appears to support double the average.

2144 - Extra care housing: number of additional extra-care tenancies to be provided – 720 in 2005-06, plan was 936, no IPF comparative data in latest UEM.

Residential places – SR1 data on page 2 of UEM: No. Of people in care homes supported by council – gradual reduction in places used from high of 8110 in March 03 to 7620 in March 05, does not give latest data for March 06. IPF comparative councils – average for 03 was 4251, average for 05 was 3980.

2139-2142 - Intermediate care

Sum of 2139-2142 – Kent outturn 05-06 was 2938; IPF was 2988 so overall numbers very similar. Kent exceeded its plan (2117) by a significant amount.

2143 non-residential intermediate care – Kent had low numbers (136) compared with IPF average (4202) so service seems to be skewed towards residential options.

Delayed transfers of care – UEM page 3 – Kent delays were 13.4 per 100,000 65+, England average 7.00 end of March 2006. Figures have fluctuated over the year, highest quarter was 25/9/2005 (15.1), and England averages have been consistently lower.

2145 – response to NSF – revised training materials to reflect policy direction of White Paper with particularly focus on outcomes.

2146 – person-centred care – increasing range of information so people can exercise choice.

2147 intermediate care – Westview, Victoria House, partnerships and intermediate care in people's own homes, such as in Tunbridge Wells, plus partnerships with housing associations e.g. Homebridge. Better Homes/Active Lives extra care partnership scheme in 10 of 12 District/Borough councils will see the development of 240 purpose built extra care housing units for older people. Community and nursing care will be provided so people do not have to move, as their care needs change.

2148 – Intermediate care 3 examples of best practice –

- 1) ID e A cited the Homebridge scheme as an example of best practice. This has assistive technology and supporting people components.
- 2) A PFI project with the NHS in Gravesend incorporating dedicated care for BME minority groups.
- 3) Intermediate care team in Shepway with care management staff and using TeleHealth approaches.

2149 – falls prevention services with exercise programmes being run in conjunction with voluntary sector groups.

2150 –

- 1) Preventative model of active care being developed further to restore confidence after falls.
- 2) Partnership with Age Concern to have postural stability course in Maidstone
- 3) Telecare provides falls monitoring and timely response services.

2151 - Section 31 partnership with Health and Social Care Mental Health Trust, with policies and protocols in place to give timely and appropriate delivery of diagnostic crisis support, outreach services for older people with mental health needs and their carers.

2152 –

- 1) Specialised domiciliary care service for older people with mental health needs.
- 2) Support group forums established in a connected care centre, developed with the NHS with KCC as the lead partner.
- 3) Worked in partnership with the NHS on the Gravesend Community Hospital project, a health led PFI project, which will include a residential unit and specialist day care for older people with mental health needs.

2153 – promoting an active and healthy life – KCC has established the Kent Department of Public Health with the joint appointment of the Director of Public Health. The unit has commissioned a survey to obtain baseline information. Activities link to the delivery of the LAA.

2154 – promoting active life – 3 examples

- 1) your. mob – project to promote exercise, fitness and healthy lifestyles.
- 2) Lifestyle surveys to find out what local communities want.
- 3) Encouraging use of direct payments for leisure activities.

2162 POPP pilot councils – missing – assume Kent is not a POPP council?

## ***Learning Disabilities***

2201 – strategic vision – “The Future of Social Care in Kent” published in Feb 2004 defines a 10 year vision. Based on promoting independence, putting service users and carers first. Remains the basis of all medium and short term planning for social care delivery. Supporting Independence Programme will continue its aim to ensure that people can live as independently as possible. Family Group conferencing will be developed to help improve outcomes for service users and their families/carers by putting the person at the centre and engaging fully with all stakeholders.

The principles of “in control” will be implemented to give more choice. Aim is to move towards individualised budgets. LDDF priorities will continue to provide a focus for delivery or commissioning of services designed to improve lives of service users and carers.

### ***Physical Disabilities***

2301 – strategic vision missing

### ***Mental Health***

2401 - strategic vision missing

### ***HIV/AIDS***

2501 – strategic vision missing

### ***Drug and Alcohol Misuse***

2601 – strategic vision missing

2601 – number of problem drug misusers accessing treatment services – Kent 2005-06 outturn – 3280, IPF average – 1970

2604 – PAF A60 – participation in drug treatment programmes – 05-06 7.8, - 6.2% plan highlighted red in UEM investigate urgently – likely to be due to data quality issues, 04-05 data was 49.2. IPF average for 05-06 is 9, ask questions about performance.

### ***Carers***

2701 – strategic vision missing

PPF target additional 130,000 carers receive services in 2006, using carers special grant.

2711 – PAF C62: Services for carers – 26.5 outturn 2005-06, very good, IPF outturn good (10), Kent exceeded this.

2712 – total number of breaks provided – 18927 05-06 outturn, IPF average 51943

2713 – total number of new breaks with additional money – 1026 in Kent 05-06, 12086 IPF – IPF figure seems very high? Is this average?

2714 – percentage of grant spent on ensuring access to breaks by BME carers – Kent data missing, IPF average 4.5%

## ***1.2 Local strategic objectives***

### ***Older People***

2102 barriers to delivering the strategy for workforce planning for 05-06 and 06-07:

Financial difficulties of NHS, organisational changes arising from CPLNHS. Cost – shunting from the NHS to local authorities may flow from the decision about national eligibility framework. Demand managing of increasingly ageing

population. Increased incidence of dementia, and changes in public expectation re provision of person-centred support. Nursing and residential care placements in Kent by other authorities distort the market, increasing numbers of wealth depleters supported.

### ***Learning Disabilities***

2202 – barriers to the strategic vision – financial pressures plus analysis of future trends. Member – led review has taken place to agree strategy. No detail of what this is.

### ***Physical Disabilities***

2302 – barriers – Keeping up quality and standards during restructuring and new services being developed e.g. for deaf and deaf/blind. Continuous emphasis on integration with health partners and White Paper directives, ensuring PI's are met. Demand outstripping resources. Increase of 16% in referrals in 2005-06, health increase of 45% for integrated equipment service. Insufficient budgets in 12 District councils to support increase in disabled facilities grant applications.

### ***Mental Health***

2402 – barriers – further training for staff in CMHTs to stress importance of employment, accommodation and use of direct payments, and carer support in holistic care plans. Following successful "road show" on accommodation visiting CMHTs in 04-05, a further one on employment is planned.

The number of carer assessments in West Kent is still under target. Direct payments need promoting by CMHTs.

Split between 65 and under and 65 and over increasingly unhelpful. Kent wants to be needs led. Organic degenerative brain disease specialist services will be increasingly commissioned as part of older people's services.

### ***HIV/AIDS***

2502 – barriers – high incidence of sexually transmitted disease in young people and increasing prevalence of HIV both in the male gay community and in people from Sub-Saharan Africa, together with evidence that heterosexual transmission of HIV is increasing in the UK. There are financial risks arising from legal responsibilities of local authorities providing services to people arriving here with HIV/AIDS conditions. Kent at the moment is providing support over and above service provision including help with accommodation, rent, personal hygiene items, clothes, food and travel.

### ***Drug and Alcohol Abuse***

2602 – barriers – significant increases in the needs of individuals requiring alcohol specific support. Year on year under-investment by central government. Limited resources, demographic changes in the population, ageing population with alcohol problems. The ability of the social care system to respond to future needs, national agenda for PCT and social care i.e. direct payments.

KDAAT and partners plan to re-design alcohol services within the next year. Detail?

### ***Carers***

2702 – barriers - awareness of partner agencies of their role in supporting carers re Carers (Equal Opportunities) Act 2004. Capacity of the voluntary sector to increase support to carers. Encouraging professionals to develop creative responses to carer's needs. Meeting the needs of BME carers.



### **1.3 improving cost and quality and demonstration of Best Value**

3201 – summary of strategic vision – missing

3202 – barriers – risks include:

Upward pressure of client numbers

Growth agenda

Higher prices for all client groups, going up faster than general inflation

Cost-shunting from health

Replacement of bespoke client IT software, capacity of staff to engage in implementing new processes, while still delivering core services

Lack of capital funds to renovate and improve existing in house services may impact on quality of care

Risks are being managed in a variety of ways, including a focus on robust budget management, and close and co-operative working with colleagues in health, to develop shared solutions.

Careful project management to implement major change projects (and Systems implementation). A wide-ranging review of property assets to determine cope for using assets.

### **1.4 involving service users and carers in development and improvement work.**

#### **Older People**

2164 – social services contribution – Supporting Independence programme, schemes include the Brighter Futures project and the transformation of care services project. Service users and carers involved in Adult Protection forums and in the work of the Adult Protection Committee and the policy and protocol review group.

Online care directory allows people to select and view information on care providers. Online self-assessment allows people to assess their own needs at a time and place that suits them. Conference this year specifically for older people and development of older people user groups. Involvement of service users in the recruitment process, these include senior posts such as the director of operations in East Kent, Director of Policy, Performance and Quality Assurance, and the Head of Adults Policy.

#### **Learning Disabilities**

2230 – social services contribution – service users involved in all aspects of Valuing People, many in leadership roles via Partnership Board, District Partnership Groups, and Implementation and Focus Groups. The Partnership Board, largely through the Strategic Development Team influences decision-making in KCC and the NHS and other statutory and non-statutory groups. LDDF is used to promote leadership and enable service users to fully participate in events such as conferences and workshops.

A website has been developed that is easy to use by people with a learning disability; this will eventually include sound to help people with a visual impairment. There is a carer's website that includes a discussion forum and a secure section for young carers. It is now policy for service users and carers to participate in all KCC recruitment exercises including compiling person specifications, short-listing and interviewing.

## ***Physical and Sensory Disabilities***

2314 social services contribution- service users now engaged in business planning processes and have input. We are revising core standards; this is being reviewed with users. We are also operating to 10 standards that users have given to us. There has been direct involvement from users in the development of the Kent Card, Direct Payments and in recruitment (which includes the most senior positions).

## ***Mental Health***

2414 – social services contribution – Strong commitment to ensuring service user and carer participation. Every area has a service user forum, funded by KCC, which supports service users to participate in commissioning and decision-making meetings. The provider Trust has similar arrangements. In West Kent 134 service users took part in meetings in the first part of 2005-06, these included Joint Commissioning Boards, and the monthly meetings of the West Kent LIT. Service users involved in recruitment and some job panels, e.g. nurse practitioners developing SMI registers in primary care. Following a review in 2005, some changes will be made to the structure of service user participation and the reimbursement strategy. What are these?

## ***HIV/AIDS***

2504 – social services contribution - We talk to employers, colleges, friends and family trying to dispel fears and myths and advocate for clients. Living with the virus can be bewildering and lead to friends and family falling away, leaving the clients in fear and isolation. Clients also offer peer advocacy – advice and help from someone with the same status, gender, ethnic background or sexuality.

Clients and specialist workers will also lobby policy makers – providers and commissioners of services as well as central government.

## ***Drug and Alcohol Abuse***

2607 – service contribution – service users are represented on all working groups of the KDAAT. They also support the implementation of the KDAAT annual treatment plan and the young people substance misuse plan. A service user survey has been conducted by KDAAT; service users were also involved in a recent tendering exercise of the Kent and Medway Young People's Substance Misuse Service.

## ***Carers***

2728 – Vision is set out in Active Lives. The views of people who use services and their carers will shape service developments and will be an integral part of monitoring. Culture of involving users is being promoted in Kent and in its partner organisations.

Committed to reaching out to minority communities and hard to reach groups to work with them to develop services and support for people the way they want it. Better support to be given to people caring for others on an unpaid basis.

## ***1.5 Council has well – developed joint working.***

## ***Older People***

Kent percentage of delayed transfers attributable to social care at end of March 06 – 33.7% above IPF average of 24.3%, seems high, ask question at ARM?

Days of reimbursement – 196 days at end of March 06. England average was 23.98 days. Cost of reimbursement days was 19,600 England average was 2528, however Kent is largest local authority in the country and has a large population of over 75 age group.

## **Evaluation**

The Council has implemented a coherent strategy for responding to national priorities and can demonstrate good progress year on year, and sustained high performance.

The Council has developed local strategic objectives, priorities and targets for social care, which complement the national ones and serve the whole community. Many local services can be shown to have continued improvement.

The Council has developed a strategic approach to the continuous improvement of the cost and quality of its services based upon Best Value principles, which is evident in most services.

All services actively involve service users and carers, in development and improvement work. This includes all groups within the community fully reflecting local diversity. This work is well developed and is embedded in Council practice.

The Council has well-developed joint working with relevant partner agencies that operate effectively in all service areas.

## **STANDARD 2: Cost and efficiency**

Adult Social Care commission and deliver services to clear standards of both quality and cost, by the most effective, economic and efficient means available.

### **Summary of admissible evidence (including sources)**

#### ***ROPA 26 Oct 2005:***

Improvements:

The council's budget per capita is slightly above the average for similar councils. The resource allocation strategy is focused on developing more community-based services, and reducing hospital admissions and residential placements. There has been good investment in extra care housing and shared service centres using PFI funding. Innovative use of IT, effective arrangements with NHS and voluntary sector partners, and sound financial management are all used to support this approach. The council and NHS partners have made very effective use of the Reimbursement Grant. Restructuring has been planned for April 2006 to coincide with the start of the financial year to minimise disruption to budgetary procedures. The council has sustained very good performance on admissions of older people to residential/nursing home care (PAF PI C26). Kent's LPSA and LAA have set challenging targets for improving efficiency and effectiveness of service delivery. Successful delivery of these targets would result in significant additional funding for the council. The council has been working with Swindon for the last nine months to support the council in achieving improvement, which has created developmental opportunities for Kent staff.

Areas for improvement:

The unit cost of homecare for adults and older people has increased. Unit costs across all services are affected by: Kent's purchasing strategy which results in a high proportion of services being purchased from the independent sector; Kent's policy of promoting independence through preventative community-based services, which means that the services for which unit cost data is collected are biased towards more complex and costly care. The council is developing a matrix approach for residential care services for adults, and has commissioned the local Personal Social Services Research Unit to examine the costs of domiciliary care. The profile of the care market, which is influenced by other councils' purchasing of care places, continues to present challenges to the Kent's commissioning and budgetary position, as does the government's funding levels for the Supporting People programme.

#### ***21 February 2006 RBM:***

Kent referred to the tabled briefing pack which included a report on PSSRU work commissioned by Kent (page 10 and page 17) on costs and quality of the home care service. It was noted that the home care unit cost given in the report is based on costs in a particular week, and is higher than it would be if averaged over the year. Higher costs this year have been influenced by Kent's introduction of single status, which not all councils have achieved yet.

A very successful PSSRU workshop was held in the last week, which gave, feed back on service user perspective and looked at in context of CSCI reports as well.

Jessica Slater indicated that CSCI was focusing more closely on the role and quality of council commissioning during this year's performance assessment process.

Caroline Highwood reported on the current position on Supporting People funding. Kent has achieved a significant amount of effective work, has banked some under-spends from previous years, and is now hearing more positive messages from ODPM about funding levels. Kent is not predicting such draconian reductions as at first expected, and recent exemplifications from ODPM suggest there will be less volatility than originally suggested. Kent is tightly monitoring this area in order to ease any possible pain.

Caroline asked about the CSCI role in performance assessing Supporting People and drew attention to some performance indicators that are proposed (consultation phase) which she felt were beyond the control of the council. Jessica Slater said that whilst CSCI carry out SP inspections jointly, CSCI does not manage the inspection process which is lead by the Audit Commission.

Caroline Highwood gave an example of a bizarre indicator the ODPM was using – based on data on burglaries per 1,000 population. Jessica Slater noted the issues raised, and said that she had become aware of an increase of activity some time ago when a number of registered services applied to be re-designated so that they would fit supporting people criteria.

Swindon

Page 39 of briefing pack describes aims of Swindon partnership and improvements and successes. Seem to be improvements for Swindon but what have been improvements for Kent?

### ***2005-06 Audit Letter (draft):***

Unqualified opinion on the use of resources, subject to the successful completion of our review of the management arrangements covering the Authority's Best Value Performance Indicators. One targeted review was undertaken during 2005-06 as part of the audit. This was a Joint Review of Capital Monitoring undertaken with the Authority's Internal Audit Section. This review identified a number of areas of good practice, including the new capital project approval process. Some areas for development were also identified, particularly around project management of specific projects.

### ***UEM/DIS 2006:***

#### ***2.1 council secures services at a justifiable cost and makes comparisons in terms of quality and cost***

3229-3231 % increases in fees – missing  
IPF comparisons – 3.5% care homes; 4.5% home care; 2.5% day care

#### ***2.2 Commissioning***

##### ***21 February 2006 RBM:***

Jessica outlined the impact of IBL changes on council commissioners. The changes should help commissioners identify which services are poor, good and excellent. CSCI intends to become much more rigorous about who councils commission with. If necessary we will take enforcement action. Information will be shared with Kent and Medway commissioners.

Oliver Mills mentioned Kent's on-line directory of care homes. He felt that there is a tension between the CSCI approach and exercise of choice by individual service users. It was felt that each person could choose as they wished, provided

they were allowed to make an informed choice, and there needed to be evidence of this.

A question was raised about multiple service providers some of who have units all over the country.

Oliver Mills and Caroline Highwood asked about people on preserved rights and self-funders? CSCI would focus on these people only if we find they are at risk, otherwise we will look at people being funded by Kent, or being assessed by the council for new placements. Jessica mentioned a recent meeting to set up the CSCI Kent and Medway Commissioner Forum and noted Cathi Sacco's enthusiasm and commitment to taking part in this. Kent feedback about the meeting had been very positive.

### ***DIS/UEM 2006:***

3233 – commissioning strategy: Strategic direction for services set by Active Lives, Next 4 Years, LAA and Value for Kent. 12 District Plans, set out 3 year commissioning intentions, built on demographic trends, needs and gap analysis. Policy trends factored in e.g. effect of direct payments. Plans include strategies for decommissioning and addressing gaps/shortfalls. Users, carers and partners endorse the plans. Kent also works with providers and encourages diversification. De-commissioning traditional residential care of which there is an oversupply in Kent. Tradition of strong contract function, with robust tendering processes. Developing more flexible contracts. Dom care contracts supply through a significant proportion of postcode based block contracts. On-line directory for people looking for care they may choose to purchase. Risk assessment framework for contract monitoring which relies on CSCI inspection information and takes account of views of service users, providers, care management and other data.

3213-3226 – budgets and expenditure – 0.8% reduction in net expenditure from 04-05 to 05-06 forecast. Budget for 06-07 is 1.2% below 2005-06 expenditure. Figure of net forecast expenditure does not correspond with total PSS expenditure in 3226 for 05-06 – ask at ARM or before?  
Percentage spend (UEM page 22) – largest spend is on Older People (51%, due to increase to 57% in 06-07. Second largest are adults with learning disabilities (22%, due to increase to 23% in 06-07). Asylum seeker spend is due to end this year.

BU07 budget per capita: 05-06 latest on KIGS UEM page 23 – £294.1 per capita, compares with IPF average of 291.9, very close to average.

EX04 SSD gross current expenditure per capita in Kent - £317.3, compares with IPF average of £303.90, slightly above average of IPF

Physical and sensory disabilities – BU03 per capita 18-64 – Kent 05-06 spend were 49.8, IPF was 36.5, Kent well above IPF average. Ask at ARM?

Learning Disabilities – BU04 per capita 18-64 – Kent 05-06 spend was 89.4, IPF was 83.9, Kent spend was therefore slightly above IPF. Kent's LD spend has fluctuated more than other IPF authorities over the past 4 years.

2220-2226 – LDDF funds - Kent overall spend for 05-06 and plan for 06-07 missing from UEM. Largest area of spend is on enhancing leadership in learning disability services.

Mental Health – BU05 per capita 18-64 – Kent 05-06 spend was 23.8; IPF was 23.9, very close to IPF.

## **Kent LAMA 2006:**

Lower percentage placed outside boundaries of Kent than IPF and England.

34% supported in Kent, England average is 40%.

Net loss of places 31 March 04-31 March 06 (116 new registrations 1385 places, 150 de-registrations 1722 places)

Fewer dementia registered places per 1,000 pop in Kent than England (14.44 v 20.04)

Twice average no of places for LD than England (3.76 per 1,000 v 1.91 per 1,000)

MH similar to England average

Two thirds of England no of places for PD 2.38 per 1,000 v 3.18

There has been an increase in numbers of domiciliary care agencies between March 04 and March 06.

NMS Standards - Average % of NMS met:

KCC older people's homes – 80.2, highest of all types of home in Kent, and higher than England average – 76.4%

KCC nursing homes for older people – 35.3, lowest of types check data as it looks like data relates to only 2 units.

KCC younger adults' personal care homes – average 84.5% of NMS met

Domiciliary Care agencies – LA owned – average 66.7 NMS met, England 70.9,

**Evaluation:** small numbers of in house dom care agencies in Kent make comparisons difficult. (looks like there are 3)

Fig 2.7 nursing homes for younger adults

No Kent run homes. NMS standards noted to be noticeably below England average: risk, daily routines, protection, staffing, recruitment, training, operations. Noticeably above England average: meals, complaints, premises, hygiene, staffing, safety.

Fig 2.8 personal care homes for younger adults

LA owned homes: NMS standards above average on: risk, education, community links, daily routines, meals, support, medication, protection, staffing, recruitment, training, operations and quality assurance.

NMS below England average: assessment, service user plan, decision-making, relationships, healthcare, complaints, premises, hygiene, and safety.

Fig 2.9 personal care homes for older people

LA owned homes: NMS standards above average on: needs assessment, intermediate care, medication, social contact & activities, community contact, autonomy and choice, meals, complaints, protection, staff complement, recruitment, staff training, day to day operations, quality assurance, safe working practices

NMS below England average: service user plan, privacy and dignity, social contact & activities, premises, hygiene, qualifications.

## 2.10 nursing homes for older people:

NMS overall in Kent: generally good, exceeding NMS England averages, below England average on: service users plan (39.8 v 55.2%); medication (48.2 v 55.8%) meals (77.1 v 80.4%) complaints (76.2 v 86.0%) hygiene (63.1 v 73.2) staff training (61.7 v 71.6)

## 2.11 domiciliary care agencies

NMS overall in Kent: NMS above England average: care needs assessment, privacy and dignity, protection, recruitment and selection, supervision, business premises, complaints. Below England average: medication, safe working practices, risk assessments, development and training.

## 2.12 nursing agencies

NMS overall in Kent: NMS above England average: organisational policies, all other NMS standards below England average. Most significantly lower: staff suitability, recruitment checks, staff induction, protection, and professional conduct.

### **2.3 Plans for improved efficiency- in 2006-07**

3203 FTE staff numbers increased in 05-06, lower level of vacancies due to improved recruitment and retention measures. Efficiency has arisen from changes to recruitment practices/advertising and specific changes to the OT bureau re managing for caseload/assessments.

3204 making better use of assets – replacement IT software, PFI on extra care housing.

3205 – modernising – modern technologies – electronic tendering; transaction data matching technology to reduce admin costs; direct payments to allow choice; self assessment website to reduce staff time; video links to enable assessment meetings with YOS clients, care staff and their families removing need for out of county visits.

3206 – improved working practices – reviewing high cost placements to see if they meet needs. Compares the costs of providing adaptations in the OTB by using external charitable providers against the cost of in house staff. Takes account of transport costs as well.

3207 Limiting cost of price increases to the guideline RPI or equivalent index. Efficiency takes account of changes of activity between years and calculates a financial target based on residential weeks, dom care hours, etc. Activity did not reduce as forecast so efficiency gains were lower than expected.

3208 better use of resources – more stable workforce, also reviewing use of agency staff

3209 – It project due to go live August 2006. Extra care PFI on sites, which have been secured. Contracts due to be completed by the end of the next financial year.

3210 – Modernising service delivery - Active Lives, Telecare, TeleHealth, unscheduled care desk, blue badge application process to move on line. More self-assessment – nothing about direct payments, personalised budgets.

3211 – Improved working practices – reductions in expensive placements, reviews of contracts, arrangements with other public sector and vol sector providers to gain efficiencies/review commissioning from this route. New specialist finance teams to reduce burden on care management and increase quality of financial assessment/advice.

3212 – other priorities – management action reduction in client numbers in residential placements.

Overall efficiency gains – Kent – have put most of the efficiency gains under “other



priorities for efficiency gains" – other England authorities have tended to use this category less.

### **Adults and Older People**

2125 – PAF B12: cost of intensive home care for adults and older people – missing outturn for 05-06, ACA group 2 £534. update at ARM?

2126 – PAF BI7: unit cost of home care for adults and older people – missing, ACA group 2 £14.6

### **2.4 use of joint commissioning and partnership working**

2104 – annual £2.4 million in intermediate care services by using reimbursement grant. Innovations Forum project will reduce bed days occupied by 75 and over by 20% of what it otherwise would have been, in three PCT areas. NB how do you know what it would have been? Ask at ARM? Other parts of Kent will reduce admissions by 15% as part of LPSA. Jointly working with Health to deliver LAA targets. Integrated working includes developing services for long-term conditions.

Health Act Flexibilities

Partnerships

3302-3310 – most are at the stage of action being implemented.

3310 – delayed transfers, considered no intentions to use health act flexibilities in this area. Kent is not in most common category (action plan implemented) Ask why no plans? Looks like in essence Kent is already there even if not in partnership. See 3324 for explanation.

Integrated teams

3302-3310

3302 OP missing

3303 LD integrated management and pooled budgets

3304 PD missing

3305 Sensory impairment – integrated management, pooled budgets and lead commissioning

3306 MH - integrated management and lead commissioning

3307 Drug misuse – pooled budgets and lead commissioning

3308 Intermediate care– integrated management, pooled budgets and lead commissioning

3309 Community Equipment Services – integrated management, pooled budgets and lead commissioning

3310 Delayed transfers of Care – integrated management, pooled budgets and lead commissioning

3311 – LD have jointly staffed community integrated teams, monitored via jointly staffed Strategic Development Team with Ashford PCT leading on behalf of NHS. MH teams are managed across health and social care. Commissioning is led from a PCT base, but appointments are made jointly. A lead commissioning structure is planned but will not be in place by 31 May 2006. 2 out of 3 areas are now fully integrated for core equipment. Kent County Supplies is lead agency for procurement. A web-based system (Soft) has been launched to manage the integrated service including provision of performance reports.

3323 high level of local partnerships to oversee the investment of the reimbursement grant in intermediate care services. Kent is looking to deliver the White Paper without going down the Section 31 route.

3324 – why have these partnerships been formed outside health act flexibilities?

All the relevant outcomes can be achieved without recourse to formal health act

flexibilities.

3322 – significant weaknesses – OT – precarious health economy in Kent where some PCTs have varying levels of financial difficulties. Restructuring and uncertainty in health has also created the potential for weaknesses.

### **2.5 sound financial management systems**

3227 improvements in annual audit letter not applicable

3228 proposals for improving financial management in 06-07 not applicable

### **2.6 effective procurement processes**

3325 use of block, spot or in house contracts – adults in residential care

96% spot purchase in March 2006, have moved away from block contracts (37.5% in 2005, 2% in 2006)

3326 use of block, spot or in house contracts – adults in domiciliary care – using more block contracts and less spot purchased.

3327 use of variable fees and incentive payments – adults in residential care – 34% used to encourage particular service provision, 23% for geographical reasons. (Figs do not add up to 100%).

## **Evaluation**

The Council secures most services at a justifiable cost, and often identifies options and makes comparisons regarding quality and cost.

Expenditure on social care services reflects national and local priorities and is fairly allocated to meet the needs of diverse communities.

The Council can demonstrate improvements in efficiency across social care services and has clear targets and plans for further improvement, which include the involvement of people who use services.

The Council has made significant progress in using joint commissioning and partnership working and is starting to improve the economy, efficiency and effectiveness of local services.

The Council has sound financial management systems, which provide the foundation for good planning and commissioning in social care.

The Council has a range of effective procurement processes in place, which are starting to support the delivery of strategic objectives, and reflect the local social care market.

### **STANDARD 3: Effectiveness of service delivery and outcomes**

Services promote independence, protect from harm, and support people to make the most of their capacity and potential and achieve the best possible outcomes

#### **Summary of admissible evidence (including sources)**

##### Source

OP

LD - C30

PD - C29

Community equipment & D54

MH, C31

DP, C51

Carers, Breaks

Safeguarding

##### **ROPA 26 Oct 2005:**

##### Improvements:

As identified under Standard 1 (National Priorities and Objectives), services are designed to promote independence and improved outcomes for service users. There is a broad range of services, with continuing service development in response to changing requirements. Performance indicators and other data show that the council continues to achieve good and very good outcomes for services users in many key areas. People are less likely to have to wait for assessment or care packages than in similar councils. The rates of assessments of new clients aged 65 and over, and of these, the rate leading to provision of service compare well to similar councils. A higher number of older people 65 and over are in receipt of direct payments compared with similar authorities. The council has sustained a very good rate of supported admissions of people aged 65 or over to residential or nursing care, indicating that there are appropriate community-based preventative and support services. For younger adults, the rate of supported admissions has continued to reduce, in line with the council's policy to provide more community-based preventative and care services. However, the performance indicator has dropped from band five to band four, and the council should review the position, in order to ensure that there is a full and appropriate range of services from which service users can choose. The rate of people with mental health problems who are helped to live at home continues to be very good. 100 per cent of young people with learning disability who at 18 and over are in contact with children's social services have transitional plans. This is much better than the rate in similar councils. There is a consistently good rate of staff working in learning disability services that achieve at least NVQ level 2.

##### Areas for development

Performance indicators relating to the rates of people with physical disabilities, learning disabilities, and of older people show a reduced banding. In common with a number of other councils, Kent had previously included the high numbers of people that are effectively supported in the community through council-funded voluntary organisations. Data collection now excludes these people, in line with Department of Health guidance. The effectiveness of this policy is demonstrated through other related performance indicators and data (for example, the very good performance on supported admissions of older people to residential or nursing care). The rates of carers and people with mental health problems who are in receipt of Direct Payments are lower than council would like. New

purchase card arrangements are expected to lead to improvements in the current year. The council should explore the reason why data indicates that the proportion of carers aged 65 and over who have received an assessment or a review in the year is low in comparison to similar councils.

### **21 February 2006 RBM:**

Oliver Mills outlined the current position, and gave details of areas, which will improve in 2005-06. PAF C32 (older people helped to live at home) is not likely to change significantly. However, Kent does not want to change its emphasis from preventative / drop in services provided through the voluntary sector and introduce unnecessary bureaucracy to improve the PAF indicator. Evidence was given last year that levels of service had increased despite some activity being excluded in line with tighter RAP definitions.

Debra Exall stressed that Kent support is in line with expected levels based on demography and other factors identified in the Tribal sector predictive model (Page 19 of briefing pack). She also asked Jessica Slater to note the list of support services provided by Kent that are not counted in the helped to live at home indicators (page 26 of briefing pack).

### **DIS/UEM 2006:**

#### **3.1 the independence of service users and carers is promoted**

##### **Older People**

2118 – PAF C32 – Older People helped to live at home: 05-06 Kent outturn was 73, ask questions about performance, IPF average were 72, and ask questions about performance.

2119 – Kent estimate of people helped with non care managed support was 21.9%, IPF estimate (average) was 49.8%

2120 non-care managed support includes Brighter Futures encouraging community participation, training active older people as volunteers to work with less active older people. Medication reminders, practical and emotional support, accompanied transport, advice and support with technology. Diversion from hospital admission, investment in schemes such as handy van and key safes. Adult Protection for people placed in Kent by other authorities.

2121 – PAF C28 intensive home care – 11.1 outturn 2005-06, acceptable, IPF average is 10.3 acceptable.

2122 no estimate of numbers of intensive home care users who have direct payments instead of home care managed by Kent.

2123 – use of intensive home care has been stabilising over the last few years. The definition of the indicator is very narrow. Kent increasingly uses more innovative schemes. Service users using direct payments are no more likely to use home care services as any other service user therefore estimates would probably not carry a lot of meaning.

2127 PAF C26 admissions of supported residents aged 65 and over to residential /nursing home care (old definition) Kent outturn 81 in 05-06, very good, IPF 85 also very good.

2128 PAF C72: older people admitted on a permanent basis during the year to residential or nursing care (new definition) Kent 05-06 outturn 74, very good, IPF 84, good – Kent has exceeded IPF performance on this new indicator.

2203 Number of people with a LD known to the council – Kent 04-05 1803, 05-06 missing, IPF 1526 average.

2211 – PAF C30: Number of LD people helped to live at home per 10,000 population aged 18-64- 05-06 Kent outturn is 3.0 very good, IPF is 2.9 good.

2212 – estimated number helped to live at home with non-care managed support 0.2 per 1,000 in Kent in 04-05, not available for IPF. Data looks odd, doesn't match for Kent and IPF

2213 – contracts exist in the voluntary and private sector through Service agency agreements to provide help beyond the assessed need of service users and carers and to include people who fall outside Social services criteria.

2214 – very few people with a LD in paid work 0.5 per 1,000 18-64, IPF average is 0.48 so very similar.

2217 Number of LD who were in a nursing home or residential care home on a permanent basis as at 31 March 06: Kent 2454, IPF average is 640, big differences in sizes of authority.

2228 – describe needs analysis – Implementation of “fair Access to care” to ensure needs properly assessed and categorised. Community integrated teams with specialist skills. ILF and specialist supported living schemes to help people achieve independence.

Telecare to help people live at home

Specialist day opportunities commissioned

A revised strategy for short-term breaks ensures fair access for clients and helps carers enjoy respite.

### ***Physical Disabilities***

2303 KCC has a 3-year PSA target to increase the number of clients on incapacity-based benefits back into work. It is recognised that there will be different levels of work for each individual. First year has set up monitoring system to record employment gains. Profile of employment has been raised among front-line teams via workshops and an information site on KNET

2304 promoting independence – specifically PAF C29 – helping younger disabled people at home – no text.

2306 PAF C29 – helping younger disabled people at home per 1,000 18-64: Kent 05-06 outturn 5.3 very good, IPF 4.4 good.

2307 non-care managed support – negligible. 0.4, IPF 2.5

2308 – Adult Protection for people from outside Kent, sensory disabilities – range of activities via two local agencies, Kent Assoc. of Blind and HiKent.

2309 average wait for minor adaptations – Kent data missing, IPF 2.4 days

2310 average wait for major adaptations, Kent outturn 69 days, IPF 33.5 days, check at ARM? Medway has 56-day average.

Telecare

2155 number of users with one or more items of Telecare equipment in their own homes – Kent CSSR alone 1485, IPF group too disparate in size to have meaningful comparisons.

2156 – 06-07 data estimate of number of new users – Kent 972

2157 – 2007-08 data estimate of number of new users - Kent 2500

2158 – text states there are Telecare services in the independent sector but the information is not ready to collect yet.

2161 Telecare services being implemented: based on existing community alarm infrastructure, using range of passive sensors. There is an evaluation project to assess how the life outcomes of older people who have chronic diseases are helped. TeleHealth monitor enables the client to monitor the following vital signs and communicate back through simple easy to use devices.

2305 PAF D54 percentage of items of equipment and adaptations delivered within 7 working days

Kent 86%, IPF 86.3, very good, close to IPF average.

### ***Mental Health:***

2403 – PAF C31 number of adults with mental health problems helped to live at home per 1,000 population

3.7 very good Kent outturn 050-06, IPF 4.1 very good  
Insignificant number with non-care managed support.

2405 – no text giving details of what non-care managed support there is.

### **3.2 Range of services is broad and varied to meet needs**

#### **Older People**

2103- implementation of the National Assistance Act 1948

Kent has implemented LAC (2004) guidance and produced a leaflet for people supported by public funds. The launch of the care services directory website was very successful, with 13,000 hits in February 06 and 12,500 hits per month subsequently.

Learning Disabilities Development Fund (LDDF)

2220-2226 biggest spend is on enhancing leadership, followed by advocacy, and modernising day services. IPF greatest expenditure is on modernising day services – a question for the ARM?

2227 – advocacy – setting up an innovative self-advocacy service and supporting local initiatives. PCP training trainers, running awareness courses and establishing east and west Kent networks for facilitators and trainers. Database for older carers to identify this hard to reach group. Ongoing programme of carers' assessments. Leadership funding has gone directly to 12 Districts to help fund people to attend local and national events.

#### **Deaf Blind services:**

2312 – Kent response is sufficient services are in place.

#### **Mental Health:**

2408 – social services contribution to improved outcomes for MH users

Early intervention teams now implemented, work is being undertaken with the SHA to ensure new DH targets will be met. Social care model is reflected in commissioned model of service. There needs to be more direct involvement with resources available to EIS teams.

2409 encouraging signs although too early to evaluate fully. Good examples of work with employment services and education.

2411 progress on employment – work has been done to align employment targets to the new PSA2 targets. This has helped focus providers on moving people back into meaningful employment. The new "evolve" project in West Kent is working to establish relationships between providers, Job Centres and the DWP to increase job opportunities for people on incapacity related benefits.

In West Kent 24 people with MH problems were successfully moved into paid employment in the first 6 months of 05-06, this number is expected to increase for 06-07 indicating the MH component of PSA2 will be exceeded.

#### **Carers**

2710 progress on Carers Equal Opportunities Act 2004

City and Guilds e-learning programme being piloted for carers, in partnership with other KCC services and voluntary sector groups. Planning distance learning with OU for carers. Developing register of carers, adults and young people to involve them in planning and design of support services.

### **General Section**

2131 PAF D37 percentage allocated single rooms – 93%, good, IPF outturn was 95% good.

3328 PAF C51 direct payments – 80 acceptable, IPF 91 good. Kent not keeping up with best authorities although numbers with direct payments is increasing. Unless using scheme mentioned at APA for adults as well. Check at ARM

3329 – increasing the uptake of direct payments – Set up client money service for those who don't want to manage money side of direct payments. Kent card piloted last year and will be officially launched in September. Acts like a debit card and can be used to pay for support, it removes the need to keep transactional records. Direct payments being used to provide support to people with dementia. How do they make choices?

3330-3341 – direct payments, total now 862 as at March 2006. Majority are PD, with 337 older people, and 47 with LD. IPF average overall is lower than Kent, but with greater numbers of LD and carers for disabled children (data missing for second data item). 23 people getting DP are from a BME, 2.7% of the people receiving direct payments, IPF figs on percentage from BME are incorrect (147)

3345 "in control" pilot authorities – what could inform the performance assessment framework for 06-07:

Self directed support should be a key PI.

Integrate direct payments with other forms of support e.g. self directed and individual budgets.

More information should be collected on wider range rather than counting services with no reference to the wider picture.

A much greater focus on customer satisfaction, the achievement of real and objective outcomes that enhance citizenship.

CSCI should talk collectively to the pilot authorities. Please contact Incontrol directly to set up.

### **3.3 the council provides a good range of services to support and encourage carers.**

2703 Priority one is information, Kent priorities are same to England averages.

2716 percentage of the carers' grant spent on joint care management or pooled budgets missing in Kent 5.9% in IPF group.

2717-2724 numbers of break services provided through the Carer's grant – no IPF comparisons, difficult to judge whether data is good or bad, or indifferent.

5.8% BME carers have received a breaks service, 3% of the population is from BME, not sure whether BME percentage is percentage of those receiving breaks who are BME, or percentage of BME carers who got breaks. Check definition

### **Learning Disabilities**

2206 – number of adults with LD per 10,000 18-64 who had planned short breaks – 0.2 in Kent, IPF average was 6.2 in 05-06

2207 Number of carers for LD who received a review – missing from Kent, IPF average 220.3

2208 number of carers as percentage of pop 18-64 – Kent 2.7, IPF average 0.7 so Kent data is improvement on IPF

2209 – number of carers of people with LD aged 65 and over who have received a review or assessment during the year – Kent is 585, IPF average is 144, comparisons difficult due to population differences.

2210 – assessment or review per 1,000 65 and over – Kent 2.49, IPF 0.9

### ***3.4 service users are effectively safeguarded against abuse, neglect or poor treatment.***

Multi-agency Adult Protection Committee, developing Safeguarding Board.

2609 – summary of no secrets work – training sub group, committee subgroup addressing serious case reviews with feedback processes in place, audits of case work, service user, carer and practitioner forums for adult protection. Work closely with Police and CPS to maximise access to criminal justice for vulnerable adults.

2610-2616 – older people's referrals reduced between 05 and 06  
PD referrals increased by 50% from 40 to 62. Rest was relatively static.

### **Evaluation**

Services promote the independence of most service users and are usually effective in minimising the impact of disabilities, and reducing family stress and breakdown. Services are sensitive to the needs of most diverse community groups. The range of services is broad and is increasingly able to offer choices and meet preferences. The Council provides a good range of services to support and encourage all carers in their caring role.

Service users are effectively safeguarded against abuse, neglect or poor treatment whilst using services. Incidents of this kind are rare.

The Council frequently seeks feedback from service users and carers, has acted on feedback and is often able to demonstrate that they value services.

### **STANDARD 4: Quality of services for users and carers**

Services users, their families and other supporters, benefit from convenient and good quality services, which are responsive to individual needs and preferences

### **Summary of admissible evidence (including sources)**

#### **Source**

#### **SAP**

Reviews, D40, D55, E61, D56, D39

Quality of services, D37

#### **ROPA 26 Oct 2005:**

Improvements:



Referral, assessment, care planning and review processes are convenient, timely, and tailored to individual needs and preferences, including diverse groups. This is particularly well demonstrated in Kent's performance on waiting times for assessment and for care packages. Good quality information about services and standards is readily accessible to all, including diverse groups in the community. A self-assessment website was launched October 2004, since then nearly 250 assessments have been requested.

Areas for development:

92 per cent of service users have received a statement of need and how these will be met. This is lower than in the previous year. The council has stated that this may be due to under-reporting resulting from the current information system, which is not configured to monitor this.

### **21 February 2006 RBM:**

Statements of need D39 – (page 28 of briefing)– Kent will go up a band – there was under-reporting last year, this year Kent has improved recording of issue of statements, with regular schedules listing clients without statements. There was also a problem where cases were not being closed but recording has been improved.

Page 28 of briefing shows 78.8% of MH users received statements of need at end of March 05, and that of WK S28A clients only 44.4% received statements of need (relatively small no of clients involve – 16 out of 36 had statements). There were some variations in percentages between different locations.

### **DIS/UEM 2006:**

#### **4.1 convenience, timeliness and tailoring of referral, care planning and review**

2106: 2006-07 priorities for assessment – priority is to carry out urgent assessments within 48 hours of referral and non-urgent cases within 28 days. Kent has maintained its high performance against these targets.

#### **Older People**

- targets and performance indicators: capacity and commissioning.

2110 – percentage of new assessments of older people completed within 2 weeks

71.8 2005-06 Kent outturn, IPF 60.1, Kent exceeded this performance

2133 – PAF D40 – clients receiving a review – Kent 05-06 85 acceptable, IPF 70 acceptable, check bandings as Kent figure looks really high

2107 – PAF D55 (part I) Percentage of assessments of older people begun within 48 hours of first contact with social services

Kent 2005-06 100, IPF 84.1

2108 - PAF D55 (part 2) Percentage of assessments of older people completed within 4 weeks

Kent 2005-06 81, IPF 73.9

2109 – PAF D55 Acceptable waiting times for assessments

Kent 2005-06 90.5 very good, IPF 78.99 acceptable.

**Evaluation:** Kent is outperforming the IPF group on reviews and assessment waiting times

2134 – PAF E47 Ethnicity of Older People receiving assessment.

Kent 2005-06 2.12 ask questions about performance, IPF 1.16 acceptable.

### ***People with Learning Disabilities***

2219 – person-centred planning

All young people in transition have person centred plans. The transition process is being reviewed to ensure consistently good outcomes. All agencies have been engaged in this process. Work streams have been identified and leads appointed to make the necessary improvements to policies, procedures and practices. PCT underpins this work and the Transition Champion works closely with the PCP Implementation Group.

Family conferencing has been established as the normal way of planning for children. This is now being piloted with adults. How does this work?

2218 – 0 adults in NHS patient accommodation

Single Assessment Process (SAP)

2112-2116 – Kent expects to implement after April 06 but before April 07. Training has been given to all staff (pre April 06). The locality approach has been published and disseminated.

2117 – how far has council progressed in providing a single assessment summary?

Kent – summary available by May 2006 to professionals only and only in part of CSSR. Only 16% of authorities are at the point of the Summary being available to professionals and individuals across the whole CSSR.

### ***People with Physically and Sensory Disabilities***

2311 – summary of strategy and implementation of transition – see learning disabilities above (2219).

### ***Mental Health***

2406 – Crisis resolution teams

Kent has successfully submitted to the DH “fidelity and flexibility” exercise and the pattern of implementation of Crisis resolution teams in Kent and Medway has been approved. All targets have been met. Strength of Kent/Medway.

2407 – plans for 2006-07 – outstanding issue for parts of West Kent is the degree of 24-hour cover. All existing clients of CRTs have support needs met 24 hours a day, 7 days a week. There are still a few areas in West Kent where new interventions to divert from hospital are not immediately available out of hours. Some inconsistency in coverage of the service seems there is a lack of equity, and this could put some people at risk.

During the coming year this will be put right. Submission to DH was for out of hours cover provided through joint working across areas. This was agreed by the DH, the schemes are funded to meet this obligation and joint working arrangements will be put in place during 2006-07.

#### **4.2 quality assurance systems put in place**

3407-3410 Electronic Social Care Record – are you on target

3407 Yes – CSSR has database in place

3408 Yes – April 2006 all new cases have an electronic social care record

3409 Yes - by October 2006 all new and existing cases to have an electronic social care record with meta data added for relevant cases. Likely to be achieved.

**Evaluation:** Kent is ahead of most authorities on 3408 and 3409, indicating its strength in using IT

3410 – any difficulties in meeting ESCR targets – Social Care is replacing its core client systems. Delays were caused due to requirement to implement the integrated children’s system in the same time frame. Go live due August 2006. Current systems are fully integrated and produce high-level performance information but will not interface with other agency systems and cannot deliver the SAP. Replacement system will give KCC the capacity to connect with Health, Education, and other compliant systems.

**Evaluation** – Kent is making good progress towards sharing information electronically with other agencies.

#### **4.3 Privacy and confidentiality**

No information in the Delivery and improvement statement for this criterion. Ask at ARM how you ensure confidentiality etc when information is being shared- are there joint protocols yet?

#### **4.4. Good quality information about services and standards is readily available.**

##### **Service users**

2132 – PAF D39 – percentage of people receiving a statement of needs and how these will be met.

Kent outturn 05-06 was 98% good; IPF was 96% good. Kent has improved its results from acceptable in the past three years (0203-0405)

## **Evaluation**

All referral, assessment, care planning and review processes are convenient, timely, and tailored to individual needs and preferences, including diverse groups.

The Council has quality assurance systems in place, and service quality is consistent across most sectors, services and communities.

Privacy and confidentiality are assured in most cases through appropriate policies and procedures, and compliance is usually well managed.

Good quality information about services and standards is readily accessible to all, including diverse groups in the community.

## **STANDARD 5: Fair access**

Adult Social Care services act fairly and consistently in allocating services and applying charges

### Source

OP, D56, E47, E48, E50,

LD including BME

MH including BME

Access

Racial Equality

Advocacy & Interpreters

## **Summary of admissible evidence (including sources)**

### ***ROPA 26 Oct 2005:***

Improvements:

The council has clear eligibility criteria for all services, which are published, easy to understand and fair to all. Kent's charging policies are easily accessible on their website, written in plain English, and in a large, clear typeface. The needs of people from black and minority ethnic groups are carefully monitored and action is taken to increase take-up of services from most under-represented groups. PFI funds are being used to develop shared service centres, which will be more easily accessed. Kent has been awarded a partnership award to develop voluntary sector services in Ashford specifically aimed to meet the needs of ethnic minority community in that area.

Areas for development

Performance indicators show that the rate of older people from black and minority ethnic groups who receive assessments is higher than most similar councils, and that the proportion of these people who then receive services is relatively low. This is in line with the fact that targeted services for these people are predominantly funded through the voluntary sector, which receive some direct referrals and some referrals via social services. The council should explore the reasons for the relatively low percentage of people from black and minority ethnic groups who are in receipt of direct payments.

21 February 2006 RBM:

BME information (Page 29 of briefing)– The indicator is suggesting that a higher proportion of BME in Kent are being assessed and receiving services therefore giving the impression that Kent is over-performing on this indicator. Jessica Slater asked how she could describe the issues for Kent, which can appear to be too complex to analyse effectively. This may be because in Kent there are no high concentrations of ethnic groups living in particular locations, other than in Gravesend (which has the largest Sikh community in the country outside London). Caroline Highwood suggested that asylum seekers were being included in the numbers assessed/receiving services but were not included in the census based population estimates, skewing the results.

Kent can demonstrate the range of services through its commissioning of specific services

e.g. for Sikhs. Kent can also provide evidence of training given to people who assess and make decisions on services to ensure they take account of cultural and ethnic issues when carrying out this work. Kent has produced a booklet called "Culturally Competent Care". Kent's Equalities Standard covers this and other equality areas; Examples of specific services geared to particular groups were Guru Nanak, and Ashford Asian Elders. The two PAF indicators are monitored monthly District by District.

Steph Abbott reported that Kent would be re-submitting the 2005 SSDS 001 return later in the week. This would show that Kent had met the race equality key threshold indicator. Joyce Phillips had checked with DH and had been advised that councils affected by this threshold (26 in total) were being given leeway to resubmit their SSDS001 return up to April 2006; therefore Kent will easily meet the deadline

### ***DIS/UEM 2006:***

#### ***5.1 Clear eligibility criteria are published, easy to understand and fair to all***

No information in DIS about this, but last year I checked the Kent website and criteria were clear, don't think there have been any changes, but maybe ask at ARM

#### ***5.2 Social Services are effective in monitoring the needs of the local population and take up of services. Fair access can be demonstrated.***

2111 – PAF D56 – percentage of social services for older people provided within 4 weeks following an assessment

Kent outturn for 2005-06 was 95%, very good, IPF 86 good. Kent exceeded performance of IPF.

**Evaluation** – Kent is continuing to maintain its excellent performance in assessing and providing services without delay.

2135 – PAF E48 – ethnicity of older people receiving services following an assessment – 1.12 ask questions about performance, IPF acceptable 1.00.

**Evaluation:** Kent appears to be carrying out a larger proportion of assessments of people from BME than would be expected, but then giving them a smaller proportion of services, that's if this indicator can be taken at face value.

2136 – PAF E50 – assessments of adults and older people leading to provision of service – Kent outturn 05-06 was 59, IPF was 68,

**Evaluation** - Kent is assessing a higher proportion of people where no service is offered. Is this a good use of resources? Stats for Kent have been pretty consistent, whereas IPF has shot up in 05-06, is this indicative of poor quality data.

#### ***People with Learning Disabilities***

2216 – ratio of percentage of LD adults receiving services that are from minority ethnic groups related to percentage of population from minority ethnic groups.

2005-06 Kent outturn is 3.10, IPF is 1.25

Ask questions about data? Kent data seems very high. "normal" ratio would be 1:1.

### **General data on ethnicity**

2137 – percentage of adults assessed during the year where ethnicity “not stated” in the RAP return:

Kent figure is 0%, IPF average is 4.86.

2138 – percentage of adults with one or more service during the year whose ethnicity “not stated” in RAP return – 0.0 in Kent

Evaluation - strength of Kent – records of ethnicity are complete for clients assessed, reviewed and receiving services

### **Mental Health Services:**

2412 – specific action planned to make MH services accessible to people from BME groups.

West Kent LIT made race equality in service provision the subject of its 2004 themed review. Following the review, West Kent LIT commissioned Rethink to provide a monthly BME forum to meet before each LIT to send a representative to ensure that the BME dimension is fully considered in new initiatives.

A race equality strategy group was set up chaired by the KCC policy lead for MH and includes both West and East Kent representatives. The group considered the outcome of the Rocky Bennett enquiry and was advised by the SEDC lead for race equality. It has established a race equality strategy, which includes a fully worked model to appoint 8 Community Development Workers to work within existing structures. The bid to PCTs to fund this did not succeed for 06-07. A further bid will be made for 07-08.

**Evaluation** – bid went in but was unsuccessful – has this led to unfairness in allocation? NB who is Rocky Bennett.

### **Ethnicity of Staff**

3116 – percentage of staff in post as at 30 Sept 2005 whose ethnicity is not stated: Kent figure is 7.5%, IPF average is 4%

### **Drug and Alcohol Abuse**

2605 – the PCTs and KCC have contributed to the mainstream allocation to alcohol services in Kent. Local pooling of resources under health act flexibilities has increase purchasing powers and helped maximise limited resources. There are some gaps in service provision and a need to increase funding targeted to support individuals with alcohol specific issues (what might this mean?)

Challenges - People with drug and alcohol problems and their carers/significant others have increasing expectations, there are also demographic changes, and requirements in the White Paper “Our Health, Our Care, Our Say”.

### **5.3 There are clear routes to access all key social care services, 24 hours a day, 7 days a week, as needed.**

No information in the DIS for this criterion. Evaluation - Some gaps according to text earlier, which are being addressed for 06-07 (2407)

### **5.4 the range of services available... demonstrates that diversity and social inclusion are valued.**

3234 – please describe how you have implemented the Race Relations Act 2000 as part of the commissioning framework for adult social care

KCC has a comprehensive Race Equality Scheme. Consultation forums include the BME Health and Social Care Forum, BME information sharing group, and Kent BME Network. Adult services Equality Impact Assessment Panel has been established (following a series of pilot assessments) to oversee the process. All high impact assessments to be conducted in 06-07 and then medium/low assessments to follow in 07-08, training commissioned to support this. **Evaluation** – what are these impact assessments, how is risk decided? Some examples?

Work to confirm level 2 Equality Standard for local government has evidenced many examples of good race equality practice. Includes support for UNITE Black Staff group; race equality in procurement; interpreting/translation is standard; BME commissioning group; “Developing Health and Social Care Services with BME communities”; BME LD research; Equal Care Project to employ, train and mentor 120 BME Care workers.

**Evaluation** – there are some good management arrangements in place to support race equality and some positive schemes to support BME staff to progress in their careers. Does Kent have statistics on the nos. of BME staff in management positions?

3235 – examples of best practice in race equality in commissioning and or policy review/implementation

- 1) Equal Care Project to address under-representation of BME workers in the care sector. Care managers have been unable to provide a culturally appropriate, linguistically accessible service. EU Equal Funds obtained to employ 3 project staff who are undertaking innovative recruitment campaigns in the community, induction training, work with statutory/private employers, mentoring for 120 BME staff for 2 years to Dec 2007.
- 2) Research into appropriateness for BME communities of 15 LD services has been undertaken. £50k for 3 years awarded from LDDF to employ a BME development worker to help change services, plus a development fund.
- 3) “Developing Health and Social Care Services with BME communities – 20 successful commissioning projects.

**5.5 Access to services is culturally appropriate, and inclusive. Advocacy and interpreting services are promoted and used appropriately.**

### **Older People**

2163 – advocacy – In addition to longstanding advocacy groups Kent is developing new ones such as the Age Concern Care Navigator in East Kent. Advocacy services will feature in the multi-agency commissioning framework.

**Evaluation** – scope to make economies by working with other agencies on advocacy – *timescale for this at ARM?*

### **People with Learning Disabilities**

2229 Involvement of advocacy – Advocacy Focus Group steers development. A citizen-advocacy service is core funded jointly with NHS for west and mid Kent. LDDF funds a scheme in Canterbury and in the north west which also includes self-advocacy. There is a dedicated BME service. District Partnership Groups commission other services through the LDDF, including support for meetings of service user groups. Carers’ forums are also LDDF funded from the centre.



Voice for Kent is an important development in provision of independent self-advocacy. Funded by the LDDF and a BILD grant, it began in the East but is now being extended across the county. Learning disabled people are employed to run it, with a paid supporter.

**Evaluation** – developments seem to vary across the county, although where developments are happening there are plans to extend the coverage.

2204 – total spend on advocacy services for LD people

Kent outturn in 05-06 was £338000, IPF was £19400 – spend varies depending on population.

2205 – total amount per 1,000 population – Kent was 0.4, IPF 0.7.

### ***Physical and Sensory Disabilities***

2313 advocacy – wide range of advocacy services available through voluntary organisations, these include specialist areas such as Strokes, Parkinsons, head fractures. Sensory disabled people can access other advocacy schemes, which are available for older people with learning disabilities. National voluntary organisations such as SENSE are sometimes approached to act as advocates on behalf of sensory disabled people.

### ***Mental health***

2413 advocacy – providers have continued to manage transition for long term partnerships and deliver a modernised short term approach (what does this mean?) In the first six months of 05-06, 1,024 episodes of short-term advocacy were delivered in West Kent and there are 29 longer-term advocacy partnerships continuing.

### ***HIV/AIDS***

2503 advocacy – describes why advocacy is provided, to champion cause if someone is discriminated against or there are breaches of confidentiality. Dispelling myths about the virus. Talking to employers, including KCC.

### ***Drug and alcohol abuse***

2606 Kent and Medway wide advocacy service established in 2005-06, key outcomes are to support users to make decisions and influence commissioning decisions affecting their lives. Increase engagement of service users in treatment services. Key objective for 06-07 is to ensure that advocacy services influence provision of substance misuse services run in the statutory economy e.g. health.

### ***Carers***

2727 advocacy – There are District forums and Carers Forums to engage in day to day business of the directorate. There is a credit card sized information card for the public being developed as a result of carer demand.

Voluntary sector organisations such as Age concern, MIND and Mencap are funded to provide advocacy services.

Advocacy services are being developed to link with family group conferencing.

Kent is assisting carer support organisations to develop their own network and infrastructure to enlarge their lobbying and advocacy roles.

3412 availability of advocacy and interpretation

Kent response is that advocacy is mostly available, most common response is always available.

Kent response is that interpretation is always available, most common response is always available.

### ***5.6 Fair and transparent charging policy***

3332 – has web addresses of where Kent has its charging policies for residential and domiciliary care.

### **Evaluation**

Clear eligibility criteria for all services are published, easy to understand and fair to all.

Social services monitor most of the social care needs of the local population and the take-up of services. Fair access can be partly demonstrated and action is taken to increase take-up of services from most under-represented groups.

There are clear routes to access all key social care services, 24 hours a day, 7 days a week, as needed.

The range of services available reflects most of the needs of the community, promotes equality to comply with all relevant legislation and demonstrates that diversity and social inclusion are valued.

Access to services is culturally appropriate, and inclusive of most population groups. Advocacy and interpreting services are available and used appropriately.

A fair and transparent charging policy has been agreed with stakeholders and approved by the Council, and income is collected efficiently.

The complaints/ comments procedure is available on request and accessible to most people. Complaints are handled promptly and courteously.

## **STANDARD 6: Capacity for improvement**

The council has corporate arrangements and capacity to achieve consistent, sustainable and effective improvement in Adult Social Services

### **Summary of admissible evidence (including sources)**

Source

OP

LD

MH

Performance Management

Human Resources, D59

Delayed Transfers

Partnerships

PAF PI's – overall picture

### ***ROPA 26 Oct 2005:***

Improvements:

The council's leaders have a clear vision and strategic direction for social services, communicate this effectively, and organise the necessary resources required to deliver it. The council's improvement strategy is strongly based in its "Active Lives" strategy, and delivered through its Local Area Agreement and Local Public Service Agreement targets. Although the overall performance indicator picture is not one of improvement, other data and information supplied by the council demonstrates a comprehensive picture of service development and improved outcomes for service users. Performance management, quality assurance, and scrutiny arrangements are in place and are effective. The council's organisational structure and management arrangements promote improvements for social services and action is well in-hand to ensure that structures and arrangements are suitable for the requirements of the current adult services green paper. Local partnerships across all sectors have produced a human resources strategy that effectively trains, recruits and retains staff. The council works effectively with external and corporate partners to improve the range, quality and co-ordination of services.

Areas for development

The council should continue to use its strong performance management arrangements to ensure that improved outcomes for service users are demonstrated through improvement across all performance indicators.

### ***21 February 2006 RBM:***

Improvement of PAF Indicators

The meeting acknowledged that Kent would need to demonstrate significant improvement on its overall PAF performance for 2005-06, and on the particular PIs already discussed, if it hopes to retain its 3-star status.

LPSA update

Kent briefing (page 40 ff) covers the main targets for LPSA 2, although additional information is needed on the employment and public health targets – to follow from Debra Exall.

Kent is preparing a new strategy document for Member approval to cover the next four years (working title Towards 2010). Big themes will be: helping people to live at home, carers, self-assessment websites, transition planning. Kent is aiming to have a holistic target around older people to focus on improved quality of life – covering financial planning, leisure, educational activities and other areas, which make a difference to older people.

Kent is also aiming to use a common qualitative tool across the directorate – and to benchmark, linked with health impact measures. Jessica Slater asked how this links to the LPSA targets. Feedback from users and carers is being used for the first time to develop targets and four-year plans. Kent is aiming to avoid contradictory targets, which have sometimes happened in the past. "Towards 2010" starts April 2006, when the LPSA gets revised.

The longer-term vision for Kent is for the next 20 years and has been developed in the Kent Local Strategic Partnership. Oliver Mills felt there were great opportunities "to hit the ground running" and to carry forward the vision supported by the new directorate structure.

The briefing pack gives details of Kent's role in the Innovation Forum which plans to reduce unscheduled use of hospital beds (Page 40). "Brighter Futures" covers the council plans to improve the future of older people. Jessica Slater thanked Kent for including the report, which she said she would read in detail later.

Kent is on line to achieve LPSA targets. The Kent PSA process was lengthy and painful while targets were being developed, the focus was on value for money, and involved detailed discussion. Agreement of targets has made the process much easier.

The Public Service Board monitors targets. The PSA 2/Local Area Agreement is multi-agency so very different from PSA 1, Oliver Mills described some loss of momentum over a 9-month period, however the LPSA is now embraced in the LAA. There is a new context in relation to the White Paper and expectations, and these shifts mean that Kent has to have the flexibility to move with them.

One issue, which concerns Kent, is that if local government structures change dramatically this will have implications for the pattern of local care services in Kent e.g. Telecare. PCT reconfiguration has already had an impact on the ease or otherwise of data collection. The shared performance framework puts more emphasis on pooling information effectively. Recent changes have highlighted data quality issues within the health economy, which have yet to be resolved.

The stressed that restructuring had been achieved with minimal disruption and Kent had been able to maintain front-line focus throughout. Peter Gilroy, the new CE is supportive, he is interested in extending innovation, and is currently looking at setting up a partnership with Microsoft.

Kent has once again achieved an excellent CPA rating, is keen to maintain this and sees social care as a crucial part of this. In 2004-05 there was a change of administration, the new Leader is Councillor Carter, with Kevin Lynes taking on the role of Cabinet Member for Adult Social Care.

## **DIS/UEM 2006:**

### **6.1 The council's leaders have a clear vision and strategic direction for social services, communicate this effectively and organise the necessary resources for delivery**

Extract from DIS Director's Summary in UEM: From April 06 new adult services directorate was launched, placing KCC in a good position to begin making a reality of the White Paper and our core objective – Promoting Independence which is underpinned by the Kent agreement. During this restructuring we have ensured that a focus remained on front-line services, illustrated by improved performance (direct payments doubled) within budget with good staffing levels. During the year some of innovations began to be mainstreamed e.g. client money service. Our partnership with Swindon continues to be successful.

The focus in 06-07 will be on core priorities such as prevention, user choice, delayed transfers, and forging even closer links with health. KCC's new Public Health Department will be key in this.

Kent's 10 year vision, "Active Lives" will be refreshed with partners, other major drivers are modernisation, managing the social care market, changes to government grants, financial pressures on health services, placement of vulnerable adults in Kent by other authorities. Kent has systems in place to monitor and respond to risks. Kent continues to be concerned about helped to live at home indicators.

### **6.2 sustained recent progress, relevant policies, plans, objectives, targets and risk assessment in place.**

No information in DIS on this criterion,

Evaluation: Kent has LPSA, LAA, 10-year plan, and risk assessment framework in place so this is a strength.

### **6.3 Performance management, quality assurance and scrutiny arrangements are in place and effective**

#### **21 February 2006 RBM:**

#### 3.4 Finance and resources

Kent's medium term plan is in place. The budget was recently signed off at a full county council meeting, with one minor adjustment in regeneration spend.

Kent has a rolling planning process, with an annual budget and medium term plan. This year's budget has been re-aligned to take account of the restructuring. Caroline Highwood reported that the budget for adult services in 2005-06 will be tight but there will be a balance and it is tight but deliverable in 2006-07. Achievable savings are also planned for 2007-08.

Kent is forecasting greater pressures in 2008-09 –year 3 of the medium term plan. Modernisation may help to achieve efficiency savings, it is hoped that the "Brighter Futures" PFI scheme for housing will have a further impact in reducing costs. Caroline Highwood gave further details of the schemes covering 10 Kent Districts with a total budget of £76 million. These should be cost neutral to the council but give a wider range of housing options to people with care needs.

Oliver Mills indicated that Kent would look at in house services in light of direct payments, relationships with primary care, TeleHealth, intensive home care greater independence and choice. The learning disability budget is under pressure every year and is forecasted to be under particular pressure in 08-09 because of demographic changes. A Select Committee is currently focusing on this.

Kent would hope for an assumption of NHS funds coming out of acute care into community services. Kent has adopted a model to help in assessing return on investment; this is described in Appendix 5 of the Kent briefing pack (known as the RSE Brent model). Financial problems in the health economy have an impact on demand for social care services, eligibility criteria are being revised in health, and this has an impact on Kent CC.

Policy and Overview is looking at the whole area of intermediate care, including partnership arrangements as well as services provided by the council.

Local performance management processes

Dealt with earlier during discussion of specific PAF indicators. Joyce Phillips invited to accompany Steph Abbott on some of her annual meetings with staff groups.

***DIS/UEM 2006:***

3401 please summarise the strategic vision for performance management and quality assurance for 2006-07

missing

3402 please summarise barriers to delivering the strategy

KCC has a robust performance management culture. Includes strong risk management, Performance Improvement Plan, monthly reporting on key indicators to senior managers, a programme of QA practice audits, and strong financial management. Kent continues to develop processes to involve users in performance management. This year Kent is implementing a major systems renewal programme. In future this should provide more sophisticated management information. There is a short-term risk of not having management information readily available.

KCC developed a risk-assessed approach to quality assuring providers based on CSCI inspections and other factors. This process needs to evolve to take account of CSCI's new inspection regime, in particular to ensure efficient sharing of information to avoid duplication.

3403 – Kent is strongly confident that estimated 2005-06 data for PAF indicator is accurate.

3404 – Kent did not use the self- assessment and audit tool to check data.

3405 – explains why Kent did not use the tool, Kent reports on each performance indicator at district level every month. Trends are analysed, data quality plans and management are looked at, manual accounts are reconciled to Kent's client system, Risks in performance and budget are identified early on, and all staff are involved in performance and management action plans. Local performance and DQ teams validate and disseminate details of each indicator and activity/budget line to a client name level therefore there is minimal room

for error. Quarterly FARM reports are compiled which analyse trends over time at a District level for key budget/activity lines, performance issues and local factors.

3406 – has adult social care in your local authority experienced any barriers or particular difficulties in establishing information sharing protocols with any partner agencies in the past?

- Kent and Medway have a 3-tier model for Information Sharing, which Kent is leading on implementing. So far 2 signed agreements have been returned out of a possible 12, so more work needs to be done with local District/Borough councils.

**Evaluation** – could not find information-sharing model on [www.clusterweb.gov.uk](http://www.clusterweb.gov.uk), the web address given in the UEM.

***6.4 Council's organisational structure and management arrangements promote improvements for adult social services and promote the wider modernisation agenda for social care.***

No information –

**Evaluation** - text for earlier questions covers impact of Kent restructuring, which seems to have gone well

***6.5 the social care workforce is well trained and reflects local diversity. Local partnerships across all sectors have produced a human resources strategy that effectively trains, recruits and retains staff.***

3101 – describe strategic vision for workforce – Missing

3102 – summarise risks and barriers – if Kent had recruitment, retention and sickness problems this would impact on services, in addition continued reliance on agency staff may prove a potential risk

**Evaluation** – not clear how much Kent relies on agency staff, question for ARM?

***HR Development Strategy***

3110 % of SSD staff who left during the year – Kent was 10%; IPF average was 10.8%. Kent turnover has risen in the last year from 7.02 to 10; IPF average has fallen from 12.4 to 10.8.

3111 % of SSD directly employed posts vacant on 30 Sept 2005 – Kent was 5.2%, IPF average was 7.7% Kent vacancies have risen, IPF averages have fallen.

**Evaluation** – Kent has had lower staff turnover than IPF and continues to do so, but the gap is closing somewhat.

3103 – 3108 recruitment and retention of different members of staff – no problem in recruiting any staff groups in Kent.

***Training***

3113 – training and development indicator: estimate the % of SSD staff expenditure spent on training directly employed staff during the year – Kent outturn was 2.8%, IPF average was 3.52

**Evaluation** – lower turnover in Kent may lower training costs.

3112 % of days lost to sickness absence during the financial year – Kent outturn in 05-06 was 6.00, IPF average was 6.44

### ***Practice Learning***

3114 – PAF D59 Practice Learning Indicator (Adult Component) new definition – Kent outturn was 8.6 acceptable, IPF was 13.9 good

3115 – PAF D59 Practice Learning Indicator (Adult Component) old definition – Kent outturn was 8.8 acceptable, IPF was 13.1 good

**Evaluation** – Kent could do better on numbers of practice learning days

3117-3120 Human resources development strategy grant – expenditure

Kent 100% of grant (169,000) was spent on council staff.

IPF councils –averaged 58% on council staff, 42% on independent sector

3124 National Training Strategy Grant – expenditure

In Kent 18% of this grant (116,000) was spent on council staff, with 82% in the independent sector (528,000).

IPF councils – averaged 50% on council staff, and 50% on the independent sector.

**Evaluation** - Kent appears to be using these grants in different proportions from its comparator authorities

### ***Service delivery for Vulnerable Adults***

2617 numbers of relevant staff in CSSRs as at 31 March who had had training addressing work with vulnerable adults – Kent data is missing, IPF average is 499.5

2618 proportion of relevant adult social care staff trained to identify and assess risks to vulnerable adults Kent proportion is 38%, IPF average is 36.9%

**Evaluation** Kent not dissimilar to average.

## ***6.6 The council works effectively with external and corporate partners to improve the range, quality and co-ordination of Adult social care services.***

See Health Act flexibilities

Director's summary confirming that the DIS is a fair representation of the council's commitments and intentions for social services in 2005-06.

Kent has strong links with health partners; many parts of the DIS refer to partnerships e.g.

Practice Learning Indicator (Adult Component) new definition – 2149

2151

2153 – KCC Department of Public Health with jointly funded head of public health

2302

3202 – potential threat of cost shunting from Health



2104 – joint LPSA targets with Health  
3310 – health act flexibilities  
3324  
3311 – joint LD/MH teams  
3322 – precarious health economy in Kent with varying levels of financial difficulties in some PCTs  
3410 – IT system has the capacity to connect to health systems  
Director’s summary – key priority for 06-07 is to build on already strong links with health

## **Evaluation**

The Council’s leaders have a clear vision and strategic direction for social services, communicate this effectively, and organise the necessary resources required for delivery.

Relevant policies, plans, objectives, targets and risk assessments are in place to support on going improvement.

Performance management, quality assurance, and scrutiny arrangements are in place and effective: performance improvement can be demonstrably linked to management action.

The Council’s organisational structure and management arrangements promote improvement in social services but changes are still required to integrate and collocate some teams.

The adult social care workforce is adequately trained and is changing to better reflect local diversity. A human resources strategy, produced in partnership across all sectors, is bringing improvements to training, recruitment and retention.

The Council works effectively with relevant external and corporate partners to improve the range; quality and co-ordination of adult social care services.

The Council has a range of effective commissioning processes in place, often with targets for improving the economy, efficiency and effectiveness of services.

The Council has a track record of competently managing its social care budgets, in the context of sound corporate performance in this area.



Making Social Care  
Better for People

**CSCI**

Finlaison House  
15-17 Furnival Street  
London  
EC1A 1AH

T: 020 7979 8079  
F: 020 7979 8091  
E: enquiries.southeast@csci.gsi.gov.uk  
[www.csci.org.uk](http://www.csci.org.uk)

Mr. Oliver Mills  
Managing Director of Adult Social  
Care  
Kent County Council  
Sessions House  
County Hall  
Maidstone  
Kent  
ME14 1XQ

22nd October 2006

**CONFIDENTIAL: EMBARGOED UNTIL 30<sup>th</sup> NOVEMBER 2006**

Dear Mr. Oliver Mills

**Performance Ratings for Adult Social Services: 30<sup>th</sup> November 2006**

I am writing to inform you of the 2006 performance star ratings and judgements for your council's adult social services. The performance (star) rating will contribute the 'adults' judgement to the Council's overall CPA rating to be announced by the Audit Commission in February 2007.

**a) Judgements and Rating**

The judgements and rating for your council are as follows:

**b) Social Care Services for adults**

Serving people well? *Most*  
Capacity for improvement? *Excellent*

**c) Adult Social Care Star Rating**

Your social services performance rating is 3 star.

The Record of Performance Assessment provides the basis of our judgements about your council's performance and trajectory for improvement. The level of in-year monitoring by CSCI is proportionate to performance. Councils with low star ratings or councils deemed to be coasting could expect a higher level of monitoring.

## **d) Further Changes to Star Ratings**

Current CSCI policy on star ratings is that they will be published each year, and for the most part will not be changed during the year. For councils with a zero star rating, a higher rating may be awarded later if robust and substantial evidence of performance improvement becomes available. Conversely, if serious concerns about performance arise during the year, a council's rating may be adjusted to zero stars, and special monitoring arrangements put in place.

## **e) Representations**

The letter issued to councils by the Chief Inspector on 16<sup>th</sup> July 2006 explained the representation procedure for our adult judgements. This indicated that you would have the opportunity at this stage to make a formal representation.

Councils should ensure their representation is clearly headed according to the judgement in question, be no more than 2500 words maximum and ensure it can be linked to the published standards and criteria.

All notifications of intent to make representation and actual written representations should be sent to CSCI for the attention of Louise Guss Representations Officer, via her PA Annett Hegna using one of the following methods:

Email: [annett.hegna@csci.gsi.gov.uk](mailto:annett.hegna@csci.gsi.gov.uk)

Fax: 01484 770 421

You can also contact the Representations Office via telephone number: 0191 233 3501

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Council intention to make written Representations by 25<sup>th</sup> Oct by 4.00pm

Council confirmed written Representations received by 30<sup>th</sup> Oct by 10.30a.m

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## **f) Further Information and Publication**

The new performance ratings and underlying judgements will be published on 30<sup>th</sup> November. The record of performance assessment for your council and a copy of this letter will also be available on our website at

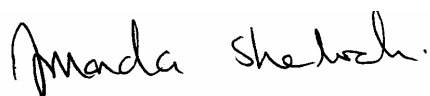
[www.csci.org.uk/council\\_star\\_ratings/councils\\_star\\_rating/default.htm](http://www.csci.org.uk/council_star_ratings/councils_star_rating/default.htm) on 30th November 2006.

We will send you an e-mail containing the embargoed star ratings for all councils on 29<sup>th</sup> November. Both this letter and the e-mail setting out the star ratings for all councils are sent to give you time to prepare local briefings - for example, to handle press enquiries. If you need help or advice on dealing with the media the CSCI press team, Sharon Ward, Michelle Doyle, Andy Keast-Marriott and Ray Veasey are available to assist. Their contact numbers are 0207 979 2089/2090/2093/2094.

***Any questions about your star rating that are not answered by the guidance, or by the contents of this letter should be addressed in the first instance to your Business Relationship Manager.***

Access to the Performance Indicators website, which is password, protected will be issued to you at midnight 27<sup>th</sup> November with instructions.

Yours sincerely



Regional Director, CSCI

Copies: *Peter Gilroy, Kent County Council Chief Executive*  
*peter.gilroy@kent.gov.uk*

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By: Trish Dabrowski, Head of Joint Planning and Development  
(Children and Young People's Service), Eastern & Coastal PCT,  
Kent  
Graham Badman, Managing Director, Children, Families and  
Education  
Dr Tony Robinson, Cabinet Member for Children and Family  
Services

To: Cabinet – 15 January 2007

Subject: CHILD AND ADOLESCENT MENTAL HEALTH SERVICES JOINT  
COMMISSIONING STRATEGY

Classification: Unrestricted

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Summary: The attached report is the draft Joint Commissioning Strategy for Child and Adolescent Mental Health Services in Kent.

The mental health and well being of children and young people is a high priority for all agencies working with children and young people both nationally and in Kent.

Wide ranging research indicates that mental health difficulties affect one in ten children and young people, with 7% having moderately severe problems requiring attention from professionals trained in mental health. This equates to 24,000 children and young people in Kent. The effects of mental health problems impact on children and young people's life chances and outcomes.

Research and local needs assessment also highlight a number of risk and residence factors which impact on the development of mental health problems and indicate that improving mental health and well being of the children in Kent will require a wide ranging and ambitious programme of reform across a number of work programmes.

The development of a Children's Trust in Kent presents an opportunity for a joint approach for the commissioning and delivery of services which promote mental well being, and prevent mental ill health and to provide timely and effective support to children and young people who are experiencing mental health difficulty.

This strategy reflects the shared concern of all agencies in Kent and a commitment to a joint commissioning approach.

This first draft has been prepared by the CAMHS joint commissioning board and the intention is to seek a wide ranging consultation with all key stakeholders in readiness for implementation from April 2007.

## **Introduction**

1. (1) The Kent and Medway Multi Agency CAMHS Strategy Group was convened in 2005 to take a joint approach to commissioning mental health provision for the children and young people in Kent and Medway. This reflects the shared concerns of all agencies to improve the mental health and well being of children and young people and a commitment to collaborate in achieving this aim through a joint commissioning strategy.

(2) The strategy has been developed on the basis of a joint needs assessment, including the current service position, a mental health evidence base and within the most recent legal and policy frameworks.

(3) It sets out a framework for reform in the way our services are delivered and a set of recommendations for the commissioning of services to meet identified needs and improve mental health outcomes for children and young people. The intent is to commission a comprehensive range of outcomes-focussed provision based on an evidenced-based assessment of need, delivered by a workforce with the right skills, in the right settings and at the right time, and providing best value within the available resources.

(4) This is an ambitious programme which will require a staged approach and a clear time-frame for development and implementation. The change programme required cannot, and should not be delivered through or by any one agency in isolation but will be dependant on a commitment to a joint approach, reflecting the principle that children and young people's mental health is 'Everyone's Business'.

## **Results**

2. (1) Recent needs assessment has indicated a high level of mental health need within the children and young people population in Kent. A review of services has indicated significant gaps, variation and unmet need. Furthermore, it is evident that a wide-ranging programme of mental health promotion, prevention and early intervention services are needed, alongside services for those with complex mental health needs.

(2) A Commissioning Strategy has been drafted on this basis and is attached as Appendix 1.

### **Recommendations**

3. (1) That the Commissioning recommendations within the Strategy are agreed.
- (2) A joint investment programme is determined and implemented following detailed service and financial analysis.
- (3) That the Strategy is distributed across key stakeholders for consultation prior to implementation.

Trish Dabrowski  
Head of Joint Planning and Development (Children and Young People's Service), Eastern  
& Coastal PCT, Kent  
Tel: 01304-222320

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*Background Documents:*

None

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**REPORT TO: CABINET 15 January 2007**  
**BY: PETER GILROY CHIEF EXECUTIVE**

**CABINET SCRUTINY AND POLICY OVERVIEW**  
**Standing Report to January 2007**

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**Summary**

1. The report provides a summary (in Table 1) of outcomes and progress on matters arising from the most recent Cabinet Scrutiny Committee (CSC) meeting held on 13 December 2006.
2. The current position on the work programme for Select Committee Topic Reviews is shown in Table 2

**Recommendations**

3. To note
    - (i) progress on actions and outcomes of the meeting of Cabinet Scrutiny Committee held on 13 December 2006 as set out in Table 1,
    - (ii) the present position on Select Committee Topic Reviews.
- 

**Background Documents:** None

**Contact Officer:** John Wale 01622 694006

Cabinet 15 January 2007

Table 1

**ACTIONS FOR CABINET/DIRECTORATES FROM CABINET SCRUTINY COMMITTEE 13 December 2006**

Item/Issue	Actions and Outcomes from Cabinet Scrutiny Committee
<b>A2 Minutes of Cabinet Scrutiny Committee 25 October 2006</b>	These were agreed.
<b>A3 Informal Member Group on Public Health Unit Business Plan</b>	These were noted and the recommendations endorsed.
<b>A4 IMG on Budgetary Issues 30 November 2006</b>	Noted.
<b>A5 Cabinet Scrutiny Committee: Actions and Outcomes</b>	Noted.
<b>A6 Local Government White Paper: Implications for Scrutiny</b>	Items A6 and A7 were considered together. Mr M. Ayre attended and spoke. There were also contributions from Mr Wale and Mr Ballard. Members considered the implications for local scrutiny under the proposed Community Call for Action, following which: <b>(i) The Committee requested a report to the next meeting on scrutiny implications of the Local Government and Public Involvement in Health Bill.</b> <b>(ii) Mr Ballard's Advice Note on Public Involvement was agreed.</b>
<b>A7 Encouraging the Public to participate in the Scrutiny Process</b>	
<b>D1 Reduction in Capacity in Primary Schools: St Joseph's (Voluntary Aided) Catholic Primary School: Proposed Closure-Outcome of Public Consultation- (Decision 06/00816)</b>	Mr J Simmonds, Cabinet Member for Education and School Improvement; Dr I Craig, Director of Operations, CFE ; and Mr M Doole, Area Education Officer, Dover and Thanet, attended for this item and answered Members' questions. Mr G Prosser MP; Cllr L Knight (DDC) also spoke on behalf of St Joseph's School and Local Residents. Mr M Cullinane spoke on behalf of the R.C. Archdiocese of Southwark. <b>Following extended discussion, Members resolved:</b> <b>(i) to thank Mr Simmonds, Dr Craig, Mr Doole and other speakers for attending and asking/answering questions.</b> <b>(ii) to make no further comment.</b>  <b>Decision 06/00816 can be implemented.</b>

Table 2

**Select Committee Topic Reviews:  
Agreed Programme following Policy Overview Co-ordinating Committee 10  
August 2006, updated to 5 January 2007**

<i>Policy Overview Committee/ Topic Review/Chair</i>	<b>Current Topic Review status and other topics (in no particular order*) agreed for the period September 2006 to July 2008</b>
<p><b>Children Families and Education :</b></p> <p>PSHE-Children's Health: <b>Chair Ms CJ CRIBBON</b></p> <p>Developing the Creative Curriculum</p> <p>Primary School Attainment</p> <p>Young People's Spiritual, Moral, Social and Cultural Development</p>	<p>Inaugural meeting of the Select Committee was held on 5 October. Hearings and visits were held during November. It is anticipated that the Select Committee report will be submitted to Cabinet in April 2007. (Research Officer: Gaetano Romagnuolo)</p> <p>Dates to be agreed*</p> <p>At the meeting of the C, F &amp; E POC on 16 November 2006 the POC recommended that the POCC consider removing this topic from the work programme as Members were satisfied that this was being adequately reviewed through the Member's Monitoring Group. The POCC will consider this request at its meeting on 5 February 2007</p> <p>Dates to be agreed.*</p>
<p><b>Communities</b></p> <p>Accessing Democracy</p> <p>Student Voice –Consultation and Participation with Young People</p> <p>Provision of Activities for Young People</p>	<p>Dates to be agreed*</p> <p>Dates to be agreed.*</p> <p>Dates to be agreed.*</p>

<p><b>Adult Services</b></p> <p>Carers in Kent</p> <p>Transition from Childhood to Adulthood: <b>MR A BOWLES</b></p>	<p>Dates to be agreed*.</p> <p>Inaugural meeting of the Select Committee was held on 9 October 2006; hearing sessions commenced on 26 October and are due to end on 20 December 2006. It is anticipated that the Select Committee report will be submitted to Cabinet in May 2007. (Research Officer: Susan Frampton).</p>
<p><b>Environment and Regeneration</b></p> <p>Climate Change <b>MR C WELLS</b></p> <p>Impact of Supermarkets, Out of Town Shopping Malls and Retail Parks on Businesses in Kent</p>	<p>Report was submitted to Cabinet on 16 October 2006 and was accepted by County Council on 14 December 2006.</p> <p>Dates to be agreed.*</p>
<p><b>NHS Overview and Scrutiny OSC</b></p> <p>Preventing Disease through Physical Activity (Tackling Obesity) (Joint with Canterbury City, Gravesham, and Tonbridge &amp; Malling) <b>MR M R FITTOCK</b></p>	<p>Commenced August 2005; Joint Select Committee's report to be published and launched to coincide with the establishment of the new Primary Care Trust. (Research Officer: David Turner)</p> <p>Final report was submitted to Cabinet on 4 December 2006 and was accepted by County Council on 14 December 2006</p>

*jhw/sc 5 January 2007*

*\* Order to be agreed in consultation with POCC Chairman, Vice-Chairman and Liberal Democrat Spokesperson.*