



AGENDA

ADULT SOCIAL SERVICES POLICY OVERVIEW COMMITTEE

Tuesday, 29 January 2008 at 10.00 am Ask for: Theresa Grayell

Council Chamber, Sessions House, County Hall, Maidstone Telephone 01622 694277

Tea/Coffee will be available 30 minutes before the meeting

Membership (15)

Conservative (10): Mr J B O Fullarton (Chairman), Mrs A D Allen, Mr M J Angell,
Mr J Curwood, Mr C Hibberd, Mr D A Hirst, Mr R E King,
Mr P W A Lake, Mr M J Northey and Dr T R Robinson

Labour (4): Ms C J Cribbon (Vice-Chairman), Mr G Cowan, Mrs E Green and Mrs M Newell

Liberal Democrat (1): Mr S J G Koowaree

UNRESTRICTED ITEMS

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

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

Item No

A.COMMITTEE BUSINESS

- A1 Substitutes
- A2 Declarations of Members' Interest relating to items on today's agenda
- A3 Minutes of the meeting held on 16th November 2007 (Pages 1 - 20)
- A4 Chairman's Announcements
- A5 Director's Update (oral)

B. ITEMS FOR CONSIDERATION

- B1 Adult Social Services Budget Monitoring 2007/08 (Pages 21 - 24)

- B2 Budget 2008/09, and Medium Term Plan 2008/09 to 2010/11 (Pages 25 - 30)
- B3 Six-monthly Performance Update and Annual Performance Review Report for Adult Social Care (Pages 31 - 56)
- B4 Active Lives (Pages 57 - 58)
- B5 Joint Strategic Needs Assessment (Adults) (Pages 59 - 72)
- B6 Day Services for Adults with a Learning Disability: Value for Money Review (Pages 73 - 104)
- B7 Valuing People Now - from Progress to Transformation (Pages 105 - 110)
- B8 "What Makes a Good Day?": A Plan to Improve Days for People with a Learning Disability in Kent - Consultation Update (Pages 111 - 122)
- B9 Re-Provision of NHS Accommodation in Kent (Pages 123 - 130)

C. SELECT COMMITTEE WORK

- C1 Update on Select Committee (Pages 131 - 132)

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)

Stuart Ballard
Head of Democratic Services and Local Leadership
(01622) 694002

Monday, 21 January 2008

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

KENT COUNTY COUNCIL

ADULT SOCIAL SERVICES POLICY OVERVIEW COMMITTEE

MINUTES of a meeting of the Adult Social Services Policy Overview Committee held at Sessions House, County Hall, Maidstone on Friday 16 November 2007.

PRESENT: Mr J B O Fullarton (Chairman), Ms C J Cribbon (Vice-Chairman), Mrs A D Allen, Mr M J Angell, Mr G Cowan, Mr J Curwood, Mrs E Green, Mr C Hibberd, Mr D A Hirst, Mr R E King, Mr S J G Koowaree, Mr P W A Lake, Mrs M Newell, Mr M J Northey and Dr T R Robinson.

OTHER MEMBERS PRESENT: Mrs C Angell, Mr A D Crowther, Dr M R Eddy, Mr M J Fittock, Mr G Gibbens (Cabinet Member for Public Health), Mr J F London, Mr K G Lynes (Cabinet Member for Adult Social Services), Mr G Rowe and Mr R Tolputt.

IN ATTENDANCE: Mr O Mills, Managing Director, Kent Adult Social Services; Mr S Leidecker, Director of Operations, Kent Adult Social Services; and Miss T A Grayell, Democratic Services Officer.

UNRESTRICTED ITEMS

33. Membership
(Item A1)

Members noted that Mr G Cowan had joined the Committee in place of Mrs E D Rowbotham. Mr Cowan was duly welcomed to the Committee.

34. Minutes
(Item A4)

RESOLVED that the Minutes of the meeting held on 25 September 2005 are correctly recorded and that they be signed by the Chairman. There were no matters arising.

35. Dates of Future Meetings
(Item A5)

(1) The Committee noted the dates of its future meetings, as follows:-

Tuesday, 29 January 2008
Tuesday, 1 April 2008
Friday, 30 May 2008
Tuesday, 23 September 2008
Tuesday, 18 November 2008

All meetings would start at 10.00 am and may go on all day if business dictates.

(2) The Democratic Services Officer emphasised that all formal meetings of the County Council's Committees are planned together so the dates allocated to respective Committees do not clash with those of any other Committee. She reminded Members that formal Committee meetings dates would take priority over events arranged subsequently.

36. Presentation – Developments and Progress in Mental Health Services in Kent

Mr E Millar (Chief Executive), Mr R Knibbs (Programme Director), Ms L Kavanagh (Kent and Medway Director of Commissioning for Mental Health and Substance Misuse), and Mr P Smallridge (Chairman) of the Social Care and Mental Health Partnership Trust were present for this item at the invitation of the Committee.

Mr M J Angell and Mr P W A Lake both declared non-pecuniary interests in this item as Non-Executive Directors of the Trust, and Mr J B O Fullarton declared a non-pecuniary interest as a Mental Health Manager in East Kent.

(1) Mr Leidecker introduced the presentation, together with Mr Millar from the Partnership Trust and Ms Kavanagh from Medway Primary Care Trust (PCT). The slides covered the prevalence of Mental Health in the community and its significance as an important public health issue, the role and function of KCC and the nature of the seconded service into the Trust, the range of services provided by the Trust, with particular emphasis on new developments including the application for Foundation Trust status, and finally the main commissioning priorities for the future. *The slides used in the presentation are attached to these Minutes at Appendix 1.*

(2) Information highlighted in the presentation, in addition to that covered in the slides, included the following:-

- (a) Mr Leidecker pointed out that the cost of the UK population's mental health needs was £70bn per year, that 40% of the years of disability were due to mental health disorders, and that, in the UK, mental health disorders were the main reason for people accessing Invalidity Benefit.
- (b) He added that he was proud of KCC's investment in, and development of, mental health services over the past 20 years.
- (c) Mr Millar added that mental health problems (experienced by 1 in 6 of the UK adult population) were no longer as final as they once had been. People could recover well and take on a full role in society. Services emphasised early intervention for the patient and their family, and were set up to help people overcome their problems and achieve in life.
- (d) Development of Crisis Response and Home Treatment teams (CRHTs) and Older Persons' Mental Health Home Treatment (OPMH) was particularly advanced in Kent.
- (e) Mr Knibbs outlined the Trust's application for Foundation Trust status and set out the stages towards this and how the new status would work. Mr Smallridge added that the Trust Board supported the Trust's application and the work commitment that went with it. He pointed out that, if the Trust was not successful in its bid, Kent's mental health services could be run by

another body from outside the County. The Trust's aim was that Kent's services should be run by a Kent body.

- (f) Ms Kavanagh outlined the commissioning process and the range of care options which were available – from counselling services run by a GP to secure accommodation services. This full range was covered by the commissioning system.

(3) In discussion, and in response to questions put to the speakers, the following points were highlighted:-

- (a) An annual survey of service users was undertaken and the most recent had rated inpatient mental health services as mostly "fair to good". The Trust was always working towards achieving an "excellent" rating. Feedback was very helpful to focus and develop services.
- (b) Access to crisis mental health services was currently intended only for those with severe and enduring mental health conditions (such as bipolar disorder and schizophrenia), but the Trust hoped to broaden the availability of this in the future.
- (c) Planned mental health ward accommodation at the new Pembury Hospital development in Tunbridge Wells had been changed from 42 beds to 18 as services for young people were now to be provided by Maidstone Hospital.
- (d) In a recent self-audit of cleanliness, only three small mental health facilities were rated as "unsatisfactory". Since this audit, two out of the three had now closed, and one was no longer used.
- (e) The Trust was currently planning three consultation events to seek the views of users and carers. Invitations to these would be issued via formal users' and carers' organisations.
- (f) The Older Persons' Mental Health Home Treatment Service had been developed to offer a genuine alternative to hospital admission. A careful assessment would be undertaken to see if it was clinically safe to treat someone at home. The support of a patient's carer and family was a vital part of the success of this service.
- (g) The "open door to a useful life" scheme, which aimed to take 176 people from hospital to community care, was based on a Government initiative, so the Trust and Mr Leidecker were confident that funding for it would be forthcoming.
- (h) Although there were risks along the journey towards Foundation Trust status, partnership working and consultation were immensely important in making the journey successful.
- (i) Statistics quoted in the slides – 1 in 6 adults experiencing mental health difficulties, and 1 in 4 GP consultations being concerned with mental health issues – were based on years of monitoring and had been backed up by

studies, so were reliable. 90% of mental health services in the UK were delivered by GPs and primary care colleagues.

- (j) over the period of the National Service Framework for mental health services (since 1999), central government has significantly increased investment in mental health services in England and Wales and, as a result, Kent and Medway have received additional resources, year on year.
- (k) Paying attention to the housing of people with severe mental health needs was important, as they needed an environment in which to recover, or at least manage their illness most effectively, rather than an environment which would exacerbate their problems.
- (l) Support for those in crisis was responsive to the needs of each individual's circumstances and could be intensive – some clients may receive three or four visits a day.
- (m) Access to suitable employment for people living with mental illness was also vital as part of their recovery, and much effort was put into helping people into employment rather than consigning them to living on benefits. The Shaw Trust, MCCH and Business Link offered a vital service in this field. Employers were encouraged to offer openings and needed to be reassured that employees with mental health issues could make a valuable contribution.
- (n) The stigma surrounding mental health issues, particularly experienced by those trying to access employment, would be addressed a BBC South East strand of "One Life" programme shorts over one week in the new year, featuring people with mental health issues recounting their experiences of accessing employment.
- (o) It was known that the age range 14-35 was the main period for the first onset of mental illness. An increasing number of young people aged 14-18 are now showing first symptoms of mental illness.

(4) RESOLVED that the content of the presentation, and information presented in response to questions, be noted, with thanks.

37. Kent Adult Social Services Public Involvement Report

(Item B1 – Report by Managing Director of KASS)

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

A copy of KASS's Public Involvement Newsletter was sent to each Member of the Committee.

(1) Mr Mills and Mr Sherlock introduced the report and answered questions from Members. Points highlighted were as follows:-

- (a) Although service users and carers were involved in the recruitment process for senior managers, it was emphasised that this was part of a larger formal

recruitment process which was rigorously followed. Application forms were anonymised before being shared with service users and carers, and those contributing to the process were briefed on the importance of adopting an unbiased approach.

- (b) The Older Persons' Strategy and Active Lives were closely linked but had different roles. Active Lives was the overall policy document while the Older Persons' Strategy was more specific.
- (c) There were several bodies through which the KCC could engage the public, so KCC must be careful to make use of, and not duplicate, work done by others, or add bureaucracy.

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

38. Adult Social Services Annual Complaints Report

(Item B2 – Report by Managing Director of KASS)

(1) Mr Mills introduced the report and answered questions from Members. Points highlighted were as follows:-

- (a) Mr Mills received Members' congratulations for the positive approach taken by his Directorate team to the receipt of complaints and compliments, using both as a constructive way to build best practice.
- (b) The Transition target in 'Towards 2010' was a good example of using complaints to lead to new policy setting.
- (c) The figures for the number of compliments received, versus the number of complaints, was something that the Directorate should be proud of.
- (d) Complaints received by KCC are not necessarily about KCC services. KASS staff may sometimes have referred to them complaints against private providers. Mr Mills undertook to advise Members outside the meeting of the procedure which set out how these should be managed.
- (e) The outcome of complaints made against private and voluntary providers could be monitored as part of the County Council's contracting process and by Commission for Social Care Inspection (CSCI) in the inspection process.
- (f) Part of the slight increase in the number of complaints received may be due to the recent publicity of its complaints process which the Directorate had undertaken.
- (g) Intervention by elected Members to solve problems meant those problems were classified as "stage one", as they were quickly resolved before they could develop into complaints.

(2) RESOLVED that:-

- (a) the information given in the report, and in response to questions, be noted, with thanks; and
- (b) future reports include fuller information on the sources of complaints and the monitoring process, as covered in paragraphs (d) and (e) above.

39. Safeguarding Vulnerable Adults

(Item B3 – Report by Managing Director of KASS)

Mrs C McKeough, Adult protection Policy Manager, was in attendance for this item.

(1) Mr Mills and Mrs McKeough introduced the report and answered questions from Members. Points highlighted were as follows:-

- (a) The figures in this year's report were the first to be produced using the new SWIFT system, and recorded cases reported from KCC and private and voluntary premises. "Adult Protection" included neglect.
- (b) To allow a comparison of like with like between geographical areas across Kent, figures quoted and shown on bar charts would need to be given more background and context.
- (c) Although many of the people placed in Kent's care homes had been placed by other local authorities, Kent was the accountable authority when it came to investigating Adult Protection alerts.
- (d) The NHS were part of the Adult Protection committee and were signed up to the protocol the committee used, and had their own self audit system for their premises.
- (e) People who wished to work with vulnerable adults and young people, and as Direct Payments advisers, would shortly have to be positively registered to work with them; Criminal records Bureau (CRB) checking would no longer be sufficient on its own. Members were surprised and concerned to learn that police officers do not have to be CRB checked. The Independent Safeguarding Audit scheme was very new and it was not yet entirely clear how it would work.
- (f) Pressure ulcers were used as an indicator of potential neglect as they were easy to identify and were a good indicator of other problems (for example, malnutrition and dehydration).
- (g) Some reported Adult Protection cases came from "whistle blowing" by staff whose knowledge and awareness had been increased through effective training.

(2) RESOLVED that:-

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

- (b) future reports to Committee include more background to, and context of, the figures shown, to allow more meaningful comparison between geographical areas across Kent.

40. Domiciliary Charging Policy: Response to the Resolutions Made by the Cabinet Scrutiny Committee

(Item B4 – Report by Managing Director of KASS)

Mr M Thomas-Sam, Head of Policy and service Development, was in attendance for this item.

- (1) Mr Mills and Mr Thomas-Sam introduced the report and answered questions from Members. Points highlighted were as follows:-

- (a) Other local authorities listed in the report as comparators to Kent were mostly Kent's statistical neighbours, but Mr Mills emphasised that a like-with-like comparison of domiciliary charging policies across different local authorities was complex and difficult to make. Mr Mills undertook to supply Members with a list of all UK local authorities and the eligibility criteria used by each, which had just been published by CSCI.

- (b) Mr Thomas-Sam also confirmed that, under the Fairer Charging Policy, most other local authorities, in common with Kent, applied the same figure of 25% minimum above the basic level of Income Support as a buffer to protect recipients' net incomes.

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

41. The Supporting People Programme

(Item B5 – Report by Managing Director of KASS)

Miss C Martin, Head of the Supporting People Programme, and Miss C Highwood, Director, Resources, were in attendance for this item.

Mrs M Newell and Mr P W A Lake each declared a non-pecuniary interest in this item as Trustees of charities which received money from the Supporting People Programme.

RESOLVED that the information set out in the report be noted and welcomed, with thanks.

42. Kent Adult Social Services Budget Monitoring 2007/08

(Item B6 – Report by Managing Director of KASS)

Mrs A D Allen declared a non-pecuniary interest in this item as she had been involved, as a Dartford Borough Councillor, in the consultation and development of the Dartford Town Centre Project (listed on page B6:7 in the report).

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

- (1) In response to a question, Mr Lynes explained that Brighter Futures, which was centred in West Kent, would be spread to East Kent by means of Partnerships for Older People Projects (POPPs). This would be facilitated by £1.5 m of Government money.

(2) Mr Lynes emphasised how difficult it was to keep within budget allocations when activity was constantly increasing, and said he would fight for a fair settlement in the budget. He expressed his frustration that funding for schemes such as Brighter Futures and POPPs was always subject to a bid system which forced local authorities to compete against each other for a small pot of money. Such funding was also time-limited.

(3) Mr Mills and Miss Goldsmith introduced the monitoring report – the first one in a new quarterly pattern – and answered Members' questions on the detail set out in it. Mr Mills told Members that, since the quarterly report had been prepared, the forecast overspend had risen to £4.18m and management action was in place to reduce this to just below £2m.

(4) Members welcomed the opportunity to have a regular update on and discussion of budget issues, and asked for a training session to help increase their understanding of budget issues, thus allowing them to get optimum benefit from the quarterly reports.

(5) In discussion, and in response to Members' questions, the following points were highlighted:-

- (a) Presenting the budget picture part way through the year was a complex issue, and it was difficult to align gross and income figures. Variances would settle over time.
- (b) The increased use of Direct Payments meant that a slight reduction in the number of Domiciliary Care hours delivered would show up in the monitoring figures. Some budget previously allocated to Domiciliary Care had been transferred to Direct Payments.
- (c) The demand for services, the complexity of clients' needs, and hence the cost of meeting those needs, were all increasing. Costs of delivering services for people with learning difficulties, for example, was increasing by 6-7% per annum.
- (d) The Government had put in place legislation and funding – the Reimbursement Grant - to allow local authorities to pay fines to the Acute Trusts for delayed discharges attributable to local authority responsibilities.. In Kent we have (in partnership with the Acute Trusts, and the PCTs) used it to pay for services which enable us to move people from hospital more quickly, and therefore not incur the fines. The value of the grant in 2007/08 is £2.4m.

(6) RESOLVED that:-

- (a) the content of the monitoring report, and information given in response to Members' questions, be noted, with thanks; and
- (b) a training session on budget issues be arranged for Members.

43. Medium Term Plan 2008/09 to 2010/11
(Item B7 – Report by Managing Director of KASS)

(1) Mr Mills and Miss Goldsmith introduced the report and answered questions from Members on the detail set out in it. Points highlighted in the discussion, and in response to Members' questions, were as follows:-

- (a) The placement of vulnerable adults in Kent by other local authorities was something on which the KCC could lobby Government, in the same way as it lobbied, very successfully, about the placement of Looked After Children by other local authorities.
- (b) Members asked if it were possible for KCC to access some of the increase in Government money given to the NHS, to help deliver services for older people and clients with learning difficulties. Mr Mills noted this suggestion and pointed out that the many joint initiatives established between KCC and the NHS made maximum use of limited resources.
- (c) It was emphasised that the 4% increase received by the NHS this year was only half what they would usually get.
- (d) Mr Mills explained that Kent had a good record of delivering good quality services, keeping to moderate eligibility criteria, and delivering within budget. It was unrealistic to seek an increase in staff resources, so the aim was to modernise their way of working to manage the work load and maintain the present level of service delivery. Although freezing recruitment may seem a way of delivering savings, KASS would protect against damaging service delivery by doing this.
- (e) There were still clients in nursing homes who had been placed there since 1993 and would continue to have preserved rights, so this was an ongoing budget pressure. There would be some Government grant available next year to help offset this cost but the details of this were not yet known.

(2) Members expressed grave concern that they were being asked to identify budget priorities without having sufficient information to be able to make an informed judgement. It was too early in the budget setting process for them to be able to identify savings and priorities without first having the professional recommendation and guidance of the Managing Director of KASS to scrutinise.

(3) Dr T R Robinson proposed, and Mr P W A Lake seconded, that Recommendation C of the report be deleted as Members were unable to do what it asked.

Carried, 8 votes to 0

(4) Mr Mills undertook to prepare such guidance and reassured Members that proposals would be very finely prioritised.

(5) RESOLVED that:-

- (a) the national and local context, within which this MTP will be set, be noted; and

- (b) Recommendation C of the report be deleted, as Members are unable to identify and express relative priorities for services, and areas and types of savings without first having the professional recommendation and guidance of the Managing Director of KASS to scrutinise.

44. Update on Select Committee Work

(Item C1 – Report by Overview and Scrutiny Manager)

- (1) The Democratic Services Officer introduced the report and added that the Carers in Kent Select Committee report had been well received the day before by the Cabinet Member and Directorate representatives, and that the Transitional Arrangements Select Committee report had been referred to and welcomed by the Learning and Skills Council and the Connexions Service, and was being built into the business plan of the latter.
- (2) Mr M J Angell expressed his disappointment that the Carers in Kent Select Committee report would be considered by the Cabinet and County Council (on 3 and 13 December, respectively) without first being considered by the Adult Social Services POC.
- (3) Members were disappointed that the Informal Member Group on Transitional Arrangements had not yet been able to start its work and hoped that it would soon be able to do so.
- (4) RESOLVED that:-
 - (a) the progress of the Carers in Kent, Transitional Arrangements, and Gypsies and Travellers' Sites Select Committees, set out in the report, be noted; and
 - (b) any suggestions for future topic review work which the Committee wishes to put forward for inclusion in the work programme be brought to the attention of the Overview and Scrutiny Team so a detailed proposal can be worked up to be put forward to the meeting of the Policy Overview Co-ordinating Committee on 14 February 2008.

Progress and Developments in Mental Health Services

ASSPOC
16 November 2007

Progress and Developments in Mental Health Services

Focus of the presentation

- Prevalence of Mental Illness - key statistics and impact
- The role of KCC - seconded service, statutory interventions, social inclusion and public health
- The current services. How they are changing and developing. The future - recovery based model, Mental Health and Primary Care. Foundation Trust status
- The new commissioning arrangements for Health and Social Care and priorities/pressures

Progress and Developments in Mental Health Services

Prevalence of Mental Illness

- 1 in 6 Adults will be effected at some time in their lives by mental ill-health. This means approximately 140,000 in Kent
- 1 in 100 has a severe mental illness such as schizophrenia
- Nationally 560,000 people with dementia. Projected to rise by 35% over next 15 years. For Kent this means an increase from 73,000 to 98,000 by 2021.
- 1 in 4 consultations with a GP concern mental health issues
- Significant health inequalities - life expectancy for people with severe mental illness 10 years less than national average
- Suicide rates decreasing but still significant cause of death

Progress and Developments in Mental Health Services

Role of KCC seconded service

- Secondment into the Kent/Medway NHS and Social Care Partnership Trust
- Includes 256 fte, budget of £16.7 million, 16 CMHT's, 2,300 statutory assessments/interventions annually under the 1983 Act
- Governance and Accountability through
 - ◆ Section 31 Partnership Agreement
 - ◆ Role of Director of Social Care at Board level and throughout the Trust
 - ◆ KCC Elected Members
 - ◆ Range of budget and performance monitoring groups

Progress and Developments in Mental Health Services

Role of KCC - Community Presence

- Support for voluntary sector
- £4.1 million expenditure to approximately 50 organisations in 07/08
- Support for carers. User and carer forums
- Employment and vocational guidance
- Promoting social inclusion and supporting independence
- Improving access to supported accommodation
- Diversity and ethnicity
- Tackling the public health agenda - health inequalities and prevention
- Contribute to better understanding of the mental health needs of the population through the JSNA

Progress and Developments in Mental Health Services

New Mental Health Act 2007

- Simplified definition of Mental Disorder
- Widening the definition of medical treatment and new Community Treatment Orders
- Additional safeguards for patients
- Changing professional roles

16 November 2007

Kent and Medway 
NHS and Social Care Partnership Trust

The Partnership Trust

16 November 2007

Erville Millar
Chief Executive



Trust Board

Kent and Medway 
NHS and Social Care Partnership Trust

7 Executives

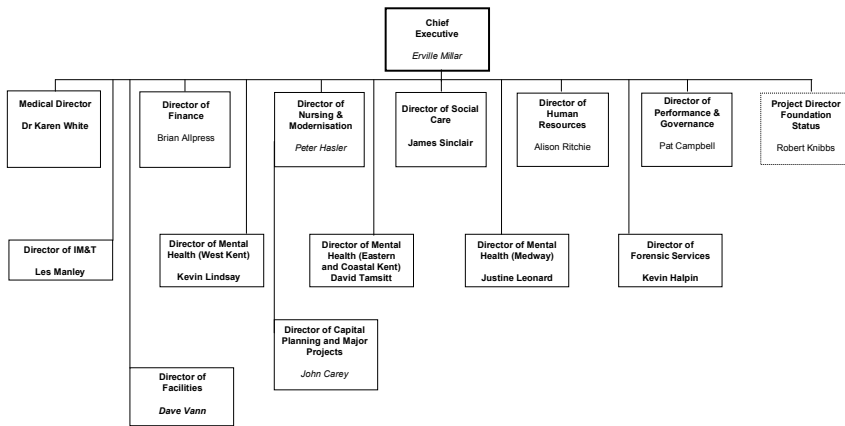
7 Non-Executives

Chair – Peter Smallridge

Representatives from both local authorities



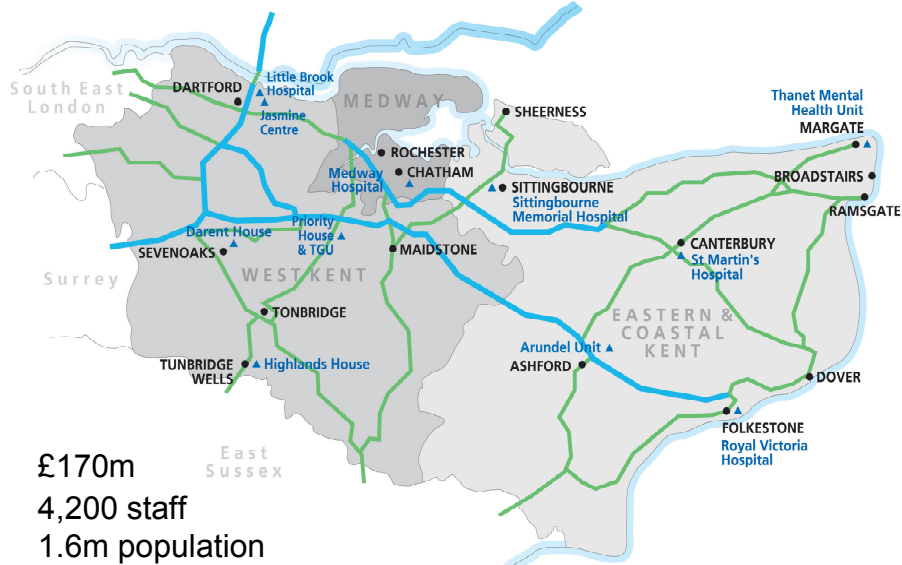
Trust Structure Kent and Medway **NHS** NHS and Social Care Partnership Trust



TRUST EXECUTIVE TEAM

October 2007

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



Our Vision and Statement of Mission

“We will work in partnership to provide responsive and dependable mental health and substance misuse services to the communities we serve in Kent & Medway. We aim to provide hope, **recovery**, **well-being** and social inclusion, individual **choice** and independence through high quality care and environments; Services that are **safe**, sustainable and stigma-free and a culture of development and continuous improvement, taking account of ethnicity, culture and gender. In this mission we shall endeavour to keep the child, younger person or adult, with their family – at the centre of everything we do”

The New Breed of Services

- Early Intervention Services
 - Impact of CRHTs
 - OPMH Home Treatment
 - Access to Psychological Care
-
-
-

Key Strategic Objectives and Challenges

- Commissioning
 - Financial Management
 - Service Provision
 - National Care Records Service
 - Strategy Development
 - Foundation Status
-
-

The Partnership - Health and Social Care

- It works, it can still develop further
 - It is important to us, but more important to our service users
 - The relationship with the lead commissioning PCT is growing by the day
-
-

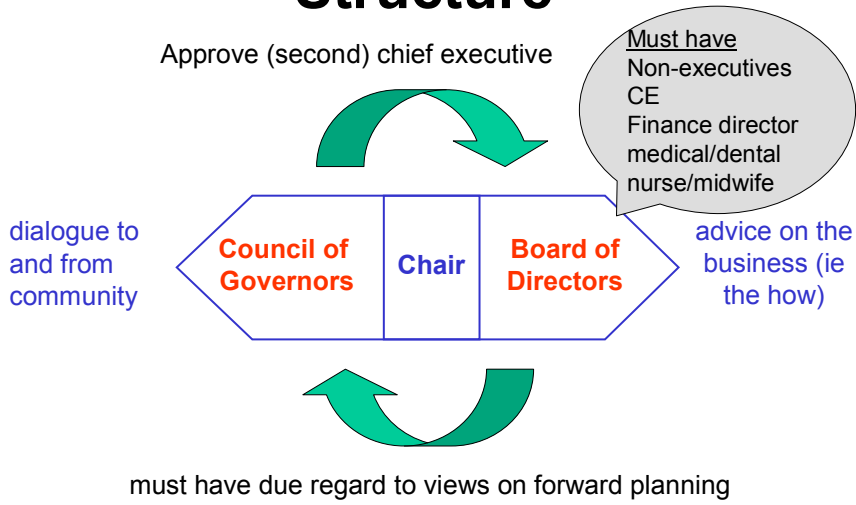
The Director of Social Care

- Jointly Appointed at Board Level
 - Embedding social care practice to support care models
 - Challenges include:
 - ASW
 - Service user engagement
-
-

Foundation Status

- Accountability to local people through **membership** and Council of Governors
 - Builds upon relationships with stakeholders
 - Greater protection for investment in mental health
 - Legally binding and clear contracts
 - Complete consistency of systems across Trust
 - Freedom to enter into joint ventures
 - Freedom to retain financial surpluses and freedom to borrow from commercial sources
 - Opportunity to think more holistically and enter into partnerships to provide more employment and housing opportunities to service users
-
-

Structure



Proposed Council of Governors

NHS	PCT's	3	
	Acute Trust	1	
Local Authority	Kent County Council	2	
	Medway Unitary Council	1	
Partner Organisations	Business Link	1	
	Police Service	1	
	Prison Service	1	
	Academia	1	
Voluntary Sector		3	
Staff	East Kent	4	18
	West Kent		
	Medway		
Public	East Kent	7	
	West Kent	7	
	Medway	5	
Total Number of Governors		37	19

Next FT Steps

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

By: Oliver Mills, Managing Director Kent Adult Social Services

To: Adult Social Services Policy Overview Committee – 29 January 2008

Subject: **ADULT SOCIAL SERVICES BUDGET MONITORING 2007/08**

Classification: Unrestricted

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

For Information

1. Introduction

- 1.1 This report is the second of what will be a regular report to this Committee on the forecast outturn against budget for the Kent Adult Social Services Directorate.

2. Background

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

a) Budget Monitoring reports

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

b) Performance data

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

c) Outturn report

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

- 2.2 Armed with the above, the POCs will be in a stronger position to question and comment on the future budget and medium term proposals, as they will be asked to do at the November and January meetings.

3 Second Quarter monitoring report

- 3.1 The monitoring report for the second quarter for Adult Services is attached (Appendix 1) and this indicates an overall revenue pressure of £4,109k for the Directorate. This has increased from the position reported to POC in November, which was a pressure of £3,592k. A range of management actions designed to bring the Directorate back to a balanced position remain in place, however there are still increasing demographic pressures, which means that costs are increasing too. It is therefore considered prudent to forecast a year end pressure, after management action, of £1,915k.
- 3.2 The main areas to note within the second quarter's position are:
- Older People +£1,014k – whilst the number of residential placements continue to be significantly below target and are continuing to reduce, pressures remain within nursing and domiciliary care, with increases in the latter often resulting from being used as an alternative to residential care;
 - People with Learning Disabilities +£4,504k – this is due to on-going demographic increases, complexity of needs and price pressures within all main areas of expenditure, including residential, direct payments, and supported and other accommodation;
 - People with Physical Disabilities +£1,097k – as with Learning Disabilities, there are significant pressures across all services, but primarily direct payments, where increases are not matched by decreases elsewhere, and supported and other accommodation;
 - Assessment & Related -£706k – the increased underspend results from on-going management of vacancies and planned slippage of costs to try to reduce budget pressures in commissioning;
 - Older People Direct Services Unit +£261k – although significant pressure relating to utility and staffing costs remain, the position has improved following revised estimates and vacancy management;
 - Occupational Therapy Bureau -£175k – this results from absorbing pressures to fund replacement of hoists rather than using the provision created in the previous year, together with some slippage against planned recruitment;
 - Mental Health +£151k – although some pressures remain, the application of management action has significantly improved the position against this heading;
 - Other -£2,037k – this results from both management action around staffing vacancies as well as some specific savings. These include: £525k in training; £468k provision for SRP costs not now required; £122k part year savings on the establishment of a systems support team; and £248k underspend on facilities budgets within the Directorate.
- 3.3 The Directorate has reported an updated position to Cabinet on 14 January and this indicates a reduced pressure of £3,666k. The reduction has primarily resulted from successful management action within Older Persons, Mental Health and Other Services, however there is still concern that expenditure will reduce enough to achieve a balanced position by year end. The Directorate is therefore still reflecting a pressure of £1,915k after management action.

3.4 The Directorate continues to have significant slippage in its capital programme, and the value reported in the second quarter is now £4,974k, all of which has been re-phased into future years. The updated position as reported to Cabinet on 14 January, is a slightly increased level of slippage of £5,172k.

4 Recommendations

4.1 Members are asked to note the projected outturn figures for the Directorate as at the second quarter

Michelle Goldsmith
Directorate Finance Manager
Tel: 01622 221770
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Item No. B2

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

To: Adult Social Services Policy Overview Committee –
29 January 2008

Subject: **BUDGET 2008-09 AND MEDIUM TERM PLAN
2008-09 TO 2010-11**

Classification: Unrestricted

Summary: The purpose of this report is to consult the Committee on budget proposals for the Directorate, with reference to the KCC published consultation paper issued on 21 January 2008

Members are invited to comment on the key issues on the proposed funding changes for the services provided by the Adult Social Services Directorate.

1. Introduction

- 1.1 The Autumn Budget Statement report by the Leader, Cabinet Member for Finance, Chief Executive and Director of Finance to Cabinet on 17 September 2007 set out the national and local context for KCC's medium term plan (MTP) for the period 2008-09 to 2010-11.
- 1.2 The report 'Update on CSR 07 and the Local Government provisional finance settlement' to Cabinet on 14 January 2008 updated the overall budget position to reflect the provisional local government finance settlement for the years 2008-2011. As reported, the provisional grant settlement was better than expected and has provided a small degree of flexibility for the overall proposed budget package.
- 1.3 We reported the national and local context to the last Policy Overview Committee meeting and outlined the existing MTP priorities.
- 1.4 Since that meeting there have been a number of further developments that have resulted in the budget proposals being presented for consultation. Members are invited to comment on the key issues for the services provided by the Kent Adult Social Services Directorate so that these can be taken into account at the budget meetings of Cabinet on 6 February and County Council on 19 February 2008.

2. Background

- 2.1 The consultation papers include an overall summary of the proposed Adult Social Services portfolio budget for 2008-09 showing the amounts proposed for each service within the portfolio/directorate. This now identifies the gross expenditure, income and net expenditure.
- 2.2 The papers also include the proposed capital investment programme and the medium term revenue and capital plan for 2008-09 to 2010-11 expressed as figures and portfolio priorities. All papers are presented in a consistent format for every portfolio.
- 2.3 Due to the timing of the consultation release (21 January 2008) we cannot include any papers with the agenda for this Committee but copies of the draft budget book and medium term plan will be available from 21 January 2008 and at the meeting.

3. Revenue Budget

- 3.1 The starting point for the budget is derived from the existing MTP. As indicated in the previous report, there have been some adjustments to reflect transfers between portfolios, service pressures, and efficiency savings and income generation.
- 3.2 Areas of spending priority for which significant additional funding is proposed are as follows:

Pay/Prices £8,357k – this covers the pay award and the increase in employers pension contributions for 2008/09 as advised by Corporate Finance. It also covers the increases resulting from incremental progression brought about by Single Status, however increments will not be funded, with the increased costs being found from within existing resources. This amount also includes price increases for contracts with private and voluntary providers.

Legislative £1,245k – this relates to the Preventative Technology grant. As alternative funding is available for the Assistive Technology innovations, the grant was assumed to be off-setting other pressures within the Directorate. However it should be noted that the grant was one-off, hence the pressure being reported in 2008/09.

Legislative £143k – this amount is required to meet the price requirement of Preserved Rights placements in the private and voluntary sector. The Government grant allocated each year does not include any inflationary uplift.

Legislative £225k – the recent Ombudsman Judgement in respect of charging for domiciliary care means that the directorate can no longer charge clients from the date the service starts. Instead they can only be charged from the date that they have received notification of the charge thus reducing the directorate's income by this estimated amount.

Demand £7,780k – current pressures within services for younger adults and older people indicate that at least this figure is required for demography in 2008/09 and future years (£6,792k for younger adults and £988k for older people).

Towards 2010 £500k – additional funding for Improved Health Care and Wellbeing will:

- Increase the number of people supported to live independently by 3,000 by 2010
- Strengthen the support provided to people caring for relatives and friends
- Ensure better planning to ease transition between childhood and adulthood.
- Enable work with Colleagues in the health service to reduce the number of avoidable admissions to hospital.
- Improve older people's economic well being by encouraging the take up of benefits.

Service Improvements £864k – this relates to the joint NHS/Social Care PFI for Gravesham Place that provides both nursing care for Older People with Mental Health needs, and day care facilities. The cost shown for 2008/09 is the final year of the revenue pressure and results from the initial health contributions being used.

3.3 Provisional cash limits for each Portfolio have been set, and therefore to balance to those cash limits, given the pressures outlined above, we will need to propose savings, efficiencies and new income to deliver a balanced budget. The MTP sheets released on 21 January detail the proposed savings required in 2008/09. Some further commentary is provided below:

Domiciliary Charging - £842k, this represents the full year effect of changes to the domiciliary charging policy in 2007/08.

Maximisation of Benefits - £682k, this is the full year effect of savings anticipated in 2007/08 following the implementation of Specialist Finance Teams. This will mean that all financial assessments of clients will be carried out by trained staff who will be working closely with the Department of Work and Pensions, and with District Councils. This process will ensure that clients are in receipt of their correct benefit entitlements, which obviously increases the income of the individual, whilst at the same time potentially allows Kent to receive it's fair proportion of it's assessed charge.

Review Nursing Placement Practice - £880k, this follows the introduction by Government on 1 October 2007 of a National Framework for continuing care.

KASS is working closely with both PCTs to establish the new framework. The Government has stated that more people will be eligible and additional funding is being made available to PCTs. A number of people who are or would be funded by KASS in nursing homes are expected to be eligible for NHS continuing care under the new framework.

Modernisation of Assessment & Related & Management - £1,000k, savings will be generated through a variety of means:-

- Now that SWIFT has gone live we are implementing the first phase of modernising care management, such as building OT capability within care management and re-engineering the County Duty Service through ALFA.
- Implementation of the Countywide roll out of the Specialist Finance Teams.
- Introduce a new way of supporting people discharged from hospitals.
- Changing the balance of professionally qualified frontline staff to non-professionally qualified staff.
- Reviewing all management tiers within the service.
- Closer working with the NHS in respect of joint teams
- Review structures of support staff.

It should be noted that this is a challenging target, when taking into account the demographic pressure that we are experiencing with the growth in the number of referrals, and ultimately services that are being provided to additional clients.

Extra Care Sheltered Housing - £250k, it is anticipated that the opening of Extra Care Sheltered Housing in 2008/09 will divert clients from residential placements

Reconfiguring in-house homecare - £45k, this saving follows the Directorate's decision to move towards the in-house service providing specialist homecare to those clients with more substantial needs, who otherwise may require residential care. The net savings of this are £45K in 2008-09.

Franchising Policy, Performance & Planning - £50k, this will be achieved through developing proposals to raise income by charging external organisations for products and expertise. However there is a risk to our own performance due to 'stretched' capacity given the Modernisation agenda.

Older Persons Modernisation of service delivery through technology - £500k, it is anticipated that the continual investment in such technologies as Telecare will reduce admissions into residential care. The achievement of Kent being successful in its Whole Systems Demonstrator bid means that we can roll out Telecare and TeleHealth across additional districts over the next two years.

Learning Disability Cost Matrix Model for Residential Care - £200k, we are currently working with other authorities in the region to look at the 'hotel associated costs' of Learning Disability residential placements, where in a number of instances there are significant variations in this element of their price. To date it is

estimated that Kent has saved in excess of £400K, in agreeing with providers to reduce this element of their costs

Learning Disability transfer of Residential clients into Independent Living arrangements - £800k, Invest To Save plans are in place for 2007-08 to target a number of clients who are in residential type placements with a view to move them into independent living arrangements. We will also be working with those children coming through transition with a view to providing services in a community based setting rather than residential.

Client Transport 3% Efficiency – £100k, we are currently reviewing our procurement practices of client transport.

Strategy to reduce client related debt - £200k, we are currently working up proposals for a strategy to reduce client-related debt at an early stage as part of the implementation of the Specialist Finance Teams. It is hoped that this will reduce the need for write-offs at a later stage.

Cross Cutting Savings - £397k, there are a range of cross cutting savings which total £397K in 2008-09.

- 3.4 In common with other local authorities KASS will continue to face major pressures from increasing demand and changing public expectations. Active Lives sets the vision and the budget is predicated on the continued transformation of services to improve outcomes. The budget will enable eligibility criteria to be retained at moderate so that a range of preventative services will continue to be offered. A new performance framework will be introduced for 2008/09 which is yet to be finalised. There are significant risks which have been identified, while efficiency savings become ever tougher to achieve in a high performing directorate which purchases 85% of services from the independent sector.

4. Capital Budget

- 4.1 The starting point is the existing published capital programme. This is adjusted for re-phasing of schemes from 2007/08, changes to the total cost or funding of schemes, and new schemes. The detail is provided in the budget papers released on 21 January.
- 4.2 The capital programme reflects the Council's and the Directorate's capital strategy which will enable people to live as independently as possible in their own homes, for as long as possible. Investment in office strategy, as part of the overall modernisation of the Directorate, will enable staff to work flexibly by giving them the capacity to work from wherever they may be, improving staff productivity, and providing a more responsive service to clients. More information on the Directorate's capital strategy can be found in Appendix D in the MTP.

5. Recommendation

5.1 Members are asked to note and comment on the above proposals.

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

To: Adult Social Services Policy Overview Committee -
29 January 2008

Subject: **SIX-MONTHLY PERFORMANCE UPDATE, AND ANNUAL
PERFORMANCE REVIEW REPORT FOR ADULT SOCIAL
CARE**

Classification: Unrestricted

Summary: This report updates Members on Kent Adult Social Services' performance. Also enclosed is the Commission for Social Care Inspection's view of the Adults Social Services Directorate's performance over the last year. A new easy-read version of the letter is also provided.

Introduction

1. (1) The Adult Social Services Directorate has a statutory duty to provide performance information to the Department of Health on an annual basis. A wealth of information is provided via a number of statutory data returns, which produce 25 performance indicators. In addition, the Self-Assessment Statement provides information about all aspects of our approach to strategic management, policy, service management, planning and customer care across all client groups. Regular meetings with our Commission for Social Care Inspection (CSCI) colleagues also provide the opportunity for discussion about the issues the Directorate faces and our plans to improve performance.

(2) The 25 performance indicators are an important part of performance assessment framework, although not the whole story as explained above. They are assessed by CSCI and form part of the annual assessment cycle, which culminates in the Annual Review Meeting with the CSCI Business Relationship Manager and the Regional Director. This process is finalised with the publication of the star rating for each Local Authority in November. At Annex 1 I have attached the report to Cabinet about CSCI's assessment of our 2006-7 performance. At Annex 2 is an easy-read version of the CSCI letter which we have put on the website to ensure that people can easily access the key messages about how well we are doing.

Performance update for 2007/08 for Key indicators

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

Admissions to residential care for both those aged 65+ and those aged 18-64.

(2) These two indicators have been impacted on by many factors, including hospital ward closures. However, despite this, the admissions to residential care have not deteriorated, but have been maintained at the same rating and compare very favourably with other Local Authorities.

	March 2007	October 2007
C72 – Admissions for people aged 65+ per 1000 population	75	75
C73 – Admissions for people aged 18-64 per 1000 population	1.86	1.66

(Lower levels means less people being admitted to permanent residential/ nursing care)

Helped to live at home

(3) The number of people helped to live at home, in terms of the strict DoH definition has decreased very slightly in all the client groups at mid year. It is important to bear in mind that any person supported through the voluntary sector, or through health funded initiatives are not counted in this way. Increasingly as we jointly commission services and put more prevention services through the voluntary sector in place, we will see this happen. The new performance framework, which is in place from 1 April 2008 recognises this, and the performance indicator definition will change accordingly.

(4) Its also worth bearing in mind that the trends over the winter, as well as planned increases in direct payments, will probably increase to at least the same as last March by the end of the year.

	March 2007	October 2007
Older persons helped to live at home per 1000 population	75	74.5
People with a learning disability helped to live at home, per 1000 population	3.15	3.05
People with a physical disability helped to live at home, per 1000 population	5.43	5.03
People with mental health needs helped to live at home, per 1000 population	3.8	3.6

Direct Payments

(5) Improvements have been seen in direct payments, as we continue to increase the numbers from 1414 in March to over 1480 in October.

(6) We are currently in the second to highest banding for this indicator, but are anticipating going up a band to the highest band by year-end.

Ethnicity

(7) The two indicators that relate to ethnicity – one ensuring fairness in assessment, and one ensuring fairness in receiving services have both maintained good performance. Information for both these indicators have been analysed carefully over the last few months, to ensure that people from an ethnic minority are accessing social care easily and appropriately.

	Current performance (Good performance in brackets)	Performance will be a risk if under:
Ethnicity of people receiving assessment (ratio)	1.70 (1-2)	1
Ethnicity of people receiving a service (ratio)	1.07 (0.99 – 1.1)	0.99

Future Performance Management

3. (1) The way in which Government is monitoring local government is undergoing a radical change. The Performance Assessment Framework indicators will no longer be collected after this year, and will be replaced by a National Indicator set with fewer social care indicators within it. The consultation process on the National Indicator Set has only recently been completed and further information is still awaited from Government. A report will be brought to the next Adult Social Services Policy Overview Committee on the implications of the national changes.

Recommendations

4. (1) Members are asked to NOTE the progress on performance so far in 2007-8, the Cabinet report on Star Rating, and the easy-read key messages.

Debra Exall
Head of Performance & Planning
01622 696115

Attached documents:

Annex 1: Cabinet Report on Star Rating.
Annex 2: Easy-Read version of Star Rating letter

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

To: Cabinet – 14 January 2008

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 11 September 2007, Kent Adult Social Services Annual Review Meeting with the Commission for Social Care Inspection took place to audit performance for the year 2006/07. Enclosed with this report is the letter from CSCI informing us of our star rating for the period 2006- 2007 (Appendix 1) and the 'Summary Report of 2006-07 annual performance assessment of Social Care Services for Adults Services Kent' (Appendix 2). There is a requirement to present this to an executive meeting of elected members.
2. In the main the services assessed are within the Adult Social Services Directorate but it also covers some services managed within the Communities Directorate such as Kent Drug & Alcohol Action Team.

Policy Context

3. The Letter outlines areas where Adult Social 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, set out in the Self-Assessment Survey. For the Annual Review Meeting, the Directorate also produces an information booklet to assist CSCI by addressing the issues of the agenda produced by CSCI and outlining many of the innovations in place for the year. This booklet is on K-Net for staff and Members to view.
5. CSCI *identified several key areas of strength which included:*
 - The delivery of telecare services
 - Users and carers are actively involved in policy development and decision-making.
 - The council continues to operate a "moderate" level eligibility criteria

- The senior management team provide robust leadership and a vision on the direction of travel.
- The council have established good working relationships with the two newly formed PCT's.
- Kent have strong recruitment, retention and performance management systems in place

6. The key areas for improvement included:

- Delayed discharges from hospital due to health needs are still very high.
- The number of drug misusers sustained in treatment is lower than the average for other similar councils.
- The levels of practice learning in the council have improved to an acceptable level, however this is still below the average for other similar councils

7. The outcome of the performance assessment of Adult Social Services for 2006/07 was announced on 29 November 2007. KCC has retained its **3-star rating** for the **sixth year** for Adult Social Services.

- *Delivering outcomes: Good (formerly Serving People Well)*
- **Capacity for Improvement:** Excellent

This is excellent news for KCC, the people who use Adult Social Services and their carers, as it demonstrates that 'we serve most people well and have excellent capacity for improvement', while recognising the hard work and dedication of staff.

8. 2007/08 is likely to be the last year in which a star rating will be given for adult social services. There is expected to be a new performance regime from 2009, which will include a joint assessment framework with Health. Furthermore, a joint Commission for Health and Social Care is expected to be established in 2009.

Recommendations

9. Cabinet is asked to NOTE this report, Star Rating letter and 'Summary Report of 2006/07 annual performance assessment of Social Care Services for Adults Services'

Nick Sherlock
Public Involvement and Performance Manager
01622 696175

Attached documents:

Appendix 1: Star rating letter.

Appendix 2: Summary Report of 2006-07 annual performance assessment of Social Care Services for Adults Services

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CONFIDENTIAL: EMBARGOED UNTIL 29 NOVEMBER 2007

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

27 Nov 2007

Dear Director/Chief Executive,

Following our letter of 21 October, I am writing to confirm your adult social care performance judgements and rating and arrangements to access the performance indicators and ratings website.

(1) Performance Judgements and Ratings for Adult Social Care Services

The performance judgements for your Council are as follows:

Delivering outcomes: **Good**

Capacity for improvement: **Excellent**

Your adult social care services performance rating is **3** stars.

The new performance ratings and underlying judgements will be published on 29 November 2007. The summary report for your Council and a copy of this letter will also be available on the CSCI website at www.csci.org.uk/councilstars

(2) Access to the Performance Indicators and Performance Ratings Report Website

You will be able to access the website from 12.01am Tuesday 27 November 2007.

The hyperlink is below. Please follow the instructions on the screen.

<http://www.csci.org.uk/default.aspx?page=1801>

Username: Council Stars

Password: stars2007

Yours sincerely

A handwritten signature in black ink, appearing to read "Paul Small". The signature is written in a cursive style with a long horizontal stroke at the bottom.

Chief Inspector

Copies: Peter Gilroy – Kent County Council Chief Executive
Chief Executive of SHA (*council to arrange distribution*)
Council's Appointed Internal Auditor (*council to arrange distribution*)

cc: Council Chief Executive

We welcome your feedback to help us improve our service.
Please feel free to contact the Customer Service Unit on 0845 015 0120



Making Social Care
Better for People

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

21st October 2007

Ref: JD/JW KENTAPA

Dear Director,

SUMMARY REPORT of 2006-07 ANNUAL PERFORMANCE ASSESSMENT OF SOCIAL CARE SERVICES FOR ADULTS SERVICES KENT

Introduction

This report summarises the findings of the 2007 annual performance assessment (APA) process for your council. Thank you for the information you provided to support this process, and for the time made available by yourself and your colleagues to discuss relevant issues.

Attached is a revised copy of the performance assessment notebook which provides a record of the process of consideration by CSCI, leading to an overall performance rating. You will have had a previous opportunity to comment on the factual accuracy of the evidence notebook following the Annual Review Meeting.

The judgements outlined in this report support the performance rating notified in the performance rating letter. *The judgements are*

- *Delivering outcomes **Good** (formerly *Serving People Well*) using the LSIF rating scale*

And

- *Capacity for Improvement **Excellent** (a combined judgement from the Leadership and the commissioning & use of resources evidence domains)*

The judgement on Delivering Outcomes will contribute to the Audit Commission's CPA rating for the council.

The council is expected to take this report to a meeting of the council within two months of the publication of the ratings (i.e. by 31st January 2008) and to make available to the public, preferably with an easy read format available.

ADULT SOCIAL CARE PERFORMANCE JUDGEMENTS FOR 2006/07

Areas for judgement	Grade awarded
Delivering Outcomes	Good
Improved health and emotional well-being	Good
Improved quality of life	Good
Making a positive contribution	Good
Increased choice and control	Good
Freedom from discrimination or harassment	Good
Economic well-being	Good
Maintaining personal dignity and respect	Good
Capacity to Improve (Combined judgement)	Excellent
Leadership	
Commissioning and use of resources	
Star Rating	3 Stars

The report sets out the high level messages about areas of good performance, areas of improvement over the last year, areas which are priorities for improvement and where appropriate identifies any follow up action CSCI will take.

KEY STRENGTHS AND AREAS FOR IMPROVEMENT BY PEOPLE USING SERVICES

Key strengths	Key areas for improvement
<p>All people using services</p>	
<ul style="list-style-type: none"> • Effective multi agency agreed set of policies and procedures to respond to incidents of abuse • Kent have a robust ten year plan which gives the strategic direction for the development and delivery of services to ensure the improving health and emotional wellbeing of its residents • A variety of intermediate care services have been expanded this year • Users and carers are actively involved in policy development and decision-making. • The council strongly promote leadership roles for users and carers • The council continues to operate a “moderate” level eligibility criteria • There is universal access to initial assessments to determine the needs of the individual • The council collect important equality data, which they use to help shape future delivery of services • Access to services is promoted through an effective, easily accessible on line self assessment process. • Assessments are carried out in a timely manner and individuals receive a copy of their statement of needs. • Specialist advocacy services have been steadily growing and are available for all service user groups. • This year the provision of Direct Payments has substantially increased 	<ul style="list-style-type: none"> • The levels of practice learning in the council have improved to an acceptable level, however this is still below the average for other similar councils (PAF D75)

<ul style="list-style-type: none"> • There is an increasing choice of pathways to meet diverse economic and employment needs • The senior management team provide robust leadership and a vision on the direction of travel. • The council has an effective and well-established performance management system in place, • The council have established good working relationships with the two newly formed PCT's. • Kent have strong recruitment, retention and performance management systems in place • There is a major change programme in place focusing on new ways of working, underpinned by choice, personalisation and self directed support. • Needs assessment informs joint commissioning at all levels and progress is being made on creating a Kent multi-agency joint commissioning strategy. • The council have in place robust budget management and strategic and operational financial planning. • Kent has a clear understanding of the local social care market and there are innovative measures taken jointly with providers to meet the needs of both publicly funded and self-funded individuals. 	
Older people	
<ul style="list-style-type: none"> • The delivery of telecare services to people over 65 is good. • The council has an effective "homesafe/handyvan" scheme operating across the county, primarily targeted at the over 60's. • The development of extra care housing has substantially increased 	<ul style="list-style-type: none"> • Delayed discharges from hospital due to health needs are still very high
People with learning disabilities	

People with mental health problems	
	<ul style="list-style-type: none"> Numbers of drug misusers retained in treatment is lower than the average for other similar councils.
People with physical and sensory disabilities	
<ul style="list-style-type: none"> Transition planning for young people with disabilities is well established. The council have involved disabled people in producing a Disability Equality Scheme 	
Carers	
<ul style="list-style-type: none"> Support is offered to most carers wishing to access and sustain employment opportunities. 	

KEY STRENGTHS AND AREAS FOR IMPROVEMENT BY OUTCOME

Improved health and emotional well-being

The Council makes a good contribution to improving people's health and sense of well being.

Most people who use services and their carers are helped to understand how to stay healthy and maintain their emotional well-being. Support is provided through a good range of clear, accurate, accessible information and individual advice and support. The Director has restructured the Adult Services management team in order to focus more explicitly on the wider wellbeing role and to ensure close working with the jointly appointed director of Public Health.

Kent has a robust ten year plan which gives the strategic direction for the development and delivery of services to ensure the improving health and emotional wellbeing of its residents. The expansion of intermediate care services supports the council's intention to enable individuals to live independent lives with appropriate support. This year telecare services have been specifically developed for the use of people with dementia.

The council are not engaged in joint commissioning for mental health services at this time believing better outcomes for users can be achieved through their own arrangements, this is a mutually agreed position with the council's health partners. A variety of intermediate care services have been expanded this year, which has supported social care to keep delayed discharges from hospital to a reasonable level. However, delayed discharges from hospital due to health needs are still very high and evidence is available to explain the position.

Key strengths

- Kent have a robust ten year plan which gives the strategic direction for the development and delivery of services to ensure the improving health and emotional wellbeing of its residents.
- A variety of intermediate care services have been expanded this year.

Key areas for improvement

- Delayed discharges from hospital due to health needs are still very high.
- The number of drug misusers sustained in treatment is lower than the average for other similar councils.

Improved quality of life

The Council makes a good contribution to improving people's quality of life.

The independence of most people who use services and their carers is promoted consistently within a range of services. The council's strategy, planning and execution of its preventative agenda is robust. The development of extra care housing has substantially increased with still more services planned to be available within the next three years. The delivery of Intensive Homecare services is at an acceptable level. The extensive provision of services and prompt delivery provides excellent services to users. Services for Carers are also excellent and Kent is a high performing council.

There is a focus on early prevention, which can be demonstrated to be reducing need for higher-level support in most relevant instances. Comprehensive services such as telecare, falls prevention and staff awareness training on aiding independence ensures that appropriate support is provided to enable people to live as independently as possible. The delivery of telecare services to people over 65 is good and double the national comparator average. To support the council's prevention agenda further expansion of telecare services is planned next year and delivery is on target.

Where the council commissions care services, which do not require a formal assessment, most residents can have easy access to an adequate range of services. Care managers refer on, to relevant non-care managed services of the people who need them. This is also available through the on line self-assessment service that Kent offers. This year the council has explored initiatives to ensure the early identification and planning for young people aged 14 and above who are likely to need services in the future and this allows for strategic planning.

This year the council have addressed areas of safety and whilst the surveys show most people feel safe and are well supported with aids to assist their safety at home the council are taking steps to address some areas of improvement that were identified in the latest Active Lives consultation. The council has an effective "homesafe/handyvan" scheme operating across the county, primarily targeted at the over 60's.

Key strengths

- The development of extra care housing has substantially increased
- The extensive provision of services and prompt delivery provides excellent services to users.
- The delivery of telecare services to people over 65 is good.
- The council has an effective "homesafe/handyvan" scheme operating across the county, primarily targeted at the over 60's.

Key areas for improvement

- Learning Disability re-provisioning plan.

Making a positive contribution

The council makes a good contribution towards supporting people in the area to make a positive contribution.

The council has a strong commitment to ensuring users and carers are given every opportunity to be actively involved in policy development and decision-making. Opportunities to provide feedback to the council are available through user involvement groups and forums, surveys and direct engagement during the monitoring and reviews of services delivered.

The council strongly promote leadership roles for users and carers through involvement in strategic boards and partnership forums. A website has been specifically created for people with a Learning Disability and the Carers website includes a discussion forum. People with disabilities have made substantial contribution to the council's disability equality scheme. Learning Opportunities exist for paid and volunteer workers, which enhances workforce development. Kent can show it has a significant commitment to developing ways of expanding numbers of volunteers working in social care and welfare services and that there is some evidence of increasing numbers.

The council seeks feedback from people who use services and their carers as well as the wider community. Regular meetings are held for users to meet with members and senior staff. Targeted surveys are held and feedback received used in the preparation of future planning of service delivery.

Key strengths

- Users and carers are actively involved in policy development and decision-making.
- The council strongly promote leadership roles for users and carers
- Targeted surveys are held and feedback received used in the preparation of future planning of service delivery.

Key areas for improvement

- Ensure that the individuals effected in the reprovision of residential services for people with learning disabilities are provided with opportunity to exercise choice and control regarding future provision. This may require independent advocacy.

Increased choice and control

The council makes a good contribution towards increasing choice and control for people in the area.

The Council has an effective long-term strategy for maximising individual's choice and control of social care services and enhancing their opportunities to live independently. The council continues to operate a "moderate" level eligibility criteria and access to services is promoted through an effective, easily accessible on line self assessment process, which provides information about social care services and those operated in the independent sector. Most people who use adult social care are well informed about services. Information is accurate, accessible, and appropriate. The complaint process is open and made known to users. Information

and support relating to service standards is available on request or accessible via the internet. Access to services in Kent is available 24 hours per day, 7 days per week. With the newly configured PCT's now in place, the council have reviewed and amended practices and procedures to ensure 24/7 accesses to services is complementary to and supports healthcare.

The number of assessments leading to a directly provided service is operating at an appropriate level. Assessments are carried out in a timely manner and individuals receive a copy of their statement of needs. Specialist advocacy services have been steadily growing and are available for all service user groups. In line with the council's strategy to promote choice and control and independents, the use of residential services is declining due to the availability of alternative community services. The introduction of family group conferences is a welcome initiative that allows for better exploration and care management of complex need cases.

The range of services provided is broad and Kent is working towards being able to offer more choices and to meet preferences, both within its internal services and those it commissions from the independent sector. There is evidence of increasing take up of self-directed services across most groups of people who use services. This year the provision of Direct Payments has substantially increased, offering greater flexibility to those individuals who wish to have greater control and flexibility over the purchasing services to address their care needs.

Key strengths

- The council continues to operate a "moderate" level eligibility criteria
- Access to services is promoted through an effective, easily accessible on line self assessment process.
- Assessments are carried out in a timely manner and individuals receive a copy of their statement of needs.
- Specialist advocacy services have been steadily growing and are available for all service user groups.
- This year the provision of Direct Payments has substantially increased

Key areas for improvement

- None

Freedom from discrimination or harassment

The council makes a good contribution towards ensuring people in the area are free from discrimination or harassment.

The council promote equality of access to all services and actively promote freedom from discrimination and harassment in all the services run directly or indirectly. There is universal access to initial assessments to determine the needs of the individual, regardless of whether a person intends to self-fund, and whether they are eligible for council provision. The council collect important equality data, which they use to help shape future delivery of services, have undertaken an equalities assessment and have a comprehensive strategy which minority groups have had an influence in. The Council has published a Disability Equality Scheme. Advocacy and interpreting services are well established across all the main service user groups. Transition planning for young people with disabilities is well established. The

council have involved disabled people in producing a Disability Equality Scheme. The council has identified further work to be undertaken to involve disabled people in taking the scheme forward and evaluating its success.

Key strengths

- There is universal access to initial assessments to determine the needs of the individual.
- The council collect important equality data, which they use to help shape future delivery of services.
- Transition planning for young people with disabilities is well established.
- The council have involved disabled people in producing a Disability Equality Scheme.

Key areas for improvement

- Ensure equality standards are applied equally at the design stage of the provisioning of Learning Disabled Services.

Economic well being

The council makes a good contribution towards the economic well being of people in the area.

To support individuals to be economically independent the council have a number of initiatives in progress in order to resolve disputes in continuing care funding. There is an increasing choice of pathways to meet diverse economic and employment needs. The partnership between the council, the Learning and Skills council and the business sector is constructive and the collaboration between partners leads to effective advice and guidance to most groups of people. The council is acutely aware of the importance of providing help and assistance to individuals with a learning disability accessing employment opportunities. Support is offered to most carers wishing to access and sustain employment opportunities.

The council has in place a range of services that are designed to promote greater independence for individuals. The council has an effective financial and business planning process and a three-year medium term plan seeks to achieve balancing funds with cost pressures and saving proposals. This year the council have undertaken a broad consultation to review domiciliary care payments. The council provides specialist financial teams and support workers to help users access benefits that they are entitled to and give advice and assistance to budget planning.

Key strengths

- There is an increasing choice of pathways to meet diverse economic and employment needs.
- Support is offered to most carers wishing to access and sustain employment opportunities.

Key areas for improvement

- Develop employment opportunities for people with Learning Disabilities

Maintaining personal dignity and respect

The council makes a good contribution towards maintaining the personal dignity and respect of people in the area.

The council has an effective multi agency agreed set of policies and procedures to respond to incidents of abuse and to demonstrate that abuse is not tolerated. The policy and procedures are underpinned by an effective training strategy for all staff working in the care profession. The council have undertaken training events with staff to ensure that they are aware of the directorate's roles and responsibilities under the Mental Capacity Act. The council feel that they can produce better outcomes for people who use services without the need to use jointly commissioned services with the Mental Health Partnership Board. Awareness raising of safeguarding matters in the independent sector is supported by effective contract compliance, which ensures that all registered care services seek training via the multi agency training.

The number of safeguarding incidents being reported continues to rise on an annual basis, reflecting the successful awareness and training campaign for social care staff within the council and in the independent sector. Investigations are carried out in a timely manner although performance in completing and resolving an investigation could be improved. The council's performance in purchasing single room accommodation in residential settings could be improved, although performance is of a good standard.

Interpersonal relationships are innovatively and actively encouraged. The council has policy guidance for staff, which was developed with input from service users. This is regularly reviewed involving staff and service users. It is also adhered to by the in-house services as well as reflected in the contract with external providers. The council is complying with the Data Protection and Freedom of Information Acts by having a local Information Governance agenda managed by the multi agency Kent and Medway Information Governance Programme Board. The multi agency safeguarding policy, protocols and guidance has been signed up to all by all agencies and services with the implementation being managed through an effective 6 level training strategy.

Key strengths

- Effective multi agency agreed set of policies and procedures to respond to incidents of abuse.

Key areas for improvement

- The availability of single rooms is good, however this remains below the average for other similar councils.

Capacity to improve

The council's capacity to improve is excellent.

Adult social care is strongly managed by a competent, ambitious and determined group of senior officers and well supported by member involvement and corporate backing. The senior management team provide robust leadership and a vision on the direction of travel, which is translated into strategic plans and goals to ensure

the service undertakes the transformation needed to ensure service delivery at the front line gives control to service users. With 80% of services being delivered by the independent sector the council are mindful of ensuring that good performance management systems support the need of achieving value for money, whilst ensuring quality is of a good standard. The council have established good working relationships with the two newly formed PCT's. Delayed discharges to care still require overall reduction. Improvements have been made to services for people with Learning Disabilities by the establishment of effective partnership boards with service user. Almost all plans are comprehensive, strategic and address key developmental areas. Coordinated working arrangements across all directorates in the council and external partnerships are reflected in strategic planning. There is excellent evidence that this working has resulted in improvements.

Kent has strong recruitment, retention and performance management systems in place. Retention of staff is stable and vacancy levels are low. Staff sickness and absence is robustly managed, with individual's absence levels below the national average. There is an effective system to assess training needs and deliver training packages both for internal staff and external providers. Kent has this year improved on their already robust electronic management systems by introducing a new package, which allows better data transfer between partners. The council has an effective and well-established performance management system in place, which provides information to staff.

The council work in partnership with public health and children's services in the development of Joint Services Needs Analysis. There is a major change programme in place focusing on new ways of working, underpinned by choice, personalisation and self directed support. This represents a major cultural change for the directorate, which it is addressing through organisational development processes. Needs assessment informs joint commissioning at all levels and progress is being made on creating a Kent multi-agency joint commissioning strategy. The council works closely with District Councils and the independent sector as well as the general public, service users and carers. The council have ensured that all its commissioning strands and contracts take into account equality and diversity issues and linked to the outcomes in "Our Health, Our Care, Our Say". The council have in place robust budget management and strategic and operational financial planning. The planning processes in place address ways the council can maximise value for money whilst continuing to preserve quality at the point of delivery and make prudent efficiency savings.

The Council makes sure that most people who use services, carers groups and relevant staff are integral to the commissioning process through consultation, design and evaluation of service provision. Kent has a clear understanding of the local social care market and there are innovative measures taken jointly with providers to meet the needs of both publicly funded and self-funded individuals. Good use is made of some joint commissioning and partnership working to improve the economy, efficiency and effectiveness of local services. Informed choices are made about the balance of cost and quality. The council's eligibility criteria level at "moderate" band ensures the development of the preventative agenda. The council have good support systems in place to assist those individuals who need care services without financial assistance from the council.

Key strengths

Leadership

- The senior management team provide robust leadership and a vision on the direction of travel.
- The council has an effective and well-established performance management system in place,
- The council have established good working relationships with the two newly formed PCT's.
- Kent have strong recruitment, retention and performance management systems in place

Commissioning and use of resources

- There is a major change programme in place focusing on new ways of working, underpinned by choice, personalisation and self directed support.
- Needs assessment informs joint commissioning at all levels and progress is being made on creating a Kent multi-agency joint commissioning strategy.
- The council have in place robust budget management and strategic and operational financial planning.
- Kent has a clear understanding of the local social care market and there are innovative measures taken jointly with providers to meet the needs of both publicly funded and self-funded individuals.

Key areas for improvement

Leadership

- The levels of practice learning in the council have improved to an acceptable level, however this is still below the average for other similar councils (PAF D75)

Commissioning and use of resources


- The council continue to work with the Mental Health Partnership on commissioning in order to develop total joint commissioning when appropriate.

Follow up action in 2007-08

Areas identified above as needing improvement will be monitored through regular routine business meetings through the course of the year.

Yours sincerely

AMANDA SHERLOCK
Regional Director
Commission for Social Care
Inspection



EASY READ

HOW GOOD WERE KENT ADULT SOCIAL SERVICES IN 2006-7?

This paper sets out how well the Commission for Social Care Inspection (CSCI) judges Kent Adult Social Services (KASS) to be doing. The overall results are:

- *Delivering outcomes* **Good**

And

- *Capacity for Improvement* **Excellent**

Areas for judgement	Grade awarded
Delivering Outcomes	Good
Improved health and emotional well-being	Good
Improved quality of life	Good
Making a positive contribution	Good
Increased choice and control	Good
Freedom from discrimination or harassment	Good
Economic well-being	Good
Maintaining personal dignity and respect	Good
Capacity to Improve (Combined judgement)	Excellent
Leadership	
Commissioning and use of resources	
Star Rating	3 Stars

The rest of this paper explains what this means, and why CSCI gave KASS these grades. The full letter from CSCI gives more information.

Improved health and emotional well-being

This is about how well KASS helps people to stay healthy and feel good about themselves.

CSCI judge KASS to be good at this because:

- Most people who use services, and their carers, are helped to understand how to stay happy and healthy
- Information is clear and easy to find
- The Director has made changes to his management team so that more attention is given to the people of Kent's overall wellbeing.
- The 'Active Lives' booklet gives a clear picture of how services and support to people will improve over the next ten years.
- There are many ways in which people in Kent are supported to live at home, including people with high needs such as dementia.
- KASS has set up new services for people coming out of hospital to help them get ready to go back home. This means people can leave hospital more quickly, although some people are still staying in hospital because there are no places that can deal with their health needs.

Kent needs to get better at:

- Keeping people who misuse drugs in treatment.

Improved quality of life

This is about how good people feel about their lives.

CSCI judge KASS to be good at this because:

- There are lots of ways in which Kent people are supported to live in their own homes.
- KASS plans carefully how to prevent people from becoming dependent.
- More 'Extra-Care Housing' is being built, which gives people their own flat but with extra help and support on hand 24 hours a day.
- Advice and support to carers is excellent.
- Twice as many older people have telecare in Kent compared to the average place, and more is planned.

- It is easy for people who need it to get advice and support, including over the internet.
- Work is being done with young people aged 14 and above who might need services in future.
- Kent has a good “handy-van” scheme that helps older people feel safe at home.

CSCI commented that KASS must manage carefully the plans to move people with learning disabilities from NHS residential homes to KASS services.

Making a positive contribution

This is about how people do things for others around them or for society as a whole.

CSCI judge KASS to be good at this because:

- People are involved in making decisions about future services, and this happens in many different ways.
- Kent County Council staff and elected Members listen to what people think, and do something about it.
- KASS supports people who use services and carers to be the leaders in developing services in Kent.
- There are good websites for people with learning disabilities and carers.
- More people are volunteering to work to help others.

CSCI said KASS must make sure that people with learning disabilities moving from NHS residential homes to KASS services are given choice and control over their future support.

Increased choice and control

This is about people taking charge of the way in which they are supported.

CSCI judges KASS to be good at this because:

- People with 'moderate' needs in Kent can get support (in most other places now people have to have 'substantial' needs before they can get support).
- KASS has good plans for making sure that more people have choice and control over their support in the future.
- It is easy for people to find out about and get different kinds of support.
- KASS is good at assessing people's needs, and making sure those needs are met, and does this *with* people, not *to* people, using advocacy where needed.
- There are lots of different ways in which people can be supported in Kent, so people have real choice.
- Lots of people now have Direct Payments, which means they control the money that pays for their support.

Freedom from discrimination or harassment

This is about making sure that everyone is treated fairly, and that people are not bullied or hurt because they are different.

CSCI judges KASS to be good at this because:

- KASS gives high priority to this
- Anyone can be assessed to see if they need services.
- KASS collects important data about equalities, and uses it to plan services
- Disabled people helped produce Kent's Disability Equality Scheme
- There are good plans for young disabled people who will need support from KASS.

CSCI said that as services for people with learning disabilities are developed, it is important for KASS to make sure that the equality standards are applied from the start.

Economic well being

This is about people having enough money to live on.

CSCI judges KASS to be good at this because:

- KASS works well with the Learning and Skills council and business to support people to increase their income.
- KASS helps people to manage their money, claim benefits, get more skills, and get jobs.
- Particular help has been given to people with learning disabilities and carers to get jobs.
- KASS works to increase people's independence.

CSCI said that more jobs were needed for people with learning disabilities.

Maintaining personal dignity and respect

This is about making sure that people are treated well.

CSCI judges KASS to be good at this because:

- KASS puts service users and carers first.
- KASS has clear policies, agreed with other agencies, to stop abuse happening.
- Staff are well trained in how to treat people properly.
- Service users are involved in shaping policy on treating people properly.
- There are good systems, developed with other agencies, for managing personal data and information about people.

CSCI commented that more people in residential care shared rooms in Kent than in other similar councils.

Capacity to improve

This is about whether services are likely to get better

CSCI judges KASS to be excellent here because:

- There is a clear sense of direction from County Council Members
- The County Council gives high priority to social care
- The senior management team does an excellent job
- There is excellent evidence that good partnership working has improved services
- KASS has strong processes in place to manage budgets, performance and staff.

- KASS is good at involving service users in planning, developing policies, and staff recruitment
- There are big changes planned to the way that services in Kent are provided, with more choice and control for service users
- Service planning is based upon good information about what people need
- KASS has a clear understanding of the local social care market, and works well with providers to meet people's needs whether they are paying for themselves or funded by KASS.

CSCI commented that:

- There were less placements for student social workers than in similar councils
- KASS needed to continue to work with the Mental Health Partnership to develop total joint commissioning when appropriate.

By: Oliver Mills, Managing Director Kent Adult Social Services

To: Adult Services Policy Overview Committee – 29 January 2008

Subject: **ACTIVE LIVES**

Classification: Unrestricted

Summary: This paper asks Members to approve the final version of the new Active Lives document which will replace the old version in the policy framework subject to ratification by full Council.

1. Active Lives is the vision for KASS and is the product of extensive consultation with service users, carers and partner organisations in 2006/07.
2. The final draft was brought to ASSPOC in April 2007 for comment and all of the comments are reflected in the final version. Since then the final draft and an easy read version have also been completed and circulated to all Members. Copies of both documents are attached separately to the papers.
3. Both documents are already on the Kent County Council website so they are in the public domain and being used internally to inform business planning. The document has also been endorsed by all of the Kent District and Borough Councils and the two PCTs.

Recommendations

4. Members of the Adult Social Services Policy Overview Committee are asked to:
 - (i) Note the easy read version of Active Lives
 - (ii) Give their final approval to this version of Active Lives replacing the previous version of Active Lives in the policy framework subject to it being ratified by full Council.

Debra Exall
Head of Performance & Planning
Ext 6115

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Item No. B5

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

To: Adult Social Services Policy Overview Committee –
29 January 2008

Subject: **JOINT STRATEGIC NEEDS ASSESSMENT (ADULTS)**

Classification: Unrestricted

Summary: This report provides Members with the key messages emerging from the Joint Strategic Needs Assessment for Adults

Introduction

1. (1) A Joint Strategic Needs Assessment (JSNA) is the means by which Primary Care Trusts and Local Authorities describe the *future* healthcare and wellbeing needs of local populations. The JSNA should drive the commissioning processes to meet those needs. This duty is contained in the current Local Government and Public Involvement in Health Bill and is part of the implementation of the White Paper, *Our Health, Our Care, Our Say* and the local government white paper, *Strong and Prosperous Communities*.

(2) For now, a separate JSNA is being developed for children and this report focuses on the approach being taken towards assessing the needs of adults. However, the two are halves of the whole and ultimately need to be seen alongside each other.

(3) The Kent JSNA for Adults is being built upon the recently published Kent Annual Public Health Report. It will describe the health and wellbeing status of adults in Kent and concentrate on projecting the data five years into the future, including identifying the future burdens of health inequalities, the likely impact of an aging population, and modelling the effect of prevention on the demand for services. The recommendations of the JSNA will seek to define achievable improvements in health and wellbeing outcomes for Kent people and send signals to existing and potential providers of services about the scale of change. It will support the commissioning and delivery of health and wellbeing outcomes, inform subsequent stages of commissioning cycles, generally aid better decision making and further advise on the choice of local outcomes and targets.

(4) Because the final guidance from Government was not published until 13th December 2007, and because of the considerable work undertaken this year on the Annual Public Health Report, this year's JSNA will inevitably be an evolutionary process. The final report will not be produced until April – but of course that is too late to influence the commissioning of services in 2008-9. The purpose of this interim

report, which has been considered by KCC's Chief Officer Group, and by the Cabinet Member for Adult Social Services, is therefore to highlight the key messages emerging from the analysis so far in time to shape KCC's 2008-9 operational plans. The PCTs' joint commissioning plans are already in draft, and have been influenced already by the initial JSNA work. The Government's intention is for JSNAs to drive LAAs, and the work done so far was fed into those discussions (via the Kent Partnership Support Group).

(5) Ultimately the JSNA will include consideration of benefits, pensions, housing, transport and community services. However, to begin with we have focussed down on health and social care, to explore how the process could work and to aid joint commissioning between the PCTs and Kent Adult Social Services.

What do the People of Kent want?

2. (1) There has been extensive consultation with people about the future of health services and social care in Kent, because of the nationally-led changes and restructuring of Health, and because of the refresh of Active Lives, the ten year vision for social care in Kent. Strong messages emerged about the importance of listening to and involving people, treating people with dignity and respect, supporting independent living, providing health care close to (or in) people's homes, and ensuring people did have choice and control over the support they received. Prevention, and health promotion was a key theme, although people also wanted good quality services for those needing more intensive support. The Active Lives consultation revealed particularly strong support for services for carers, and for advocacy.

(2) In the last few months there have been discussions with the general public about what should be included in Kent's older people's strategy. In these discussions, people gave particular priority to health promotion and opportunities to increase healthy living (eg subsidised sports activities such as swimming) and promote good mental health (eg social activities and networks). Transport was a key issue, and closely linked to concerns about the location of services (people were worried about how to get to services if they were reliant upon public transport). The quality of housing, and the importance of ensuring its suitability (warm, secure, safe, accessible) was another theme.

(3) The importance of easily accessible, timely, relevant information keeps being highlighted by people as a critical issue. People felt that it was vital for GP surgeries, and other forms of primary care, to be excellent at sign-posting people to where they could get further information about and support for their condition. Not everyone understood the extensive role that libraries have in information provision. The importance of providing information in different ways, from different sources, for different 'communities of need', was emphasised.

(4) The public also put great emphasis on quality issues - "do the job properly". For example, staff should turn up at the time they said and do what was expected of them. People in hospitals or care homes should be kept clean, should have

good nutrition (and be helped to eat if necessary), and be kept well hydrated. In looking ahead to developing services, we must not forget the importance of getting the basics right now.

Content of the JSNA

Overview of health and social care in Kent

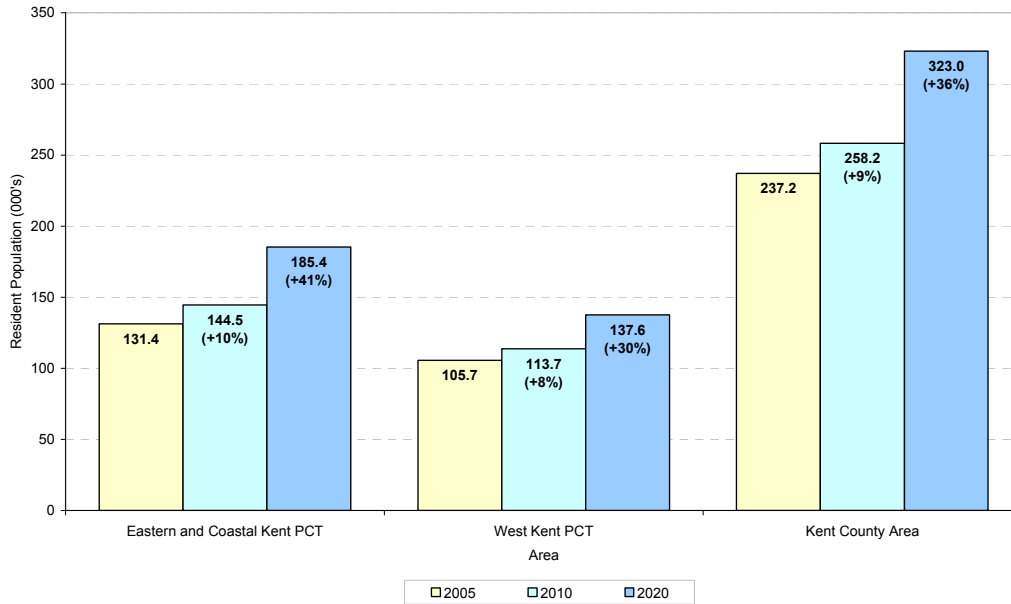
3. (1) The JSNA will provide an overview of the Kent population, in respect of health and social care (population breakdown, demographic trends, incidence of different illnesses and conditions, socio-economic information, health inequalities, including comparisons between Districts). For example:

- ◆ There are inequalities between East and West Kent, East Kent having higher need than West.
- ◆ Within each PCT there are inequalities at the borough council level – for example Sevenoaks has higher life expectancy compared with Dartford, and people in Canterbury experience better health outcomes compared to people in Thanet
- ◆ There are also large health inequalities within individual Districts and Boroughs. The report will summarise the extent of the inequalities in outcomes in this way e.g. in Dartford there is almost a 5 year life expectancy gap between people living in the most affluent wards (Longfield, New Barn and Southfleet) and the poorest ward (Joyce Green).
- ◆ Areas with the worst health outcomes are also likely to be worse at accessing health care, have worse health over the course of their lives and be more sensitive to adverse life events. This can result in a greater inefficiency of providing health and social care if these inequalities in outcomes are not addressed.

Projected increase in demand

(2) The JSNA will look at projected population increases, by age group, and projected prevalence of different conditions. The biggest population change will be in the over 65 category, a 38% increase, by 2020 (Figure 1). This will impact on the demand and need for services in the conditions most likely to affect an ageing population, such as musculoskeletal problems, respiratory conditions and diabetes (see the chart showing current conditions, 2, and the forecast charts 3 and 4).

Figure 1. Population Projections to 2010 and 2020 for Residents Aged 65+, Showing Percentage Change from 2005.



Source: KCC, 2007

Figure 2. Incidence of Hospital Activity by Age

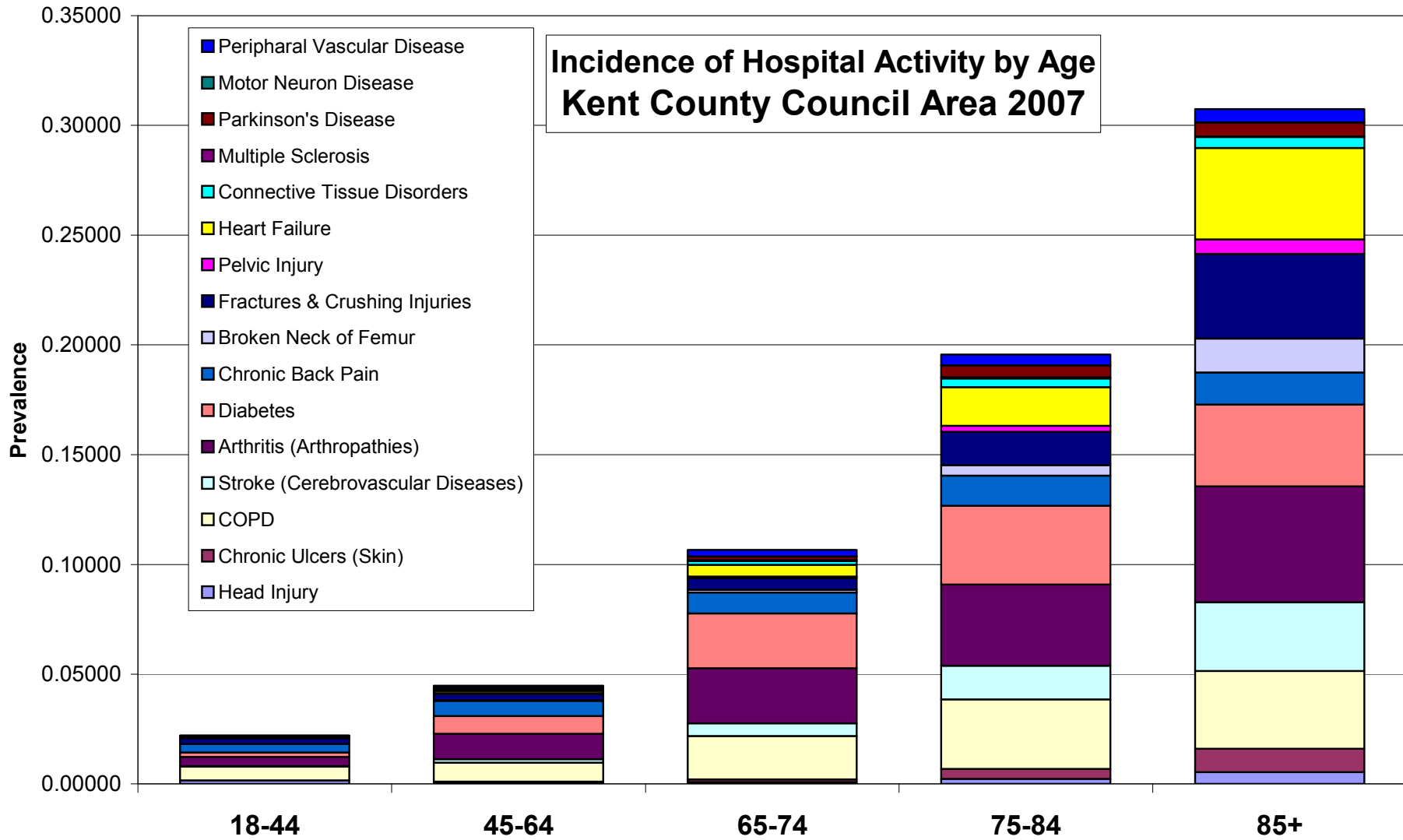


Figure 3. Forecast : 2010

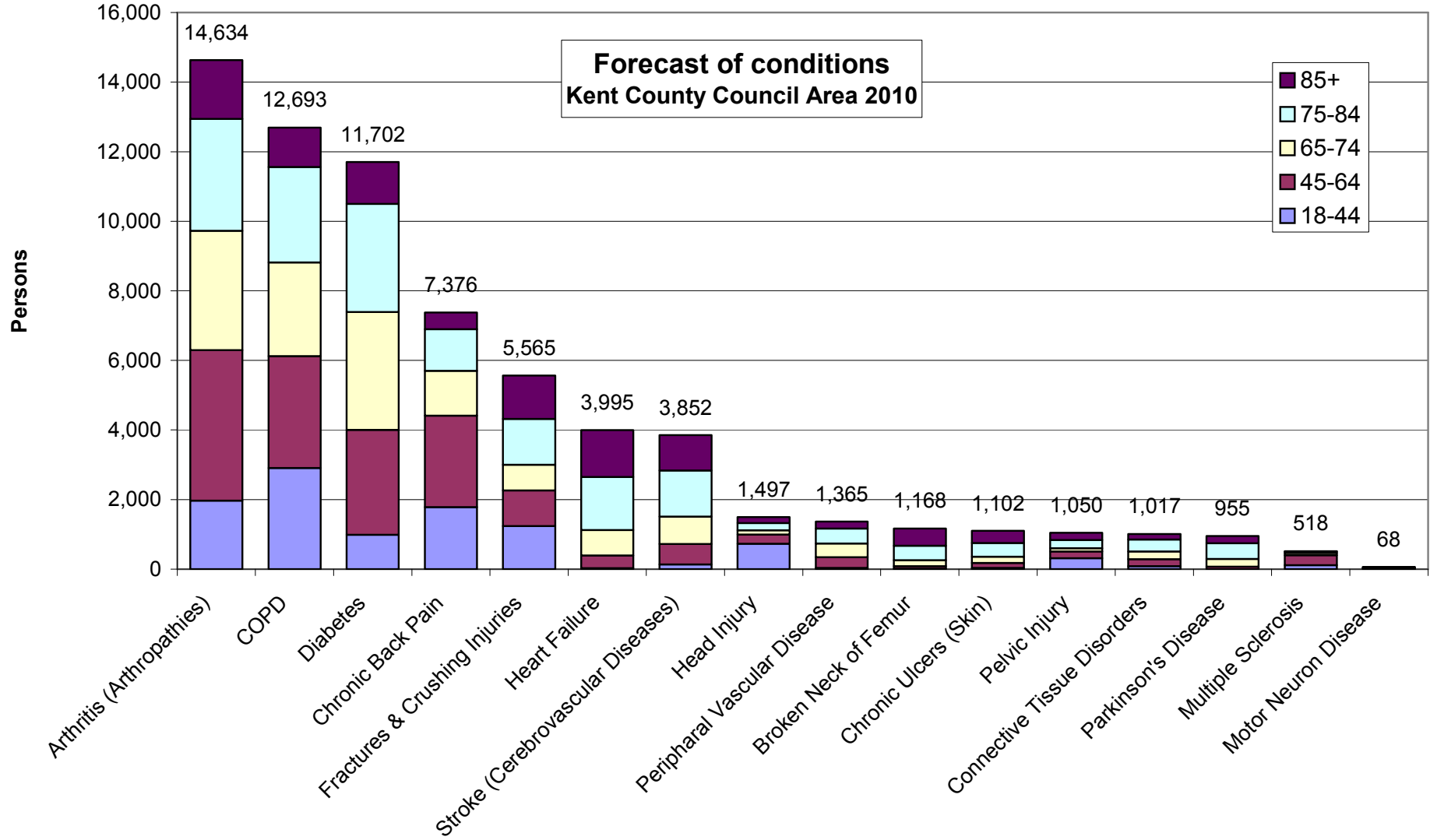


Figure 4. Forecast: 2012

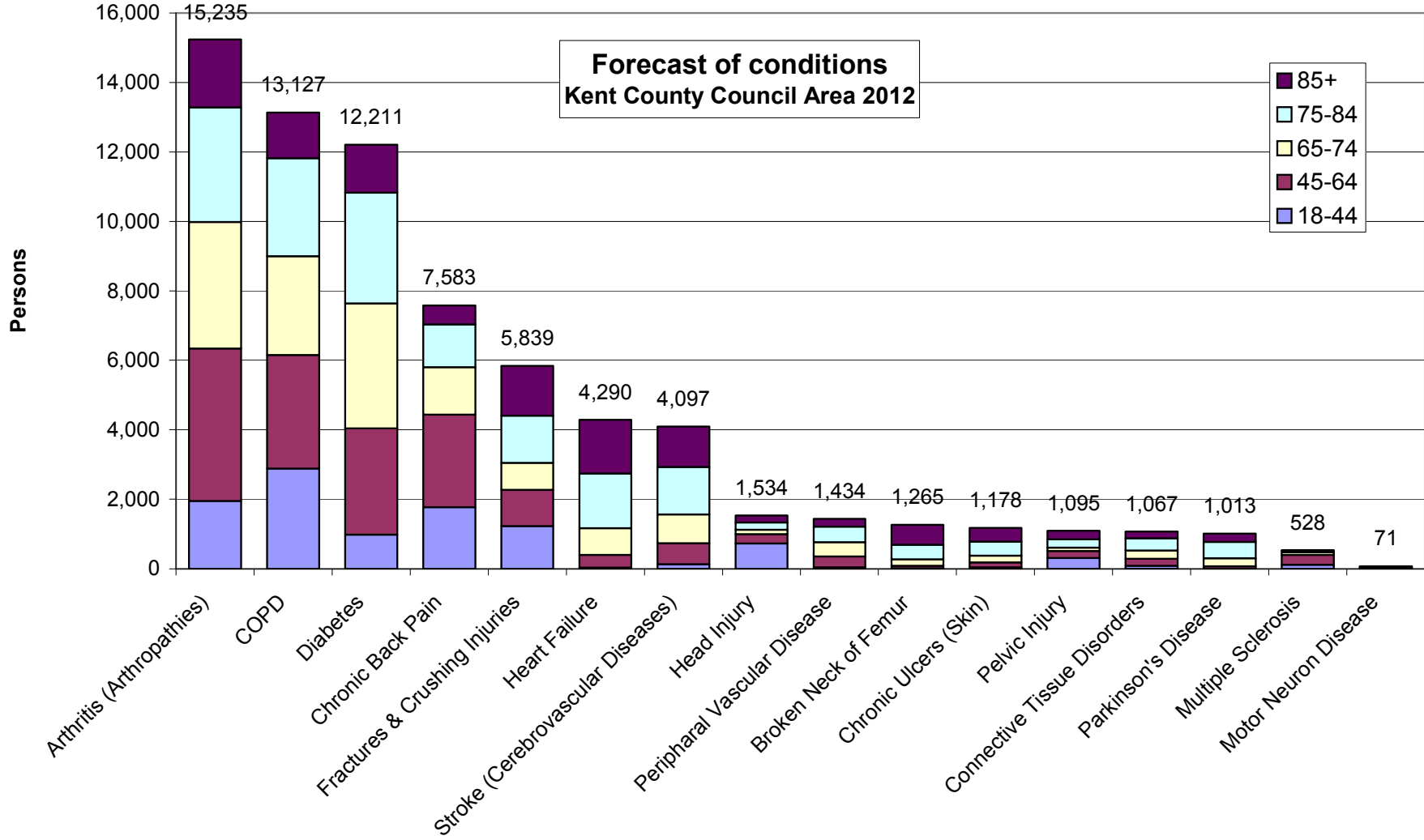


Figure 5

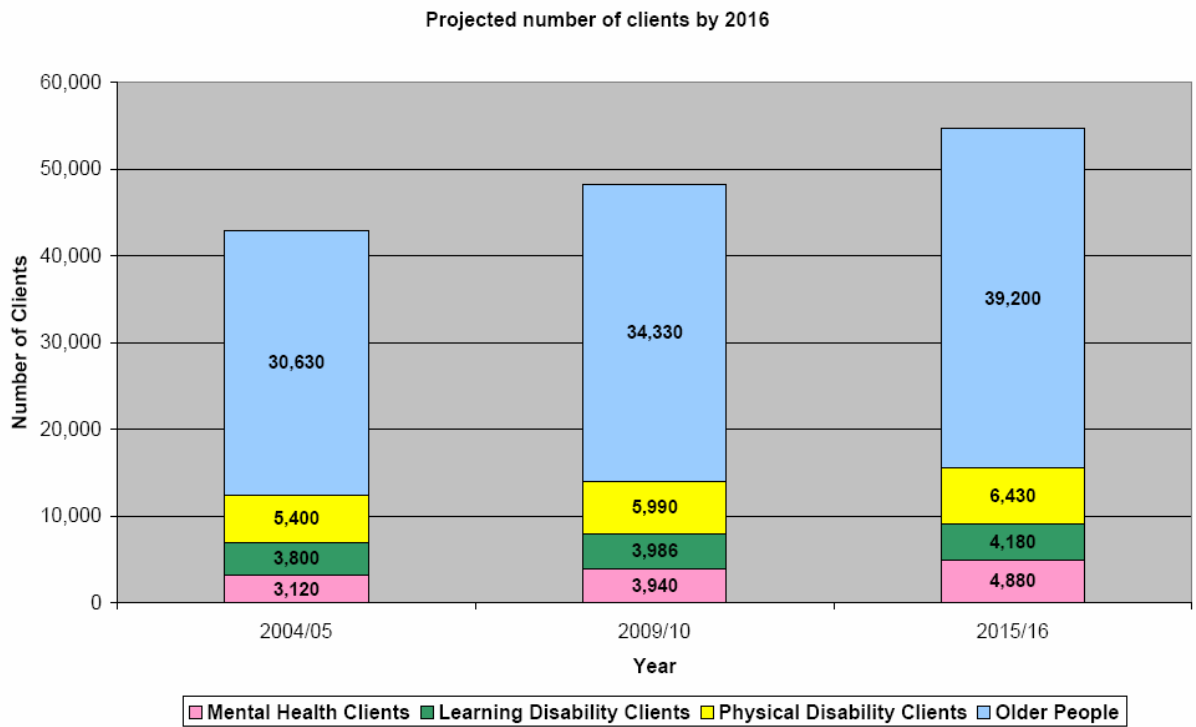


Figure 6.

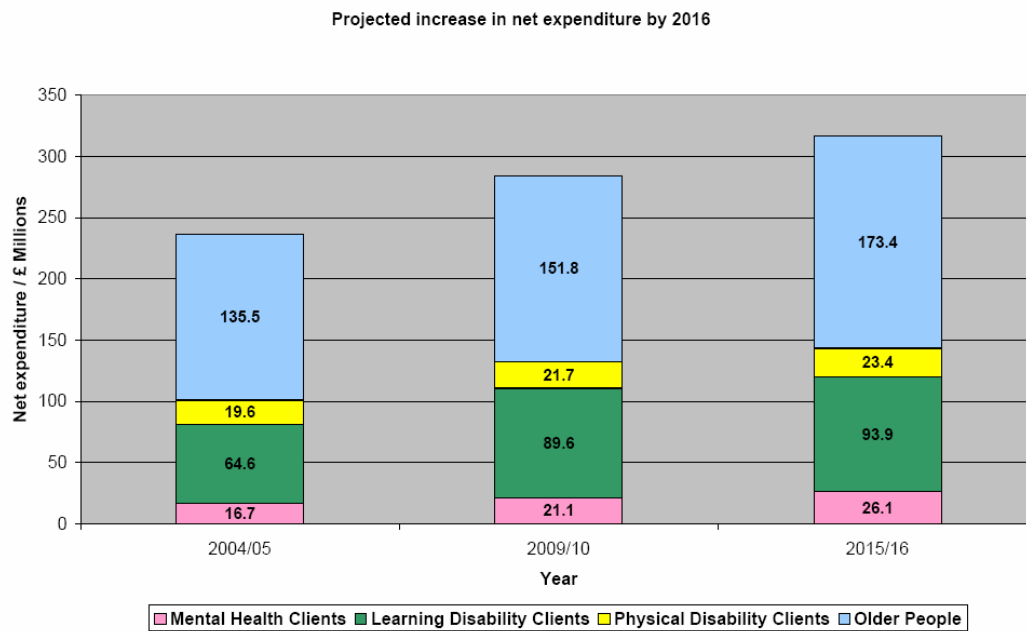
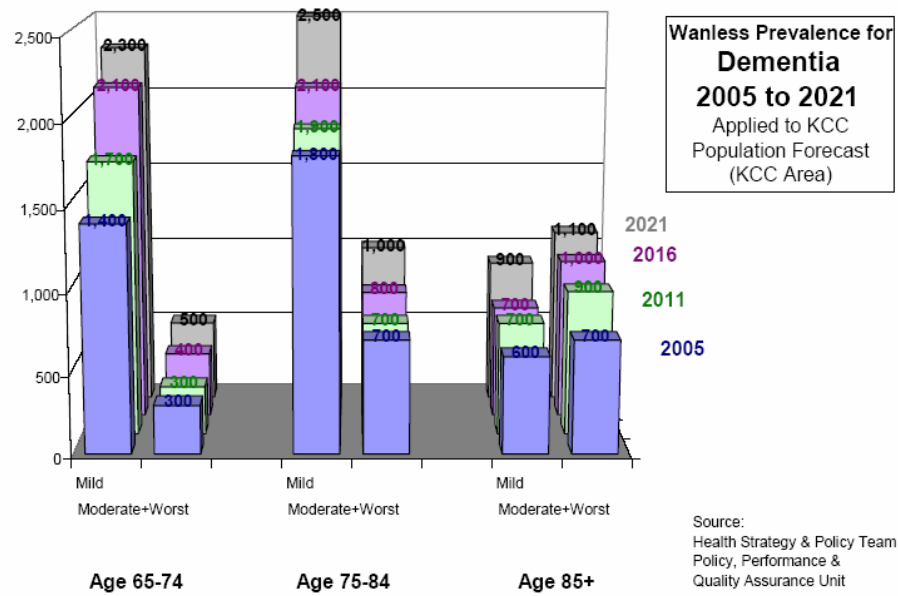


Figure 4.2: Prevalence of Dementia



(3) For social care, we are updating the work done last year for the comprehensive spending review (see figures 5 and 6 above), and modelling different assumptions about the respective levels of residential care, domiciliary care and direct payments, dependent upon investment in preventative action to support people living in the community.

(4) In essence the key points emerging from the analysis are:

- ◆ The population is ageing, resulting in more people with conditions associated with old age. For health care, it will be necessary to prioritise those conditions that are likely to become more prevalent. Our modelling shows that arthritis, diabetes and chronic obstructive pulmonary disease (COPD) start to increase even for those aged 45 to 64. Heart failure, fractures and crushing and stroke accelerate after age 65 (and that age group is about to 'bulge' with post-WW2 baby-boomers). For social care, the projected increase in numbers of people with dementia in particular will put huge pressure on services. Generally, it will be difficult to maintain the current 'moderate needs' level of eligibility criteria unless there is an increase in resources commensurate with the increases in population.
- ◆ The ageing population also results in more active retired people who are the bedrock of community life, providing support and care to others, running clubs and events, volunteering, and so on. They are part of the solution to some of the challenges highlighted in the JSNA.
- ◆ Improved medical care means that people of all ages are surviving longer with complex needs. So not only are there more older people, but the average level of need for those who require health and social care is also rising. This is a particular issue in relation to youngsters surviving childhood with profound and complex needs. The total numbers are not large, but these young people require very intensive levels of health and social care.
- ◆ For social care, the combination of big increases in numbers of older people plus more younger disabled people needing very intensive support, will result in substantial growth in demand. The vision is for more people to be supported in the community, and proportionately fewer in nursing and residential care. In practice, because of the growth in complexity of needs it is unlikely that residential care would reduce by much in absolute terms. Different possibilities are being modelled, but a relatively modest decrease of 3% in residential and nursing care would imply an increase of 11% in domiciliary care and direct payments, given the overall population increase.

Prevention and Inequalities: Risks and commissioning for outcomes

4. (1) It is self-evident that prevention and early intervention is critically important in the context of the ageing population. So many illnesses and conditions can now be prevented if people take responsibility for their health and wellbeing, and are supported in so doing. The Public Health Strategy sets out the rationale, evidence and action needed in relation to keeping people healthy, so the JSNA will not need to repeat that, but to build upon it. A risk, set out in the PHS, is that health inequalities can be exacerbated if the "healthy living" messages are absorbed and implemented more rapidly by that section of the population which is already

advantaged. It is therefore particularly important to focus on communities and individuals who need it most. This section of the JSNA will need to be the most broad-reaching as it will encompass wider community infrastructure and environmental issues – learning and employment (important for good mental health), air quality, access to social, leisure and faith activities, volunteering, etc.

(2) With people who have already got a long-term condition, there are also interventions and services which can prevent deterioration, and the next chapter will focus on this.

Management of Long-Term Conditions

(3) Analysis of the data shows that areas with the highest prevalence of particular conditions (such as COPD) are having more elective hospital admissions than emergency admissions. This suggests that there is good care management and appropriate pathways in place.

(4) The JSNA is concluding that the highest priorities for health and social care service delivery over the medium term should be:

- 'Closer to Home'/Supporting people to live in their own home (and thus reducing admissions to hospital and to residential and nursing care)
- Care pathways (including primary care) for people with long-term conditions (ensuring that people get the level of information, support and intervention that they need, from the early stages of their condition onwards)
- Intermediate Care/Rehabilitation (helping people to recover from an acute illness, accident, or other such crisis and gain the skills and confidence to return to – or remain in - their own home)

(5) These three strategic priorities require health and social care to work closely together and jointly commission services in order to deliver improved outcomes for people who need it. The analysis within the JSNA will enable a joint commissioning framework to be developed that specifies the level of services to be commissioned, and identifies how those services should be geographically targeted. All analysis will take place at District level and, where sensible, broken down further by ward.

(6) Another key issue for the emerging Joint Commissioning Strategy which is driven by the JSNA is quality of service provision, particularly in relation to residential and nursing care. Ensuring the social care workforce across all sectors is well trained and well managed is critically important.

Conclusions, and areas of recommendation for the JSNA

5. (1) The issue of the increasing need for services for a growing ageing population will need to be taken into account by health and social care commissioners. Care pathways will need to be managed with a slant towards more preventative and closer to home services in mind.

(2) Primary care management will become even more critical: we need better diagnosis and management in primary care, more community social care and better links with community and voluntary sector groups to help people stay well. This should include expansion of the 'Healthy Living Centre' approach (eg GPs prescribing exercise, etc), and ensure that "hard to reach" groups access primary care.

(3) There will clearly be major difficulties in investing in the identified priorities given the financial position faced by KCC and the PCTs. The intention is to fund the necessary investments in health promotion, prevention and community support by spending less on unplanned hospital admissions, acute hospital care, residential and nursing care. In practice, of course, both health and social care have to respond to needs as they present, which makes it hard to reduce such expenditure. For social care, maintaining eligibility criteria at 'moderate' will be a challenge.

(4) The JSNA builds upon the annual public health report, and supports the thrust of Kent's Public Health Strategy, which sets out detailed action for improving public health. In addition to the health promotion messages, recommendations so far will include:

- ◆ better synthesis between health and social care data sets
- ◆ better and more fine grained analysis by ward level to unpick issues of inequalities (NB not just health inequalities, but looking at ethnicity, gender, age, disability, rural/urban, etc)
- ◆ better service links between primary care and community services
- ◆ increased investment into supporting people to live in their own homes, including more enabling of the voluntary sector to provide support, and more help for people to ensure that they are living in suitable accommodation
- ◆ increased investment into intermediate care/rehabilitation services
- ◆ reduced investment in residential care, nursing care, and acute hospital care
- ◆ modelling prevention and investment for health service data and likely outcomes for care pathways.

(5) When the final JSNA report is produced, we will need to consider how it is communicated to the public, feedback from which will be used to inform the next iteration of the JSNA. As there will be detailed analysis District by District, it would be sensible to involve District and Borough Councils in the public communication too, as the JSNA should rightly be placed within the context of local Sustainable Community Strategies.

Recommendations

6. (1) Members are asked to note the key messages in the report.

Debra Exall
Head of Performance & Planning
Kent Adult Social Services

Jess Mookerjee
Locum Assistant Director of Public
Health
West Kent PCT

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

To: Adult Social Services Policy Overview Committee –
29 January 2008

Subject: **DAY SERVICES FOR ADULTS WITH A LEARNING
DISABILITY, VALUE FOR MONEY REVIEW**

Classification: Unrestricted

Summary: This report:

1. Informs Members of the Value for Money Review on Day services for adults with a learning disability
 2. Informs Members of progress of VFM Report through Cabinet and Audit and Scrutiny
 3. Provides detail of the key findings of the Value for Money Review
-

Introduction

1. (1) The overall objective of the review was to consider whether value for money is being provided in all Day Services for Adults with Learning Disabilities commissioned by Kent Adult Social Services, and to make recommendations where value for money can be improved. The review was conducted in 3 Stages:

Stage 1 - design the data collection templates to gather information about the service users

Stage 2 - benchmark and compare with family group of comparator authorities

Stage 3 - analyse information from stages 1 and 2, and make recommendations where value for money could be improved within the service

Stage 4 - create and implement action plan

(2) This review has taken place at a time when KASS are reviewing all service delivery and will therefore inform changes to service delivery and commissioning.

Progress of Report

2. (1) Following the publication of the Value for Money report in October 2008. The report, findings and Action plan have been approved through Cabinet, November 2007, and through Audit and Scrutiny, December 2007.

KASS will now ensure the action plan is carried forward as part of the Good Day Programme – Improving days for people with a learning disability in Kent. Lead responsibility for the programme rests with Margaret Howard – Director of Commissioning

and Provision (West Kent) and Dee Watson Business Change Manager (Good Day Programme).

Report Findings

3. (1) Price Waterhouse Coopers (PWC) wrote the report; it states *"The lack of reliable and readily available information makes an assessment of the value for money of the service very difficult. However, analysis of the information shows that in terms of cost Kent compares favourably to its IPF family group average."*

(2) Although information was not readily available KASS did provide good quality information for services across Kent. Good quality management information is essential to the smooth running of any service, and improvements are being made in this area.

(3) PWC's report indicates that the modernisation of learning disability day services follows good practice, some examples of these are: -

- more services being provided by the private and voluntary sector, as we shift the balance from in-house to external provision (67% and 33% respectively)
- the transition from block to call-off contracting with external providers
- in-house provision is changing in line with the new service models.

(4) Kent has a higher than average number of clients supported by the Council and the cost on a per client basis was below average for both 2004-5 and 2005-6.

(5) PWC say, *"We have not found significant evidence that value for money is not currently being secured. However, there are a number of areas where we believe there may be potential to reduce net expenditure:* These are summarised below and are explained in greater detail in the Executive Summary that is attached in Appendix 2.

- Income from clients is below average and could be increased.
- The variation in costs between the in-house units should be explored to determine whether the variation is valid.
- Kent could stop providing day care services to people with learning disabilities who have a 'moderate' level of need.
- Improvement could be made in the utilisation of in-house day care places.

(6) **Whilst these are valid points to raise, the first and third bullet points would require a policy decision and there are no proposals to change the existing policies with regard to charging or eligibility. The second and fourth bullet points need to be considered in light of the change programme which will deliver individualised services and will result in moving away from the larger congregate and segregate services. It would therefore be contraindicated to try and increase the numbers of people attending the current centres.**

Issues for consideration

4. (1) PWC identified a number of issues that they thought would need to be considered as Kent modernises its day services:

- Is there enough supply capacity within the external market to meet the increasing demands and can they deliver value for money services; and
- Future consultations should give parents and carers the feeling that KASS is “working with” rather than ‘doing to’ them and particular attention needs be paid to the forms of communications used to do this to make the process more inclusive.

Management Action Plan and KASS Responses

5. (1) In response to the Value for Money review KASS produced a report to update their SMT, which is attached for information in Appendix 1.

Seventeen management actions were identified as part of this review these together with responses from KASS can be found in Appendix 3

Recommendations

6. (1) Members are asked to NOTE
- (i) The Value for Money Review on day services for people with a learning disability
 - (ii) Progress of the Value for Money Report
 - (iii) The key findings of the Value for Money Review

Appendices

Appendix 1 – SMT paper August 07

Appendix 2 – PWC Value for Money Executive Summary

Appendix 3 – Original Action Plan

By	Margaret Howard, Director Provision and commissioning (West Kent) KASS
To	Strategic Management Team
Subject	Day services for people with learning disabilities Value for Money Report
Date	17 th August 2007
Classification	

Summary

The paper presents the findings of the Value for Money report undertaken on day services for adults with learning disabilities in Kent. It gives

1. a brief overview of findings,
2. notes issues,
3. current trends,
4. looks at the direct links to the modernisation of these services and
5. details the proposed action plan.

1 Introduction

The Value for Money review has been conducted with the help of Price Waterhouse Cooper (who wrote the final report) on behalf of Kent County Council. The review process was overseen by a project board chaired by Margaret Howard (Direct West Kent Provision and Commissioning) on behalf of KASS, there was representation on the board from both East and West Commissioning, Value for Money Team (Resources Directorate), Contracting, Provision, Finance, Policy, Project Management and Joint Director for learning disabilities.

The objective of the review was to consider whether value for money is being provided throughout all day services for people with learning disabilities provided and commissioned by Kent Adult Social Services. The review also makes a number of possible recommendations where value for money could be improved. The executive summary, recommendations and the accompanying action and management response to the report are attached. (Append. 1,2 & 3)

It should be noted that although the process was at times difficult the completion of the review is seen by PWC as one of the more smooth VFM reviews undertaken with KCC. Thanks need to be extended to all in commissioning and provision involved in the provision of information and details to make the review possible.

2 *Context*

This Value for Money review forms part of the value for money review programme for Kent County Council. Once approved by SMT and our cabinet member has been

briefed (Aug 21st) the executive summary of the report and action plan is then presented at Cabinet Briefing by the Cabinet Member for Finance (Nick Chard) for approval.

This review has fallen at a positive time for these services and much of the data will inform elements of the Modernisation of Day Services currently in progress in KASS. A number of the recommendations made in the final PWC report are based on traditional day centre models that allow congregate services to be delivered with concomitant economies of scale. As the modernisation of KASS and day services for people with learning disabilities centres on individualisation of budgets and packages of support a number of PWC's recommendations run contra to the direction services are currently taking and are therefore addressed in that context.

3 *Brief Overview*

The review came to the overall conclusion that KASS provides good value for money in day services for adult with learning disabilities and that the modernisation of these services demonstrates good practice with services moving from block contracts towards more individualised packages of day care. Practice in contracting with external providers was also commended.

The review highlighted a number of recommendations to improve the value for money the services provide including

- improving data systems and access to information that can verify value for money
- questioning income levels including consideration of current charging for day services
- analysing the current use of day services by individuals in residential care to ensure elimination of possible double funding
- investigating changes to transport provision to provide possible means to improve service delivery
- creating a better understanding of overheads within in house services
- having a clear and defined understanding of cost differentials between a variety of service models (including staffing arrangements).

The review demonstrated that whilst Kent is significantly above average for gross cost both in-house and external this is due to the higher than average number of clients supported by the council.

The unit cost of day services commissioned and provided by KASS compare favourably with its IPF family group.

The VFM review gives a positive picture and recognises that change is taking place in Kent. The collection of data for this review has given KASS a much clearer map of all the day services that are currently active in Kent and has shown that the modernisation is in fact more advanced than previous work had detailed.

4 Issues

Residential care – In the VFM report a great deal of attention is given to possible double payment for people in residential care homes where there is a 24-hour contract and they use in house day services (32%). This issue was clearly addressed as part of the residential re-let 2002. Contracting departments ensured that where residential care providers were receiving day care from in house services that this was taken into account within the costing of the new contracts. The effect of withdrawal of the day service or levying a charge would be an increase in costs which, residential care providers, would pass back to KASS.

There may be a few examples of individuals with spot contracts that require further investigation or providers with call off contracts where their use of in-house has increased which need investigation but this will not be an area where we can achieve either major savings or revenue for new investment.

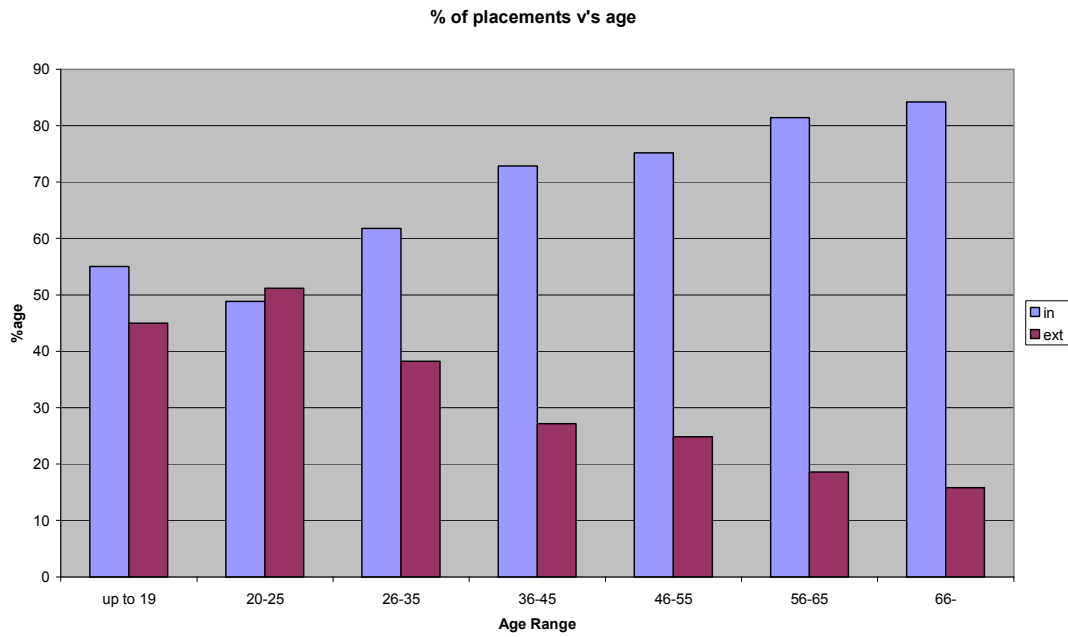
Charging – Kent is below average for income both from client contributions and income received through other routes i.e. joint funding arrangements. Charging for day services and transport is suggested as an area for investigation. This could generate significant revenue, if KASS introduced a charge of £13.00 per day (the review stated that 9 of the 10 LAs in the IPF group charged and the average charge was £13.38 pd) if 75% of people living with parents and carers were assumed as likely to be charged this would yield just over £1m per annum. Of the 5 L.A.'s where they retrieved data all were charging for transport at an average of £1.17 per journey with current usage a £1.00 per journey charge would realise in the region of £220K.

However as recently as 2005 Members voted that charging for day services and transport to day services would not take place. The imposition of charging may also have a significant impact on the modernisation of day services and that would also need to be taken into consideration.

Below target utilisation rate – the report makes reference to a high “no show” rate at many traditional services, which in turn identifies “Kent as currently spending money on services that are not being used”. If the data is taken at face value this is the case, however the report fails to take into account the nature of services, changes to service level agreement to reflect dependency or current modernisation in their analysis. It does however demonstrate that traditional day centres have a clear lack of flexibility in adapting provision to needs and demands. If we were to offer places beyond our capacity on the assumption of a 10% no show these could only be made available to people who could make their own travel arrangements and would need to be considered within the context of reducing occupancy with a view to re-provision.

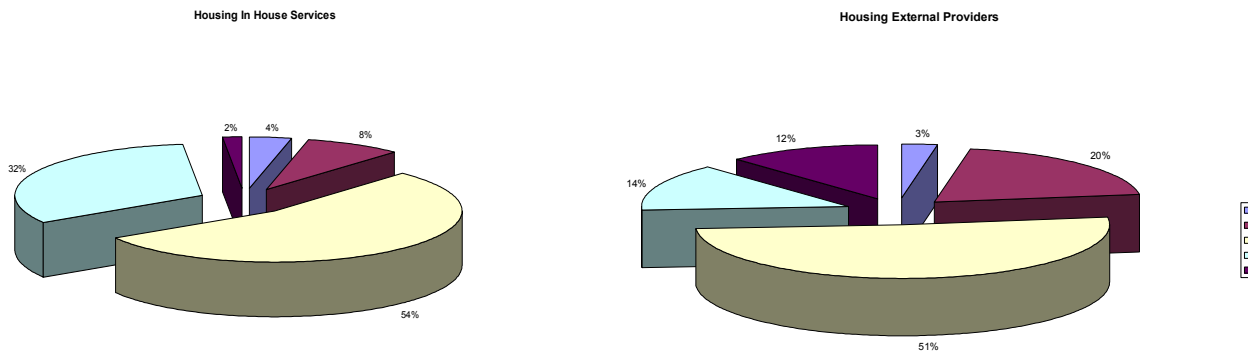
Property – The property portfolio of KASS in house services feature in the report and is seen as an area for possible improvement of value for money. However our modernisation plans are predicated on a move away from direct ownership, provision of buildings and dependence of bricks and mortar. Our capital is to be utilised to re-provide community based services and where possible to release revenue to modernise services. .

5 Trends



The form of services people with learning disabilities are accessing dependant on age

The above chart is based on percentages of individuals placed in “in house” or external services versus age ranges. There is a clear trend in new referrals away from in house services towards external providers. Those up to age 25 opting for 50% in house and external provision in stark contrast to those over 66 with a percentage split of 84% in house and 16% external provision.

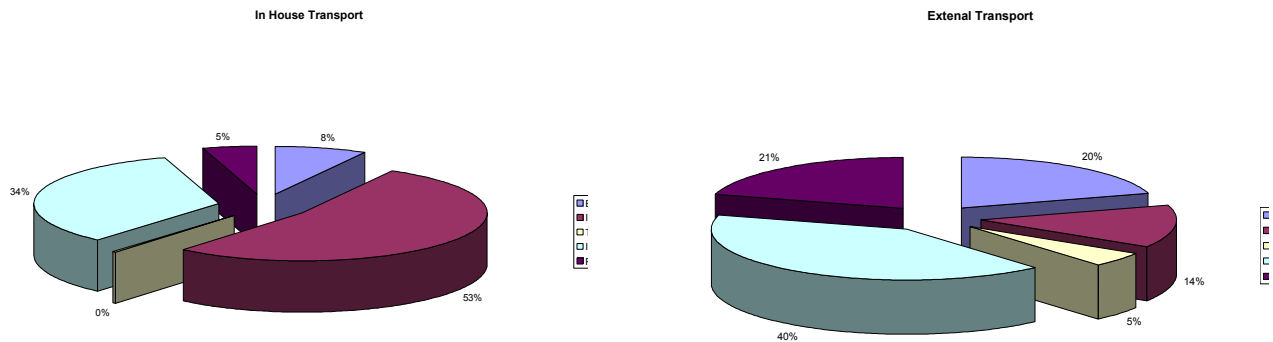


Where people who use services live

The above illustrates housing trends for in house and external provision.

- Just over 50% of people who use both sets of providers live at home with parents/carers.
- 32% of people who use in house provision are living in residential care compared to 14% of people using external providers.

- 35% of people who use external services live more independently compared to 14% using in house services.



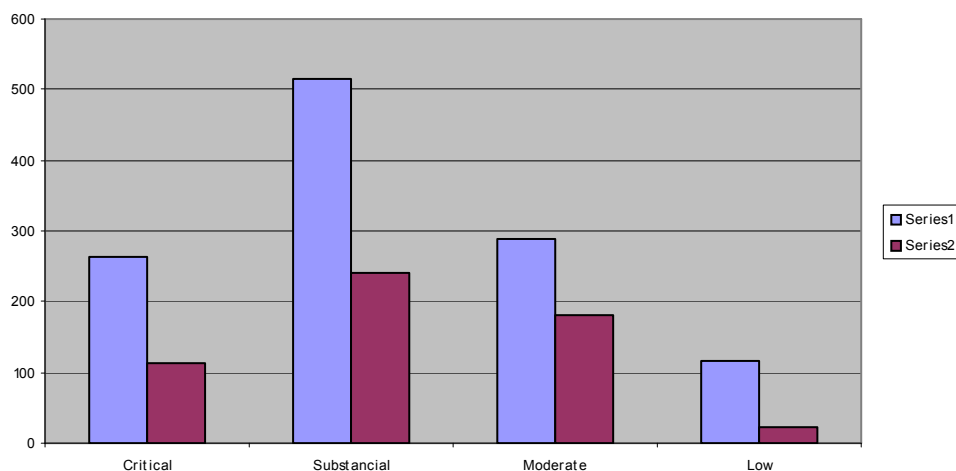
Transport to and from services

The transport analysis produced some very interesting information, with much higher numbers than expected travelling to and from day services independently (34% in house and 40% external). This does cover a broad range of travel but is much higher than was expected, it should also be noted that externally 20% of people were using public transport.

Data still indicates high area of spend on travel with extra costs being incurred by 8% of people who use in house services and 25% of those using external providers. A more in-depth piece of work with in house services also identified that over 350 journeys a week lasted over 1 hour 15 minutes with 96 lasting longer than 2 hours.

This highlights transport as a significant area for improvement with current provision both in house and externally.

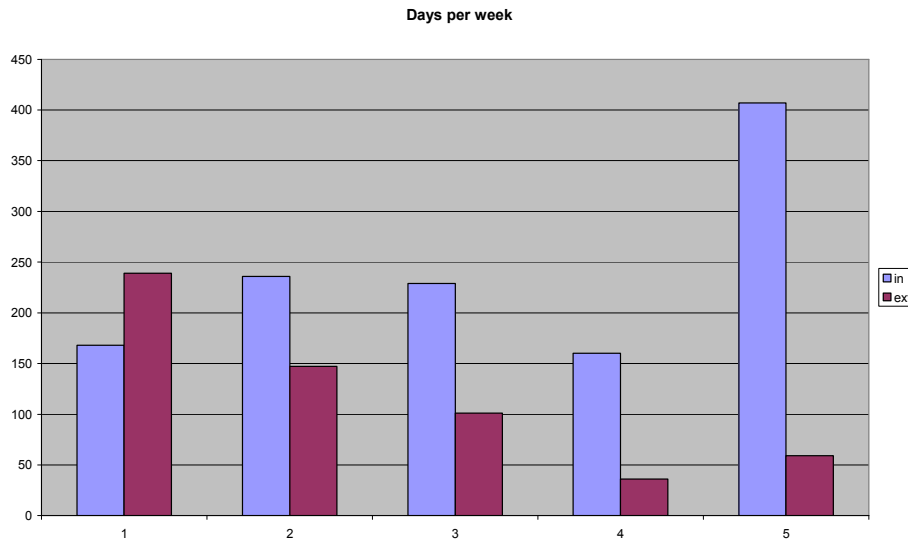
Eligibility Criteria



Range of eligibility criteria

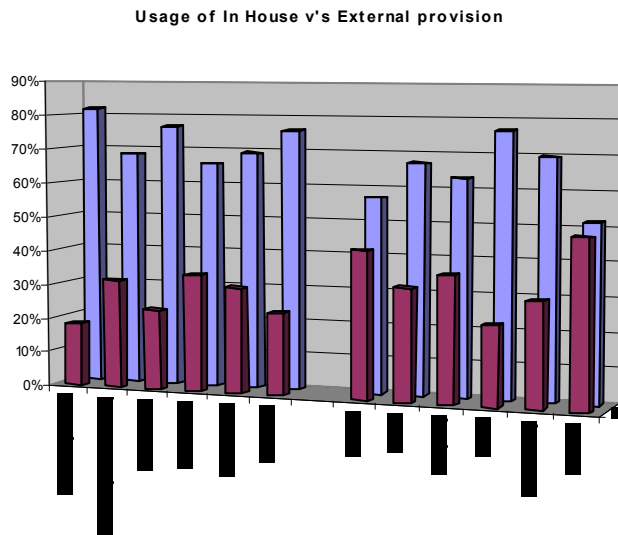
Both sets of providers had very similar break down of individuals in a full range of eligibility criteria with a breakdown of 22% critical, 43% substantial, 27% moderate and 8% low. On exploring reason behind high levels of both moderate and low criteria this is reported as occurring as a means of prevention of crisis as well as capturing a number of individuals who have a dual diagnosis (both a learning disability and a mental health

support need). However it should be noted that this does represent 35% of current provision that is a high proportion in comparison to other authorities.



Number of days a week individuals use services

There is a clear illustration that individuals using external providers are likely to receive a mixture of day services and not as likely to receive a 5-day a week package. The above chart clearly demonstrates a complete opposite approach with 34% of people using in house services receiving a 5 day a week service and only 14% a 1 day a week service. Compared to 10% of people using external providers receiving 5 days a week and 41% a 1 day a week service. Further work is needed to understand the full implications of this data.



Split between external and in house provision

The data produced new figures for the split in between provision, this has previously been measured as 80% in house and 20% external. The new data show that this has shifted to 67% in house and 33% external (based on individual placements) however there is a wide range of in this split across districts. (Tunbridge Wells - 82% in house and

18% external, Ashford 52% in house and 48% external)

5 Linkage to modernisation agenda

As noted throughout the VFM report and this report for SMT the review links and underpins proposals for the modernisation of services.

The analysis of trends is by no means all the conclusions that can be drawn from the data set but does indicate clearly the move towards greater diversity in the provision of services. It demonstrates

- Younger people (Up to 25) are more likely to be accessing external services than their older peers and therefore are likely to be accessing more personalised services,
- 33% of people are already accessing some services from external provision,
- Financial analysis demonstrates there has been a significant reduction in in-house budgets over recent years and increased expenditure on external,
- A person's level of need does not influence their route of referral to external or in house this is more likely to be influenced by where they live.
- There are currently over 75 external providers listed as providing day services. A number of these providers offer a range of day and residential services, the vast majority are dealing with less than 5 people and/or providing very specific services to reflect the diversity of the client group.
- External services, on the whole, seem to encourage greater independence with the data showing higher percentages of individuals using independent means of transport specifically public transport and more people living in independent settings.
- The number of days a week individuals use services for also indicates that people using external provision are more likely to use more than 1 provider and have days that are spent in other ways than a day service via KCC.

All the above are clear indications that individuals are choosing in greater numbers to move away from traditional day services provided by the local authority. The modernisation of day services needs to work with this growing demand. However we need to ensure that this is not undertaken to the detriment of many people who have used traditional service for most of their lives. (67% of individuals still receive service from in house services.)

A number of the recommendations from the review are presented within the context of VFM without reference to the changing nature of the services. These are largely present due to traditional day centre models being able to provide for large numbers of people within one setting and being able to do that at low cost.

The mapping data is of great use at both a county and local level and a number of the recommendations raised are issues currently being addressed.

The implementation of the action plan from the VFM review will continue to be implemented and monitored via the modernisation of services and looks to report regularly to SMT/ LD work-stream through short action plan updates. Margaret Howard will oversee this as a part of the lead role for people with learning disabilities for KASS.

6

Action plan

Please see attached document.

7 *Conclusion*

The Value for Money review has been a difficult process at times but has yielded a great deal of information and added to the momentum in KASS to improve day service provision for people with learning disabilities. The final report although critical does show KASS and the services it provides and commissions as positive, the report also identifies that modernisation is having a clear impact in Kent but there is a need to ensure that this is true across the whole county.

SMT are informed of the report and recommendations of Price, Waterhouse, Cooper.
SMT are informed of a number of clear trends in service delivery and of significant increase in the proportion of people supported by external providers.
SMT are asked to agree the management response and action plan.

Appendix

Value for Money report on Day Services for people with learning disabilities

- 1 Executive summary
- 2 Recommendations
- 3 Management Response and Action Plan

Author Dee Watson / Margaret Howard

PWC Executive Summary

Introduction

The objective of this review is to consider whether value for money is being provided through the delivery of day care services for Adults with learning disabilities provided by Kent Adult Social Services and to make recommendations (if appropriate) where value for money can be improved.

Approach

The approach used for this review was structured into three stages. Stage 1 involved supporting Kent to design two data collection templates to gather information about the people with learning disabilities attending learning disability day centres; stage 2 involved benchmarking Kent against its Institute of Public Finance (IPF) family group of comparator authorities; and stage 3 involved analysing the information from stages 1 and 2 to identify areas where value for money could be improved and writing a report.

Summary of findings

The value for money review identified a number of findings, which are summarised below:

- Data robustness and availability is inconsistent within the service which has made the carrying out of the review more difficult. Ready access to management information is essential for any service if it is to be able assess value for money and the impacts of any changes made to policy and/or practice. Incorrect data may also mean that Kent's performance, in particular compared to others, may be under or over stated.
 - For example, the number of sessions reported on the PSSEX1 return was actually the number of days being provided and not the number of sessions. In order to carry out our analysis on a per session basis we have had to use estimated figures for the number of sessions.
- Relative to the population the number of people with learning disabilities is equal to the IPF family group average.
- Whilst Kent is significantly above average for gross cost both for in-house and external provision this is due to the higher than average number of clients supported by the Council. On a cost per client basis Kent was below the family group average in both 2004-5 and 2005-6.
- Kent is below average for income both from client contributions and income received through other routes. Given that the number of people in receipt of learning disability day care services is above average, it would have been expected that this would have been higher. This may partly be explained by the charging policy; day centre attendance and transport are free¹ and the charges for meals vary between centres.
- There are significant variations in costs for many different aspects of services provided

¹ Free transport provision was a member decision

by the Council at its in-house day centres, including:

- Staff cost per planned attendance ranging from £5,657 to £13,878 with an average of £7,509;
 - Asset value, rent and revenue costs per planned attendance. In addition only three of the 15 properties are considered fit for purpose; two properties inhibit service delivery to a major degree; and one property inhibits service delivery to a minor degree. The remaining nine are able to deliver services but are not fully fit for purpose. Furthermore, the Service feels that it has limited control over many of the components of premises revenue spend although items such as utilities are through a Kent contract;
 - Transport costs per user, there is significant variation between the units on the cost of transport per user with transport provision in their SLA ranging from £444 to £3,925 with an average of £2,493. Overall there was a 9% reduction in transport costs between 2004-5 and 2006-7 but there was variation in where this reduction was seen; and
 - Overhead costs account for only 2% of the total costs (£183k in the units where information is available. However there have been significant fluctuations in overhead costs year on year with different growth patterns in different units. Overall there was an 83% increase from 2004-5 to 2005-6 and a 12% decrease from 2005-6 to 2006-7. The Service feels that it has limited control over many of the components of overhead spend. For example, items such as photocopying are through a Kent-wide contract.
- Almost a quarter of people with learning disabilities (383 people) attending a day centre live in a residential home. This could therefore, present a risk that Kent is paying twice. Whilst a review of a sample of these people did not identify any double payments we were only able to sample a small proportion of these people due to the lack of readily available data. As this was an issue highlighted during the study officers have carried out a more detailed investigation to assess whether there is any evidence of double payment.
 - Analysis of Adult Services Provider Unit (ASPU) information on utilisation of day care centres revealed a high 'no show' rate (the difference between planned and actual attendance). However, the target utilisation rates do not appear to reflect any 'no shows' which means that current usage of the in-house day centres is below the target utilisation and capacity of the service.
 - Contract templates for use with external providers are in place but are not being used consistently and documentation is not always up-to-date. However, contracting with external providers is moving away from block contracts to call-off contracts where the take-up of direct payments is high, as block contracts do not then provide value for money. This is good practice and where these contractual changes have been agreed with the provider the documentation is being re-drafted.
 - Districts have clear strategies and modernisation plans in place, which support the implementation of the modernisation strategy. As these plans are being implemented it will be important to ensure that the decommissioning of services happens at the same rate as the commissioning of more services from external providers.

Conclusion

The lack of reliable and readily available information makes an assessment of the value for money of the service very difficult. However, analysis of the information shows that in terms of cost Kent compares favourably to its IPF family group average.

Also, the modernisation of learning disability day services - moving from in-house to external provision – follows good practice as does the transition from block to call-off contracting with external providers. However, as the balance shifts from in-house to external provision it will be important to decommission/re-provide the in-house service so that committed expenditure is in line with the new service model.

We have not found significant evidence that value for money is not currently being secured. However, there are a number of areas where we believe there may be potential to reduce net expenditure:

- Income from clients is below average and could be increased to reduce the overall net expenditure, particularly through increasing (and in some case introducing) charges for services to clients;
- The variation in costs between the in-house units should be explored to determine whether the variation is valid, e.g. whether it is due to the dependency level of the people with learning disabilities, or to differences in management practices;
- Kent could stop providing day care services to people with learning disabilities who have a 'moderate' level of need. Whilst this will not result in an immediate reduction in cost it would slow the growth in the number of new clients into the service; and
- Improvement in the utilisation of in-house day care places.

Potential risks/issues for consideration

Based on the observations from this review there are several risks/issues that will need to be considered as Kent modernises its day services:

- Whilst the aim is to reduce the level of in-house provision and increase the level of services provided by the external market it will be important to ensure that there is the supply (capacity) within the external market to meet the increasing demands and that they deliver value for money services; and
- Some of the parents and carers who attended the away day either felt they didn't have a detailed enough understanding of the modernisation plans or were unhappy about them and felt 'done to' as opposed to 'working with'. While it is clear that Kent has consulted on every service change before it happens and has used a variety of communication mediums there would appear to be a missing link. Having the parents and carers at the away day was very beneficial and it may be worth engaging with the same parents and carers to ask them what forms of communication they would find most helpful for future consultations.

Number	Section Reference	Recommendation	Response	Action	Responsibility	Date
1	1.3	<p>Accurate and timely performance information</p> <p>Having accurate, up-to-date information about people with learning disabilities is fundamental to both the operational and strategic management of services. Priority should be given to fully implementing SWIFT within the learning disability service so that accurate, up-to-date information can be obtained.</p>	<p>ASPU (Adult service provider unit) was not in scope of the implementation of SWIFT. The implementation of SWIFT in KASS has had some difficulties that are being and have been addressed.</p> <p>Although the information for this report was at times difficult to access, in the form requested, a large amount of detailed information has been gained both at a service and</p>	<p>Ensure the data gathered is utilised effectively within the modernisation of services.</p> <p>Analyse current methods of gathering and monitoring information regarding day services both in house and</p>	<p>Dee W Margaret H</p> <p>HQ Contracting Rita W.</p>	<p>As per Modernisation Programme</p> <p>April 08</p>

Number	Section Reference	Recommendation	Response	Action	Responsibility	Date
			<p>individual level. The information from in house services was of much greater quality, detail and more readily available than that from external providers. The data gathered forms a clear mapping of services currently in Kent.</p> <p>It should be noted that as services diversify and become more person centred, information and the sources of information will also diversify. KASS needs to ensure that information is collected and monitored at similar levels for both in house and external providers.</p>	external. Ensure that the quality of information is universal.		
2	2.4	<p>Analysis of people with learning disabilities who live in residential care</p> <p>Although there were no double payments in the sample we reviewed, in light of the limited</p>	As part of the residential re-let in 2002 contracting departments ensured that where residential care providers were receiving day care from in house services that this was taken into account of and	Further analysis is required to identify those on spot contracts or where there has been significant change in the use of in-house	Contracts Team Rita W	April 08

Number	Section Reference	Recommendation	Response	Action	Responsibility	Date
		<p>transparency of data on this topic Kent may still wish to undertake a full review of the 24.8% of existing people with learning disabilities in receipt of both day and residential care to understand the costs currently being incurred. This would be a difficult exercise and therefore we would suggest:</p> <ul style="list-style-type: none"> Initially focussing on the post 2002 contracts (~140 people) as the evidence suggests that there may be cases here where day care centres could be charging residential homes and are not; Reviewing a sample of the pre 2002 contracts to identify whether there is any duplication of payments and the cost/benefit of a full 	<p>deducted from the value of the re-let contracts. The effect of either the withdrawal of the day service or the levying of a charge would be an increase in costs, which the residential care provider, would pass back to KASS.</p> <p>There may be a few examples of individuals with spot contracts that require further investigation.</p> <p>The provision of day service for people in residential care will also be re-visited as part of modernisation of services.</p>	<p>day services by residential providers who have had call off contracts since 2002.</p>		

Number	Section Reference	Recommendation	Response	Action	Responsibility	Date
		<p>review of this group; and then</p> <ul style="list-style-type: none"> Dependent on the outcome of the cost/benefit above completing a full review of this group. 				
3	3.1.2	<p>Charging</p> <p>In light of the available benchmarks KCC could consider introducing charges for day centre attendance and transport and bringing meal charges into line with average charges.</p>	<p>This is an area that has previously been considered by KASS with a number of proposals being raised at Member level in KCC. KCC implemented a period of charging for transport to and from day services which was subsequently withdrawn. Members have sought to maintain a no charging policy for day services for adults with learning disabilities.</p>	<p>Produce a full impact appraisal on charging for both day service and transport, in terms of budget implications and modernisation.</p>	<p>Dee W Finance Trevor C</p> <p>–</p>	<p>Nov 07</p>
4	3.4	<p>Effective management of waiting lists</p> <p>Care managers should work with their clients to see if other day services with capacity could meet</p>	<p>The data used for this analysis included a number of historical service level agreements that were not changed to reflect the current dependency/needs</p>	<p>Implement a clear system to reflect actual vacancy levels in current services (as per ODPSU</p>	<p>Kim M Jane B</p>	<p>April 08</p>

Number	Section Reference	Recommendation	Response	Action	Responsibility	Date
		<p>the individual's requirement.</p>	<p>of individuals using the services. As traditional day services are going through modernisation this increases overall vacancy levels giving a somewhat false impression of service delivery. While it is imperative that services that are seen as good and "modernised" are used to capacity it would be inappropriate to place new clients in traditional services that are scheduled for imminent re-provision. These clients should be placed direct in the new community based services.</p> <p>KASS needs to ensure that clear vacancy information is available for all services. This must reflect the true level of service agreed, dependency levels and any transitional plans for services as part of service modernisation.</p>	<p>system).</p>		

Number	Section Reference	Recommendation	Response	Action	Responsibility	Date
5	3.4	<p>Decommissioning in-house services</p> <p>Given one of the objectives is to shift provision from in-house to the external market KCC should consider beginning a decommissioning programme so that the change in activity is mirrored by a change in expenditure.</p>	<p>The process of decommissioning in-house services and commissioning replacement externally provided services continues in line with local modernisation plans and KCC policy and procedure. All revenue resources are required to enable the provision of more personalised services based on community opportunities.</p>	<p>Plan and describe the programme of formal decommissioning of current services and the commissioning of alternative services in line with modernisation programme.</p>	<p>Dee W Jane B Kim M</p>	<p>Mar 08</p>

Number	Section Reference	Recommendation	Response	Action	Responsibility	Date
6	3.5.2	<p>In-house staff costs</p> <p>Kent should consider using the above analysis to ensure value for money with respect to staff costs is maximised by:</p> <ul style="list-style-type: none"> Working with ASPU to understand the variations between units in particular in cost and FTEs per planned attendance; and then Sharing best practice between centres. 	<p>There is a need to understand and have clarity of staffing levels in relation to current services and modernised services. The variation in units appears to be based on differing levels of individual client dependency.</p>	<p>Explore the implementation of a dependency model across all services.</p>	<p>Dee W Jane B Kim M</p>	<p>April 08</p>

Number	Section Reference	Recommendation	Response	Action	Responsibility	Date
7	3.5.2	<p>Staff costs compared to comparator authorities</p> <p>Kent should consider undertaking further analysis to understand the SSDS001 returns starting with identifying the individual at Kent responsible for their return. This analysis should identify what is included in the return and therefore understand the reasons for high growth, high numbers of FTE per session, high headcount per FTE and distribution of staff types. Once these reasons are understood, if applicable, Kent can consider suitable actions to increase the value for money offered by the staff establishment.</p>				

Number	Section Reference	Recommendation	Response	Action	Responsibility	Date
8	3.5.3	<p>Property options</p> <p>In the short term KCC should consider using options appraisal analysis to ensure value for money with respect to property revenue costs is maximised by:</p> <ul style="list-style-type: none"> Gathering a full set of baseline data including the size of properties and calculating cost per square metre and square metre per planned attendance; Working with the Adult Services Provider Unit to understand the variations between units with respect to the metrics calculated above and then sharing best practice between centres; and Breaking down the costs into components to identify the more significant areas of spend and giving further consideration to any more significant components. 	<p>The report rightly details most KCC owned building as becoming unfit for purpose. A property portfolio currently exists for all in house services.</p> <p>Current services are very reliant on buildings and the possible disposal forms a major part of the modernisation of day service for adults with learning disabilities. It is important that decisions regarding these assets reflect the needs not only for current users but have regard for the provision of services for future generations.</p>	<p>Ensure the current portfolio is up to date and accurate.</p> <p>Ensure that the disposal of any buildings is in line with value for money and contributes to the development of the range of alternative services needed.</p>	<p>Jane B Kim M</p> <p>Planning Dept PAG</p>	March 08

Number	Section Reference	Recommendation	Response	Action	Responsibility	Date
9	3.5.3	<p>Property portfolio review</p> <p>In the longer term Kent may wish to complete a full portfolio review including an options review as described above.</p>				
10	3.5.4	<p>Transport provision</p> <p>Kent should consider using the above analysis to ensure value for money with respect to transport costs is maximised by:</p> <ul style="list-style-type: none"> Working with ASPU to understand the variations between units in particular in cost per user and then sharing best practice between centres; and Identifying reasons for the recent decrease in transport costs and, if possible, ensure that this trend continues. 	<p>Transport has been identified as a major element of service modernisation. As services become more localised to the individual the need for traditional transport solutions reduces. A range of transport options are currently being explored including travel training, travel buddy schemes and a review of traditional transport to/from day services. New contracts for the provision of busses are being negotiated to reflect the changing nature of services.</p>	<p>Ensure that good practice, vfm and new initiatives are reflected across Kent.</p>	<p>Jane B Kim M Dee W</p>	<p>Dec 08</p>

Number	Section Reference	Recommendation	Response	Action	Responsibility	Date
11	3.5.4	<p>Transport provision</p> <p>Kent should consider whether a more centralised approach to transport would increase value for money. At one end of the spectrum this would include a central contract. A lighter touch approach would be to: issue central guidelines regarding the types of vehicles and add-ons required in different cases; and monitor unit transport provision to assess that guidelines are adhered to and appropriate actions are being taken to minimise spare capacity. This would include creating a central set of management information regarding the number of vehicles, which vehicles and at what cost were being used by each unit to correspond to the existing data on number of users.</p>				

Number	Section Reference	Recommendation	Response	Action	Responsibility	Date
12	3.5.5	<p>Overhead costs</p> <p>Although this area is not a priority as it represents such a small spend it may be worthwhile for Kent to consider using the above analysis to ensure value for money with respect to overhead costs is maximised by:</p> <ul style="list-style-type: none"> Working with ASPU to understand the variations between units in particular in cost per planned attendance and then sharing best practice between centres; Identifying reasons for the previous growth and more recent decrease in costs and, if possible, ensure that this trend of decreasing spend continues; and Break down the costs into components to 	<p>As stated the overheads represented in the body of the report “is not a priority as it represents such a small spend”. However it is important there is a piece of work to identify full overhead costs for in house services and identify means of ensuring value for money.</p>	<p>Ensure that overheads incurred by in house services represent value for money.</p>	<p>Jane B Kim M</p>	<p>March 08</p>

Number	Section Reference	Recommendation	Response	Action	Responsibility	Date
		<p>identify the more significant areas of spend. As this is a low budget area overall it is likely that there will be no need for further investigation but such a breakdown would highlight any key areas and would help monitor changes. In addition it may be useful to identify income and cost separately.</p>				
13	4.1	<p>Contractual documentation</p> <p>It is recommended that as the use of external provider's increases the contractual arrangements in place with providers are documented in a timely fashion and practices are consistent across East and West.</p>	<p>It is essential that contractual documentation and information be maintained in a timely and consistent fashion across KASS.</p>	<p>A sample of current practice across East and West Kent of current contracts to be analysed to ensure consistency</p>	Cathi S	Jan 08

Number	Section Reference	Recommendation	Response	Action	Responsibility	Date
14	4.1	<p>Market management of external providers</p> <p>Contracting with external providers has been an evolutionary process. As this increases it may be necessary to be more proactive in seeking out providers that can assist Kent in delivering its strategic objectives. It is recommended that Kent reviews the capacity of the two Contracts Teams to ensure there is sufficient to commission value for money services that meet the needs of people with learning disabilities from external providers.</p>	<p>KASS currently develops proactive relations with existing and possible new providers in line with strategies for both residential and day services. Recent developments have secured an addition 4 project managers from within current staffing capacity to specifically address the modernisation of day services.</p> <p>Both East and West Kent planning and contracting teams have been reviewed regarding issues of capacity.</p>	Continue to ensure capacity in contracting and planning departments is at appropriate levels	Margaret H Janet H	Dec 07
15	4.2	<p>Stakeholder feedback</p> <p>Having brought everybody together for the away day it is important that these views feed into the modernisation programme</p>	Individuals who were involved in stakeholder days will be contacted on publication of the report and will be sent a letter of thanks for their input and a	Letter of thanks to all attendees at stakeholder event. Simplified summary to be	Margaret H Dee W Dee W	Sept 07 Sept 07

Number	Section Reference	Recommendation	Response	Action	Responsibility	Date
		for learning disability day services.	summary of findings. A simple summary will be produced to make the information as accessible as possible. With the recent reinvigoration of the modernisation of day services agenda a range of stakeholder events and communications are planned for the coming months. Findings from the VFM report will feature within all of these.	drafted and made available. Ensure that VFM report findings feature in modernisation of day service consultation events.	Dee W Margaret H	Aug 07
16	5.4	Self-directed care and Kent's modernisation programme In Control and direct payments need to be included as a significant part of the modernisation programme for day care services.	In line with KASS modernisation through Active Lives for Adults (ALFA) the modernisation of day services for adults with learning disabilities has person centred approaches as the main theme. A number of successful opportunities have been	Ensure that direct payments and individualised budgets feature with modernisation plans.	Margaret H Janet H Dee W	Ongoing

Number	Section Reference	Recommendation	Response	Action	Responsibility	Date
			<p>created to drive forward direct payments and individualised budgets.</p> <p>Self-Directed Support and people being allocated resources to fund their individualised packages of care are the building blocks that support and enable the proposed modernisation to take place. KASS has committed to applying In Control principles across all service user groups (Total transformation)</p>			
17	5.7	<p>Stakeholder Engagement</p> <p>It is important that the views of all stakeholders are obtained and the wider population feel engaged. It is recommended that a range of different methods are used to engage with stakeholders and that the views of people with</p>	See Recommendation No 15 for response.			

Number	Section Reference	Recommendation	Response	Action	Responsibility	Date
		learning disabilities take priority.				

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By: Oliver Mills, Managing Director Kent Adult Social Services

To: Adult Social Services Policy Overview Committee –
29 January 2008

Subject: **VALUING PEOPLE NOW – FROM PROGRESS TO
TRANSFORMATION**

Classification: Unrestricted

Summary: *Valuing People Now* is an urgent “revitalisation” of the national learning disability strategy. It sets clearer targets and arrangements for performance management. It proposes the transfer of non-specialist healthcare NHS budgets and commissioning responsibility for this group to Local Authorities and stronger local leadership by the Learning Disability Partnership Board.

These proposals are out for consultation till 28 March 2008. Our view in Kent is that we will make two responses: a broad response on all the proposals lead by the LD Partnership Board; and a specific response by KCC and the NHS in Kent on issues arising from the organisational and financial proposals between these two statutory partners.

Background

1. (1) *Valuing People (2001)* was conceived in the early years of the Labour Government as an initiative by Ministers, aware that other priority groups (Children, Older People, Mental Health, etc) were being reviewed and National Service Frameworks (NSFs) developed. It was issued as a White Paper in 2001 though without the targets and funding plans that were part of NSFs. It has been seen as a groundbreaking strategy with its clear focus on rights and inclusion. However it has not – so far – achieved the transformation that was hoped for of “an ordinary life in the community alongside fellow citizens as described by human rights legislation and the Disability Discrimination Act”. There has been progress for some people, but little change for most.

(2) Learning Disability is defined as having 3 elements: significantly impaired intellectual functioning; significantly impaired social functioning; which emerged before adulthood. *Valuing People* estimates this affects 2.5% of the general population which in Kent would be 35,000 people. Additionally 1,500 people are placed into residential care in Kent, mainly from London. And people with Autistic Spectrum Disorders (ASD) are often directed towards learning disability services; 1% of the general population have ASD which means 13,000 people in Kent - though only 20% of these have a learning disability. Kent Adult Social Services (KASS) and the NHS work with a total of 4,000 adults with learning disabilities, so most people are supported by their families.

(3) We have developed a Learning Disability Partnership Board structure with a number of strengths – particularly excellent participation of people with learning disabilities and some family carers. Due to the size of Kent we developed a District structure of Partnership Groups (DPGs) and the joint chairs (one with a learning disability, one without) come together federally to form the core of the Partnership Board. This year we have been strengthening governance arrangements and are building more capacity into these groups to manage their agenda.

(4) **Valuing People (2001)** set out the government’s proposals for improving the lives of people with learning disabilities and their family and carers. The document is based on 4 main beliefs:

- [i] All people with learning disabilities have the same rights as other citizens.
- [ii] We should believe someone is independent first, rather than dependant. Public services should provide the support needed for independence.
- [iii] People with learning disabilities should be able to make real choices. Support should be provided for all including people with severe and profound disabilities.
- [iv] People with learning disabilities should be supported to be fully included in their local community.

(5) It required that Partnership Boards be established in each Local Authority area to build in greater leadership by people with learning disabilities and family carers. And it outlined the key areas that needed to be developed (see Appendix 1)

(6) **Working Together in Kent (2002)** was a local multi-agency plan approved by KCC cabinet and the Health Authority to implement aspects of *Valuing People*, particularly those relating to statutory sector developments (see Appendix 2)

(7) **Valuing People Now (2008)**. The original strategy has been reviewed by a cross-government group led by Ministers from the 3 Departments of: Health; Work and Pensions; and Children, Schools and Families. Their aim is to achieve policy and practice coherence so that the limited progress that has been achieved can extend much further. They acknowledge that “progress” has been achieved but they state that what is needed through the new strategy is nothing less than the “transformation” of the lives of people with learning disabilities and family carers.

(8) *Valuing People Now* is not simply “warmed up policy” but an urgent revitalisation of a programme that is seen not to have achieved the major objectives originally set. The review by the National Director [*The Story So Far 2005*] found that whilst there had been some improvements, life was not much better for many people. It pressed for stronger leadership from local authorities, particularly through using its corporate reach and influence.

(9) *Valuing People Now* re-presents the strategy more sharply and urgently (see Appendix 3). It reaffirms *Valuing People* and sets out:

- 4 top priorities with targets, actions and performance monitoring [i] personalisation [ii] health [iii] daytime/employment [iv] housing]
- An overarching priority to make it happen through [v] stronger leadership arrangements, with a major strengthening of LD Partnership Boards – this is seen as the major challenge
- An updated presentation of the other main targets [vi] advocacy & human rights [vii] partnership with families [viii] including

everyone, specifically people with complex needs [ix] citizenship within local communities [x] Transition [xi] workforce development to support new ways of working

- Key organisational developments, including the transfer of NHS commissioning responsibility and budgets to Local Authorities

Issues for Kent.

2. (1) Leadership and accountability. *Valuing People Now* is a strategy for all learning disabled citizens of Kent (ie not just those supported through KCC). We need to develop more effective systems through:
 - a. Strengthening the leadership and influence of LD Partnership Board through:
 - i. electing a lead Member or Managing Director as joint chair with a person with LD
 - ii. establishing a policy that the Partnership Board is consulted on all key LD issues, and District Partnership Groups on all key local issues
 - iii. identifying the level of infrastructure support (Finance / Planning etc) to Partnership Board/DPGs so they have the capacity to work effectively
 - iv. The Partnership Board holding to account all Kent systems which relate to Learning Disability. For example, the performance of KASS or Kent's progress in achieving relevant LAA targets.
 - b. Partnership Board to establish a working relationship with the Local Strategic Partnerships
 - c. Strengthening the Performance Management focus on LD within Kent
 - d. Corporate and System-wide Leadership to enable people with learning disabilities to live full and productive lives as welcome members of their local communities, to include strengthening links with the Supporting Independence Programme and other KCC initiatives such as local boards. Priority should be given to working with the NHS to raise standards, and with District Councils on Housing and local citizenship.
- (2) Organisational Development and Change
 - a. Prepare for the transfer of commissioning responsibility and budgets from the NHS.
 - i. Identify key risks as part of the consultation on *Valuing People Now*
 - ii. Identify the likely commissioning model in KCC that can incorporate NHS commissioning
 - b. Advance the introduction of Self-Directed Support arrangements and Individual Budgets, being led through the ALFA programme in KASS, so that people with learning disabilities and family carers can control their own lives as far as possible. This will involve KCC developing new roles, changing commissioning and financial management arrangements, and making a further shift towards working in partnership with its more disadvantaged citizens

Process

3. (1) We are planning two forms of report from the consultation
 - a. The Learning Disability Partnership Board is leading a Kent-wide consultation process on the detailed proposals in *Valuing People Now* and will prepare a report . This will include a presentation to Cabinet in March
 - b. KCC will prepare a report detailing its comments on any proposals that relate primarily to itself, primarily that of transferring budgets and responsibilities from the NHS

(2) As *Valuing People Now* is not new policy but presents familiar targets, we are not expecting many alternative proposals to be developed, though some of them may be given a Kent shape or strengthened. An Implementation Plan will be developed during the consultation period.

Recommendations

4. (1) Members are asked to note the consultation process and to comment on the issues identified for Kent

Report prepared by
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Joint Director Learning Disability
01622 694889

Background Documents

Valuing People - A New Strategy for Learning Disability for the 21st Century (2001)
Cm5086

Strategic developments in services for people with learning disability (11 February 2002)
KCC Cabinet Report on *Working Together in Kent*

The Story So Far...Valuing People (2005) Department of Health Gateway Ref 4678

Valuing People Now - From Progress to Transformation (2007) DoH Gateway Ref 8854
<http://www.dh.gov.uk/en/Policyandguidance/SocialCare/Deliveringadultsocialcare/Learningdisabilities/index.htm>

Valuing People

The core principles are to promote the:

- **rights** of people with learning disabilities
- greater **choice**
- **independence**
- **inclusion**

The target areas are well known:

1. **Disabled children and young people.** Other service groups have the lead in this area, but we need to maintain good communication and joint working so that there is more coherence to the whole life/whole system aspects of people's lives
2. **Transition** is a core responsibility of the Partnership Board
 - Making the **Connexions Service** work for people with learning disabilities is part
 - ensure that all young people have a person centred plan from 2003
 - continuity in health care and good links in social care
3. **More choice and control.** We must enable people to have as much choice and control over their lives as possible. We have some core targets:
 - To develop **advocacy** (including for people from black and minority ethnic groups)
 - Really extend **Direct Payments**
 - Have **Person Centred** approaches and attitudes as the basis of all we do. This includes developing systems of person centred planning.
 - Involve people with learning disabilities in **policy development and decision making**
 - Develop effective ways of **communicating information**
4. **Supporting Carers.** This is based on an attitude of working with carers as partners, and giving due weight to the experience and centrality of the carer in the life of the person with learning disability. Core targets are:
 - Focusing on the needs of older carers (over 70)
 - Developing appropriate supports for carers from black and minority ethnic groups
5. **Improving Health.** There are a series of targets aimed at reducing the health inequalities experienced by people with learning disabilities. They include:
 - **Health Action Plans**
 - **Better access to mainstream NHS services**
 - Appropriate **specialist services**
6. **Housing.** To enable people to have greater choice and control over where they live
7. **Fulfilling Lives:**
 - **Modernise day services** (by 2006)
 - **Education & Lifelong learning**
 - **Employment / income / benefits**
 - **Transport**
 - **Leisure & relationships**
 - **Parents with a disability**
8. **Quality.** All services commission and provide high quality, evidence based and continuously improving services which promote good outcomes and best value.
 - **User experience / satisfaction**
 - **Minority ethnic groups**
 - **Vulnerable adults**
 - **Best value / better use of resources**
 - **Workforce training & planning**
 - **Developing Leadership**, including people with learning disabilities
 - **People with additional and complex needs**

Working Together in Kent

The core elements of this strategy are:

1. All service development and planning must be based on the **values and principles** that were agreed
2. A **unified single commissioning process**
 - Initially between Health and Social Services (ie extending to other groups such as Education and Housing, and including people with learning disabilities and carers)
 - With shared and pooled budgets
 - Enabling cross-Kent strategic developments
3. The **Kent Partnership Board** will be established as the context within which commissioning and other developments take place
4. **Integrated Working** within Districts
 - Integrated teams with a core membership from Social Services and Health and incorporating representatives from other agencies
 - Secondment of health staff / Management by KCC
5. **District structure of commissioning** to ensure services are locally responsive and accountable. Clear links to the Partnership Board.
6. **Modernise Day Services** in line with principles of Person Centred Planning and *Valuing People*
7. **Residential provision**
 - Transfer provision in the statutory sector to the independent sector
 - Decide whether provision needs to be retained / developed for people with complex needs
8. **Reconfigure health provision.** Establish the lead roles of PCTs and the appropriate employment arrangements for health staff

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

To: Adult Social Services Policy Overview Committee –
29 January 2008

Subject: **“WHAT MAKES A GOOD DAY?” A PLAN TO IMPROVE DAYS FOR PEOPLE WITH A LEARNING DISABILITY IN KENT – CONSULTATION UPDATE**

Classification: Unrestricted

Summary: This report:

1. Reminds Members of the current agreed strategy (1999) for the Modernisation of Learning Disability Day Services.
2. Reminds Members of the refreshed and accessible strategy for consultation and a questionnaire
3. Provides detail of the consultation programme and outcome from questionnaire
4. Requests support and suggestions on the publication and launch of new strategy for Kent

Introduction

1. (1) In March 1999 Members were advised of the outcomes from an extended consultation on Day Services for people with a learning disability. Since the report Kent Adult Social Services has implemented many changes to the services it commissions and runs to meet the strategic objectives and address the identified shortcomings.

(2) Kent has a range of services that are well developed, forward thinking and active but at the same time other services that have not recognisably changed over the past few decades. It is accepted that there needs to be greater consistency across services in Kent to ensure all people with learning disabilities are able to have greater choice and lead fulfilled lives.

(3) In April 2007 a presentation was made to the Adult Social Services Policy Overview Committee detailing a refreshed and accessible strategy to improve days for people with learning disabilities in Kent. The strategy has implications not just for Kent Adult Social Services (KASS) but also on all directorates of KCC especially Communities and Children, Families and Education.

(4) A consultation on the strategy “What makes a good day?” took place between August and November 2007.

(5) Both the strategy “What makes a good day?” and accompanying questionnaire “Your say on what makes a good day?” were designed and checked with the assistance of people with learning disabilities.

Policy Context

2. (1) A re-launch and a well-managed implementation of this refreshed strategy will support KASS/KCC to achieve a number of its aims within the following documents/policies.

- Our Health, Our Care, Our Say
- Valuing People
- Active Lives
- Towards 2010
- Supporting Independence Programme
- PSA 2 target 9 (employment)
- Individualised Budgets and Self-Directed Support
- Employment Strategy (LD)
- Modernising Learning Disability Day Services in Kent

(2) Ensuring people with learning disability are able, as full citizens, to access mainstream services including leisure, adult education and work opportunities is the responsibility of all parts of the Local Authority and its partners.

(3) Consultation on “What makes a good day?” has taken place just prior to the launch of the governmental consultation document Valuing People Now. What Makes a Good Day has a large number of similarities to Valuing People Now and will help inform Kent’s response to this document.

Consultation

3. (1) The consultation involved
- Presentation and discussion at District Partnership Groups
 - Two large workshops for East and West Kent
 - Two members briefings
 - Agreement of Partnership Board
 - Presentation to ASPOC and Chief Officers Group
 - Support of people with learning disabilities to ensure all documents were accessible
 - Distribution of 4,500 draft documents and questionnaires
 - Creation of online questionnaires
 - Events at most of Kent’s day services
 - Events with a number of advocacy organisations
 - Discussion with commissioning teams

(2) The work was undertaken by the Business Change Manager/Project Team/ County Project Board in conjunction with Kent Partnership Board, lead individuals and organisations.

Findings

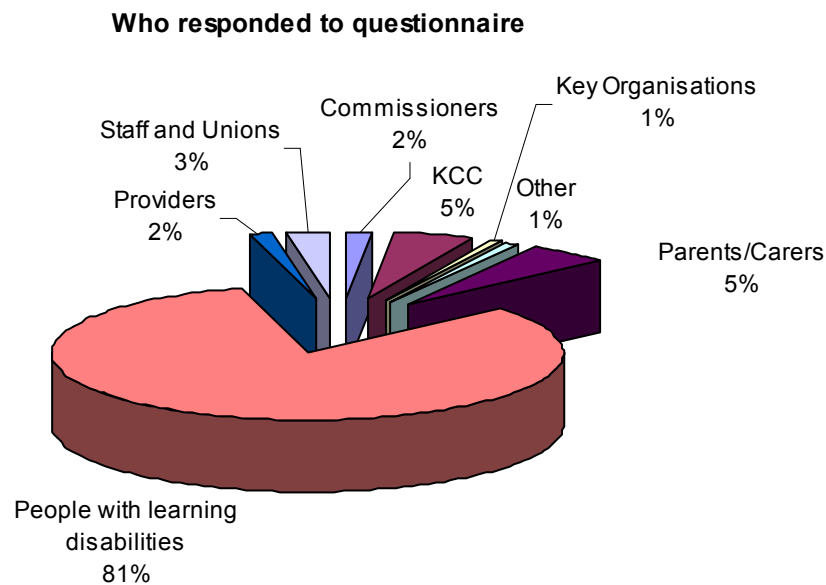
4. (1) 4,500 copies of the draft document “What makes a good day?” were circulated to day services, District Partnership Groups, Member of KCC, District Councils, Integrated Teams, all Departments of KCC, Schools, Adult Education, Voluntary Organisations, PCT’s, Providers of day and residential services, Advocacy Services, and Carers groups

(2) We received 375 questionnaires complete. It is believed that a number of these were completed as group activities but they have only been counted as a single entry unless it has been stated otherwise.

(3) The strategy and questionnaire seem to have been very welcomed on the whole, however, there were 7 spoilt returns and 15 returns saying that they found the document difficult to understand. Most of these individuals have been supported to complete the form.

(4) 4 people refused to complete the questionnaire as a sign of protest, this protest as been registered as part of the consultation.

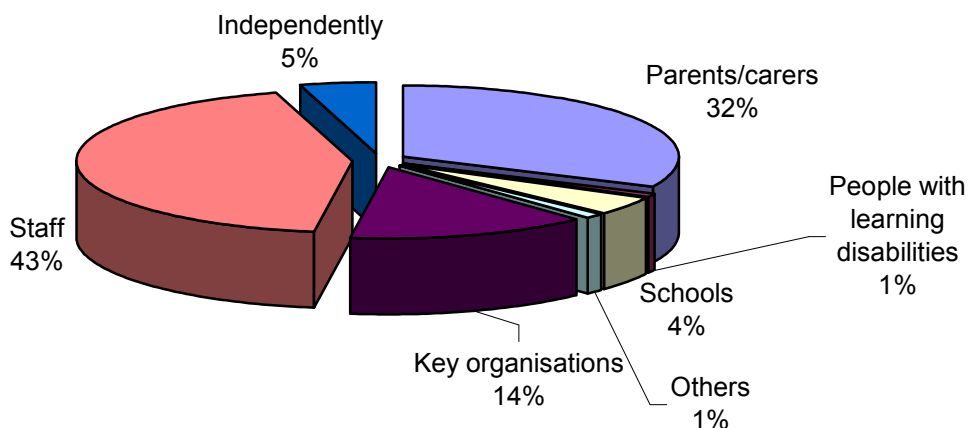
(5) The following pie chart shows the breakdown of the 375 responses



(6) Many people were supported to complete the questionnaire, this was as follows

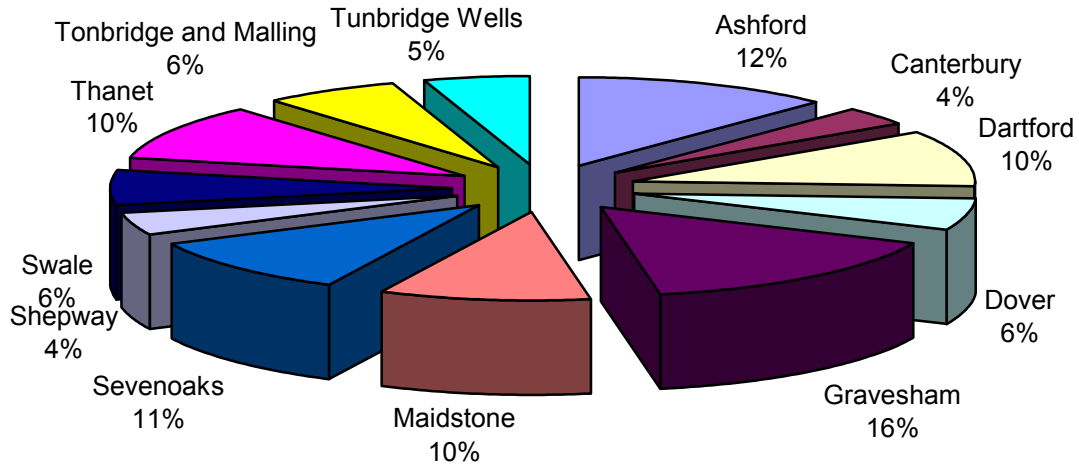
(7) Responses came from across all Kent as below

Support for people with learning disabilities to fill questionnaire



(8) 96% agreed we consulted with the right people

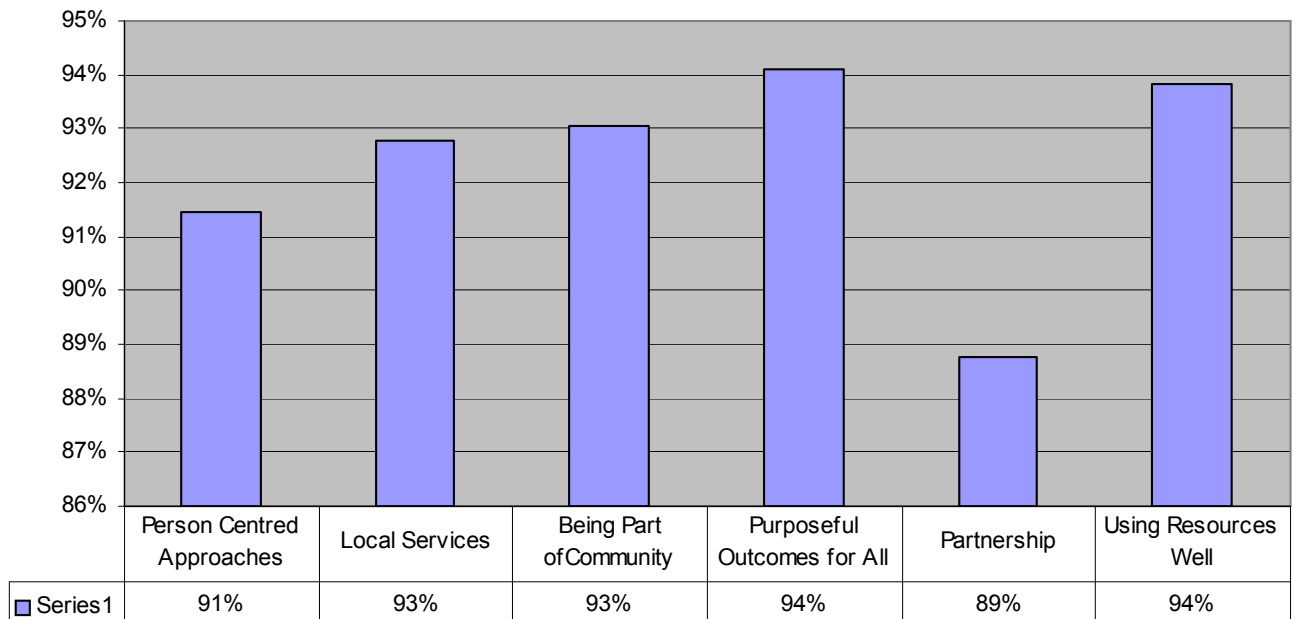
Distribution of responses



(9) 95% Agreed with the vision statement

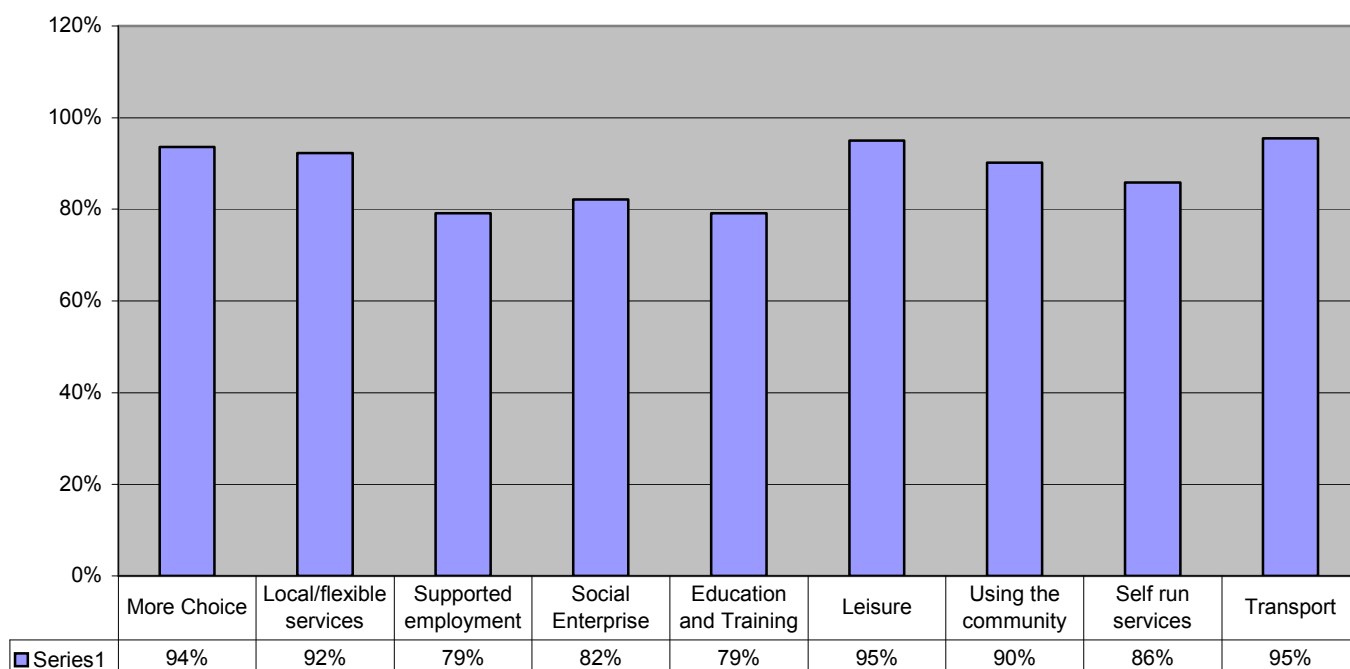
(10) The following shows levels of agreement with the 6 Key Principles

Over all agreement with 6 Key Principles



(11) The following shows levels of agreement with the 9 signs of a good day

Overall agreement with 9 signs of a good day



(12) Although agreement levels were high The Good Day Programme will look to improve the strategy document further in line with the comments and feedback we received.

Comments and Feedback

5. (1) The consultation generated a great deal of comment and feedback a few examples follow an edited list has been attached (appendix 3)

(2) Some comments on the Vision Statement

Although we have come a long way in teaching people about accepting us with learning disabilities as "normal" human beings. There is still much more work to do.

Having the right information to inform choice is important

Improving days should be about whole day/night activities - during the day limits the statement. People should have support to access whatever they want with the support necessary. This doesn't have to be a specialist service.

It has been an open secret and obvious for very many years to the parents and carers of people with learning disabilities that our days at the DOS are coming to an end. We as a family would like some honesty for a change let us know the future of the DOS.

We need more help in finding out what is out there. Not just talk outcomes/results.

We need to make sure everyone even those with high support needs are supported. Need information needs for the wider community.

(3) Some comments on the 6 Principles

As long as the money is spent on the right thing and everyone has a say in how it is spent.

Having a good day may just involve having fun with no outcome.

I am very much part of my community but live in a very small village with services very limited to none existing.

More people to help with person centred planning.

Service users WANT full-time day services - not just 3 days per week. Local services not necessarily.

There is a lack of supported employment availability.

We should decide what to do with the money.

Would like more money

(4) Some comments on the 9 signs of a good day

"When I sit in by myself all the time, time goes very slowly. When I am left sitting on my own at the centre it makes me feel sad. I would like to go to college but not just to do the course they want me to do like bloody life skills every year!"

STOP SEGREGATING PEOPLE

Don't understand what something's mean

Give us the chance to run our own services with support. We have ideas and wishes just like you. We may be slow but know what we want. We are told we have choice but it is restricted to what is on offer. This is not choice it is take it or leave it option

Making ethnic minorities more aware of people with learning disabilities in the local community.

Please can I have a job? I worked hard to learn the bus route. I worked hard at work. I enjoyed earning some money to buy Dr Who magazines. I use the public bus service when I used the minibus for day centre it was erratic.

(5) Some overall comments

Make this clear to understand

*Better access to information. PCP needs independence to enable real choice to happen. The PCP needs to be valued and useful for the person - not just a piece of paper. There needs to be flexibility in how and who provides support.
I agree with what is in this leaflet*

This seems like a really good plan. I hope everyone can stick to it

I think they should be more choice for learning disabilities than a day centre.

It was difficult to understand - Big Words

Using the community etc..., will this mean KCC intends to close centres and go back in time to the 1950's e.g. using Church Halls, etc...

What makes a good day? Being listened to, not dictated to! Good, regular respite to recharge OUR batteries

Finalising Strategy

6. (1) The consultation has now concluded and the strategy will now be redrafted using the information gained during the consultation period.

(2) The final document will be more accessible and we will look to create a number of different formats – Plain English, Easy Read, DVD, Audio and different languages on demand.

(3) To try to increase the accessibility of the document the rewrite will be undertaken in conjunction with a group of people with learning disabilities.

(4) In the new draft we will include more about better information, how we ensure we include everyone especially those with complex needs, how we will look at rural issues, what should be available for older people and those going through transition from Children's services.

(5) This will be reported to Members for their agreement, together with a full programme action plan, at Cabinet in March 2008.

(6) The final documents will also be presented to full Council following a Member request during consultation.

(7) The final documents will be presented to Kent's Partnership Board for approval.

Conclusion

7. (1) The paper is intended as an information paper to ASSPOC. It looks to provide an update on the strategy "What makes a good day?" and give initial outcomes of the consultation programme.

(2) The refresh of the Strategy is viewed, as that, a refining and redefining of previous strategies in 1999 and 2003. The new strategy provides a countywide framework and support for the local programmes of change and improvement.

(3) Although the majority of the feedback and comments are very supportive there is still a great deal of work to be done to change peoples attitudes and perceptions of people with learning disabilities

(4) Again it has been shown that the best advocates for people with learning disabilities are people with learning disabilities themselves.

Recommendations

8. (1) Members are asked to NOTE and COMMENT on the contents of the report.

Author: Dee Watson
(Business Change Manager)
7000 1484

Appendices (attached)

Appendix 1 – Comments from Consultation

Appendix 2 - What makes a good day?

Appendix 3 – Questionnaire

Background Papers

Review of Day Services for people with a Learning Disability
Modernisation of Learning Disability Day Services in Kent

March 1999
May 2003

Appendix 1 – Comments from Consultation

29th January 2008

Subject: "WHAT MAKES A GOOD DAY?" A PLAN TO IMPROVE DAYS FOR PEOPLE WITH A LEARNING DISABILITY IN KENT – CONSULTATION UPDATE

Comment(vision)
Although we have come a long way in teaching people about accepting us with learning disabilities as "normal" human beings. There is still much more work to do.
Having the right information to inform choice is important
Improving days should be about whole day/night activities - during the day limits the statement. People should have support to access whatever they want with the support necessary. This doesn't have to be a specialist service.
Informed choice and unpaid work
It has been an open secret and obvious for very many years to the parents and carers of people with learning disabilities that our days at the DOS are coming to an end. We as a family would like some honesty for a change let us know the future of the DOS.
It means looking after people with severe learning disabilities as well.
Many people with LD are not able to make such choices.
We are told what to do most of the time, as it is best for you!
We don't get the same treatment as everyone else.
We need more day centres, they are boring, we want to be trained and learn new skills and try new things
We need more help in finding out what is out there. Not just talk outcomes/results.
We need to make sure everyone even those with high support needs are supported. Need information needs for the wider community.
With reservations! Some people are unable to make a "choice" because they cannot understand what is being offered. In this case they should be shown and a decision made for them according to the reaction they give.

Comment (Principles)
As long as the money is spent on the right thing and everyone has a say in how it is spent.
Communication and advice on financial matters
Having a good day may just involve having fun with no outcome.
I am very much part of my community but live in a very small village with services very limited to none existing.
I can choose through Direct payments information - a website telling us about the services in my/our area
I like living in sheltered housing in the community Go for it!!! (what my relative means is can we see some action) when do I get a job?
Important to get good information. I do what I want. Partnership can be difficult
More people to help with person centred planning. Need to meet the cost of facilitation. Need to make sure housing needs being met to - less residential homes away from family. Extend the use of the DPG etc.....
Most people agreed to using resources well but only if they has a say as well.
Most people thought purposeful outcomes for all was important but don't want to be forced into thing because it looks good on paper.

Comment (Principles)
Service users WANT full-time day services - not just 3 days per week. Local services not necessarily.
Some people think local services might be good but some said they don't get a chance to use them.
Sometimes we choose to hang out, browse or stroll, this may not be meaningful or planned
There is a lack of supported employment availability. We would like to form a social enterprise for our pottery we have links with local schools. Staff run most of our activities. We need more support with transport. Bus route too far away from the centre
We should decide what to do with the money.
Would like more money
You should plan because it is the first step to putting your dreams together.

Comments (Signs)
"When I sit in by myself all the time, time goes very slowly. When I am left sitting on my own at the centre it makes me feel sad. I would like to go to college but not just to do the course they want me to do like bloody life skills every year!"
A lot of people I work with have said that they like the routine of the services they use, they do not want to work, have any more education or training and like having structured services and feel safe with staff who support them.
All services run by learning disabled people should be for all. STOP SEGREGATING PEOPLE
Bus passes should be before 9 o'clock. There should be more drop-ins so people can make friends. There should be more employment chances.
Choice linked with awareness and information
Don't understand what something's mean
Drop in essential - in form of existing day centre, even if it is a smaller facility available each work day. Transport essential and not just for people with walking difficulties
Easier Transport and information in easy format - photographs or widget
Give us the chance to run our own services with support. We have ideas and wishes just like you. We may be slow but know what we want. We are told we have choice but it is restricted to what is on offer. This is not choice it is take it or leave it option
I am a carer and I think we need to be very careful about giving people choices they are not actually capable of reasoning out - otherwise they would not have learning difficulties. This could become a paper exercise which wastes valuable time and money.
I am too old for work and education
I like my day centre and would like to do more photography.
I would like to have more options for courses and education that I could do.
If this can all be put in practice it would be excellent.
It is important to me to do things for myself and to have choice in what I do.
Making ethnic minorities more aware of people with learning disabilities in the local community.
Many people have not seen drop in services so don't know what they are like.
More short term respite should be given e.g. a day, an evening and emergencies (Drop in). To allow the individual and their carer a "Break". More time needs to be given to individual needs and abilities to make choice and better support given.
More travel training." I don't want to keep doing colouring in!" I want to be able to change my mind-I should be allowed to try things and then decide if we like them or not.

Comments (Signs)
Need more supported employment, Sevenoaks needs a drop in service
P**** found some of these difficult to understand
Paid employment so that we can be more independent and fit into the community better. So that we can enjoy life as much as we can like ordinary people instead of being labelled. Not as cheap labour or free people after all we are PEOPLE.
People with severe learning disabilities
Please can I have a job. I worked hard to learn the bus route. I worked hard at work. I enjoyed earning some money to buy Dr Who magazines. I use the public bus service when I used the minibus for day centre it was erratic.
S***** would like more friends other than paid people.
Some people felt they may be too old for changes, would be bullied and have the micky taken out of them by others if they were in supported employment.
There are place that don't have access or facilities for people with disabilities. MORE JOB OPPORTUNITIES
There needs to be a change in attitudes and beliefs among providers and purchasers e.g. planners need to submit plans that are truly accessible inc communication enviro & changing places. Need to use "ordinary" opportunities for supported employment.
There needs to be more in Kent for blind people
Transport should not be last on the list!
We live in an area with no places for disabled people (and those with learning disabilities) what so ever. We live right out in the sticks. We have one bus an hour all week except at weekends.
When surveying people with a learning disability at our local partnership group meeting a lot of people said they would like a real job, a real job like other people have. With support I think a lot could achieve this. More effort needs to cont...

Comment (people)
Adult Ed
Advocacy
DPG
Friends
I feel it is my decision who is involved
just people with learning disabilities and commissioners
Sibling involvement to ensure continuity on demise of the parent.
Special schools
We need to know how the community sees us. When we are out together do they see us as BAD, MAD or SCARY

Comment overall
This seems like a really good plan. i hope everyone can stick to it.
Make this clear to understand
All the plans look good on paper but without enough staff and money they will not work. As we have seen many times in the past lots of money is wasted and we end up back where we started.

Comment overall

As parents of a daughter with learning disabilities we have asked her not to fill in the questionnaire, as the way it is worded every answer has to be yes! What you should be asking is can we close your day centre and leave everything to chance?

Better access to information. PCP needs independence to enable real choice to happen. The PCP needs to be valued and useful for the person - not just a piece of paper. There needs to be flexibility in how and who provides support.

Have not filled in your questionnaire as my brother and I am happy with the day centre service he has at present. We would not like to loose this because KCC is cutting costs.

I agree with the things on this leaflet

I agree with what is on this piece of paper

I am glad to know that people that have learning disabilities are being listened to.

I think they should be more choice for learning disabilities than a day centre.

I think we have the best people in KCC.

I would like more music clubs to go to at night or during the day.

It was difficult to understand - Big Words

It would be very nice to have a centre for myself and my group in this area. Also a local respite care home.

Learning Difficulties not disabilities

Lets get going on community projects. I have been told about this for most of my life. But nothing ever happens. Could it just be a dream - Give us a voice.

Like the centre

More information sent in the post.

Need to start PCP - engage people early - school and CFE need to be involved. Consultation is important but rarely captures everyone - usually those who already attend in house day services.

People agreed with this in principle but worried that all those professionals would have the final say and so things won't be any different that what they are now.

The consultation document is a very good read I do hope it all comes together. Mrs W (mum)

There is a real dead spot for teenagers with LD. just cos u reach 18 doesn't mean we can be responsible as a normal 18 year old, and its so hard for mum to get help and support cos I'm an "adult"

Using the community etc..., will this mean KCC intends to close centres and go back in time to the 1950's e.g. using Church Halls, etc...

We feel it is vital people with learning disabilities are always involved and not isolated from friends at the centre they have known all their lives.

We would like to be more involved with choices that make "OUR GOOD DAYS "

What makes a good day? Being listened to, not dictated to! Good, regular respite to recharge OUR batteries

By: Oliver Mills – Managing Director Kent Adult social Services

To: Adult Social Services Policy Overview Committee –
29 January 2008

Subject: **RE-PROVISION OF NHS ACCOMMODATION IN KENT**

Classification: Unrestricted

Summary: This paper informs Members of the commissioning plan to effect the re-provision of NHS Supported Accommodation.

Introduction

1. (1) The White Papers Valuing People and Our Health Our Care Our Say made it clear that people with learning disabilities should enjoy the same rights as other citizens and should no longer have to live within the NHS. The latter White Paper set a deadline of 2010 by which NHS should stop providing long term residential support.

(2) Valuing People Now and the NHS Operating Framework 2008 both published in December 2007 reiterated the commitment to this deadline.

(3) The recent report of the Healthcare Commission, A Life Like No Other, set out the findings from 154 audits carried out across the country in 2007 on NHS learning disability services. It concluded that whilst there were pockets of good practice and whilst they met many dedicated staff there were still too many shortcomings in the lives of people who were living in these services. This further highlights the need for NHS to stop providing such services.

(4) In Kent a commissioning plan has been developed, setting out a programme to re-provide the support and housing, which is currently provided by the NHS (Kent and Medway Partnership Trust in the west and Eastern Coastal and Kent PCT in the east). A new range of options will be developed to meet people's person centred plans. This plan aims to be consistent with the wider strategy in Kent of reducing reliance on residential care. The plan has been updated to take into account the capital monies being made available by the Department of Health to expedite re-provision plans. The NHS clients and resources attached will transfer to Kent Adult Social Services who are the lead agency and commissioner for services for people with Learning Disabilities.

(5) The re-provision plan is being led by Eastern Coastal and Kent PCT which acts as lead commissioner for learning disability for West Kent PCT.

(6) This paper aims to inform KCC members on the content of the commissioning plan and progress to date.

Aims of the commissioning plan

2. (1) The commissioning plan aims to:
 - a. Meet aims of Valuing People:
 - Person focused
 - Choice and Control
 - Support independence
 - Inclusion
 - Fulfilling lives
 - b. Transfer support out of NHS provision/ NHS managed services.
 - c. Base resources on needs.
 - d. Reduce reliance on residential care and increase supported living.
 - e. Develop and diversify market.
 - f. Be consistent with and enable KCC's strategy of reducing reliance on residential care in Kent.
 - g. Carry out the programme of work in partnership with all interested parties.
 - h. Transfer commissioning to KCC via Section 256 (formerly 28A) – following Valuing People Now this is likely to be a direct transfer of resource to KCC.
 - i. Be cost neutral to the PCTs and KCC for the resultant provision – although PCTs are being asked to make investments in the current services ahead of the re-provision to meet CSCI standards. All services will be registered with CSCI, either as domiciliary care or residential care prior to transfer, However it is intended that some services as they are adapted and developed into supported living will change their registration status from residential care to domiciliary care.

Scope of the Plan

3. (1) In east Kent, Eastern & Coastal Kent PCT currently provides unregistered residential care to 45 people and registered domiciliary care to an additional 32. Both groups are part of this re-provision programme although the second group does not meet strictly the definition of campus as set out in the White Papers referenced in paragraph 1.

(2) In west Kent, Kent & Medway Partnership Trust currently provide unregistered residential care to 95 (was 102) people.

(3) Excluded from the scope of the plan are 8 people currently cared for by KMPT in Woodend, a facility which would meet the campus definition set by the Department of Health. However the service currently provided by Woodend is subject to review and service redesign as part of the specialist learning disability service review being undertaken by the PCT in conjunction with KCC.

Maintaining a person centred focus

4. (1) Individual person centred plans (PCP) and service designs will be the building block to the programme of change. Individuals will be supported by their circle of support to develop their plan. Their circle of support should include people chosen by the individual and it is envisaged that the circle will include a relative and / or an advocate, a member of staff who knows the person well, someone who will facilitate the group and anyone else who is important to the individual. Where the person is un-befriended any decision on moves will be referred to an Independent Mental Capacity Advocate.

(2) The key recommendations from the PCPs will be collated to build up a commissioning picture of requirements so that support and housing can be identified and procured to meet individual service designs.

Procurement of support

5. (1) Whilst the market is very large in Kent for residential care it still provides limited choice, thus the aim of this plan is to increase the range of living options available to people and to reduce reliance on residential care.

(2) Wherever feasible and providing it is consistent with person centred plans, supported living will be the aim for the type of provision to be commissioned. This will be consistent with national and local policies to reduce reliance on residential care and increase opportunities for equality of access to normal housing and greater inclusion in the community. Supported living provides the appropriate level of support to meet individual needs in the person's own home.

(3) Existing providers of residential care will be encouraged to re-focus their business on supported living, some already are moving in this direction. Existing providers of supported living will be encouraged to consider limited expansion in areas where there is a lack of supported living.

(4) The programme will be split according to procurement methodology which reflects current work in progress or the need for change in people's living arrangements, i.e.:

- a. Group 1 – Continue with current work in progress to find individual move-on plans. (39 people)
- b. Group 2 – Current living arrangements meet individuals plans, no property or staffing issues to address – identify providers to transfer existing services for continuity of existing service. (30 people)
- c. Group 3 – Services which do not meet individuals plans, properties not fit for purpose or staffing issues and require complex change to deliver new living arrangements for individuals – commission new housing (see housing below) and commission new support arrangements based on individual service designs. (103 people)

(5) Within each of the above project groups there will be distinct phases of work. The project Board's (see para. 25 below) approval will be required to agree these phases and will need to give authority for each phase to commence. This will ensure appropriate control of the programme.

(6) It is intended that the procurement process will be consistent with KCC purchasing guidelines. The process will be developed with KCC as it is envisaged that the new contracting arrangements will sit within a Section 28a Agreement*, pending the transfer of NHS resources to Local Authorities announced in Valuing People Now and the Operating Framework.

Procurement of housing

6. (1) Most of the housing stock used in the existing NHS provision is owned by the NHS provider organisations. The delivery of the project's objective is reliant on these assets being ring-fenced for future use or sale and re-investment into this programme, this has been agreed by the health bodies.

(2) The Estates strategy must help to deliver the objectives of the overall project by:

- Facilitating choice and independence by providing the means to deliver affordable housing for individuals to lead as independent lives as possible;
- Ensuring the assets and capital invested in the projects are used for schemes which ensure value for money and provide flexibility of use in the long term;
- Making sure all possible housing options are explored including council housing, shared ownership schemes and use of clients' own assets where appropriate.

(3) Steps to Procurement of housing involve:

- a. Assess Needs: Through Person Centred Planning, produce a requirement of where, how and with whom people wish to live. Housing assessments have been carried out for all people in the programme. This information has been collated to produce a picture of requirements for each district in Kent.
- b. Assess Capital available: This will involve valuation and condition survey of any available capital, including any additional capital that can be made available through Department of Health or Housing Corporation, and client use of their own asset or mortgage contribution through shared ownership schemes where appropriate. The Department of Health has made £175 million available between 2007/8 – 2009/10.
- c. Agree Systems and processes to transfer this capital so it can be used to provide social housing for clients under the supported living model, where appropriate. This has been agreed with appropriate parties.
- d. Tender for any building / refurbishment work as appropriate - housing partners will undertake this work.

** Section 28a Directions come into force on 1 April 2000 and govern powers of money transfer between NHS and local councils introduced by the Health Act 1999. Supeseded by section 256/257 of 2006 Health Act.*

Community Teams and Clinical Support

7. (1) People living in the NHS have had a varied amount of access to the Community Teams. Some individuals are well known to the community teams while others have had no or limited access to the teams. Very few have had access to a Care Manager.

(2) As people move out of the NHS it is important that they have the same access to community support as other people. The components are:

- Care Management: People will need a community care assessment. In Dartford a Care Manager has been funded through the Learning Disability Development Fund to do the assessments and help people move on. This post was specifically funded to work with the people who lived at Greenacres (Archery House), an NHS campus in Dartford. It is anticipated that similar support will be required elsewhere. In addition, future ongoing needs of the individuals will need to be assessed. Existing section 28a agreements between the PCTs and KCC have allowed for the provision of care management and it is envisaged that this mechanism can be used again.
- Clinical Support: A distinct work-stream of the project plan will be dedicated to identify if there are any clinical support resource requirements, based on mapping of existing support needs of the target population. The finance appendix assumes future needs in community nurses and this will need to be reviewed in light of overall clinical support. The joint working protocols for Learning Disability and Mental Health, which are in the process of being approved, should provide a sound platform to build on.

Consultation and Communication

8. (1) Formal consultation of interested parties has been undertaken, according to section 7 of the Health & Social Care Act 2001. Due to the complexity and number of audiences involved, a communication plan has been produced to capture all audiences and required communication timetable. An essential element of the communication plan is to present information in easy to understand formats, and indeed the consultation leaflet itself was produced as an easy read document.

Project Management

9. (1) A Project Board has been set up to oversee the re-provision programme and reports to the Kent Strategic Learning Disability Board (chaired by the Managing Director, KASS). The Project Board is chaired by the Director of Finance and Commissioning for Eastern & Coastal Kent PCT. The Project Board includes decision makers in each of the organisations involved (Kent County Council, East & West Kent PCTs and both NHS provider organisations). It also includes representation from the third sector, the Kent Learning Disability Partnership Board and the Joint Planning and Policy Board for housing.

(2) A Scheme of Delegation has been agreed, which grants the above Project Board delegated authority to commit project resources and agree tendering and contractual arrangements for the programme to be completed successfully.

(3) The Project Board has been meeting regularly since June 2007.

Progress Report

Individual move on plans

10. (1) In East Kent, 8 people have moved on to support in the independent sector in recent years, resulting in the closure of 2 services previously provided by the PCT.

(2) There were previously 62 people living at Greenacres in Dartford. There remain 8 people living at Greenacres at January 2008. Of the people who moved, all but 4 people moved to other provision managed by KMPT, including 2 x 5 people bungalows (Shore Lodge) purposefully designed for older people on the original site. Thus whilst people have moved from the original campus, they have not moved out of the NHS. There is a need to find alternative providers of care.

Progress with overall project

11. (1) The Project Board has been established and commissioning plan approved and further revised. The project Board monitors progress with the programme and has approved project resources to support the programme.

(2) Eastern Coastal and Kent PCT Board (the PCT is the lead commissioner for learning disability) endorsed the change programme set out in the commissioning plan.

(3) The project team has received support from consultants, commissioned by the national Valuing People Support Team. This has provided useful mentoring on the plan and specific help with some of the workstreams, e.g. developing providers, housing and person centred planning.

(4) A register of risks for the project has been established and is monitored regularly by the Project Board. A range of risks have been identified with management action to reduce impact of the risks.

(5) In July 2007 two workshops were held, one for providers of support and one for housing agencies. These proved useful in introducing the aims of the commissioning plan, sharing knowledge and ideas and establishing a network of contacts. Through KCC a networking forum of support providers is being established as a direct result of the first workshop, its first meeting is scheduled for 6th February. Housing agencies have worked closely with the team over the last few months in developing the capital bids.

(6) The Department of Health has made £175 million of capital available over the next three years to assist the NHS campus closure programme across England. The bids made against the first phase of this capital were successful in attracting £520k which has enabled 5 projects to go forward in 2007/8. Bids for phase two and three have been submitted, if successful these could attract up to £10 million of capital towards further schemes. The schemes will include conversion / adaptations to existing housing stock, new developments and new acquisitions, including the potential for shared ownership.

(7) A communication plan has been produced and a public consultation has been carried out which ends on 25 January. To date most comments received have been in favour of the re-provision. Notably parents and family members have expressed most concern about the future care to be provided for their relatives. This is being addressed when involving the family in the circle of support for their relative. The Health Overview and Scrutiny Committee were appraised of the programme and duly scrutinised the plans and the consultation process.

Conclusion

12. (1) Whilst there is still much to be done substantial progress has been made. The announcement of the capital from the Department of Health has made a major contribution and will help to deliver the programme.

Recommendations

13. (1) Members are asked to NOTE and COMMENT on the contents of the report.

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Head of Learning Disability Commissioning,
Eastern and Coastal Kent PCT.
01233 618373

Background documents: None

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Item C1

By: Overview and Scrutiny Manager

To: Adult Social Services Policy Overview Committee –
29 January 2008

Subject: **UPDATE ON SELECT COMMITTEE WORK**

Classification: Unrestricted

Summary: This report updates Members on recently-completed and proposed future Select Committee work.

Select Committee: Carers in Kent

1. (1) The Select Committee report was considered by the full Cabinet on 3 December and County Council on 13 December. The County Council thanked the Select Committee for producing a relevant and balanced report, and resolved unanimously that the report be submitted through the Association of Directors of Social Services as part of the current consultation exercise on the New Deal for Carers.

Select Committee: Transitional Arrangements

2. (1) The Informal Member Group convened to undertake a piece of focused work around some of the key issues raised by the Select Committee has been delayed in moving ahead with its work, and its progress will be reported to a future meeting of this Committee.

Select Committee: Gypsy and Traveller Sites

3. (1) The Select Committee met for the last time on 29 November to review progress on the few outstanding recommendations on which it had not been possible to move forward. The Select Committee has now successfully completed its work, which has been an example of good productive constructive joint working between the County and its District partners.

Future Work Programme

4. (1) A proposal for a Select Committee topic review on Autism will be submitted to the Policy Overview Co-ordinating Committee on 14 February 2008. Members are asked to support this proposal as this Committee's contribution to the ongoing Select Committee work programme.

Recommendations

Members are asked to:-

- (a) note that the Carers in Kent Select Committee report was considered by the full Cabinet on 3 December and the County Council on 13 December 2007, and was well received by both;
- (b) note that the work of the Transitional Arrangements Informal Member Group will be reported to a future meeting of this Committee;
- (c) note that the Select Committee on Gypsy and Traveller Sites successfully completed its work on 29 November 2007; and
- (d) support the proposal for a Select Committee Topic Review on the subject of Autism, which is being put forward to the meeting of the Policy Overview Co-ordinating Committee on 14 February 2008 as this Committee's contribution to the ongoing Select Committee work programme.

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Background Information: *Nil*