



AGENDA

ADULT SOCIAL SERVICES POLICY OVERVIEW COMMITTEE

Friday, 16 November 2007 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 Membership - to note that Mr G Cowan has joined the Committee in place of Mrs E D Rowbotham

A2 Substitutes

A3 Declarations of members' Interest relating to items on today's agenda

A4 Minutes of the meeting held on 25 September 2007 (Pages 1 - 6)

A5 Dates of Future Meetings - – to note that meetings of the Committee will take place on the following dates, all starting at 10.00 am:-

Tuesday, 29 January 2008
Tuesday, 1 April 2008
Friday, 30 May 2008

Tuesday, 23 September 2008
Tuesday, 18 November 2008

A6 Chairman's Announcements

10.00 am - 11.00 am (30 minutes presentation and 30 minutes Q&A)

PRESENTATION - Developments and Progress in Mental Health Services in Kent

Steve Leidecker (Director of Operations, KASS), **Erville Millar** (Chief Executive of the Mental Health Trust) with **Lauretta Kavanagh** (Kent and Medway Director of Commissioning for Mental Health and Substance Misuse)

All County Council Members have been invited to attend for this item

B. ITEMS FOR CONSIDERATION

- B1 Kent Adult Social Services - Public Involvement Report (Pages 7 - 20)
- B2 Adult Services Annual Complaints Report (Pages 21 - 32)
- B3 Safeguarding Vulnerable Adults (Pages 33 - 44)
- B4 Domiciliary Charging Policy: Response to the Resolutions made by the Cabinet (Pages 45 - 48)
- B5 The Supporting People Programme (Pages 49 - 54)
- B6 Kent Adult Social Services Budget Monitoring 2007/08 (Pages 55 - 74)
- B7 Medium Term Plan 2008/09 to 2010/11 (Pages 75 - 102)

C. SELECT COMMITTEE WORK

- C1 Update on Select Committee Work (Pages 103 - 106)

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

Thursday, 8 November 2007

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

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 Tuesday 25 September 2007.

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

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

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

UNRESTRICTED ITEMS

(29) Minutes
(Item A3)

RESOLVED that the Minutes of the meetings held on 4 July and 24 July 2007 are correctly recorded and that they be signed by the Chairman.

(30) Chairman's Announcements
(Item A4)

(1) The Chairman thanked Members of the POC for electing him as Chairman at the 24 July meeting. He placed on record his congratulations to Mr M C Dance on the latter's appointment as Cabinet Member for Education and School Improvement and his appreciation of Mr Dance's work as Chairman of the POC.

(2) Mr Lynes added his congratulations to the Chairman on his election.

(31) "Towards 2010"
(Item B1 – Report by Managing Director, Kent Adult Social Services)

Mr M J Fittock declared a non-pecuniary interest in this item as a member of a voluntary organisation which receives funding from County and District Councils.

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

(1) The Chairman emphasised that an annual report on progress towards the 'Towards 2010' targets, and a chance to comment on it, gave the POC a key chance to influence the development of policy making.

(2) The Cabinet Member, Mr K G Lynes, introduced the report and said that he had fought hard to highlight the Directorate's key aspirations and identify targets which would be most helpful in achieving them. He said how proud he was of KASS officers and the reputation Kent had for excellence and its innovative approach to service provision, promoting TeleHealth, Telecare, Direct Payments, etc. The Directorate was always short of resources and funding and was facing a number of ongoing pressures from demographic changes and the changing needs of the aged and those with physical and learning disabilities.

(3) Mr Lynes and the officer team answered questions and responded to concerns put to them by Members on each of the five targets, which, Mr Mills emphasised, were interdependent. Comments made by Members, and clarifications, were given by Mr Lynes and officers in response to Members' questions, were as follows. Clarifications are in italics.

General Points

- (a) The report setting out the background of, and progress towards, each of the targets is excellent, very clearly laid out and easy to follow.

Target 52

- (b) Equipment needs to be ready and available to accommodate the expansion of TeleHealth and Telecare, especially now a much bigger expansion is planned following Kent's successful £4.8m bid in partnership with both Eastern and Coastal and West Kent PCTs for the Whole System Demonstrator (WSD). *The number of Telecare installations, at July 2007, was 750 and the number of TeleHealth, at September 2007, was 247. WSD money would extend Telecare by 1,500 and TeleHealth by 1,000. The 2010 target had been set before the outcome of the WSD bid was known.*
- (c) The NHS needs to continue an active role in expanding the use of Telecare and TeleHealth, to match the efforts being put in by KASS. How can we ensure full involvement of the NHS in this and other preventative work? *The relationship between KASS and the NHS is more effective now and joint working is excellent. PCTs have huge financial issues but we believe they are doing as much as they can.*
- (d) We need to be sure that we will obtain maximum value from the WSD money by using the appropriate tender process. *The £4.8m WSD money is specific, ring-fenced Government money which can only be used for this programme..*
- (e) We need to be able to identify demographic trends and plan well ahead to meet them. *Extensive work has been undertaken on demographic predictions for the next 20 years and Kent is good at forward planning in response to these.*

- (f) We need to press for an increase in the building of Lifetime homes to avoid the need for future adaptations for the elderly and physically disabled. How can we influence other bodies and commercial companies to provide services to support independent living? *£72m has been allocated for the "Better Homes, Active Lives" PFI scheme and there are plans for some 300,000 extra care sheltered housing places across the county. Kent can work to influence District Council planning colleagues on the value of using Section 106 contributions to help address the need for homes with built-in adaptations. KCC Members who also serve on Borough and District Councils have a key role in moving this forward. The Older Persons' Strategy is being developed to address this issue, alongside Valuing People and Community Partnership Boards. The Kent Design Guide now includes a clear specification for lifetime homes.*
- (g) We need to have a clear definition of what is meant by "preventative services" before we can target how to address them. *The preventative agenda is vital to head off future problems. Brighter Futures (in West Kent) is an excellent model for the future, while £1.5m for Partnerships for Older People Projects (POPPs) in East Kent will provide similar schemes.*

Target 53

- (h) It is difficult to identify the number of carers in Kent, and, until we can see the extent of demand for services, it will be difficult to assess the effectiveness of our services.
- (i) There are always a number of carers who do not wish to be identified and are happy to be left alone, but these people often only seek County Council help when they reach the end of their own resources.
- (j) The Carers Select Committee report will cover these issues and it is vital that this feeds into the POC agenda, and the POC needs to be proactive in taking forward its recommendations. It is vital that work on the recommendations is ongoing, with the POC receiving regular updates on progress.
- (k) The Carers Select Committee had identified many outside organisations and specialists who provide services for carers. Some are KCC funded and some part-funded. Many carers are simply unaware of the range of providers, so we need to publicise this.

Target 54

- (l) How does the KCC charging policy compare to those of other local authorities? *Kent has resisted raising its eligibility criteria and has consistently brought services in on budget year after year. This is better than many other local authorities. Kent's ability to do this is a credit to the KASS staff who provide these services.*

- (m) When will measurable performance indicators be firmed up for these targets? We would need to do this soon as 'Towards 2010' targets have been around for a year so far. *Consultation is going on on a new set of national performance indicators and I agree that we need to put these in place soon. We have been disappointed by previous performance indicators which did not distinguish between delayed discharges caused by Social Services and by Health. We prefer to invest the money we would have paid in fines into services to prevent people having to be admitted to hospital in the first place.*

Target 55

- (n) We need a clear definition of the age group to which transition services refer. *Different pieces of legislation apply to different age groups, and work is going on to simplify and clarify the process. Work is also going on in the County Councils Network at the Local Government Association (LGA). In Kent, transition is approached jointly between Kent Adult Social Services and Children, Families and Education, with KASS taking the lead.*

Target 56

- (o) It is essential that Kent residents are encouraged to and do take up their maximum benefit entitlement as it gives them the optimum standard of living and also helps the KCC to identify levels of need (the potential "audience") for our services. This in turn is helpful to KCC when bidding for Government funding. *We have a duty to maximise the take-up of benefits to offset the costs of care packages provided (thus making the best use of public money), and agree it is in our interests to do so, but there are still those who are hard to reach, who either do not know what they are entitled to or do not claim it for some other reason.*

(4) RESOLVED that:-

- (a) the report be noted, and progress made towards the 'Towards 2010' targets for which KASS is responsible, be welcomed; and
- (b) Members' compliments on the report style and content and all the work put into progressing the targets thus far be conveyed to the staff concerned.

(32) Response to the Questionnaire on Overview Committees
(Item B2 – Report by the Leader)

(1) The Chairman introduced the paper and noted that the Adult Social Services POC had shown up well amongst other POCs as making the optimum use of its powers. He said his aim was for the POC to be the best at embracing the scrutiny role and helping the Cabinet Member to form policy.

(2) In discussion, Members made a number of comments on the report content, as follows:-

- (a) The POC has already done well in contributing to scrutiny and has always engaged well with the Cabinet Member to address issues – I would not seek to change the process we have, including the way the POC challenges the Directorate and his management team in the role of ‘critical friend’.
 - (b) The split between Adults’ and Children’s Services meant that we had a reorganisation fairly recently and we need time to settle down again before we make any more changes in the way the Committee works.
 - (c) The questionnaire answers said that too much time is spent listening to officers introducing reports. It would be a better use of time to assume that Members have read the reports.
 - (d) Members also engage with the issue outside the formal POC meetings through mechanisms like cross-party subject briefings and District Member briefings. These raise Members’ awareness and give them a chance to meet and question officers, but the success of these relies on active Member support and attendance.
 - (e) Members need to be able to see issues which are coming up in good time to have maximum opportunity to engage with and comment on them.
- (3) Mr Lynes stated that it was his intention at all future meetings to sit alongside the Chairman of the POC as it offered the opportunity for all Members of the Committee to scrutinise issues and question him on any aspect of the portfolio being discussed at those meetings.
- (4) Mr Mills said he found the questionnaire mechanism an excellent way of gaining good practical feedback and that he welcomed the ‘critical friend’ role of the POC.
- (5) RESOLVED that the Cabinet’s response to the POC questionnaire, and the comments made in discussion by Members, listed above, be noted.

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

To: Adult Social Services Policy Overview Committee –
16 November 2007

Subject: **KENT ADULT SOCIAL SERVICES – PUBLIC INVOLVEMENT
REPORT**

Classification: Unrestricted

Summary: The purpose of this report is to provide information to Members on current and future developments in Public Involvement across the Directorate and to inform Members of the consultations undertaken during 2006/07 as well as those planned for 2007/08.

Background and Context

1. (1) This purpose of this report is to provide information on the major aspects of public involvement within Adult Social Services over the last 12 months, as well as highlighting key developments relating to current and future work and describe how involvement will be embedded and widened within our services.

(2) Active Lives is one of the main drivers for developing public involvement in the Directorate and states that “We will ensure that people shape service developments and are a critical part of service monitoring”. This means that people will be involved in the initial planning stages of future service developments and will therefore have a real influence in the process. Active Lives itself was reviewed and updated during the period 2006/07. The consultation process involved a number of methods for obtaining feedback, including: a survey, organised events across the county and for different client groups and an editorial board of service users and carers involved in the production of the final version of the document.

(3) Another key driver is the government’s White Paper, “Our health, our care, our say”. One element of this vision is to give people more choice and a louder voice. This will have a direct impact on future service design and delivery and will provide service users and carers with an opportunity not only to self assess their needs, but more significantly, to have a real choice in how those identified needs are met.

(4) A key theme of the “Stronger and Prosperous Communities” White Paper is the need to reshape public services around the citizens and communities that use them with the aim “...to create a system where people are empowered to be active partners in their health and social care”. In real terms this means that people should be consulted, involved and encouraged to voice their opinion on the types of services they would like.

(5) It is quite clear that the government is determined to give people every opportunity to have their say on public services and, across the Directorate, there are a variety of ways in which this is being achieved. Examples include OT user groups, Thanet and Dover Senior Citizens Forums, Learning Disability Partnership Groups and meetings with service users, carers and the public (who are potential users of services in the future).

Areas and individual teams are also proactive in engaging with current service users and people who may be future users of our services.

Consultations

2. (1) One aspect of public involvement is consultation and attached to this report as Appendix 1, is a schedule detailing the consultations undertaken during 2006/07, together with some of those proposed for 2007/08. In 2006 it was agreed that all Kent Adult Social Services consultation, evaluation and research would go through Research Governance prior to commencement. The Supporting People team also undertook a major consultation during the period, which is reported elsewhere on this agenda.

(2) A major consultation currently underway involves the development of an Older Peoples Strategy. Consultation events have taken place during Summer 2007 with further events taking place in the Autumn. The outcome of these events will inform the development of the Strategy.

(3) A series of specific service development consultations aimed at modernising services and ensuring that services are fit for the future have taken place and are ongoing. Examples include; Horizons Day Opportunities Service, part of the Adult Services Provider Unit; Canterbury Day Opportunities Service; Queen Elizabeth Foundation.

Current Involvement Activity within Kent Adult Social Services

3. (1) Engaging with people enables the Directorate to develop improved services that are more responsive to the needs of those people using them which, in turn, leads to better outcomes for the individuals concerned. This places the focus on planning and commissioning where the decisions made will reflect people's feedback and input.

(2) The Directorate Involvement Group (DIG) is a sub group of SMT and has Directorate wide representation together with health representatives from the two PCTs. The group exists to ensure the highest possible standards of public involvement within the Directorate and to drive improved performance in all Kent Adult Social Services activities. It has an agreed workplan that is reflected in this report.

Database

(3) The benefit of having a single source to log all involvement activity was recognised some time ago. Having a database that would evidence activity and show its impact was seen as a major step forward in developing the involvement agenda. The development of the public involvement database encountered several teething problems before the final version of the database was released in May 2007. Area and HQ staff are now able to view details of logged involvement activity. Its purpose is to enable staff to not only share good practice but also to link with colleagues with similar experience/interests. The database is also accessible to the public via the public involvement website. It is envisaged that this will encourage people to become further involved in projects across the Directorate.

(4) Quarterly reports will be produced detailing involvement activity; this will enable gaps to be identified and acted upon.

Recruitment and selection

(5) The policy on service user and carer involvement in recruitment was approved in November 2005, having been drafted in conjunction with service users and staff who had been involved in recruitment processes. Since that time it has been rolled out across the county and there has been a significant increase in the number of teams who have involved users and carers in their recruitment processes. Examples include, people being involved on formal interview panels, preparing questions for candidates, shortlisting candidates and taking part in separate workshops where candidates deliver a presentation and service users ask questions and provide feedback for the recruiting manager.

(6) This is a major development within the Directorate and although some staff had initial reservations about adopting the policy, on the whole it has received a positive reception. To assist staff further with this initiative, draft protocols have been developed and should be available to all staff by the end of the year.

(7) One other element that staff have questioned is the requirement for service users and carers involved in the process to undergo training. Many service users and carers that have been involved in the process to date do not wish to undergo formal training. Therefore, without stifling the uniqueness that service users and carers bring to the process, the Directorate is currently working with the Personnel Department to produce guidance on issues such as equal opportunities, diversity and equalities, rather than the process itself. These information sheets are being piloted at present and are likely to be finalised by the end of the year.

(8) One set of service users with learning disabilities have produced a DVD describing their involvement with the Directorate with the aim of helping and encouraging others to become involved.

Staff training

(9) Two workshops were held in September 2007 for staff, with the dual aim of updating them on current public involvement initiatives, together with continuing to progress the public involvement agenda by developing team action plans. Public involvement responsibilities and associated actions will also be detailed in individuals' Personal Action Plans. It is also proposed that AMT's will be responsible for monitoring progress of the plans and in turn this will be reported to DIG.

(10) Service users attended each workshop to deliver presentations on work they had been involved with. This gave a really powerful message to the audience and gave an insight into the impact involvement can have on people.

Strategy

(11) The public involvement strategy is due to be reviewed to take account of what has been achieved so far and build on this as a means of developing the involvement agenda. At the most recent meeting of DIG the consensus was that KCC should have an overarching strategy with each directorate developing its own framework/implementation plan. With the forthcoming introduction of Local Involvement Networks (see section 4 below), it is an opportune time to consider this approach. A workplan for the process of engaging with service users and carers on the Directorate's strategy has been drafted, but is currently on hold pending the outcome of the corporate discussions.

Core standards

(12) These build on the 'Active Lives' commitments and are the minimum standards that people can reasonably expect when using our services. They were developed by a group of service users, carers and staff. These standards are also due for review in the current year. It was anticipated that the review would take place in conjunction with the above strategy. It is now more likely, however, that the review will be carried out separately in order to benefit from the value identified in paragraph 9 above.

Roles and relationships for service users and carers

(13) On a similar basis to Roles and Relationships for staff, this concept was aimed at providing service users and carers with the opportunity of meeting the Cabinet Member and/or the Managing Director. The aim being to inform service users and carers of developments within the Directorate, as well as giving a platform for service users and carers to feedback their comments, concerns and aspirations for the Adult Social Services.

(14) Two events have been held to date with good attendance at each of them. However, as part of the evaluation process, service users and carers were asked if the current format was beneficial to them. Following their feedback, it has been decided that rather than inviting a group of service users and carers to one-off events, it would be more productive if the Cabinet Member/and or the Managing Director attended local groups to join in their meetings on an ad-hoc basis. Feedback from these meetings would then be directed to the most appropriate officer to take forward any identified issues.

Newsletter

(15) A quarterly newsletter is circulated internally and externally with the aim of promoting public involvement by providing updates on current news and forthcoming events. In the three years since the launch of the first newsletter, distribution has increased significantly and the publication is warmly received. Contributions are received from staff and many of the articles have a degree of service user input. Comments and suggestions from service users, carers and the public are particularly welcomed.

Working with health

(16) As mentioned previously, health colleagues attend the DIG meetings which are held bi-monthly. The action plan agreed by the group will also include health input. The intention being for KASS and health colleagues to work in a more joined up way on common areas of public involvement development. To assist with this objective, a meeting was convened in August 2007 to enable health and social care colleagues to share both their current and future work. Ultimately, it is envisaged that policies will be shared and there will be more consistency and interaction on public involvement issues.

Future Developments

Local Involvement Networks (LINKs)

4. (1) The Department of Health issued “A stronger local voice: A framework for creating a stronger local voice in the development of health and social care services” in July 2006 for information and comment. Within the framework, it was acknowledged that the current systems for involving and engaging with patients and citizens would have to be strengthened and improved.

(2) The role of a LINK is:-

- promoting and supporting the involvement of people in the commissioning, provision and scrutiny of local care services;
- obtaining the views of people about their needs for and their experiences of local care services;
- enabling people to monitor and review the commissioning and provision of local care services;
- conveying peoples’ views to organisations responsible for commissioning, providing, managing and scrutinising local care services; and
- recommending how care services can be improved.

(3) A LINK will comprise of an inclusive membership of user groups, local voluntary and community sector organisations and interested individuals, but involvement does not require membership. It will need to be diverse and be representative of all sections of the local populations. LINKs will need to have clear governance structures, which are accountable to its membership and the wider community.

(4) LINKs will have specific powers to enable them to influence the improvement of local services by:-

- entering specified types of premises and viewing the services provided;
- requesting information and receiving a response within a specified timescale;
- preparing reports and recommendations and receiving a response within the specified timescale; and
- referring matters to an Overview and Scrutiny Committee and receiving a response.

(5) There have been several LINKs early adopter projects. The purpose of these is to provide information, advice and guidance to LINKs and organisations responsible for establishing, supporting and working alongside them on how to maximise the effectiveness of LINKs and build relationships within them.

(6) In August 2007 the Department of Health (DoH) issued, “Getting ready for LINKs – Planning your Local Involvement Network “. This has been published as best practice guidance and summarises the DoH’s policy expectations to date. It also suggests some development approaches, a range of governance options, some ideas about possible relationships between LINKs and other strategic partnerships, observations on the relationships between the LINK, its Host Organisation and the commissioning Local Authority, issues of accountability and performance management and concludes with an action list.

(7) “Getting Ready for LINKs – Contracting a host organisation” was also issued in August. This too has been published as best practice guidance. It outlines what the DoH anticipates should be covered in a local authority’s service specification for the provision of a Host Organisation and its proposed tender requirements. This document indicates the funding arrangements will be in the form of a Specific Grant paid to local authorities. The precise details of which have yet to be confirmed, but early indications are that Kent would be allocated an amount in the region of £450k per annum.

(8) The corporate lead is Martyn Ayre, Chief Executive’s Department and Pat Huntingford - Director of Policy, Performance and Quality Assurance - is the lead for KASS. A steering group has been established, chaired by Graham Gibbens, Cabinet Member for Public Health. It comprises cross party representation and a non-executive director from each PCT. On a day to day basis, implementation will be managed through a project team comprising senior officers from KASS, CFE, Chief Executive’s and Democratic & Legal Services, as well as the PCTs Directors of Civic Engagement.

(9) The Local Government and Public Involvement in Health Bill 2007 introduces a number of measures to update the system for involvement in health and social care. In addition to LINKs, it introduces a new duty on local authorities to inform, involve and consult local people in service design and delivery. The Bill is focussed on promoting a local voice that is strong and effective and encourages local authorities to listen and respond to people using services by commissioning accordingly. The information gathered from complaints plays a key role in this process. The Bill is currently going through Parliament and is expected to be given Royal Assent in November.

Payment policy and implications

(10) In line with the government initiative “Reward and Recognition”, it is important for the Directorate to consider its responsibility towards reimbursing service users and carers for their time where they are involved in specific areas of work, such as drafting policies and recruitment of staff. The current policy specifies the reimbursement of out of pocket expenses, including replacement carer costs. The Department of Health considers it to be good practice to extend this further.

(11) A policy for this had been drafted and, following consideration from DIG members, it has been decided to look at alternative ways of recognising and rewarding the contribution made by service users and carers to the Directorate’s business. A policy aimed at paying people for their time would have significant implications on tax and benefits and could potentially impact upon employment rules.

(12) An alternative option under consideration is to organise an event on a similar basis to the Directorate’s Quality Service Awards. There are many issues that need to be considered if this approach is adopted, including: How do we ensure that each person who has given their time is recognised? How will people be nominated? Who will organise the event? It will also have budget implications that need to be addressed. This concept will be discussed further at DIG and SMT.

Conclusion

5. (1) Consultation with service users and the public has enabled the Directorate to:
- Develop strategies: Pathway to Public Involvement; Older People Strategy.
 - Gain feedback on services and identify areas for service improvement: Telehealth user group; OT user groups.
 - Involve people in the planning and delivery of services: Senior Citizens Forums in Thanet and Dover; Learning Disability Partnership Groups.
 - Identify satisfaction levels, needs and preferences for services: Homecare and Community Meals surveys.

(2) When undertaking any form of involvement activity, due consideration is given to the most appropriate method of engaging with people. It is imperative that the purpose of the involvement is clear to all involved and that the outcomes can be acted upon, wherever possible, and an explanation provided if they cannot.

(3) Kent Adult Social Services is proactive in its approach to involving people in all aspects of its services and will continue to develop and strengthen the involvement agenda across the Directorate.

(4) In 2006/07 there has been a broad range of involvement activity including the Actives Lives consultation. Further consultations are planned for 2007/08.

(5) Involvement of service users and the public is an integral part of the planning, commissioning and monitoring of services within the Directorate and will continue to remain a key area for continued development.

Recommendations

6. Members are asked to NOTE and COMMENT on the contents of this report.

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

Background documents: None

**Kent Adult Social Services
Consultations for the period 2006/7 and 2007/8**

Details	Start Date	End Date	Group consulted	Target area (Kent, Town, district, ward etc	Reason for consultation	Statutory Yes/No	Contact Name
Adult Social Services							
Many of the consultations for this plan overlap with those that are recorded in the Strategic & Area Management & Business Support Plan and have been recorded in that plan to avoid duplication.							
Adult Mental Health							
Service users and carers are Joint Commissioning Board/Local implementation team members and therefore are continually involved in service planning and monitoring. Each year there is a Mental Health National Service Framework audit carried out by SERO. A considerable amount of material is collected and collated for this exercise which has to be submitted. These reviews cover:							
<ul style="list-style-type: none"> • Service Mapping • Financial Mapping • Themed Reviews • Self Assessment (Traffic Lighting) 							
The traffic light system is then used to compare outcomes, which are placed on the net to be compared with other authorities and last years audit, showed an increase in green lights. Each Local Primary Trust area use this document and their local self-assessment to draw up local action plans, in addition to providing the basis for work over the coming year.							
This year there is a national consultation on Care Programme Approach (CPA) that includes local events.							
Occupational Therapy and Sensory Disabilities Unit							
Business Planning	26/09 12/10 28/11 12/12	26/09 12/10 28/11 12/12	Service User group of disabled adults	Thanet Canterbury Maidstone Gravesend	Statutory Duty to involve service users in business planning. Discussed the Duty, how they would like to be involved, what they thought of 2006-07 plan and any ideas for 2007-08 plan.	Yes	Derrick Douglas

Details	Start Date	End Date	Group consulted	Target area (Kent, Town, district, ward etc	Reason for consultation	Statutory Yes/No	Contact Name
Service User feedback	03/01	05/01	Disabled people who have had lifts Installed in their homes	Kent	How satisfied Service Users have been with the lift maintenance service during the last year. Information will be used to determine standard of service and inform future planning.	No	Mark Hogan
Service User feedback	ongoing		Disabled people who have received equipment service	Kent	How satisfied Service Users have been with the equipment service received from Kent County Supplies. Information will be used to measure outcomes and inform planning.		Derrick Douglas
Supporting People Unit							
	01Apr 07	01Dec 07	Service users in long – term supported housing	Kent wide	How service users feel about the support provided to them and their views on how services could be improved	NO	Jo Pannell 01622 696171
	01Feb 07	30Apr 07	Older People	Kent wide	How Older People feel about the recommendations being proposed. Their views will be incorporated into the final report to be presented to the Commissioning Body in June 2007	NO	Jo Pannell 01622 696171
	01Apr 07	31Mar 09	All service users	Kent Wide	How has the review contract monitoring improved the service provided	NO	Kevin Prior 01622 696198

Details	Start Date	End Date	Group consulted	Target area (Kent, Town, district, ward etc	Reason for consultation	Statutory Yes/No	Contact Name
	01Apr 07	31Mar 09	People Bank/ User panel	Kent Wide	How robust are contract monitoring procedures and what improvements can be made	NO	Kevin Prior 01622 696198
	01Apr 07	31Mar 09	All service users	Kent Wide	Satisfaction levels with services provided by contracted agencies. CI contract monitoring	NO	Kevin Prior 01622 696198
Gypsy and Traveller Unit							
Survey of public satisfaction	Oct 2007	March 2008	A sample of the public who have accessed our services	Kent	<ol style="list-style-type: none"> 1. Awareness of the services we offer 2. Quality of information received, and the type and format of the communication channels 3. Satisfaction with the services we offer; We will use the information to improve our service, and public information about it 	No	Alan Casson or Jonathan Cheeseman
Survey of licensee satisfaction	Oct 2007	March 2008	A sample of licensees who live on sites we manage	Kent	<ol style="list-style-type: none"> 1. Awareness of the services we offer 2. Quality of information received, and the type and format of the communication channels 3. Satisfaction with the maintenance and management of sites and the services we offer, and can refer people to; We will use the information to improve our service, and site and public information about it 4. 	No	Alan Casson or Jonathan Cheeseman

Details	Start Date	End Date	Group consulted	Target area (Kent, Town, district, ward etc	Reason for consultation	Statutory Yes/No	Contact Name
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Strategic, Area Management & Business Support

The Directorate has a strong culture of Public Involvement and has helped to facilitate and support a wide number of local groups made up of the people who use our services and carers. These contribute to the development of local and Directorate policy. We are currently implementing a database to capture this activity more effectively. Activities taking place in 2006 - 7 and 2007 - 8 which have/will involve the public include:

- Partnership Boards which engage users of Learning Disability services at a District and Strategic Level. These are particularly successful forums for engaging Learning Disability service users in the running of the service.
- Involving Users and Carers in recruitment
- Naming of the Directorate
- Disability Equality Scheme
- Active Mobs
- Development of 'social marketing'
- Regular meetings co-ordinated with the public, our Cabinet Member and our Managing Director.
- Tele health & Tele care user groups
- Quality Service Awards – direct nominations from service users and carers. Nov - May.

Service Users and the Public will be involved in the following more formal surveys and research. The outcomes of the research and surveys outlined below will be fed back into the Directorate to facilitate further service improvements.

Project/development	Purpose/Outcome	conducted by	Status
Active Lives	To obtain views on how services should be developed for the future	Debra Exall and Public Involvement Team	July 2006 to February 2007
Outcomes, Quality and Costs of Community Equipment Services	Impact of community equipment on promoting independence	PSSRU, University of Kent	Currently underway
Evaluation of Brighter Futures for Older People in Kent'	Evaluation of Brighter Futures	Professor Martin Knapp, LSE	Will begin later in the year
Kent Direct Payment Support Scheme Quality Questionnaire	To measure the quality of support from Direct Payment Support Workers and how we can respond.	Kent Direct Payment Scheme	Will begin later in the year
Qualitative Study of the decision making process in out of area placements of people with intellectual disabilities	Analysis of how people are placed outside of Kent	Dr Julie Beadle-Brown, Tizard Centre, University of Kent	Will begin later in the year

Details	Start Date	End Date	Group consulted	Target area (Kent, Town, district, ward etc	Reason for consultation	Statutory Yes/No	Contact Name
Project/development					conducted by		Status
Research to evaluate the Application and Usefulness of the East Kent Occupational Therapy Assessment					Effectiveness of assessment	Linda Jackson, East Kent Hospital Trust,	Currently underway
Private speech and imaginary companions in Down's syndrome'					Better understanding of some of the facets of downs syndrome	Canterbury Christ Church University	Awaiting Research Governance Approval
'The efficacy of chair based exercise in reducing risk of falls in the elderly'					Understanding of how exercise can help prevent falls	Christ Church University	Awaiting Research Governance Approval
'Telecare in Gravesham – Dementia Pilot'					Impact of Telecare on dementia	Adult Social Services	Research proposal being developed
User Survey on community Equipment Pilot study					Impact of community equipment on promoting independence	Ann Netton - PSSRU / DOH	Study details to be received Will take place July 2007
2007/08 User Survey on Equipment					Impact of community equipment on promoting independence	Ann Netton - PSSRU / DOH	will take place February 2008
Home Care User survey,					Impact and quality of home care	L. Hardware, KCC and PSSRU	Autumn 2007
Meals on Wheels consultation,					Quality of meals on wheels	Adult Social Services	Being developed – will take place later in 2007
User survey Younger Adults with a Physical or Sensory Impairment					Evaluate quality of services for this cohort	DoH/PSSRU	Feb 2007-May 2007
Elder Games					Explore using technology to provide 'games for the brain' to keep older people mentally alert	M Thomas-Sam, KCC + international consortium	Research proposal being developed
Updating the Directorate's core standards					Re-write core standards, in conjunction with service users and carers	Public Involvement Team	Autumn 2007
Complaints – annual customer satisfaction response survey in connection with our statutory process					A direct outcome will be a measurement of how practice has improved as a result of information gathered through our complaint procedures	Public Involvement Team	July 2007

Details	Start Date	End Date	Group consulted	Target area (Kent, Town, district, ward etc	Reason for consultation	Statutory Yes/No	Contact Name
<p>Other Consultations, which are being developed/undertaken for 2007-8 are:</p> <ul style="list-style-type: none"> • ALFA – It will be essential to engage the public on the development of this project • In Control – we are currently implementing this as outlined in the Adult Services BP and it will be evaluated with those people involved in the pilot. • Carers – In line with T2010 target we are currently developing research to evaluate the impact of the work undertaken • Consultation on changes to the Domiciliary Charging Policy • Horizons Day Opportunities Service • Canterbury Day Opportunities Service • Queen Elizabeth Foundation 							

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

To: Adult Social Services Policy Overview Committee –
16 November 2007

Subject: **ADULT SOCIAL SERVICES ANNUAL COMPLAINTS REPORT**

Classification: Unrestricted

Summary: This report provides Members with information about the operation of the Adult Social Services complaints and representations procedure between 1 April 2006 and 31 March 2007.

Introduction

1. (1) It is a statutory requirement under the following items of legislation for local authorities to have in place a complaints and representations procedure for Adult Social Services:

- NHS & Community Care Act 1990 (section 50)
- Health & Social Care Act 2000
- Local Government Act 2000

(2) Each local authority that provides social services is required to produce an annual report relating to the operation of its complaints and representations procedure.

(3) An annual report covering complaints and representations activity across adult social services has been presented to Members each year. This Annual Report provides Members with information about the operation of the Adult Social Services complaints procedure between 1 April 2006 and 31 March 2007.

(4) The report contains information on the number and type of complaints received by the Directorate, together with examples of how information gathered from complaints is utilised to inform, influence and improve service design and delivery.

(5) The report also informs Members of the current consultation from the Department of Health on key changes proposed to the operation of the complaints procedures with effect from 2009.

Background

2. (1) Members may recall from last year's annual report that significant changes were made to the complaints procedures. This was due to the following:

- i. New complaints Regulations came into force with effect from 1st September 2006, together with Department of Health Guidance entitled, "Learning From Complaints – Social Services Complaints Procedure for Adults". Details of the new process were provided to the Committee in November 2006.

- ii. The restructuring of Directorates, as mentioned in last year's report, meant that changes were made to the complaint handling arrangements for both Adult Social Services and Children, Families and Education Directorates. This resulted in the disaggregation of customer care teams to reflect these changes.

(2) During this period of change, the Directorate undertook a number of initiatives to ensure that it complied fully with the new Regulations, namely:

- i. Prior to the introduction of the new procedures, staff workshops were held to notify staff of the forthcoming changes. In addition, a briefing paper highlighting the key changes was circulated to all staff to ensure they were fully apprised of the new procedures. The guidance for staff, available on the Intranet, was also amended to reflect the changes.
- ii. The leaflet, "Comments, Complaints and Compliments" was revised and circulated throughout our offices and information points. This information is also available on the KCC website and can either be viewed on line, downloaded, or a hard copy can be ordered, as best suits the complainant.
- iii. With the introduction of changes to the constitution of Complaint Review Panels, it was identified that more 'independent' people needed to be recruited to sit on the Panels. (The Regulations require two of the three Panel members to be independent of the Local Authority) In order to comply with this, additional members were recruited and attended a training session organised by the customer care department and facilitated by the Local Government Ombudsman.
- iv. The database used to record all complaint information has been reviewed and updated to reflect the changes to both the Directorate structures and the complaints procedures.

(3) With the introduction of a new set of shorter timescales for responding to complaints, it is pleasing to note that the response times have improved from previous years. The current response time of 20 working days for stage 1 of the process is 79%, an increase of more than 15% on previous years. Although this indicates a significant improvement in performance, the customer care teams aim to improve this further in subsequent years. All stage 2 complaints are responded to within the required limit.

(4) Throughout the period of change, the Directorate maintained an effective and robust approach to dealing with complaints and continued to be receptive and responsive to complaints, compliments and enquiries, in accordance with the statutory guidance. While there is a legal requirement on the Directorate to have a complaints procedure in place, the Directorate views complaints as a valuable form of feedback, which is used to assist with the development and improvement of services. The new Regulations encourage the Directorate to embrace the opportunity to learn lessons where a service has failed to reach an expected standard.

The Number of Complaints and Compliments Received

3. (1) In 2006/07, 430 complaints were received; this is a slight increase from the previous year when 413 complaints were recorded. 368 of these were logged as statutory complaints and in comparison to those reported the previous year, 358, this once again

shows an increase in the number received. There were 725 merits (or letters of compliment) received during the year. The number of merits has increased significantly for two consecutive years.

(2) The number of complaints and merits needs to be seen in the context of the number of people accessing services. In 2006/07, there were over 31,000 referrals to Adult Social Services, there were also over 47, 000 people in receipt of services in March 2007. The number of complaints, therefore, is relatively small compared to the number of people accessing the services.

(3) When analysing complaints, it should be remembered that an increase or decrease in the number of complaints does not necessarily reflect a change in the standard of service provided. An increase might indicate the positive view the directorate takes towards complaints, together with the fact that people are well informed about how they can make a complaint. Given the vulnerability of many of those people who access our services, it would be cause for concern if people felt unable to make a complaint if they were dissatisfied with the service(s) they received.

(4) Of the 430 complaints, 368 were logged as statutory complaints under the NHS and Community Care Act. The other 72 complaints were from “non qualifying individuals” (not service users or carers); these complaints are still looked into and responded to, but not as part of the statutory process.

(5) The emphasis in the complaints procedure is to try to resolve complaints at a local level. If the complaint is not resolved at Stage One or if it is particularly serious, then the complaint can progress to Stage Two. Stage Two complaints are independently investigated by an off line manager or an investigator who is independent of KCC, in accordance with the new guidance. The third stage of the process is a Complaint Review Panel.

(6) Of the 368 statutory complaints received in 2006/07, 19 were investigated under Stage Two of the complaints procedure and 2 went on to a Complaint Review Panel.

(7) Further details about the number of complaints and representations received are provided in Appendix 1, attached to this report.

Services for Adults with a Disability

4. (1) There were 50 complaints about services for people with a disability. This was a decrease on 2005/06 when there were 78 complaints.

(2) Care management accounted for 41 of the complaints and 5 were about residential care. The reasons for complainants expressing their dissatisfaction follows a similar theme to previous years, typically, with the outcome of their assessment, where they felt they needed more care than was identified.

Services for Older People

5. (1) In 2006/07, there were 201 complaints about services for older people, indicating a slight increase compared to 2005/06 when there were 190 complaints received. The trend in the number of complaints about residential care services has

continued to decrease from 34 in 2005/06, to 17 in this reporting period. One likely reason for this continued reduction is that people raise their concerns direct to the Commission for Social Care Inspection, which has an inspection and registration responsibility for care homes and a duty to check that homes are meeting required standards.

(2) Complaints about domiciliary care continue to increase from 33 in 2005/06 to 46 in 2006/07. The reasons for these complaints show a similar trend to previous years, which is often related to inconsistency in service provision, poor communication, discrepancies between the time allocated for a visit and the time spent with the service user. Oliver Mills (the Managing Director of Adult Social Services) and Cathi Sacco (Head of Contracting and Quality Assurance) held a second meeting with a group of service users and carers, who had raised concerns about this. Work is ongoing to address the concerns raised with the aim of improving satisfaction levels, as follows:

- i. There are mechanisms in place for addressing issues of concern and there has been a focus to ensure that these are working.
- ii. The contracting department has introduced a Quality Assessment Framework and the systems currently in place are working. As a result, we are able to target those providers that are not performing as well as expected.
- iii. In January 2008 CSCI intend to introduce a rating system for providers.

Occupational Therapy and Sensory Loss

6. (1) In 2006/07, there were 50 complaints about the O.T Bureau, 1 of which was about Deaf Services.

(2) As in previous years, the majority of these complaints related to the time taken for equipment to be provided or for an adaptation to be completed. There were also delays in work being undertaken, following completion of the assessment, which on occasion is due to funding problems, such as obtaining funds through Disabled Facilities Grants.

Other Specialist Service Complaints

7. (1) There were 49 complaints about other Specialist Service Units. This includes 18 complaints about the Adult Services Provider Unit, which tend to include issues of respite care and staff behaviour.

(2) 24 of these complaints were received about in-house registered care centres for older people. Many of these arise as a result of relatives feeling there had been a lack of communication between themselves and the centre and/or dissatisfaction with the quality of the care provided.

Complaints to the Local Government Ombudsman

8. (1) In 2006/07, 4 people contacted the Ombudsman's office about issues relating to Kent Adult Social Services. One of these was not upheld, two of these were outside the jurisdiction of the Ombudsman, as they were premature and the complaint was referred to the adult social services complaints procedure. One resulted in compensation of £500 being awarded as it had not been made clear that the client could have used their own agent for works undertaken on the house by way of a Disabled Facilities Grant. This

would have enabled the individual to use the Care and Repair agency or an independent architect.

Learning the Lessons from Complaints

9. (1) Adult Social Services work hard to improve the quality of the services that we provide with the intention of meeting our service users needs and expectations. There are occasions when things go wrong and as a Directorate we continue to focus on developing a listening and learning culture where feedback from service users is fed into the system for driving improvement, through business planning and commissioning processes.

(2) The customer services department adopts a positive attitude towards complaints, hence the complaints procedure is both widely publicised and specifically focussed on those people who use our services. Staff are encouraged to view complaints as a means of improving a particular service rather than a mechanism to apportion blame, although this will only happen through continued training and support

(3) Training for staff on customer care is made available as part of the core induction programme, as well as being available to individual teams. This needs further focus in order to reduce the number of complaints related to the behaviour of staff. The training emphasises that a good complaints process should provide the complainant with a speedy response, that addresses their concerns and aims to resolve the complaint to their satisfaction, wherever possible. While there is a genuine focus on ensuring that lessons are learned from complaints, it is also possible to learn important lessons from compliments and we therefore welcome feedback on peoples' good experiences too.

(4) Information gathered from complaints is provided to operational managers, training managers and policy staff, so that themes and trends can be identified, with appropriate action taken to make service improvements.

(5) An example of the impact just one complaint can make is illustrated by a complaint received from a service users mother and the actions that arose as a result: The staff rota information system was changed to minimise errors and to ensure continuity and consistency of support; a system was devised where service users were empowered to choose a maximum of four members of staff to ensure that both the service users and their relatives were comfortable with the personality and skills of the staff. This was then reflected in the staff rotas; the fire risk assessment was updated; changes were made to the staff induction programme to allow a minimum of 24 hours shadowing of another member of staff.

(6) Another example from an in house residential provision resulted in several changes being made following a Stage 2 investigation. In this case, a leaflet was developed to inform clients of the types of care offered; the Terms and Conditions document was reviewed and amended to an easy read format; staff were provided with additional training to enable them to discuss the Terms and Conditions document with service users, relatives or advocates; dining chairs were modified to make them easier to use and more suitable crockery was made available for service users; the security call units were moved to a more appropriate place to allow staff to identify callers;

(7) One continued area of focus has been on improving the transition from children's social services to adult social services. Although some people do still experience problems, the Directorate is committed to ensuring a smooth transition for each service user. The Leader of the Council recognised the importance of this and it is included within the Towards 2010 document. In addition, service users and carers were consulted and complainants were given the opportunity to be involved in the consultation on the document.

Other Developments

10. (1) Notwithstanding the significant changes that have taken place in the past year in regard to the complaints procedures, it is envisaged that further changes to the process will occur in the future. The White paper, "Our health, our care, our say", published in January 2006, included a statement that, "... by 2009, there will be a comprehensive complaints system across the whole of health and social care". The Department of Health consultation document, "Making Experiences Count" was issued in June 2007, the feedback from which will be used to develop the proposed new complaints model.

(2) The three Customer Service teams have purchased an innovative tool, "Complaints Made Easy", which will enhance the complaints training currently provided to staff. The training tool consists of a board game and manuals, which focus on a totally different way of delivering the training to staff. The emphasis is much more on interactive learning and the length of the training can be adapted to fit in with the needs/time pressures of the teams themselves. Six members of the customer care staff attended the formal training required to enable them to deliver the training to Directorate staff. The intention is to roll out the training within areas as appropriate. In addition, the induction element of customer care training programme will also be adopting this new training tool.

(3) With effect from September 2006, all complainants administered by the HQ customer care team have been sent a questionnaire asking for feedback on the administration of their complaint. With effect from 1 April 2007 this will be replicated within area customer care teams. This was not intended to encourage complainants to raise their complaint again, but to find out about their experience of the process and seek to identify improvements that could be introduced. Of the 21 questionnaires issued between September 2006 and March 2007, 11 were completed. A brief analysis indicates that:

- i. 73% thought that the customer care staff/staff involved in the investigation of their complaint were helpful and courteous.
- ii. Interestingly, of those 73%, 50% remained dissatisfied with the outcome of their complaint. No reasons were given for their dissatisfaction and as the questionnaires are completed anonymously, it is not possible to ascertain why this is so.
- iii. 82% did not know about the complaints procedures before they complained, emphasising the need to continue to promote and provide information on the process.

(4) With effect from 1 August 2007, Specialist Services was restructured and staff now work within the respective areas of the county, East or West. Customer care responsibility for complaints handling has transferred from HQ to area teams.

Conclusion

11. (1) During 2006/07 the Adult Social Services Directorate has concentrated its efforts on:

- implementing the new legislation and associated guidance
- amending its written procedures
- publicising the changes to the procedures to both the public and staff
- providing training to staff
- Maintaining a robust and effective complaints procedure in line with statutory requirements

(2) Complaints are seen as providing valuable customer feedback, with the information from complaints being fed into the planning and commissioning processes to improve and develop services.

Recommendations

12. Members are asked to NOTE and COMMENT on the contents of this report.

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

Background documents: None

Complaints, Enquiries and Merits Received Between 1 April 2006 and 31 March 2007.**Number of Complaints by Originator**

Originator	Number	%
Advocate	3	0.8
Anonymous	-	-
Carer/close relative	229	62.2
Central Government Dept	1	0.3
Client	108	29.4
Contractor	2	0.5
County Councillor	2	0.5
Health Representative	2	0.5
Homeowner	1	0.3
Housing Association/Landlord	1	0.3
Investigator	1	0.3
KSS staff	1	0.3
Legal Representative	3	0.8
Member of Parliament	6	1.6
Neighbour client/Establishment	1	0.3
Other local authority	2	0.5
Other KCC Department	-	-
Other	5	1.4
Service Provider	-	-
Voluntary Organisation	-	-
Total	368	100%

Number of Records by Contact Method

(For complaints, enquiries and merits received between 1 April 2006 and 31 March 2007.)

Contact Method	Number	%
e-mail	97	7.1
Fax	3	0.2
Letter	1079	78.5
Other	48	3.6
Telephone	138	10.0
Text	0	0
Visit	3	0.2
Website	6	0.4
Total	1,374	100%

Number of Records Received by Type.

1 April 2006 to 31 March 2007.

Type of Record	Number	%
Enquiry	199	14.5
Merit	735	53.5

Non Statutory Complaint	72	5.2
NHS and Community Care Act Complaint	368	26.8
Total	1,374	100%

Comparison of complaints numbers for 2005/06 and 2006/07.

Service	2005/06.	2006/07
Contracting	37	39
Disability		
Care Management	42	41
Day Care	6	
Domiciliary	5	4
Residential	23	5
Other	2	
Older People		
Care Management	112	132
Day Care	5	1
Domiciliary	33	46
Residential	34	17
Other	6	5
Specialised Services		
Adult Service Unit	19	18
Homecare	1	4
Older people	21	24
		3
O.T and Sensory Loss		
Deaf Services	1	1
O.T	41	49
Mental Health	2	4
County Benefits	1	1
Finance	4	18
Hospitals	11	22
Out of hours	2	1
Supporting People*	-	1
Direct Payments	3	1
HQ Learning Dis.	-	2
Others	2	1
Total	413	440

(Learning and physical disability figures have been amalgamated for this year's report due to the previous database not being set up to report separately)

* Other complaints in respect of Supporting People are dealt with directly by the team and are not reflected in this report as they are not part of the statutory framework.

Statutory Complaints by Subject.

1 April 2006 to 31 March 2007.

Subject	Number	%
Adult Protection	4	0.8
Application of Eligibility/Assessment Criteria	1	0.2
Assessment/Review	4	0.8
Behaviour of staff	69	14.0
Change/closure	4	0.8
Claim for compensation	1	0.2
Communication difficulties	19	3.9
Delay in decision making	7	1.4
Delay in provision of service	26	5.3
Direct Payment	4	0.8
Disputed decision	121	24.7
External service	51	10.4
Financial assessment	24	4.9
Housing	1	0.2
Impact of Application Policy	4	0.8
In house service	19	3.9
Incorrect billing	13	2.7
Lack of information	34	7.0
Meal service	17	3.5
More service wanted	4	0.8
Non delivery of service	6	1.2
Other	2	0.4
Personal Information	4	0.8
Problems contacting Adult Social Services	15	3.1
Request for service	34	7.0
Resource Issue	1	0.2
Transport	1	0.2
Total	490	100%

(Some people complain about more than one issue, therefore the total adds up to more than the total number of complaints)

Ethnicity	Number	%
African	2	0.5
Any other ethnic group	1	0.3
Asian other	1	0.3
Indian	4	1.1
Information declined	-	-
Mixed other	1	0.3
Not known	116	31.5
White and black African	1	0.3
White and black Caribbean	2	0.5
White British	234	63.6

White other	6	1.6
Total	368	100%

Outcome of complaints at Stage One (1 April 2006 to 31 March 2007).

Outcome	Number
Advice	4
Apology	85
Complaint withdrawn	5
Explanation	215
Financial Settlement	10
Issue resolved	11
No reply sent	2
Other	4
Other agency issue	12
Other ASD procedural issue	5
Policy change	1
Policy issue raised	1
Service changes	13
Total	368

Comparison Between 2005/06 and 2006/07

Type of Record	2005/06	2006/07
Enquiry	180	199
Merit	629	735
Non Statutory complaint	55	72
NHS and Comm Care Act Complaint	358	368
Total	1,222	1,374

Comparison between Areas.

Area	Number of Statutory Complaints
East Kent	174
West Kent	135
HQ	59
Total	368

Oliver Mills - Managing Director, Kent Adult Social Services

To: Adult Social Services Policy Overview Committee –
16 November 2007

Subject: **SAFEGUARDING VULNERABLE ADULTS**

Classification: Unrestricted

Summary: This report will provide information about safeguarding adults nationally and in Kent.

Introduction

1. (1) This report will provide an update on issues and activities related to safeguarding vulnerable adults nationally and in Kent. The report summarises the issues addressed through the Kent and Medway Safeguarding Vulnerable Adults Committee (SGVAC). This work is co-ordinated by social services in partnership with health, police and the private and voluntary sectors. The committee has a budget contributed by Social Services from Kent and Medway, Police and three Primary Care Trusts. The budget finances the posts of a committee administrator, a multi-agency adult protection training consultant and a training administrator. In addition it funds the printing of leaflets and booklets to promote safeguarding awareness for the public, service users and service providers as well as funding meetings and activities. The work of the SGVA Committee is overseen by the Safeguarding Vulnerable Adults Board which is chaired like the committee by the Managing Director of Kent Adult Social Services or the Medway Assistant Director of Social Care. Completing the membership of the board are the Chief Executives of the three PCT's or their nominated deputy and an Assistant Chief Constable or a designated deputy.

(2) The main aim of the national and local safeguarding agenda is to prevent the abuse of vulnerable adults by raising the awareness of the public and professionals' of what constitutes abuse through publicity (leaflets and the website), events, education and training. By raising the general awareness of adult abuse we have seen the numbers of abuse alerts rise in Kent from 398 in 1999 to 1383 in 2006. The local authority has the lead role in ensuring that there are appropriate responses to alerts by working with partner agencies and services. This work is supported by the Safeguarding Vulnerable Adults operational group which is a sub group of the SGVA committee. Kent and Medway's multi agency training strategy has been central to ensuring that staff and managers from the lead agencies train together facilitating more effective joint working. The multi agency training consultant and the administrator are now part of the Policy and Service Development Team. This ensures that the multi agency adult protection training strategy reflects new legislation, guidance and regulations as well as encompassing aspects of the agenda's of community safety including domestic violence and hate crime, public protection and safeguarding children.

National and Local Developments

2. (1) The implementation of the main aspects of the Mental Capacity Act (MCA) 2005 from April 2007 and the development of new Court of Protection and Office of the Public Guardian in October 2007 has significant implications for the adult safeguarding agenda. Issues of capacity to consent to financial and sexual activity or to support criminal actions have historically been difficult to address. The MCA has provided a positive way forward to facilitate assessment of capacity related to specific issues at specific times and to support Best Interests decisions being taken where capacity is lacking. The Act provides a power to instruct an Independent Mental Capacity Advocate (IMCA) to assist in decision making within the adult protection processes. The provision of the new Court of Protection should provide a simpler and less costly legal route to address complex adult protection cases for people who appear to be victims of abuse and where the current powers of the police and local authority are insufficient. All the information related to the Act can be found on www.kent.gov.uk/mentalcapacityact

(2) The government decided to address the issues arising out of the European Court of Human Rights (ECHR) judgement in the Bournemouth case through an amendment to the MCA. This is called the Deprivation of Liberty Safeguards (DOL) and is expected to be implemented in October 2008. The consultation on the Code of Practice for the DOL closes on 2nd December 2007. The DOL safeguards provides a system to ensure that people who, for their own safety and in their best interests, need to be accommodated in care and treatment regimes that may have the effect of depriving them of their liberty, but who lack capacity to consent, are properly protected. Adult protection alerts will arise if the DOL safeguards are not fully implemented. The DOL safeguards have very significant resource implications for local authorities and the primary care trusts and initial reports from the DH indicate that as with the implementation of the MCA additional resources will be made available to the NHS and Local Authorities.

(3) The Safeguarding Vulnerable Groups Act 2006, which is expected to be implemented in October 2008, provides a legal framework for the new Independent Safeguarding Authority and Scheme. It has been developed in response to recommendation 19 of the Bichard Inquiry Report following the Soham murders. It provides arrangements requiring those who work or volunteer to work with children or vulnerable adults to be registered. The register confirms that there is no known reason why an individual should not work with these clients. It provides a series of criminal offences to enforce the scheme. It integrates the current lists of those barred from working with children or vulnerable adults. It also places a duty on a wide range of agencies and services to report people who abuse or pose a risk of abuse to the scheme this includes local authorities.

(4) Corporate Manslaughter and Corporate Homicide Act 2007 received Royal assent on 26th July 2007. There is currently no commencement date for this Act which has been introduced to address the difficulties posed by previous legislation in bringing to justice organisations for failing to protect their employees, service users and the public, primarily because of the virtual impossibility of identifying a 'directing mind' especially in large organisations including healthcare organisations. This Act appears to have significant implications for all agencies and services and in particular to cases where failures of any service result in preventable deaths.

(5) ADASS have responded positively to the campaigning work of Action on Elder Abuse, the findings of the UK Study of Abuse and Neglect of Older People, the Commons Select Committee report on Elder Abuse and the concerns of the National Adult Protection Reference Group by calling for specific legislation similar to that enacted in Scotland earlier this year to protect vulnerable adults from abuse. Currently protecting vulnerable adults from abuse has relied on the DH Guidance document 'No Secrets' published in March 2000 which required local authorities to lead on the development of multi agency policies and procedures. This guidance places responsibilities on the local authorities but does not provide the powers to act in complex situations. There is however an expectation by regulators that local authorities or partner agencies will address allegations of abuse by making inquiries, carrying out investigations and taking positive action to protect victims especially those who lack or may lack capacity or those who are vulnerable victims of exploitation or intimidation.

(6) The Fraud Act 2006 came into effect on 15th January 2007 and it repealed all of the deception offences in the Theft Acts of 1968 and 1978. Section 4 of the new Act it provides powers to bring to justice people who commit fraud by abuse of their position or who fail to prevent fraud occurring. There has been a noticeable increase in financial abuse being reported and addressed through the adult protection policy. It is expected that there will be an increase in the number of successful prosecutions.

Summary of Activity

3. (1) The multi-agency adult protection policy, protocols and guidance continue to be reviewed and updated on a six monthly basis by the review group which includes representatives of the lead agencies, P&V sector, CSCI and service users. The revised document is published on the adult protection committee website on 31st January and 31st July of each year. www.kent.gov.uk/adultprotectioncommittee.

(2) Using the revised serious case reviews (SCR) procedures we are currently in the process of carrying out two serious case reviews. The SCR panel has an independent chair, who is Professor Hilary Brown an internationally known expert on safeguarding vulnerable adults.

(3) In September 2007 the SGVA committee approved a joint pressure ulcer protocol between the NHS, Social Service and the Police to support clinical assessment of pressure ulcers to support criminal or civil action where appropriate.

(4) A joint adult protection protocol between Social Services, Police and Acute Hospital Trusts was approved by the SGVA Committee in June 2007. This means that adult protection concerns occurring in services managed by the acute hospital trusts will be recorded and monitored through the existing social services mechanisms. It also provides for social services to quality assure and sign off the adult protection case work managed by the Trusts. This is in line with the principles contained in the Healthcare Commission Safeguarding Adults protocols. If the abuse concerns are reported directly to the hospital trust it is likely that the issues will be passed to their complaints department. It is important that complaints staff recognise when a complaint constitutes possible abuse and record and report it as such.

(5) The SGVA committee agree in December 2005 that NHS Trusts should be asked by the Chair of the SGVA committee to carry out a senior management and board level audit of their safeguarding vulnerable adults' arrangements and submit their reports

and action plans to the committee. This was formally requested by letter from Oliver Mills to all Chief Executives of NHS organisations in Kent and Medway, in January 2006. There was a major reconfiguration of PCTs in 2006 and by December 2006 the 5 East Kent PCT's, Medway Acute Trust and PCT had submitted their reports and actions plans. In February 2007 a follow up letter was sent to the clinical governance leads of all the Trusts who had failed to submit reports. At the beginning of November a further letter was sent to the Chief Executives of the remaining NHS organisations who were yet to submit reports.

(6) Vulnerable adults and carers continue to be involved in the safeguarding adults' forums which have taken place twice a year since 2001. This is a very positive aspect of the work enabling vulnerable adults and carers to influence policy and practice. Representatives from the forums are members of the SGVA committee and the policy, protocol and guidance review group. Forum agendas are set by the members and have included presentations from the Police, the Crown Prosecution Service, Trading Standards, Neighbourhood watch, Customer care, and Direct Payments. Question time is usually a very lively affair.

(7) A summary report of adult protection data of cases alerted from January 2006 to October 2007 has been attached to this report for information (Appendix 1). A full analysis report of adult protection data for cases reported in Kent from 1999 to 2005 was carried out by the Tizard Centre. The report is available on the research section of www.kent.gov.uk/adultprotectioncommittee. The Tizard centre is organising a conference on 8th February 2008 to consider the wider implications of the findings.

(8) The role of the Commission for Social Care Inspectorate (CSCI) in safeguarding vulnerable adults has been clarified in a protocol dated February 2007 which was agreed by the ADASS and the Association of Chief Police Officers. This protocol recognises that CSCI do have a responsibility to consider safeguarding issues and where appropriate to work in partnership with local authorities to address serious safeguarding concerns in regulated services. In practice it has been difficult to engage inspectors and regulatory managers in cases involving regulated services unless at the point of referral or subsequently the multi agency process identified clear breaches of regulations. This has caused considerable difficulties for operational staff in assessing and investigating allegations of abuse. The new protocol does require the commission to provide specific detailed information about the service to the social services designated senior officer (DSO) for the case whether they attend adult protection planning meetings or not. It has been necessary for the DSO or the policy manager to remind CSCI staff and managers of their responsibilities in this respect.

(9) It is important to note that adult protection alerts are always assessed as a priority. Some cases can be assessed and concluded through the adult protection protocols in under five hours. However complex family cases and those involving care providers frequently involve staff from all the lead agencies and can take months of dedicated work to address. The average case work time taken by social services to address adult protection cases across the county is between 15 and 20 hours.

Recommendations

4. Members are asked to NOTE and COMMENT on the contents of this report.

Carol McKeough
Adult Protection Policy Manager
01233 714811

Background documents:

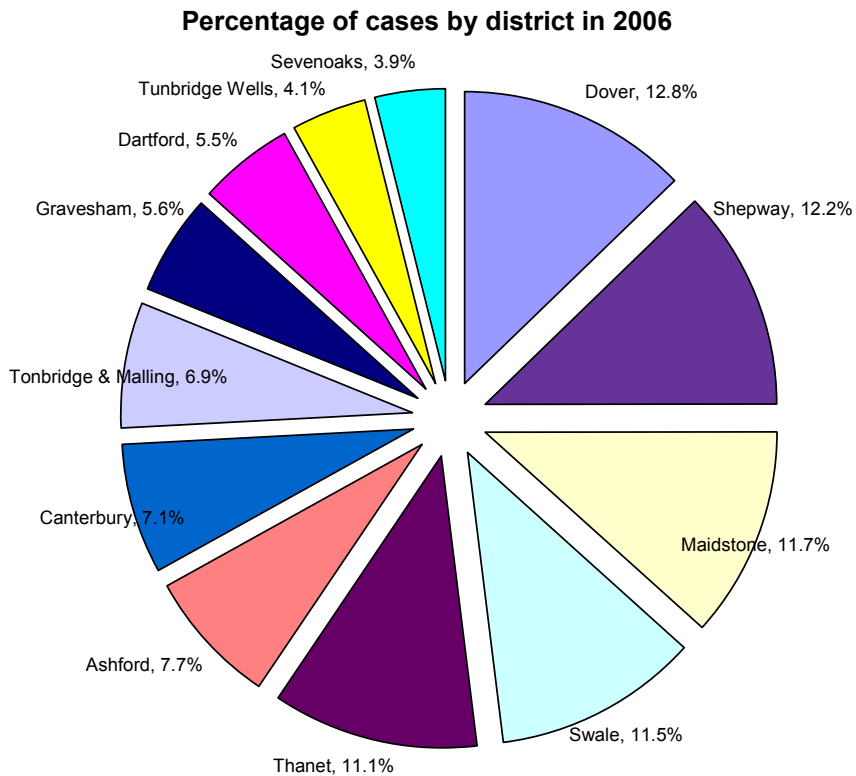
Adult protection report to Members, January 2000
Adult protection report to Members, July 2000
Adult protection report to Members, September 2001
Adult protection briefing seminar for Members, September 2002
Adult protection SCHPOC Report July 2004
Adult protection SCHPOC Report July 2005
Adult protection ASPOC Report November 2006

Adult Protection 2006 and 2007

Cases

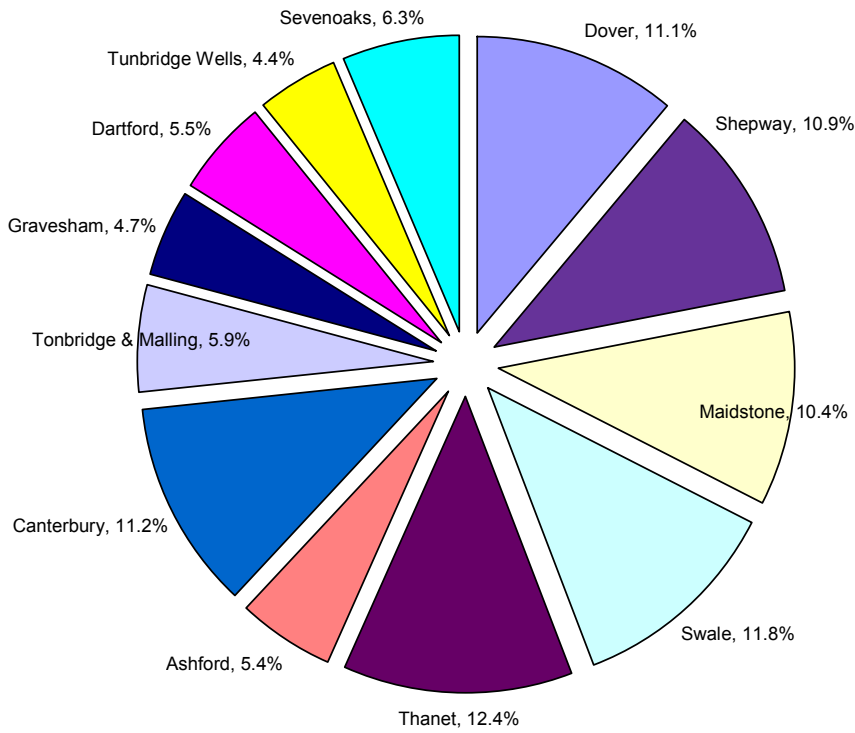
From the data collected, there were **1392** adult protection alerts raised between 1st January 2006 and 31st December 2006. In the first nine months of 2007 there were **1138** alerts.

By District



Home District	2006
Dover	12.8%
Shepway	12.2%
Maidstone	11.7%
Swale	11.5%
Thanet	11.1%
Ashford	7.7%
Canterbury	7.1%
Tonbridge & Malling	6.9%
Gravesham	5.6%
Dartford	5.5%
Tunbridge Wells	4.1%
Sevenoaks	3.9%

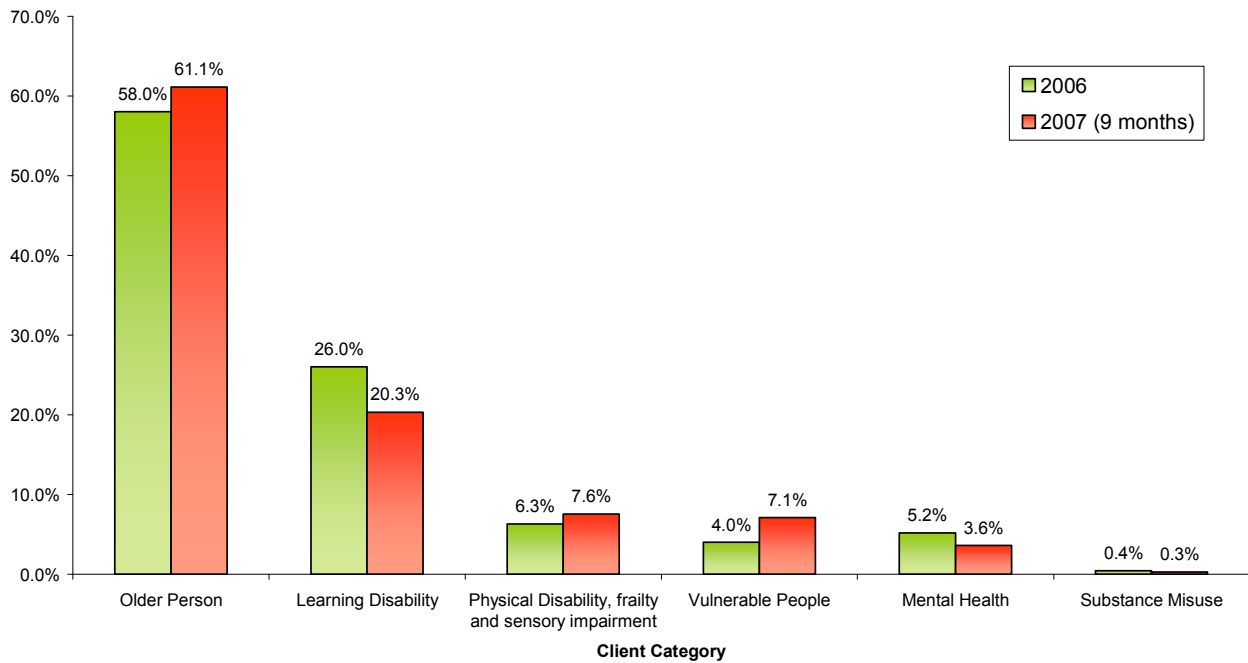
Percentage of cases by district in 2007



Home District	2007 (9 months)
Thanet	12.4%
Swale	11.8%
Canterbury	11.2%
Dover	11.1%
Shepway	10.9%
Maidstone	10.4%
Sevenoaks	6.3%
Tonbridge & Malling	5.9%
Dartford	5.5%
Ashford	5.4%
Gravesham	4.7%
Tunbridge Wells	4.4%

By client category

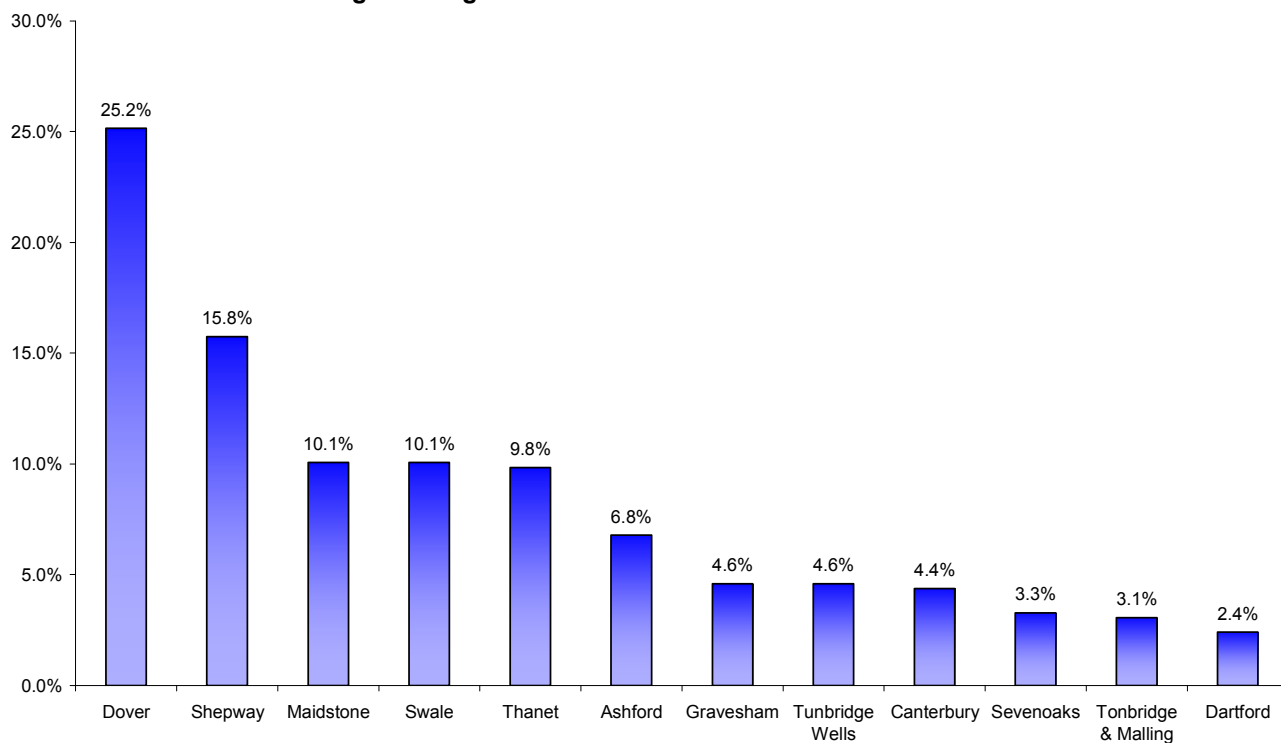
% of cases by Client Category in 2006 and 2007



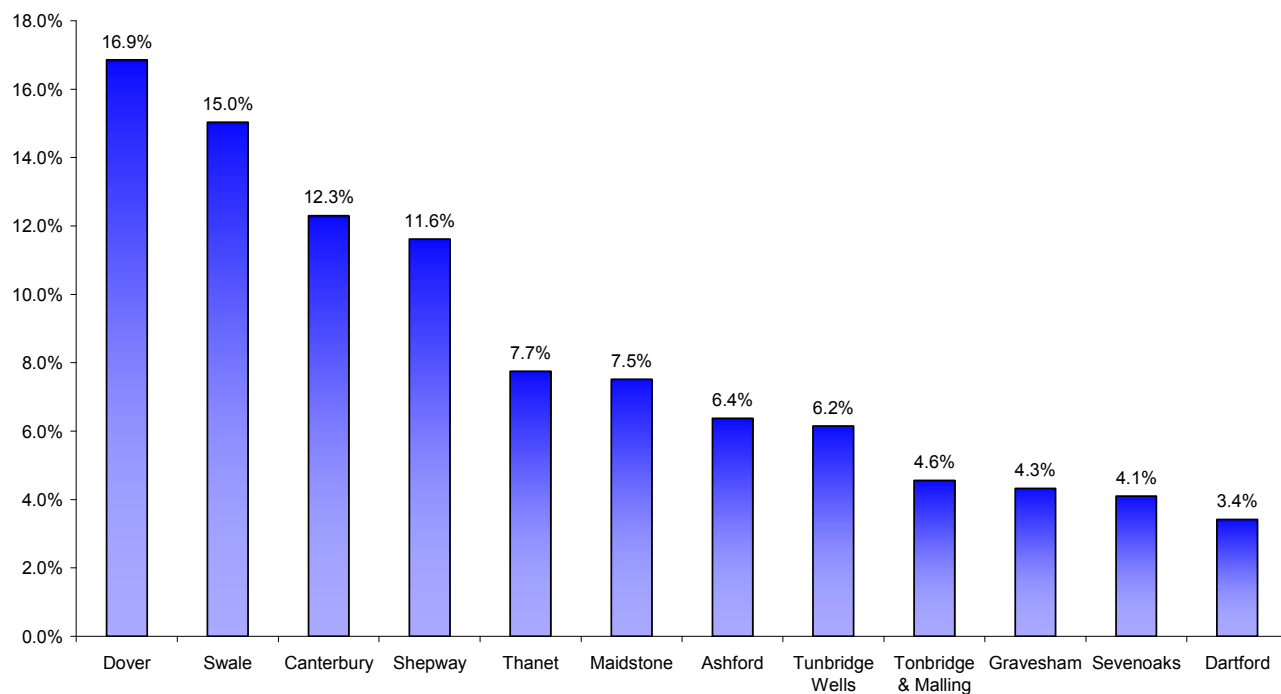
From this graph we can see that the percentage of cases reported for people with mental health conditions continues to be very low.

Cases in a Care Home

Percentage of alleged incidents that occurred in care homes in 2006

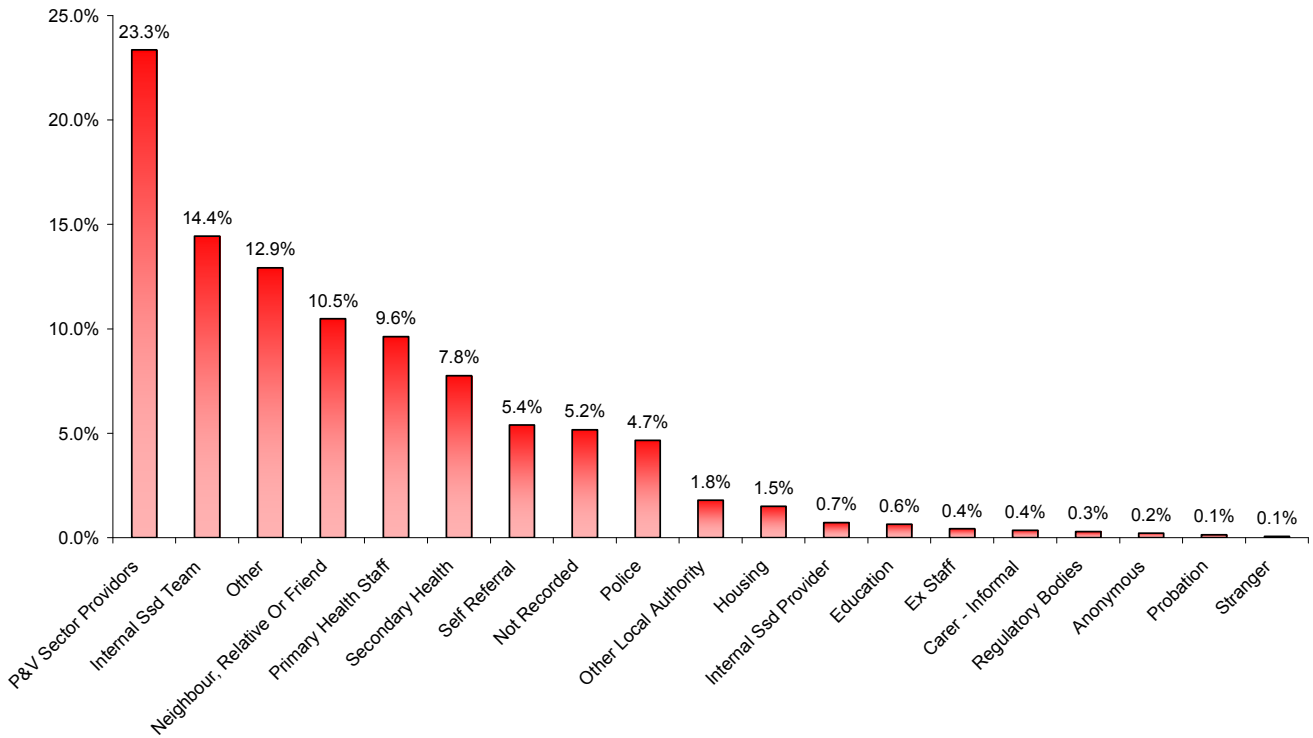


Percentage of alleged incidents that occurred in care homes in 2007

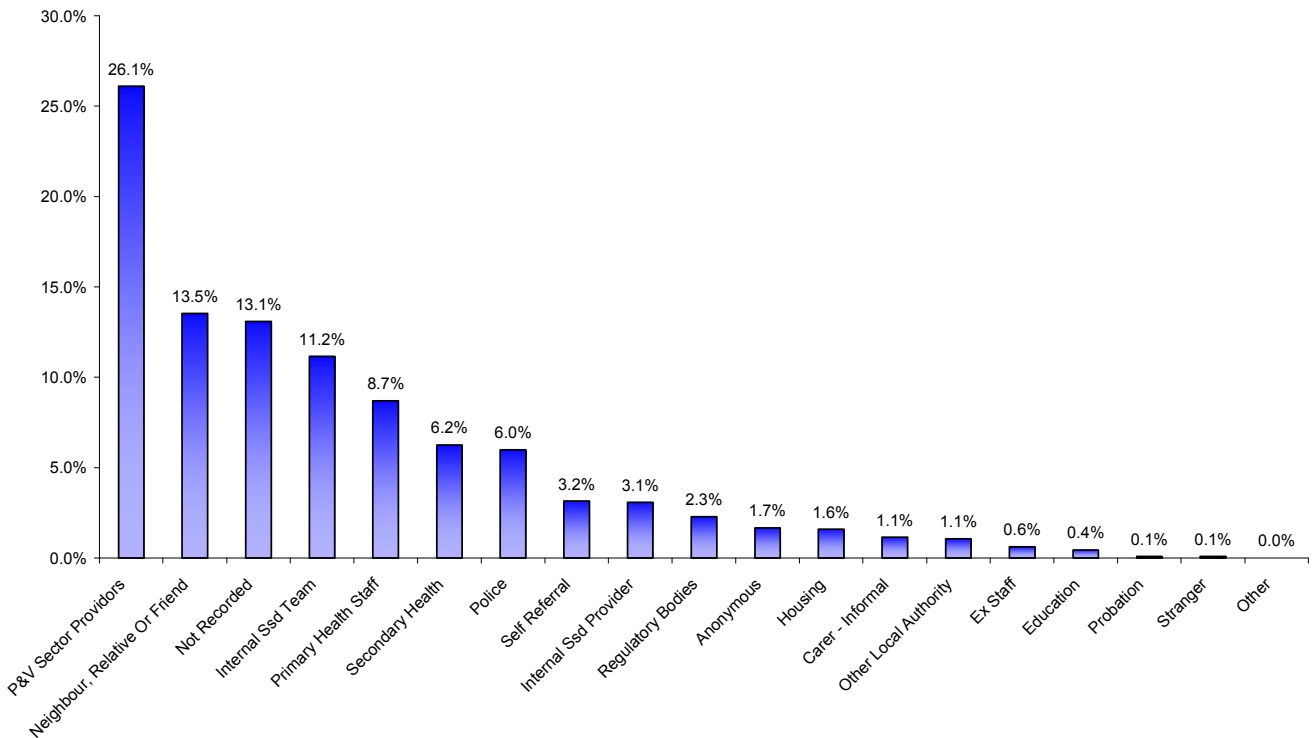


Referrer

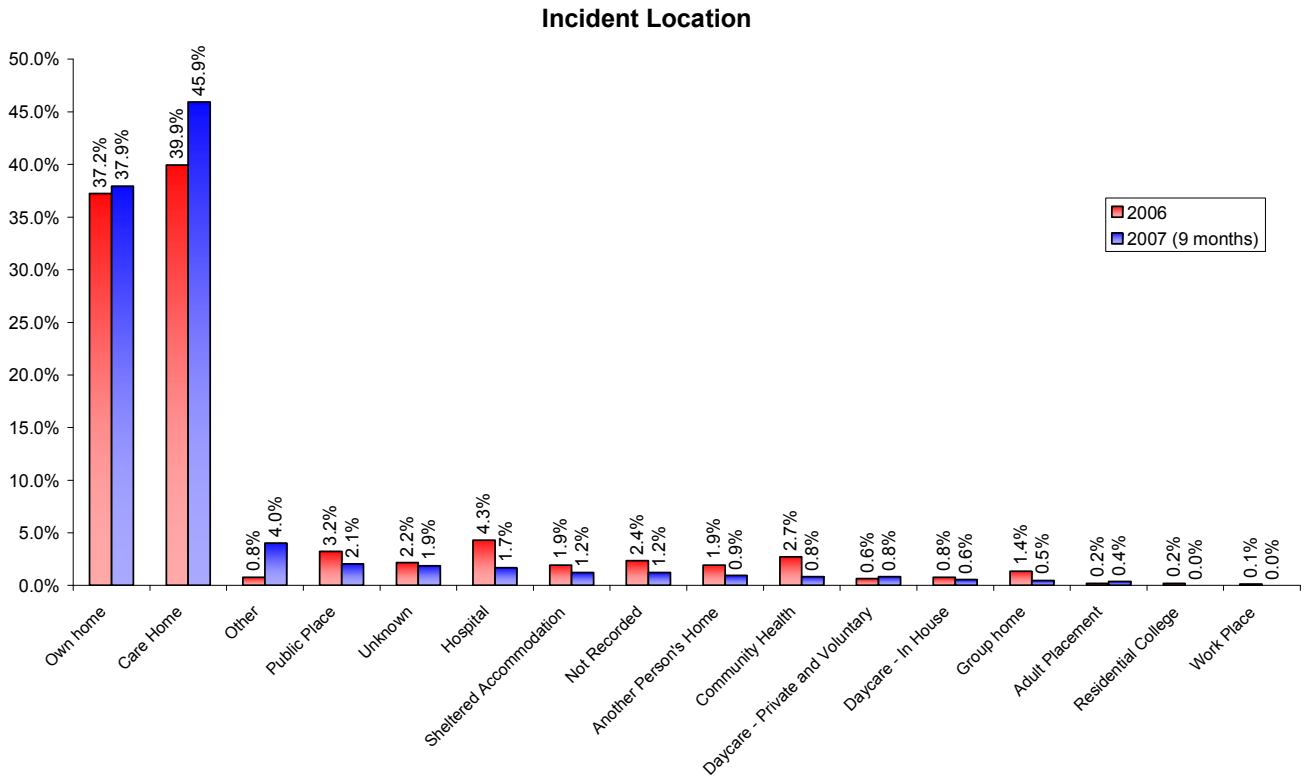
% Referrer of AP Alerts in 2006



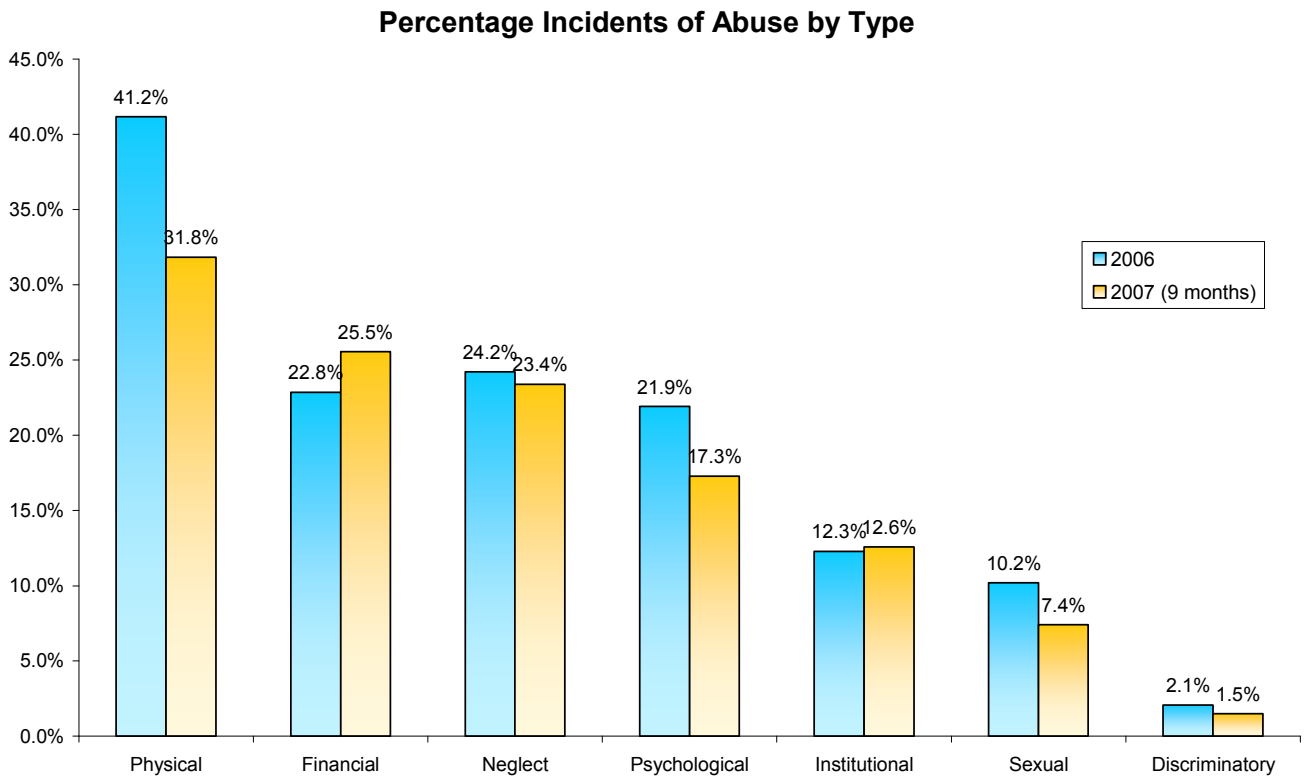
% Referrer of AP Alerts in 2007



Location of abuse



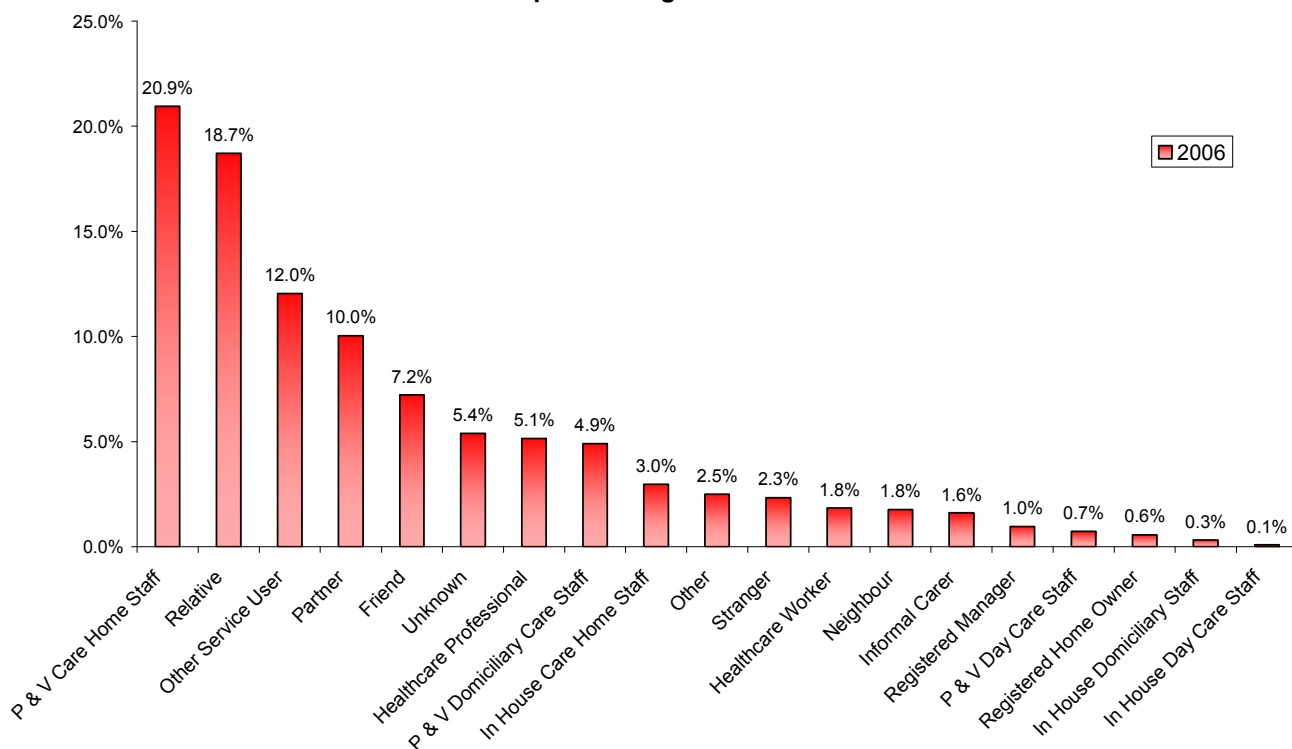
Type of abuse



Note the increase in reported cases of financial abuse in 2007 possibly reflecting the enactment of the Fraud Act 2006 from January 2007.

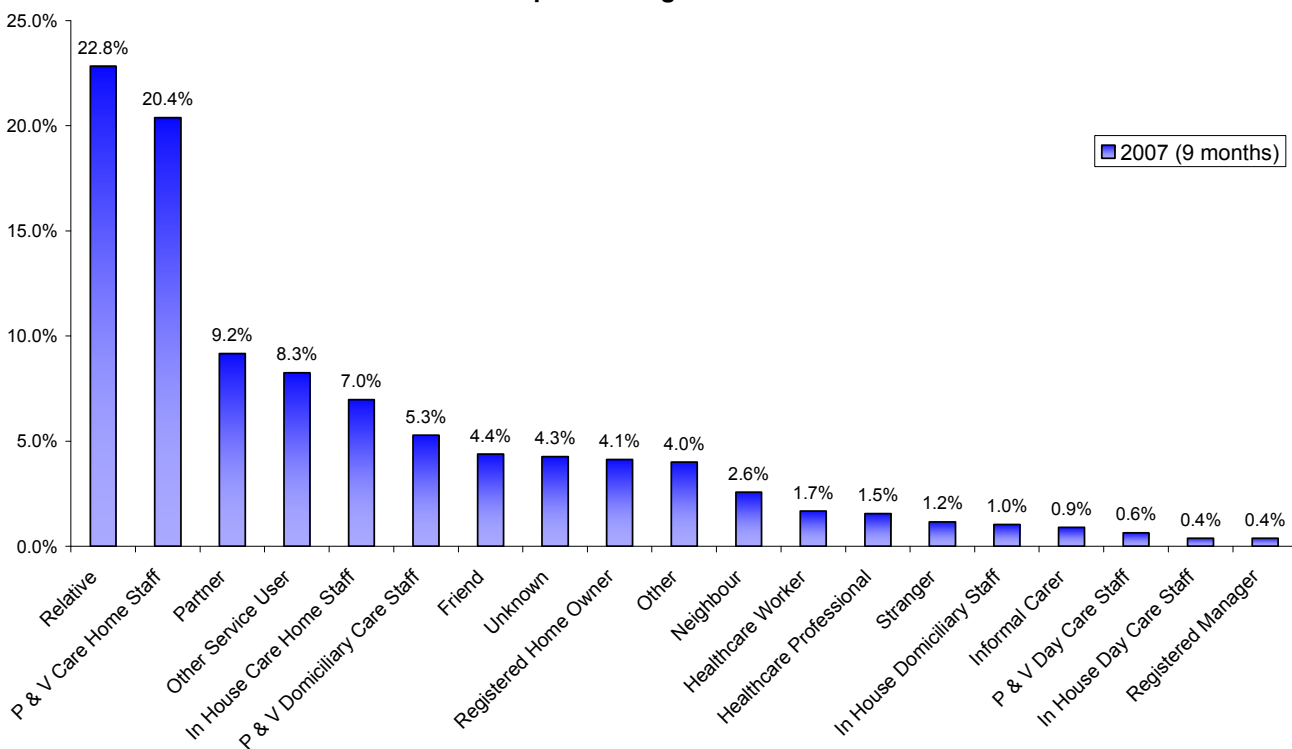
Relationship with Alleged Abuser

Relationship with Alleged Abuser in 2006



“Other” includes voluntary worker, landlord, private foster carer and ex-staff

Relationship with Alleged Abuser in 2007

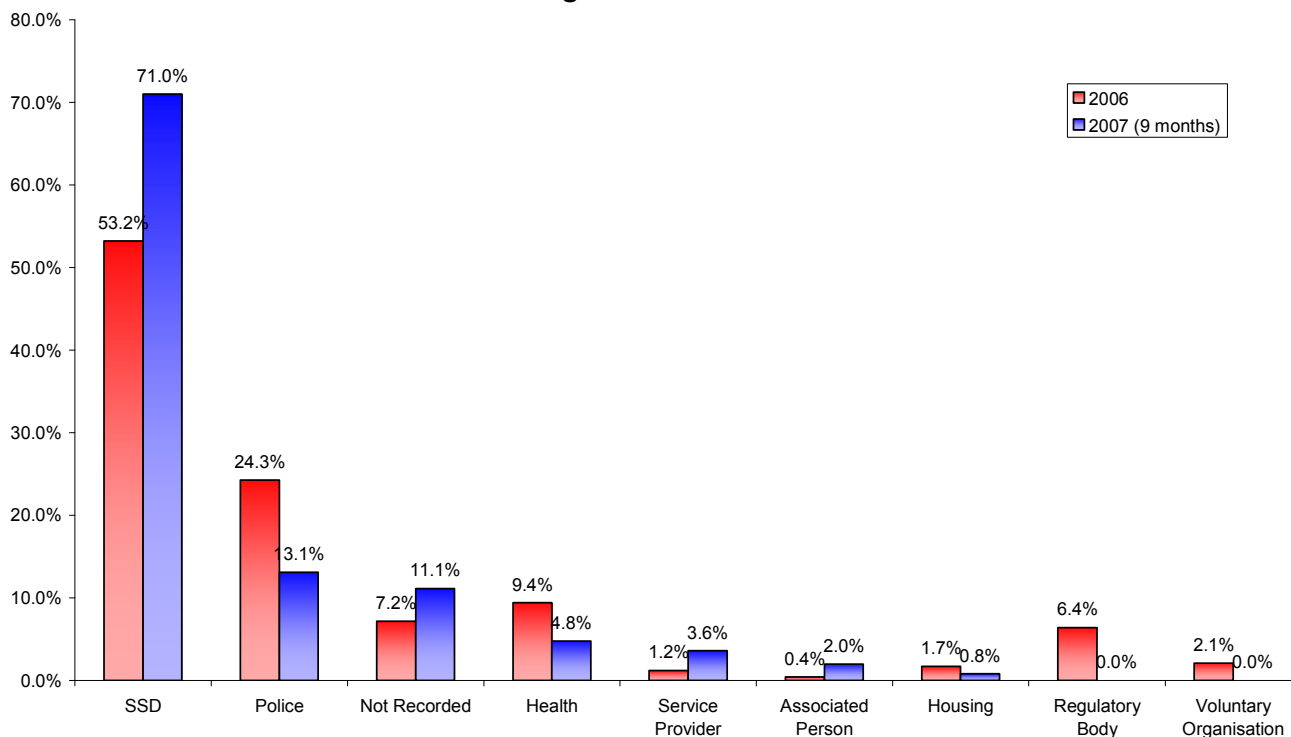


“Other” includes voluntary worker, landlord, private foster carer and ex-staff

Investigations

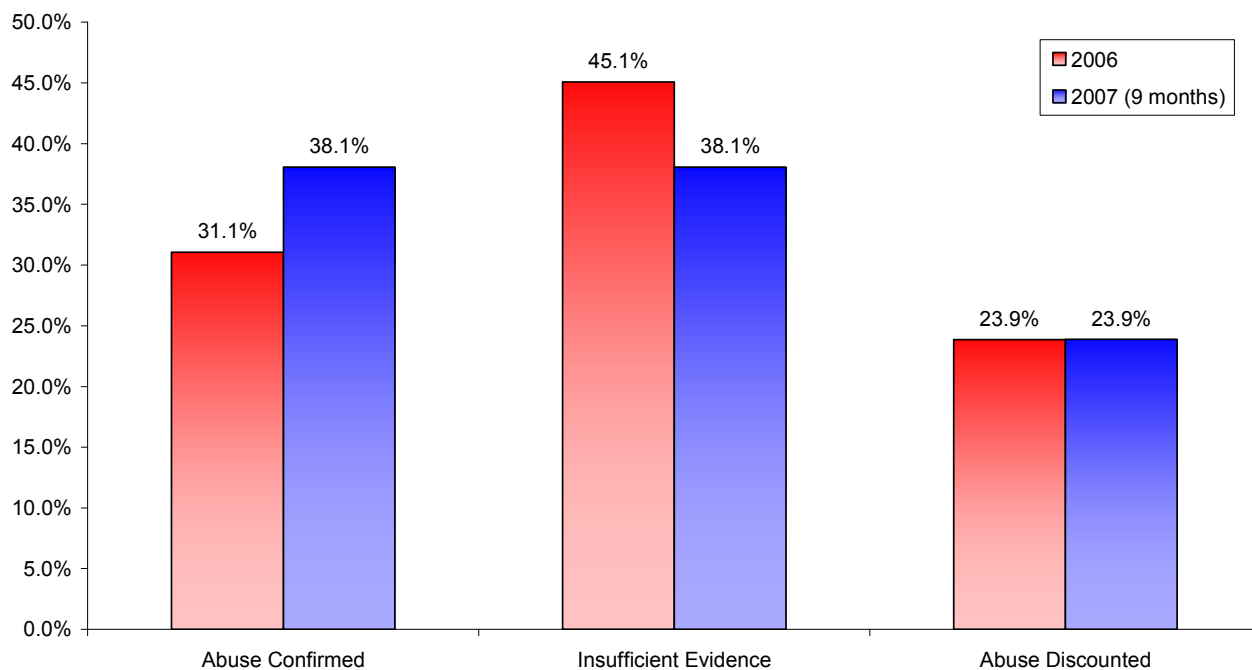
Investigating Agencies

Investigation Involvement



Investigation Outcomes

Percentage of Investigation Outcomes



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

To: Adult Social Services Policy Overview Committee –
16 November 2007

Subject: **DOMICILIARY CHARGING POLICY: RESPONSE TO THE
RESOLUTIONS MADE BY CABINET SCRUTINY COMMITTEE**

Classification: Unrestricted

Summary: The report provides a response to resolutions made by Cabinet Scrutiny on 26 September 2007 on Fairer Charging Policy for Home Care Non-Residential Services (Domiciliary Charging Policy) (Decision 07/00967).

Introduction

1. (1) Following scrutiny of the Key Decision to amend the Domiciliary Charging Policy, the Managing Director was recommended to report to the Adult Social Services Policy Overview Committee on:

(i) Domiciliary care charges:

- Comparative statistics for all UK authorities on charging policies and eligibility criteria;
- Justification for capital and income disregards, and whether action should be taken to seek modification of these;
- Possibility of lobbying Government for increase in Social Services element of RSG and/or for allocation to Social Services authorities of unclaimed Pension Credits;

(ii) Impact of direct payments policy.

Domiciliary Care Charges

2. (1) In the time available it has not been possible to obtain information on both Domiciliary Charging Policies and Eligibility Criteria for all UK authorities with Social Services responsibilities. All policies must comply with the Government Fairer Charging Policy but each authority has the freedom to, within the policy to determine both the amount it raises from charges and the way this will be done. It is possible to provide information on one element of the changes: On the proposed increase from 65% to 85% of available income taken in to account to work out a person's charge. The Domiciliary Charging Policy has raised from 65% to 85% the amount of income taken, where this is lower than the cost of the service. The table below sets out the amount of income taken by neighbouring authorities:

Local Authority	Amount of income after deductions taken into account for charging
East Sussex	100%
Medway	100%
Hampshire	95%
Surrey	80%
Essex	90%
Buckinghamshire	100%
Bromley	100%
Kent	85%

(2) Similarly, it has not been possible to collect comparative information on the Eligibility Criteria set for each authority. Under the Government's Fairer Access to Care Services Policy local authorities can set Eligibility Criteria for services at one or more of the following levels: Critical, Substantial, Moderate and Low. Commentators including the Commission for Social Care Inspection have drawn attention to the trend for local authorities to raise thresholds in the light of resource constraints therefore providing services to a smaller number of people with higher needs and withdrawing preventative services. KCC is one of only two authorities in the region for which we have information which continues to set its criteria at Critical, Substantial and Moderate: This enables KCC to offer support to a wider range of people with community care needs following assessment and thus provides support at an earlier time.

(3) The table below provides information on neighbouring authorities in the South East region:

Local Authority	Fair Access to Care Services Eligibility Criteria Threshold
East Sussex	Critical and Substantial
Medway	Do not apply
Hampshire	Critical and Substantial
Surrey	Critical and Substantial
Essex	Critical and Substantial
Brighton & Hove	Critical and Substantial
Buckinghamshire	Do not apply
Bracknell Forrester	Critical and Substantial
Isle Wight	Critical and Substantial
Milton Keynes	Critical and Substantial
Oxfordshire	Critical and Substantial
Southampton	Critical and Substantial
West Sussex	Critical, Substantial and Moderate
Wokingham	Critical
West Berkshire	Critical
Kent	Critical, Substantial and Moderate

(4) Justification for an income disregard, and whether action should be taken to seek modification of these.

(5) KCC's charging policy is based on the Fairer Charging guidance, which was issued by the Secretary of State for Health. Local authorities are obliged to comply with guidance issued under section 7 of the Local Authority Social Services Act 1970. The Local Authority Circular (2001)32 stipulates that councils should have regard to the effect on any change on a users net income. Moreover, net incomes should not be reduced below defined "basic" levels of income support, plus a buffer of not less than 25%. Accordingly, the following types of income are disregarded:

- Earned income and paid expenses at work
- Working tax credit
- Disability living allowance (mobility component)
- Carers allowance
- Social Fund payments
- Christmas bonuses paid with many benefits
- Winter Fuel payments
- Payments from the Independent Living Fund
- Child Benefit
- Child Tax Credit
- Housing Benefit
- Council Tax Benefit
- Gallantry Awards
- Training Payments
- War Widows Pensions and War Widows Special Payments
- War Disabled Pensions (except Constant Attendance Allowance and Exceptionally Severe Disablement Allowance elements)
- First £20 of Charitable payments

(6) With regards to savings, the Guidance states that "*as a minimum the same saving limits as for residential care charges should be applied*", this is set out in the Charges for Residential Accommodation Guidance (CRAG).

- Savings Credit part of Pension Credit
- The upper Capital Limit of £21,500. This means anyone with savings/capital in excess of this amount pays the full cost for his or her home care services.

(7) It is highly unlikely that lobbying Central Government to seek modification for the current basis of capital and income disregard would succeed.

(8) Possibility of lobbying Government for increase in Social Services element of RSG and/or for allocation to Social Service authorities of unclaimed Pension Credits. KCC has lobbied vigorously in its submission to the Comprehensive Spending Review 2007. KCC will continue to make the case with its partners and others in the region, as the pressure on Adult Social Care budgets becomes ever greater. In consequence of the ageing population and changing public expectations. The strong track record of Kent Adult Social Services in its Star Ratings innovation and delivering efficient services whilst retaining Moderate Eligibility Criteria places Kent in a strong position to make the case. Despite efforts across agencies in Kent to maximise the take up of benefits not everyone claims benefit to which they are entitled. Unclaimed money remains within the Department

for Work and Pensions budget and not with local Government. But there must be a strong case for taking further steps to maximise take up and to propose the transfer of unclaimed benefit to local authorities to alleviate the pressure on Social Care budgets.

Impact of Direct Payments Policy

3. (1) There are now over 1,400 people who have taken up the offer of a Direct Payment so that they can take control of their support. They are subject to the Domiciliary Charging Policy in exactly the same way as others and are financially assessed accordingly. Their Direct Payment is net of any domiciliary charge payable.

4. The impact of the changes to the Domiciliary Care Charging Policy will be monitored from implementation and reviewed during 2008/2009.

5. A briefing note on the Domiciliary charging policy was circulated to all Members of the County Council at the end of October.

Recommendations

6. Members are asked to NOTE and COMMENT on the contents of this report.

Oliver Mills
Managing Director, Kent Adult Social Services
Tel: 01622 694888
VPN: 7000 4888

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

To: Adult Social Services Policy Overview Committee –
16 November 2007

Subject: **THE SUPPORTING PEOPLE PROGRAMME**

Classification: Unrestricted

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

Background

1. (1) It was agreed in the April 2007 meeting that this Committee would receive a regular six monthly report on the Supporting People Programme. The main issues reported to the April meeting concerned the grant conditions for Supporting People and the current work programme.

(2) Since that time, there have been further developments in the services, consideration has been given to the relationship of the Programme to the Local Area Agreement, and the Audit Commission have undertaken a full inspection.

Update on Progress

2. (1) The consultation on the Older Persons Strategic Review has been completed. The results of this consultation were reported to the Core Strategy Development Group (the multi-agency officer level of the partnership) in August. This body agreed a set of revised recommendations which were put to the Commissioning Body at its meeting in September, and the result is attached at Appendix 1 to this report.

(2) In summary, the main changes to the draft proposals are firstly to soften the approach to resident wardens: the Programme will continue to support these, where providers wish to continue with this model. It will also support providers who wish to move to a peripatetic scheme, provided they consult with their residents on this. Secondly, the Programme will continue to fund community alarms, on the condition that, within a reasonable period, providers move to technology which is compatible with the KASS telecare project. Effectively no decisions were made to redistribute funding, and the Commissioning Body reaffirmed its commitment to undertake a full review of investment, including these services to inform the review of its five-year strategy.

(3) In addition to this major piece of work, the Supporting People Programme continues to develop the service, and has agreed to commission a range of new services to achieve more coherent provision, across the county, for certain defined client groups. The current Local Area Agreement target (regarding the number of people safely “moved on”) has been reached in advance of the due date. Work has been done with the Home Improvement Agencies to benchmark performance consistently across the County via a benchmarking club and manual. Protocols are being put in place for housing and providing support to offenders.

(4) At the next meeting of the Commissioning Body (December 2007), they will be asked to initiate the next programmed strategic review of Supporting People services. This will consider long-term supported accommodation services (excluding those for older people, as these were included in the previous review). The outline brief for this review is currently being developed, and the Supporting People Team will ensure that Members are briefed on the review and its progress.

The Local Area Agreement

3. (1) The Department of Communities and Local Government (CLG) has advised that as from April 2008 the administration grant for the programme will subsume into the Local Area Agreement. From April 2009 the main grant will also be put into the LAA. As a multi-agency arrangement it is clearly appropriate that the Programme should be fully engaged within the LAA. At its meeting in September, the Commissioning Body considered this development and agreed that the grant should be aligned with the Local Area Agreement in April 2008, that is a year ahead of the Department of Communities and Local Government timetable. The proposal to align is in order to protect the Programme, particularly while the Kent Partnership Board develop their understanding of the commitments and services covered.

(2) The next Local Area Agreement targets for the Programme have not yet been agreed, since they are dependent on the targets that are agreed across the entire Local Area Agreement. The Programme is also subject to performance monitoring from the Department of Communities and Local Government (CLG), and is envisaged that this will continue for the foreseeable future, despite the LAA.

Governance

4. (1) Since the inception of the Programme, the Commissioning Body has been the decision-making body. However the Body has no legal status, and therefore all contracts have been undertaken on its behalf by the County Council, using County Council protocols and procedures. It has been a strong partnership including representatives of the Districts and Boroughs, Health, and Probation, as well as County Council people.

(2) Recent changes to the grant conditions (reported to ASSPOC in April) would indicate that the Government see a diminished role for the Commissioning Body. It is now only formally required to sign off grant usage once a year. This seems to be a short-sighted approach to the future of the Programme. To deliver successful outcomes of partnership activity will require governance arrangements which engage all key partners. To date that has been the Commissioning Body; and while, after April 2008, it could be the Kent Partnership Board, it is not yet clear that this Board would have the capacity, or the inclination, to engage in the level of detail required to sustain the Programme. The Commissioning Body is therefore clearly of the view that it would wish to retain its role in managing the long term development and delivery of the Supporting People Programme, while working within any framework required by the Partnership Board.

(3) This proposal will be the subject of a key decision, and entered into the formal log of decisions to be taken in March 2008, together with the proposal to align the 2008/09 Supporting People Grant to the LAA, a year ahead of the Government's intentions.

(4) Within the County Council the practice has been to take reports regarding significant developments either to Cabinet, or to this Committee. It is apparent that this can leave Members feeling that they have insufficient opportunity to discuss and shape the Programme. It has therefore been agreed that regular, 6 monthly reports will be brought to this Committee, to allow update and discussion of developments.

Audit Commission Inspection

5. (1) The Supporting People Programme was the subject of a full inspection in September this year. It is understood that the result of this inspection will be published shortly before Christmas, at which point it will be shared with Members.

Recommendations

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

Claire Martin
Head of Supporting People
Ex1179

Previous Committee References:

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

Supporting People in Kent

Final Recommendations from the Older Persons Review 10 September 2007

The full set of recommendations as agreed by the Commissioning Body is as follows:-

1. That we will enable housing related support to be provided to individuals irrespective of where they live. The current predominantly accommodation based services may change to peripatetic or floating support service. Providers will decide the best delivery model dependent on the pattern of needs of older people within individual schemes, and based on local consultation with service users.
2. The Commissioning Body has requested a Strategic Review of Investment in the future, as part of its continuing consideration of its 5 year Strategy. This will include older people's services within the Programme.
3. The Supporting People Programme will continue to fund community alarms in sheltered housing and Almshouses. The Supporting People Programme Team requires providers to ensure that alarms are compatible with KASS Telecare Services.

The Supporting People Team will carry out a 'market test' exercise for alarms and will set a ceiling on charges for alarm services which will be introduced by April 2009 at the very latest. Any excess cost identified by this process would be reinvested in extending the availability of community alarms.

By 2009 at the latest there will be a separate contract schedule for housing related support and a separate contract schedule for community social alarms for each provider. Community/social Alarms will be costed out separately to housing related support following the market testing exercise.

4. Abbeyfields will be assessed against Kent's eligibility criteria. This will be part of normal contract negotiations.
5. The programme will continue to fund existing extra care contracts. Any new developments would need to go through a procurement/commissioning process for funding. This would be dependent on the availability of financial resources.

6. Providers will continue to carry out needs assessments for tenants moving into sheltered housing. The Supporting People Team will devise procedures so that older people can be assessed and if eligible can access a basic alarm service.
7. The Supporting People Team will undertake further work on service specifications for the services provided by scheme managers, peripatetic or floating support workers in conjunction with providers and service users.
8. Steady State Contracts will be issued for a further year in April 2008. In April 2009 these` contracts will be issued for two years in line with other contracts.
9. All existing block subsidy contracts for older people's services will be capped by April 2008.
10. Support for further research into the specific needs of older Minority Ethnic communities specifically in view of cultural/religious requirements in terms of extra care and sheltered housing. Also support the need to carry out research into the support needs of people suffering dementia (including dementia sufferers amongst older minority ethnic groups).
11. A 'good practice' work shop will be held by the Supporting People Team for providers of sheltered housing and extra care who would like to learn from other providers that have already gone down the peripatetic/floating support route. Elected Members would be offered a similar opportunity.

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

To: Adult Social Services Policy Overview Committee – 16 November 2007

Subject: **KENT ADULT SOCIAL SERVICES BUDGET MONITORING 2007/2008**

Classification: Unrestricted

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

1. Introduction

- 1.1 This report is the first of what will be a regular report to this Committee on the forecast outturn against budget for the Kent Adult Social Services (KASS) 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 KASS 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 is already being 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 analyse the position and comment on the future budget and medium term proposals, as they will be asked to do at the November and January meetings.

3 Quarterly monitoring report

- 3.1 Attached (Appendix 1) is the monitoring report for the first quarter for KASS which indicates an overall position of a £3.6m pressure. As a result of this, a number of management actions were put into place to bring this position back to breakeven.

- 3.2 The main areas to note within the first quarter's position are:

- Older People +£845k – this is as a result of pressures within domiciliary care which have not been offset by transfers to direct payments;

- People with Learning Disabilities +£2,942k – this is due to demographic and price pressures;
- People with Physical Disabilities +£887k – this is principally due to increases in numbers of direct payments which have not resulted in reductions elsewhere (e.g. in domiciliary care);
- Assessment & Related -£264k – this results from on-going management of vacancies to try to reduce budget pressures in commissioning;
- Older People Direct Services Unit +£521k – this reflects the impact of Single Status together with the need to meet CSCI standards;
- Occupational Therapy Bureau -£101k – this results from absorbing pressures to fund replacement of hoists rather than using the provision created in the previous year;
- Mental Health +£421k – this is due to demographic and price pressures;
- Other -£1,661k – this arises principally from management action around staffing vacancies although there are also some specific savings. These include: £500k in training; £126K contributions from district councils towards PFI legal costs; £112k part year savings on the establishment of a systems support team; and £111K underspend on facilities budgets within the Directorate.

3.3 The Committee will be verbally updated on the latest forecast projection for 2007/08 at the meeting.

4 Recommendations

4.1 Members of the Adult Social Services Policy Overview Committee are asked to note the projected outturn figures for the Directorate as at the first quarter.

Michelle Goldsmith
Directorate Finance Manager
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VPN: 7000 1770

KENT ADULT SOCIAL SERVICES DIRECTORATE SUMMARY JULY 2007- 08 FULL MONITORING REPORT

1. FINANCE

1.1 REVENUE

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

- Allocation of grants and previously unallocated budgets where further information regarding allocations and spending plans has become available since the budget setting process.
- This quarter cash limits have been adjusted to reflect a number of technical adjustments to budget, including the apportionment of -£0.170m of the e-recruitment saving from the Corporate Support portfolio and £0.061m of the provision for Kent Scheme revision from the Finance portfolio and the addition of -£1.001m of roll forward from 2006-07, as agreed by Cabinet on 16 July 2007.

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

Budget Book Heading	Cash Limit			Variance			Comment
	G	I	N	G	I	N	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	
Adult Services portfolio							
Older People	167,714	-67,874	99,840	2,955	-2,110	845	Demographic and placement pressures
People with a Learning Difficulty	72,533	-20,623	51,910	1,871	1,071	2,942	Demographic and placement pressures
People with a Physical Disability	26,595	-6,705	19,890	396	491	887	Demographic and placement pressures
Adults Assessment & Related	29,380	-4,902	24,479	-264	0	-264	Management action around staffing
Older Persons Direct Service Unit	24,377	-3,712	20,665	686	-165	521	Single status and agency costs
Adult Service Provider Unit	13,942	-637	13,305	0	0	0	
SESEU	2,253	-602	1,651	-47	23	-24	
Occupational Therapy Bureau	9,422	-2,933	6,489	743	-844	-101	Release of provision for replacement hoists
Mental Health Service	22,992	-7,091	15,901	193	228	421	Residential placement pressures
Supporting People	33,006	-33,006	0	0	0	0	
Gypsy Unit	626	-280	346	0	0	0	
Asylum All Appeal Rights Exhausted	100	0	100	0	0	0	
Strategic & Area Management	649	-3	646	2	0	2	
Performance, Contracting & Planning	7,098	-1,736	5,362	-439	-30	-469	Management action around staffing
Training, Duty & Support	15,618	-4,240	11,378	-1,209	41	-1,168	Staff savings, training budget and facilities
Total Adult Services controllable	426,305	-154,345	271,960	4,887	-1,295	3,592	

1.1.3 Major Reasons for Variance:

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

1.1.3.1 General Comment

The current forecast position is a result of demographic pressures, specific to Adult Services and in common with other local authorities in the region.

1.1.3.2 Older People (+£845k)

Whilst residential client numbers are relatively static, this is not true of higher cost nursing placements, due principally to demand pressures and throughput in the NHS, together with some bed closures in acute and community hospitals. The directorate is forecasting a £1,391k pressure against residential and nursing budgets. This also includes pressure on commissioning budgets arising from delays in opening Broadmeadow.

There is a £1,711k pressure against domiciliary care owing to the fact that budget of around £2,000k was transferred to direct payment lines to meet targeted levels, but there appears to have been little corresponding reduction in domiciliary activity, due to general demand and demographic pressures.

Pressure against direct payments is to some extent met by a corresponding reduction in day care.

In line with the pressure against expenditure budgets, the directorate is forecasting £2,525k of additional income across all Older People headings. Budgets will be realigned later in the year. Offset against this, the directorate has recently been subject to an Ombudsman decision in relation to our 'fairer charging' practices, specifically that we backdate charges to the date that a service starts and not to the date of notification of the charge to the client. We have given an undertaking to ensure that our practices comply with the guidance. Initial indications are that this is likely to cost around £450k per annum, with an estimated £250k part year pressure in the current year.

1.1.3.3 People with Learning Disabilities (+£2,942k)

There has been a continuation in both demographic and placement price pressures, in excess of budgeted levels, across all headings. This relates to more clients coming through transition ie. young adults transferring from Children's Services, with significantly increased levels of complex need, together with the trend for people to live longer, where we are seeing increasing numbers of learning disabled clients over the age of 65.

Pressure against direct payments is to some extent met by a corresponding reduction in day care.

1.1.3.4 People with Physical Disabilities (+£887k)

The principal reason for the forecast pressure is the increase in direct payments, which appears not to have been offset by a corresponding reduction in domiciliary and other costs. There are also demand and demographic pressures against residential care budgets and supported accommodation.

Pressure against direct payments is to some extent met by a corresponding reduction in day care.

1.1.3.5 Assessment & Related (-£264k)

As in previous years, management action around staffing vacancies has been implemented to fund pressure elsewhere within the budget, but the extent to which this strategy can be employed has been restricted by the recent budget reductions to reflect the MTFP modernisation savings, which has delivered a reduction in headcount.

1.1.3.6 Older People Direct Services Unit (+£521k)

This is primarily a result of staffing pressures, arising in part from the difficulties in accurately forecasting the impact of single status due to the differences in pay rates and shift patterns, but also due to the continuing need to cover sickness and other absence with agency staff in order to meet care standards set by the regulator (Commission for Social Care Inspection).

1.1.3.7 Adult Services Provider Unit (+£0k)

Savings arising from the closure of Crispe House have been transferred to commissioning budgets to fund the cost of reversion in the private sector.

1.1.3.8 Supported Employment & Social Economy Unit (SESEU) (-£24k)

Slight underspend forecast against staffing budgets.

1.1.3.9 Occupational Therapy Bureau (-£101k)

Comment: A £100k provision was created at the end of 2006-07 to fund the bulk replacement of hoists on health and safety grounds. The OTB has reported that it can absorb this pressure within the existing budget, thus allowing the provision to be released as an underspend.

1.1.3.10 Mental Health (+£421k)

Principally demographic and placement price pressures impacting on the provision of residential care, together with some pressure against domiciliary care budgets.

1.1.3.11 Other (-£1,637k)

Principally relates to management action around staffing vacancies, but there are some specific savings including:

- £500k management action against training.
- £126k contribution from district councils towards the legal costs associated with PFI schemes.
- £112k part year savings on the establishment of systems support team.
- £111k underspending across the directorates facilities budgets.

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

Pressures (+)			Underspends (-)		
portfolio		£000's	portfolio		£000's
KASS	Older People Domiciliary Exp.	+1,711	KASS	Older People Income	-2,525
KASS	Older People Residential and Nursing Care	+1,391	KASS	Learning Disability Domiciliary Exp.	-632
KASS	Learning Disability Residential Inc.	+927	KASS	Underspend against Training Grant	-500
KASS	Learning Disability Independent	+760	KASS	Learning Disability Day Care Exp.	-318
KASS	Learning Disability Supported Accommodation	+735	KASS	Area Contracts & Planning Teams - Management action around staffing	-305
KASS	Learning Disability Direct Payments	+722	KASS	Physical Disability Residential Exp.	-292
KASS	Physical Disability Direct Payments	+605	KASS	Assessment & Related - Management action around staffing	-264
KASS	Older Persons Direct Services Unit - Staffing Budget	+455	KASS	Finance & Resources - Management action around staffing	-220
KASS	Physical Disability Residential Care Income	+424	KASS	HQ Policy and Performance - Management action around staffing	-204
KASS	Mental Health Residential Care	+384	KASS	Older People Day Care Spend	-187
KASS	Learning Disability Residential Exp.	+286	KASS	Physical Disability Day Care Exp.	-126
KASS	Part year impact of 'fairer charging' decision by Ombudsman	+250	KASS	Forecast income from District Councils towards costs of PFI	-126
KASS	Learning Disability Day Opportunities	+208	KASS	Part year saving on establishment of SRP Systems Support Team	-112
KASS	Learning Disability Group Homes	+207	KASS	Underspending against Office Accommodation budgets	-111
KASS	Physical Disability Supported Accommodation	+194	KASS	Occupational Therapy Bureau - Provision for Replacement Hoists	-100
KASS	Older People Direct Payments	+134			
KASS	Mental Health Domiciliary	+105			
		+9,498			-6,022

1.1.4 Actions required to achieve this position:

Significant action around managing vacancies is already reflected in this forecast position, however the directorate is working on detailed management action plans designed to bring the directorate to a breakeven position and these should be finalised and reported in the next monitoring return.

1.1.5 Implications for MTFP:

At this stage the Medium Term Financial Plan for future years assumes that we will reach a breakeven position in the current year.

1.1.6 Details of re-phasing of revenue projects:

No revenue projects have been rephased.

1.1.7 Details of proposals for residual variance:

See 1.1.4 above.

1.2 CAPITAL

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

Cash limits have been adjusted this quarter to reflect:

	2007-08 £000s 1,182
▪ Roll forward of the re-phasing from 2006-07	
▪ The modernisation of Learning Disability Day Services in the Sevenoaks Area to be funded by part of the capital receipt from the sale of the Horizons/Mountwood site:	
• Adaptations to Edenbridge Leisure Centre	80
• New Edenbridge Community Centre	209

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

	Prev Yrs Exp £000s	2007-08 £000s	2008-09 £000s	2009-10 £000s	Future Yrs £000s	TOTAL £000s
Kent Adult Social Services portfolio						
Budget	18,398	9,592	5,786	1,794	4,687	40,257
Additions:						
- roll forward		1,182				1,182
- Edenbridge Leisure Centre		80				80
- Edenbridge Community Centre		209				209
Revised Budget	18,398	11,063	5,786	1,794	4,687	41,728
Variance		-3,506	-827	2,673	1,810	150
split:						
- real variance		+150				+150
- re-phasing		-3,656	-827	+2,673	+1,810	0
Real Variance		+150	0	0	0	+150
Re-phasing		-3,656	-827	+2,673	+1,810	0

1.2.3 Main Reasons for Variance

Table 4 below, details all forecast capital variances over £250k in 2007-08 and identifies these between projects which are:

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

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

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

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

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

portfolio	Project	real/ phasing	Project Status			
			Rolling Programme	Approval to Spend	Approval to Plan	Initial Planning Stage
			£'000s	£'000s	£'000s	£'000s
Overspends/Projects ahead of schedule						
			+0	+0	+0	+0
Underspends/Projects behind schedule						
KASS	Dartford Town Centre project	Phasing			-2,897	
KASS	Princess Christian Farm	Phasing			-550	
			0	0	-3,447	0
			+0	+0	-3,447	+0

1.2.4 Projects re-phasing by over £1m:

1.2.4.1 Social & Healthcare Centre in Dartford Town Centre – slippage £2.9 million

The Dartford Town Centre project is a Health and Social Care Centre aiming to relocate and modernise a number of existing day care services into a new building incorporating voluntary services, independent living flats, social enterprise and potentially health care services.

It has been delayed due to the land predicated for the site not having yet been marketed by its owner. Planning surrounding this project has been generally delayed due to rejection of the major Lowfield Street regeneration application. The redevelopment of Dartford town centre is being reviewed by Dartford Borough Council (DBC) with consultation anticipated in the autumn. An alternative site is being investigated in conjunction with DBC. It is not clear, to KASS or DBC, when land will be available but the following estimates assume July 2008, a delay of 21 months.

Consequently its costs are estimated to have slipped by £1.8m within the period 2007/8 to 2009/10, representing 33% of total costs of the scheme. Completion is estimated to have slipped by 21 months to August 2010. Services will be provided from existing or temporary locations until completion within current revenue budgets.

The project is funded by a mix of allocated back-to-back receipts and developer contributions. It is anticipated back-to-back receipts will be obtained before significant expenditure commences. It is expected Dartford planning issues will also delay the anticipated developer contributions.

Revised phasing of the costs of the scheme and developer contributions are estimated as follows but will be subject to further change.

	Prior Years	2007-08	2008-09	2009-10	future years	Total
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
BUDGET & FORECAST						
Budget		2,930	2,570	40		5,540
Forecast		33	1,227	2,470	1,810	5,540
Variance	0	-2,897	-1,343	+2,430	+1,810	0
FUNDING						
Budget:						
external		470	1,230	580		2,280
capital receipts		2,460	1,340	-540		3,260
TOTAL	0	2,930	2,570	40	0	5,540
Forecast:						
external				470	1,810	2,280
capital receipts		33	1,227	2,000		3,260
TOTAL	0	33	1,227	2,470	1,810	5,540
Variance	0	-2,897	-1,343	+2,430	+1,810	0

1.2.5 Projects with real variances, including resourcing implications:

There is a forecast £150k overspend relating to the Broadmeadow project, it is planned to offset this using a provision made in 2006/07, together with underspending elsewhere within the programme.

After allowing for these funding issues the true underlying variance is £0k.

1.2.6 General Overview of capital programme:

(a) Risks

The majority of the directorate's capital programme comprises 'back to back' schemes predicated on generating capital receipts. There is a risk around the valuations.

(b) Details of action being taken to alleviate risks

Schemes reliant on capital receipts are being reviewed.

1.2.7 PFI projects

- PFI Housing

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

	Previous years	2007-08	2008-09	2009-10	TOTAL
	£000s	£000s	£000s	£000s	£000s
Budget	-	33,600	38,700	189	72,489
Forecast	-	33,600	38,700	189	72,489
Variance	-	-	-	-	-

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

Costings are still as planned.

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

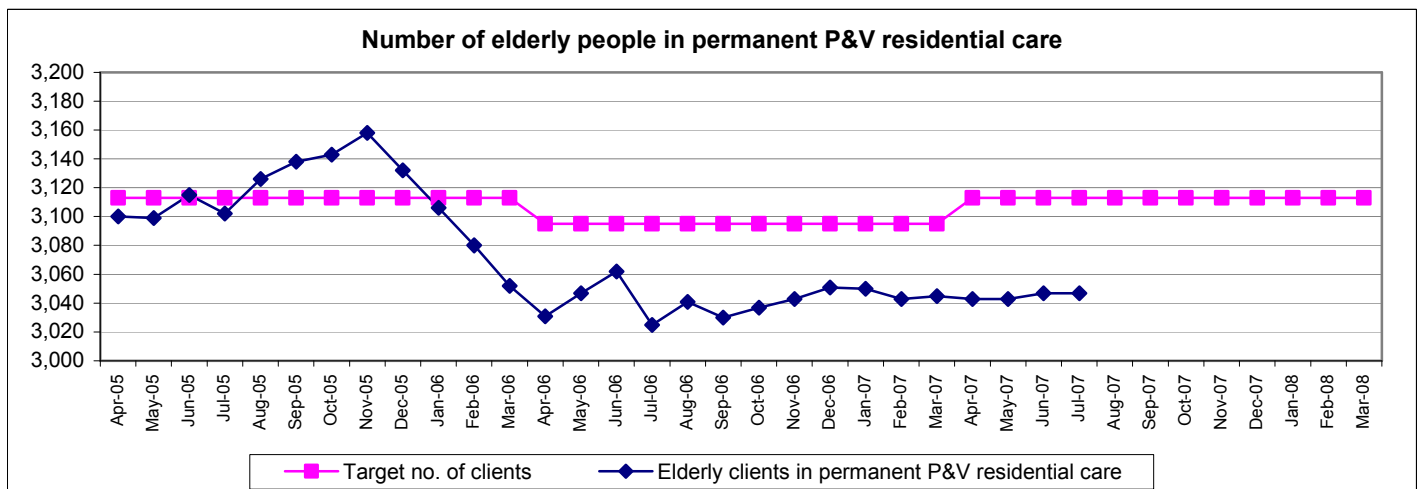
It is likely that the unitary charge will be fixed for the duration of the contract period and therefore the risk of an increase in the costs is extremely low. Any proposal by a partner in the project that results in either additional costs or risks must be agreed by the Project Board unanimously. Each partner has a vote and KCC could therefore vote against action that would result in an increase in costs if it chose to.

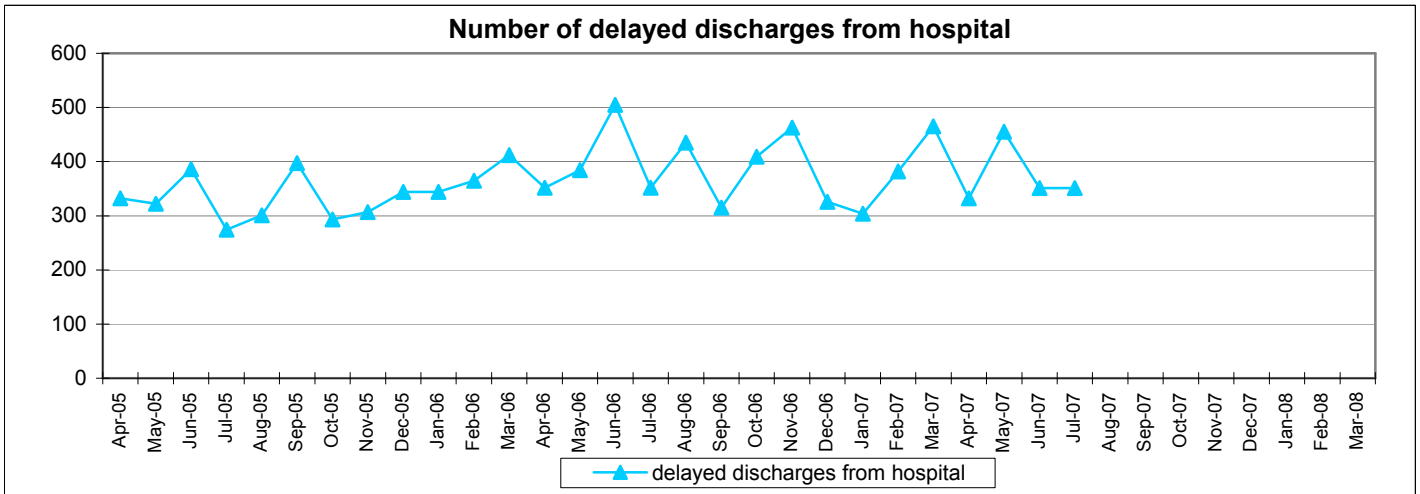
2. KEY ACTIVITY INDICATORS AND BUDGET RISK ASSESSMENT MONITORING

Owing to delays in implementing SWIFT (client activity system), the activity data for the period August 2006 to March 2007 has been reliant on local records and manual counts.

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

	2005-06			2006-07			2007-08		
	Target	Elderly clients in permanent P&V residential care	Delayed discharges from hospital	Target	Elderly clients in permanent P&V residential care	Delayed discharges from hospital	Target	Elderly clients in permanent P&V residential care	Delayed discharges from hospital (DTCs)
April	3,113	3,100	332	3,095	3,031	352	3,113	3,043	332
May	3,113	3,099	322	3,095	3,047	384	3,113	3,043	455
June	3,113	3,115	386	3,095	3,062	505	3,113	3,047	351
July	3,113	3,102	274	3,095	3,025	352	3,113	3,047	351
August	3,113	3,126	301	3,095	3,041	435	3,113		
September	3,113	3,138	397	3,095	3,030	315	3,113		
October	3,113	3,143	293	3,095	3,037	409	3,113		
November	3,113	3,158	307	3,095	3,043	463	3,113		
December	3,113	3,132	344	3,095	3,051	326	3,113		
January	3,113	3,106	344	3,095	3,050	304	3,113		
February	3,113	3,080	365	3,095	3,043	382	3,113		
March	3,113	3,052	412	3,095	3,045	465	3,113		



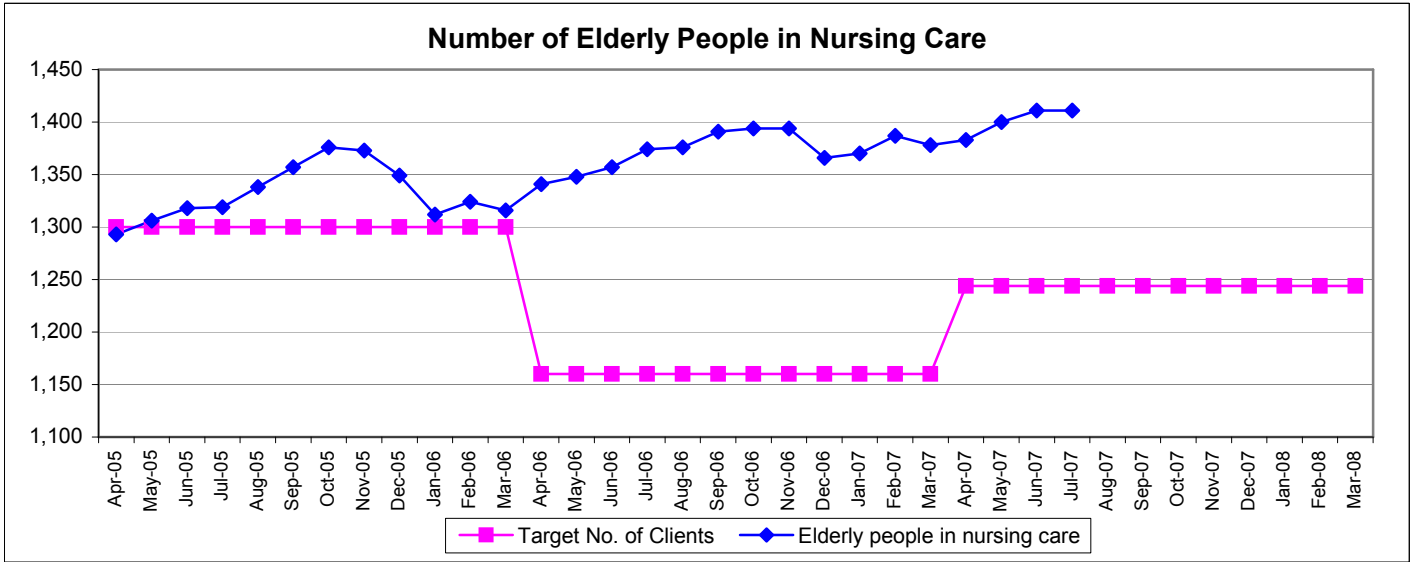


Comments:

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

2.2 Numbers of elderly people in nursing care:

	2005-06		2006-07		2007-08	
	Target	Elderly people in nursing care	Target	Elderly people in nursing care	Target	Elderly people in nursing care
April	1,300	1,293	1,160	1,341	1,244	1,383
May	1,300	1,306	1,160	1,348	1,244	1,400
June	1,300	1,318	1,160	1,357	1,244	1,411
July	1,300	1,319	1,160	1,374	1,244	1,411
August	1,300	1,338	1,160	1,376	1,244	
September	1,300	1,357	1,160	1,391	1,244	
October	1,300	1,376	1,160	1,394	1,244	
November	1,300	1,373	1,160	1,394	1,244	
December	1,300	1,349	1,160	1,366	1,244	
January	1,300	1,312	1,160	1,370	1,244	
February	1,300	1,324	1,160	1,387	1,244	
March	1,300	1,316	1,160	1,378	1,244	

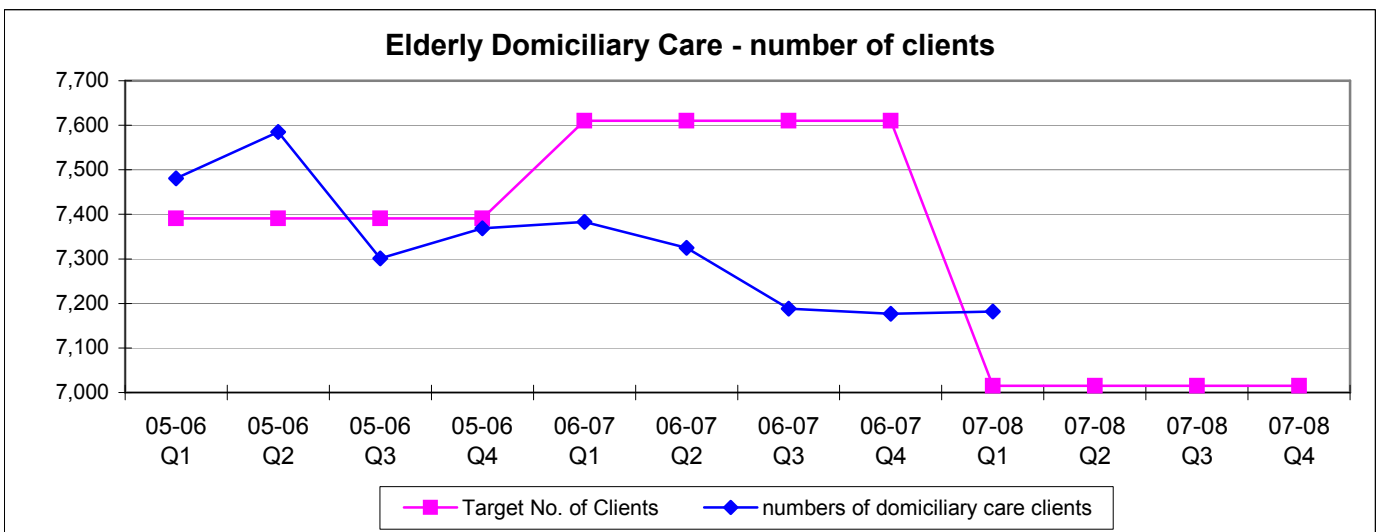


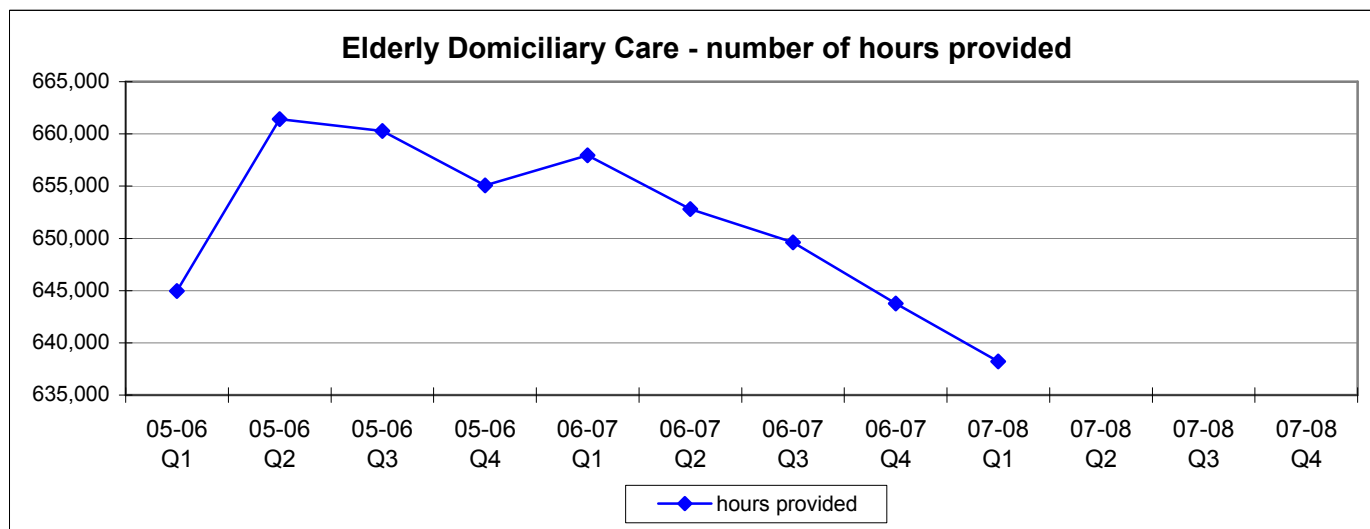
Comment:

- Increases in permanent nursing care may happen for many reasons. The main influences over the last year have been the closure of hospital beds in the East of the County. The knock on effect of minimising delayed transfers of care has resulted in an increase in the number of older people being admitted to nursing care. Demographic changes – increasing numbers of older people with long term illnesses – also means that there is an underlying trend of growing numbers of people needing more intense nursing care.

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

	2005-06			2006-07			2007-08		
	Target	numbers of domiciliary care clients	hours provided	Target	numbers of domiciliary care clients	hours provided	Target	numbers of domiciliary care clients	hours provided
Apr - Jun	7,391	7,481	644,944	7,610	7,383	657,948	7,015	7,182	638,211
Jul - Sep	7,391	7,585	661,415	7,610	7,325	652,789	7,015		
Oct - Dec	7,391	7,301	660,282	7,610	7,188	649,624	7,015		
Jan - Mar	7,391	7,369	655,071	7,610	7,177	643,777	7,015		



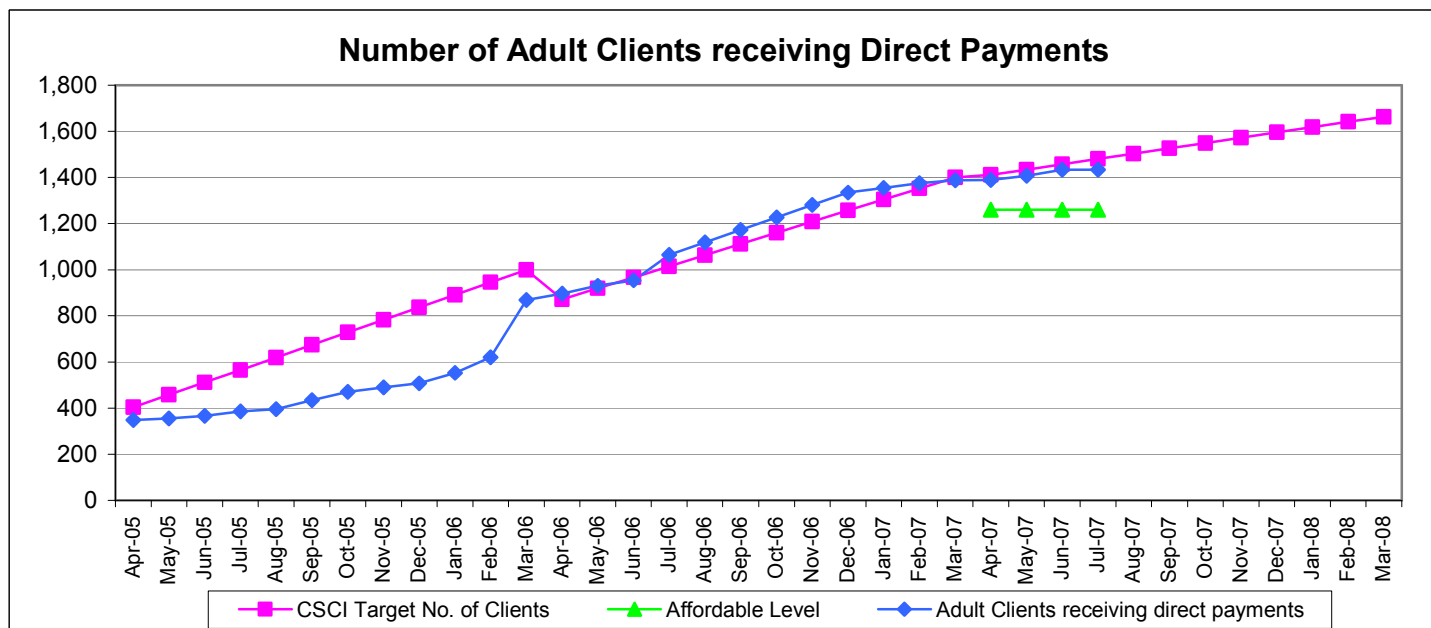


Comment:

- The downward trend in people receiving domiciliary care is partly as a result of the increase in direct payments. This is not linked to nursing care placements, as the two cohorts of service users are completely different. There are a number of other factors reducing the need for formal domiciliary care. Ongoing service developments with the voluntary sector and other organisations mean that we continue to prevent people from needing 'mainstream' domiciliary care, and they can access services, very often involving social inclusion (e.g. luncheon clubs and other social activities), without having to undergo a full care management assessment. Public health campaigns and social marketing aimed at improving people's health is already starting to result in healthier older people. Increase in the use of Telecare and Telehealth similarly reduces the need for domiciliary care, and it is possible that this trend will continue despite the growth in numbers of older people.

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

	2005-06		2006-07		2007-08		
	CSCI Target	Adult Clients receiving Direct Payments	CSCI Target	Adult Clients receiving Direct Payments	CSCI Target	Affordable Level	Adult Clients receiving Direct Payments
April	403	349	871	896	1,411	1,259	1,390
May	457	355	919	930	1,434	1,259	1,407
June	511	366	967	954	1,457	1,259	1,434
July	566	386	1,015	1,065	1,480	1,259	1,434
August	620	395	1,063	1,119	1,503		
September	674	434	1,112	1,173	1,526		
October	728	470	1,160	1,226	1,549		
November	783	489	1,208	1,280	1,572		
December	837	507	1,256	1,334	1,595		
January	891	553	1,304	1,355	1,618		
February	945	621	1,352	1,376	1,641		
March	1,000	868	1,400	1,388	1,662		



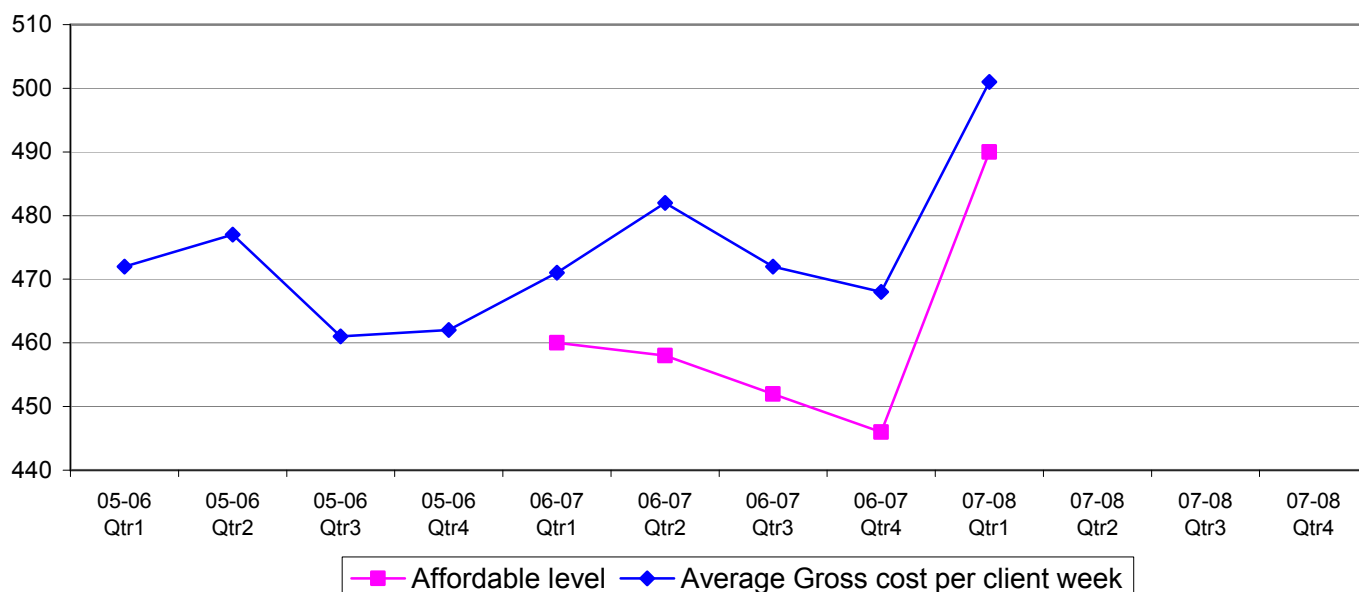
Comments:

- Direct payments are increasing, however a body of evidence is growing which suggests that the introduction of direct payments is identifying some previously unmet demand/need. Work is ongoing to track all new direct payment clients to prove /disprove this belief.
- It should be noted that the affordable level is 1,259, which relates to the budgets that are currently set for direct payments. During the year, budgets will be vired from other service lines such as domiciliary and daycare, to recognise the move away from traditional services into self directed support. The affordable level will then be adjusted accordingly.
- The financial forecast and variances being reported cover the ongoing costs of the 1,434 direct payment users we currently have.
- The 1,662 is the Commission for Social Care Inspection (CSCI) target for the end of year required position.

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

	2005-06	2006-07		2007-08	
	Average Gross cost per client £	Affordable level £	Average Gross cost per client £	Affordable level £	Average Gross cost per client £
April - June	472	460	471	490	501
July - September	477	458	482		
October - December	461	452	472		
January - March	462	446	468		

Learning Disabilities - Average Gross cost per Client per week (£)

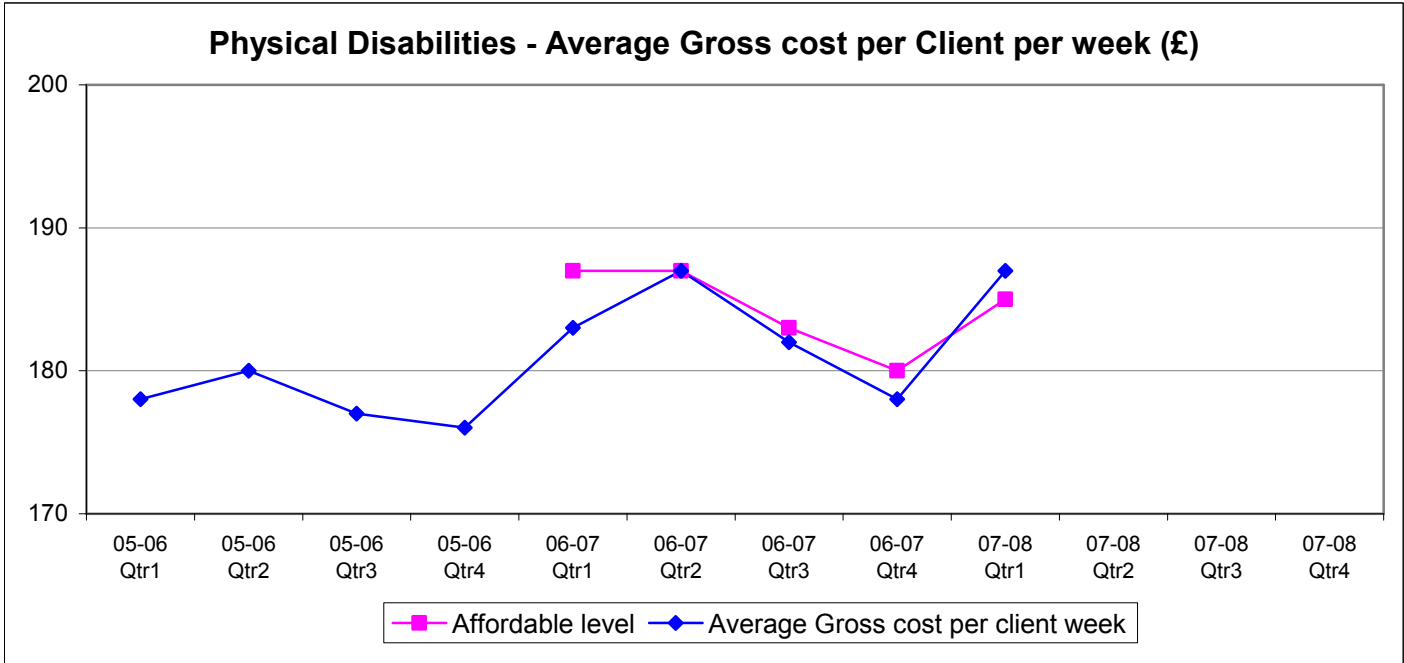


Comments:

- Targets did not exist prior to 2006-07 as this average cost is not a real performance indicator. It is merely intended to demonstrate the general upward trend in the cost of supporting clients with Learning Disabilities.
- This graph reflects the average cost per client week across all Learning Disability services, including those with the lowest levels of need.
- The basis for calculation has changed from last year in order to include both the costs of services provided by the private and voluntary sector and in-house service provision. The previous years figures have been adjusted accordingly.

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

	2005-06	2006-07		2007-08	
	Average Gross cost per client £	Affordable level £	Average Gross cost per client £	Affordable level £	Average Gross cost per client £
April - June	178	187	183	185	187
July - September	180	187	187		
October - December	177	183	182		
January - March	176	180	178		



Comments:

- Targets did not exist prior to 2006-07 as this average cost is not a real performance indicator. It merely attempts to demonstrate the general upward trend in the cost of supporting clients with Physical Disabilities.
- This graph reflects the average cost per client week across all Physical Disability services, including those with the lowest levels of need.
- The basis for calculation has changed from last year in order to include both the costs of services provided by the private and voluntary sector and in-house service provision. The previous years figures have been adjusted accordingly.

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By: Oliver Mills, Managing Director Adult Services

To: Adult Social Services Policy Overview Committee –
16 November 2007

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

Classification: Unrestricted

Summary: To update the Committee on the Autumn Budget Statement report to Cabinet on 17 September 2007 and any later announcements by Government departments. In addition, to provide Members of the Committee with an opportunity to consider suggested service pressures and to develop savings proposals for the 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 This report expands on that report, updates for the latest developments, looks in more detail at specific elements in the directorate medium term plan, and invites Members to make proposals for the services provided by the Adult Services Directorate.

2. Background

- 2.1 This paper summarises the current budget position for 2008-09 and is based on submissions to Corporate Finance as part of the Medium Term Plan process. Indicative cash limits for 2008-09 and 2009-10 were approved by County Council in February 2007 in the MTP for 2007-10. These figures are being updated for known changes such as transfers of activities or staff between portfolios, Comprehensive Spending Review 2007 and the forthcoming local government finance settlement, expected in late November or early December. This gives Members a starting point to review the 2008-11 MTP.
- 2.2 The indicative cash limits are consequently under review given that we are due to move into a relatively fixed three year settlement for local government funding.
- 2.3 The outcomes of the discussions at this meeting will feed into the continuing MTP process, of which the key dates are:

Provisional grant settlement	late November / early December
Update on provisional settlement	3 December Cabinet (if available)
Chancellor's pre-budget report	mid December (best guess)
Draft budget proposals released	21 January 2008
Corporate Services POC	25 January 2008
Cabinet	6 February 2008
County Council	19 February 2008

Further information on the budget timetable, as appended to the Autumn Budget Statement, is attached at Appendix 1 for further information.

To help inform the discussions, there is also a directorate budget monitoring report on this agenda, as there will be in January and on a regular basis thereafter.

3. Latest Developments: National Context

- 3.1 There are a number of national factors to take into account.
- 3.2 The government's Comprehensive Spending Review 2007 was published on 9 October 2007 and sets out national spending plans for the next three years, 2008-11.
- 3.3 The Chancellor's Pre Budget Report was announced the same day and sets out some further detail.
- 3.4 We are now working on assumptions for 2008-09 onwards which take into account the outcomes from those announcements, whilst awaiting the detail of the local government finance settlement which is still to come. There are no significant changes to our budget assumptions which were set out in the autumn Budget Statement in September. Key assumptions remain:
 - No increase in government formula grant
 - Council tax increase limited to a maximum of 5% per annum
 - The option to raise a precept on the business rate

4. Adult Services Priorities for the Medium Term Plan

- 4.1 The overall direction for Adult Social Services Directorate is now well established, and enclosed with this report is a first draft paper of the Medium Term Service Priorities for Adult Social Services which will shape our contribution to Section 3 of the Medium Term Plan.
- 4.2 Members will appreciate, from the information in Section 3 above, that the financial framework for the medium term will be very tough for all Directorates and comes at a time when demand for services has never been higher, both because more people need services and because of greater public expectations.

- 4.3 Whilst the Directorate is implementing modernisation changes that will increase efficiency and effectiveness, there does need to be awareness of the need to consider difficult decisions affecting the directorate in the medium term
- 4.4 Areas of spending priority for which significant additional funding is suggested are as follows:

Pay/Prices £7,968k – 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. The amount is less than previously estimated because 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 Access and Systems Capacity and 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.

Demand £2,974k – this is the combined impact of the 2007/08 forecast overspend of £1,987k, together with the expected payback of the £1,987k in 2008/09. However, the impact is £1,000k less because of the additional resources available next year that were needed in 2007/08 to cover the payback of the 2006/07 overspend of £1,000k.

Demand £8,252k – 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 (£6,964k for younger adults and £1,288k 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.

4.5 The position can be summarised as follows:

	2008-09 £'000	2009-10 £'000	2010-11 £'000
Existing pressures in published MTP 2007- 2010			
Pay/Prices	8,607	10,219	
Legislative	1,388	146	
Demand	3,448	5,200	
Towards 2010	500	0	
Service Improvements	864	0	
New pressures			
Pay/Prices	-639	-1,692	8,729
Legislative	0	0	150
Demand	7,778	615	7,802
Towards 2010	0	0	0
Service Improvements	0	0	0

More detail is set out in the attached draft Medium Term Plan Financial appendices.

4.6 The Comprehensive Spending Review 2007 confirmed government's expectation of a 3% efficiency saving per annum for each of the next three years for local government budgets. The detail of the efficiency target is still being worked through but broadly, appears as expected to be based on gross budgets (with a few minor exceptions). That means an annual efficiency saving of £12.8m per annum (£38.4m cumulatively) for the portfolios covered by this committee.

4.7 The POC is asked to prioritise the functions and budget that it has oversight of and indicate what types and areas of savings, broadly, might be achievable and acceptable, if there were a savings requirement on the gross budget of:

- 1% which equates to £4.3m;
- 2% £8.5m; and
- 3% £12.8m;

To assist and remind Members of the current position, the current budgets for the functions they have oversight of are attached as appendices to this report. The appendices are copies of the relevant pages from the approved annual operating plans

5 Recommendation

5.1 Members are asked to:

- a) note the national and local context within which this MTP will be set.
- b) scrutinise the pressures attached to this report
- c) identify and express their relative priorities for services and to indicate, broadly, areas and types of savings and efficiencies that they consider could be realistically be achieved.

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Directorate Finance Manager
Tel: 01622 221770
VPN: 7000 1770

**Appendix 1 –
Timetable**

Key Milestone Dates

<i>What</i>	<i>Who</i>	<i>When</i>
Review of budget proposals and overall pressures, impacting upon the relevant directorates	Policy Overview Committees	7 – 20 November
Provisional Settlement – announcement by government and then analysis and interpretation for impact for KCC 2008-11	Financial Strategy Group – briefing for all members	Late November / early December <i>(timing not yet announced by government)</i>
Update on Provisional Settlement and review of corporate budget strategy (if announced - see above entry)	Cabinet	3 December
Chancellor of Exchequer Pre-Budget Report	Financial Strategy Group	December <i>(timing not yet announced by government)</i>
Budget proposals published and press conference	Cabinet	21 January
Review of budget proposals and overall pressures, impacting upon the relevant directorates	Policy Overview Committees	25 – 31 January
Final settlement for 2008-09	Cabinet	Late January/ early February <i>(timing not yet announced by government)</i>
Opportunity for Cabinet Scrutiny to consider proposed budget	Cabinet Scrutiny Committee	1 February
Cabinet recommends budget to Council	Cabinet	6 February
Council sets budget and precept	Council	19 February

Source: Autumn Budget Statement Report to Cabinet 17 September 2007 (Item 4)

Draft Submission for MTP –October 2007

Overall Objectives of the Portfolio

The overall objective of Kent Adult Social Services is:

To help the people of Kent to live independent and fulfilled lives safely in their local communities.

This objective is underpinned by:

- National Policy - The White Paper - 'Our Health, Our Care, Our Say'
- The Kent Agreement, especially Outcome 18 – 'Independence for All'
- Towards 2010 - Improved Health, Care and Well-being
- Active Lives – the Ten-Year Vision, which has been refreshed with the people who use our services
- ALfA – 'Active Lives for Adults'. This will be a major cultural change, which will see a shift in emphasis away from 'managing care packages' and towards supporting people in identifying how best to meet their own needs. It will transform all front line services.

Medium Term Service Priorities

a) Putting People First

- The continued drive to increase the use of Direct Payments, the development of 'individualised budgets', underpinned by key innovations such as the Kent Card, will offer a variety of ways for people to control the support they receive.
- Improve access to information and services including web based technologies such as the self-assessment website, the on line care directory and Kent TV.
- Promoting and developing services for carers, including developing more flexible respite opportunities shaped around individual need.
- Adult Protection. We will continue to meet our ongoing commitment to protecting all vulnerable adults from abuse. This work is supported through the multi-agency Adult Safeguards Committee for Kent and Medway.
- The roll out of the Brighter Futures Group project, which is funded by Government grant and encourages active older people to provide support to older people who need it.
- Involving the public in the development and improvement of services.
- The Directorate will continue to contribute to the Council's target to achieve Level 3 of The Equality Standard for Local Government by 2008.

b) Ensuring the availability of high quality services

- Developing preventative services to enable people to remain at home, which continues to be the focus across all client groups. Kent has been successful in bidding for the £1.5 million Government funded Partnerships for Older People Project. This is a two-year joint project with the Eastern and Coastal Kent Primary Care Trust and the Voluntary Sector.
- The continued development of the Telecare and Telehealth projects. Whole Systems Demonstrator - the Government has awarded Kent £5.1m to enable Health and social services to make new technologies available to many more people. Telehealth and Telecare will be a major part of the project, as will integrated working with Health.
- Developing employment opportunities for disabled people, people with learning disabilities and people with mental health problems.

- The implementation of the PFI project – Better Homes Active Lives. Over the next three years the project will deliver 340 high quality apartments and communal facilities for vulnerable people across Kent
- Continuing the work of Supporting People to enable people to live independently.
- Making a reality of Valuing People for people with learning disabilities. The District-based integrated teams with Health will be the main drivers for this.
- Transitional Planning: we are working with disabled young people and their families to ensure that plans are in place to enable them to fulfil their full potential.

c) Valuing, developing and supporting the social care workforce

A key aim, which underpins the workforce strategy, is to have a skilled workforce across the Health and social care sector. Other initiatives include:

- Implementation of our workforce strategies, underpinned by initiatives such as the staff care package, training and IIP (Investors in People)
- Promote training across the social care sector through the Social Care workforce training contract – ‘Training 4 Care’.

d) Working in Partnership

The delivery of our objectives can only be achieved in partnership. The new PCT arrangements in Kent are beginning to offer further opportunities for partnership working, building on our tradition of close working relationships with the Health Service. We continue to build upon our partnerships with the Private and Voluntary Sector, working with them closely to develop the new commissioning arrangements that are needed as more people choose to direct and control their own support services. Many of the initiatives already described involve partnership working, outlined are some further priorities in this area of work.

- The Joint Strategic Needs Assessment with Health will greatly encourage joint commissioning, which is essential to maximise scarce resources.
- Tackling delayed discharges from hospital, including the continued investment of reimbursement monies in a range of preventative schemes.
- Reducing avoidable admissions to Hospital, particularly of older people.
- Working with the Health Service, Public Health Department and other Agencies to tackle health inequalities and to promote healthy living opportunities.
- With Health we are working to provide new opportunities, through person centred planning, for people with learning disabilities who are in residential units managed by the NHS. Many of these units are not integrated in the community.

e) Making the best use of our resources

We face growing challenges. Resources are not likely to increase. It is imperative that we make the best use of resources through innovation and modernisation. We have embarked on a major programme of modernisation overseen by the Modernisation Board. Priorities are:

- ALfA – Active Lives for Adults. As already noted this is a major programme
- Development of mobile working.
- We are now fully revising all Learning Disability services.
- A Strategic Review of Older People Services is underway.
- The ‘Sustainable Communities’ work is critically important to ensure that there is the right community infrastructure in the large new developments.
- Maintaining the Directorate’s robust financial, planning and performance systems to ensure we continue to perform at a high level and develop efficient services.
- A new focus is meeting the wider responsibility for all adults that the managing director has been given by recent legislation. We are currently developing a ‘cross-cutting’ older people strategy with significant input from the public. Furthermore, we are exploring how support and information can be offered to those people who do not come into contact

with the Directorate, particularly those who 'self – fund' the support they receive. This is a major challenge in a County the size of Kent.

Risk Assessment

(a) Demand Outstripping Resources

The Directorate is currently managing significant increases in activity, which is placing major pressure on available resources. The key factors are that both demand and the cost of providing social services is increasing. The reasons for this have been well documented in past reports and are briefly summarised below:

- Demand is increasing as a result of demographic changes. The numbers of older and disabled people in Kent are increasing. However, this is not just about absolute numbers, but also the level of need that individuals have. For example numbers of people with dementia are rising fast, as is the number of young people with severe and profound disabilities coming through the transition process.
- Increased choice and control (Direct Payments) is resulting in people who previously did not receive support now coming forward, so we are dealing with a tranche of unmet need.
- The Government's policy direction (as reflected in Active Lives) and the new initiatives we are putting in place to support this, is increasing people's expectations.

In the short term we have in place a range of management actions and efficiencies designed within our set priorities to mitigate against some of the demand and resource pressures that are being experienced. This has included raising the Charging Policy in line with the Government's Fair Charging Policy. The pressures outlined above are of a long-term nature. The financial, planning and performance systems we have in place have enabled us to evaluate these pressures we currently face. Many of the longer-term initiatives outlined above are aimed at tackling these issues.

(b) Social Care Market

Over 80% of services in adult social care are procured from the Voluntary and Private Sectors, part of their role being the modernisation / personalisation of services. It is particularly important that we continue to work closely with the sector to ensure that prices are realistic, whilst acknowledging the challenges this presents.

A significant pressure is the growing need for Adult Services to intervene and support 'former self-funders' - people in residential and nursing care who were paying for themselves and who have run out of money.

(c) Grants Issues

The current budget is predicated on a range of Government grants including Access and Systems Capacity and Preserved Rights. Although the Comprehensive Spending Review 2007 has been announced we still do not know what the full impact will be on these grants, which could add pressures to the overall budgets. Uncertainties continue to remain in the long term with these grants.

(d) The Health Service

There continues to be significant pressure on Health Service budgets. However, because the new Health Service structure is co-terminus with Adult Social Services Areas, it will make it easier to engage in joint planning. In the future the new joint performance framework will mean that our outcomes will be jointly measured against a common vision, as outlined in 'Our Health Our Care Our Say'. Therefore, it will be essential for us to work closely together.

(e) The placement of vulnerable adults by other local authorities in Kent

The placement of Looked After Children by other authorities in Kent has attracted much attention. Similar issues are also faced by the placement of vulnerable adults by other local authorities and Health organisations. Kent has above average numbers of residential and nursing beds within the Private Sector and other authorities use many of these. Furthermore, these placements also have an inflationary effect on prices, as many of these authorities are willing to pay above our rates in order to secure placements. The wider responsibility for all adults in Kent, which the Manager Director now has through legislation increases the importance of this issue

Appendix 3 – Draft of MTP financial appendices for Adult Services portfolio

Adult Services Portfolio Revenue Budget

	2008-09 £000s	2009-10 £000s	2010-11 £000s
Pay & Prices:			
Pay, Employer's Pension contributions, Single Status & Prices for Private & Voluntary Sector purchasing	7,968	8,527	8,729
	7,968	8,527	8,729
Government/Legislative Pressures:			
Access & Systems Capacity & Preventative Technology	1,245	0	0
Preserved Rights Prices	143	146	150
	1,388	146	150
Demand/Demographic Led:			
Pressure from 2006/07	-1,000	0	0
Underlying Pressure from 2007-08	1,987		
Roll forward of 07-08 Pressure	1,987	-1,987	
Increased demand for services	8,252	7,802	7,802
	11,226	5,815	7,802
Delivery of Towards 2010 Targets:			
Improved Health Care and Wellbeing	500	0	0
	500	0	0
Service Strategies and Improvements:			
Joint NHS/Social Care Improvement (Gravesham PFI)	864	0	0
	864	0	0

Appendix 4 – Existing 2007-08 budgets

ADULTS (OLDER PERSONS) – Budget & Services													
2006-07		2007-08											
Controllable	FTE	Activity/Budget Line		FTE	Employee	Running	Contracts	Transfer	Gross	External	Internal	Controllable	Cabinet
Expenditure					costs	Costs	&	Payments	Expenditure	Income	Income	Expenditure	Member
£'000					£'000	£'000	Projects	& Recharges	£'000	£'000	£'000	£'000	
		Residential Care											
-3,336.4		41A	KCC Residential		0.0	0.0	0.0	0.0	0.0	-3149.1	0.0	-3149.1	KL
39,159.5		41B	Ind Sector Res Care		0.0	0.0	37373.4	0.0	37373.4	-15342.8	0.0	22030.6	KL
20,951.6		41C	Ind Sector Nursing Homes		0.0	0.0	28495.6	0.0	28495.6	-9597.7	0.0	18897.9	KL
27.3		41D	Preserved rights - Older People residential homes		0.0	0.0	5489.6	0.0	5489.6	-4153.2	0.0	1336.4	KL
12.0		41E	Preserved rights - Older People nursing homes		0.0	0.0	1062.6	0.0	1062.6	-1062.5	0.0	0.0	KL
372.2		41G	Preserved rights - Older People Res Pre 2002		0.0	0.0	1015.5	0.0	1015.5	-508.2	0.0	507.3	KL
12.9		41H	Preserved rights - Older People Nursing Pre 2002		0.0	0.0	332.9	0.0	332.9	-158.8	0.0	174.1	KL
0.0		41K	RNCC		0.0	0.0	6130.2	0.0	6130.2	-6130.2	0.0	0.0	KL
1,357.8		41M	OPMH Residential		0.0	0.0	23522.9	0.0	23522.9	-7215.4	0.0	16307.5	KL
1,102.8		41N	OPMH Nursing		0.0	0.0	5898.0	0.0	5898.0	-1233.9	0.0	4664.1	KL
59,659.7		TOTAL RESIDENTIAL CARE			0.0	0.0	109320.7	0.0	109320.7	-48552.0	0.0	60768.7	
		Community Care											
-1,060.5		45A	KCC Home Care Service		0.0	6689.3	0.0	0.0	6689.3	-9273.3	0.0	-2584.0	KL
1,110.2		45B	Direct Payments		0.0	0.0	3986.3	0.0	3986.3	-163.8	0.0	3822.5	KL
1,978.5		45C	Ind Sector Day Care		0.0	56.5	2790.3	0.0	2846.8	-778.2	0.0	2068.6	KL
1,161.1		45D	Ind Sector Meals Service		0.0	0.0	2481.3	0.0	2481.3	-1624.9	0.0	856.4	KL
29,946.2		45E	Ind Sector Home Care		0.0	0.0	35257.2	0.0	35257.2	-4617.7	0.0	30639.5	KL
4,427.9		45F	Voluntary Orgs		0.0	0.0	6198.2	0.0	6198.2	-1494.9	0.0	4703.3	KL
0.0		45L	Internal Trading Older People Day Care		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	KL
133.3		45V	Client Transport		0.0	83.3	0.0	0.0	83.3	-5.0	0.0	78.3	KL
0.0		45T	Assistive Technology		5.1	0.0	0.0	0.0	5.1	0.0	0.0	5.1	KL

0.0	45W	Area Use Day Centre		64.7	68.3	40.9	0.0	173.9	-10.0	0.0	163.9	KL
37,696.8		TOTAL COMMUNITY CARE		69.8	6897.4	50754.2	0.0	57721.4	-17967.8	0.0	39753.6	
		Older People's Direct Service Unit										
13,981.7	41F	Linked Service Centres		10892.6	1481.0	0.0	53.6	12427.2	-12.7	0.0	12414.5	KL
3,016.0	41W	Integrated Care Centres		3387.3	570.2	5601.0	0.0	9558.5	-3535.3	0.0	6023.2	KL
2,910.1	45G	KCC Day Care		1880.9	696.2	0.0	18.5	2595.6	-158.7	0.0	2436.9	KL
19,907.8		TOTAL OLDER PEOPLE'S DIRECT SERVICE UNIT		16160.8	2747.4	5601.0	72.1	24581.3	-3706.7	0.0	20874.6	
		Kent Homecare Services										
0.0	45K	KCC Homecare		5918.1	-6027.3	0.0	109.2	0.0	0.0	0.0	0.0	KL
0.0		TOTAL KCC HOMECARE SERVICE		5918.1	-6027.3	0.0	109.2	0.0	0.0	0.0	0.0	
		Assessment and related services										
16,450.6	49G	Adults Team		17036.3	920.9	97.1	-0.2	18054.1	-1604.6	0.0	16449.5	KL
133,714.8		TOTAL SERVICES FOR OLDER PERSONS		39185.0	4538.4	165773.0	181.1	209677.5	-71831.1	0.0	137846.4	
		<u>Memorandum Items:</u>										
0.0		Central Overheads										
0.0		Capital charges										
0.0		Directorate Overheads										
133,714.8		Total Cost of Unit									137846.4	

ADULTS (VALUING PEOPLE) - Budget & Services												
2006-07		2007-08										
Controllable	FTE	Activity/Budget Line	FTE	Employee	Running	Contracts	Transfer	Gross	External	Internal	Controllable	Cabinet
Expenditure				costs	Costs	&	Payments	Expenditure	Income	Income	Expenditure	Member
£'000				£'000	£'000	Projects	£'000	£'000	£'000	£'000	£'000	
						& Recharges						
		Residential Care										
-109.0		42A Adult Support Units		0.0	0.0	0.0	0.0	0.0	-127.7	0.0	-127.7	KL
25,343.7		42B Ind Sector Residential Care		0.0	0.0	33668.8	0.0	33668.8	-5136.1	0.0	28532.7	KL
0.0		42 Ind Sector Nursing Care		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	KL
972.8		42 C Preserved rights - learning difficulties		0.0	0.0	4196.9	0.0	4196.9	-2876.6	0.0	1320.3	KL
11,224.1		42 D Preserved rights - learning difficulties		0.0	0.0	21535.8	0.0	21535.8	-9844.5	0.0	11691.3	KL
0.0		42E Pre 2002		0.0	0.0	43.4	0.0	43.4	-43.4	0.0	0.0	KL
0.0		42K RNCC		0.0	0.0	43.4	0.0	43.4	-43.4	0.0	0.0	KL
37,431.6		TOTAL RESIDENTIAL CARE		0.0	0.0	59444.9	0.0	59444.9	-18028.2	0.0	41416.7	
		Community Care										
-179.5		46A KCC Home Care Service		0.0	0.0	0.0	0.0	0.0	-228.1	0.0	-228.1	KL
572.8		46B Direct Payments		0.0	0.0	3151.1	0.0	3151.1	-77.1	0.0	3074.0	KL
3,067.5		46 C Ind Sector Day Care		0.0	549.6	2625.2	0.0	3174.8	-36.8	0.0	3138.0	KL
0.0		46 D Ind Sector Meals Service		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	KL
1,396.4		46E Ind Sect Home Care		0.0	0.0	3087.6	0.0	3087.6	-1395.5	0.0	1692.1	KL
181.0		46F Voluntary Orgs		0.0	0.0	823.7	0.0	823.7	-335.6	0.0	488.1	KL
0.0		46 H Internal Trading LD ILS		0.0	0.0	0.0	0.0	0.0	-400.0	0.0	-400.0	KL
112.8		46L Internal Trading LD Day Opportunities		0.0	112.8	0.0	0.0	112.8	0.0	0.0	112.8	KL
0.0		46 M Internal Trading LD Group Homes		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	KL
1,064.9		46V Client Transport		0.0	363.1	0.0	0.0	363.1	-0.2	0.0	362.9	KL
349.8		46 Supported & Other		0.0	0.0	1363.7	0.0	1363.7	-183.1	0.0	1180.6	KL

ADULTS (PHYSICAL DISABILITY) - Budget & Services

2006-07		2007-08										
Controllable	FTE	Activity/Budget Line	FTE	Employee costs	Running Costs	Contracts & Projects	Transfer Payments & Recharges	Gross Expenditure	External Income	Internal Income	Controllable Expenditure	Cabinet Member
£'000				£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
		Residential Care										
-79.6		43A KCC Residential Care		0.0	0.0	0.0	0.0	0.0	-78.4	0.0	-78.4	KL
8,463.7		43B Ind Sect Res Care		0.0	0.0	9516.4	0.0	9516.4	-1593.3	0.0	7923.2	KL
33.7		43D Preserved rights - physical disabilities		0.0	0.0	227.3	0.0	227.3	-227.3	0.0	0.0	KL
1,243.2		43E Preserved rights - physical disabilities Pre 2002		0.0	0.0	2106.6	0.0	2106.6	-1309.8	0.0	796.8	KL
0.0		43K RNCC		0.0	0.0	299.0	0.0	299.0	-299.0	0.0	0.0	KL
9,661.0		TOTAL RESIDENTIAL CARE		0.0	0.0	12149.3	0.0	12149.3	-3507.8	0.0	8641.6	
		Community Care										
-292.8		47A KCC Home Care Service		0.0	561.4	0.0	0.0	561.4	-788.1	0.0	-226.7	KL
1,710.8		47B Direct Payments		0.0	0.0	5679.3	0.0	5679.3	-389.2	0.0	5290.1	KL
1,251.9		47C Ind Sector Day Care		0.0	279.4	641.5	0.0	920.9	0.0	0.0	920.9	KL
0.0		47D Ind Sector Meals Service		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	KL
5,262.1		47E Ind Sector Home Care		0.0	0.0	6828.3	0.0	6828.3	-1702.4	0.0	5125.9	KL
589.6		47F Voluntary Organisations		0.0	0.0	898.9	0.0	898.9	-335.4	0.0	563.5	KL
-1.0		47H Internal Trading PD ILS		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	KL
23.5		47L Assisted Phone Alarms		0.0	21.3	0.0	0.0	21.3	0.0	0.0	21.3	KL
0.0		47N Internal Trading PD Resources Centres		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	KL
470.4		47V Client Transport		0.0	88.9	0.0	0.0	88.9	-60.1	0.0	28.8	KL
0.0		47W Supported & Other Accommodation		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	KL
9,014.4		TOTAL COMMUNITY CARE		0.0	951.0	14048.0	0.0	14998.9	-3275.2	0.0	11723.8	
		Kent Homecare Services										
0.0		47K KCC Home Care		561.4	-561.4	0.0	0.0	0.0	0.0	0.0	0.0	KL
0.0		TOTAL KCC HOMECARE		561.4	-561.4	0.0	0.0	0.0	0.0	0.0	0.0	

SERVICE												
Adult Services Provider Unit												
133.7	43F	KCC Res Care		127.4	17.3	0.0	0.0	144.7	-4.4	0.0	140.3	KL
126.8	47X	Ind Living Scheme		124.8	4.9	0.0	0.0	129.7	0.0	0.0	129.7	KL
181.8	47Y	Resource Centres		183.9	49.4	0.0	0.0	233.3	-9.3	0.0	224.0	KL
442.3	TOTAL PD SERVICES PROVIDER UNIT			436.1	71.6	0.0	0.0	507.7	-13.7	0.0	494.0	
19,117.7	TOTAL SERVICES FOR PD			997.5	461.2	26197.3	0.0	27655.9	-6796.6	0.0	20859.3	
<u>Memorandum Items:</u>												
0.0		Central Overheads										
0.0		Capital charges										
0.0		Directorate Overheads										
19,117.7		Total Cost of Unit									20859.3	

ADULTS (GENERIC) - Budget & Services

2006-07		2007-08										
Controllable Expenditure	FTE	Activity/Budget Line	FTE	Employee costs	Running Costs	Contracts & Projects	Transfer Payments & Recharges	Gross Expenditure	External Income	Internal Income	Controllable Expenditure	Cabinet Member
£'000				£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
669.9	49L	Direct Payments Staffing		676.7	71.6	0.0	-60.0	688.3	-42.7	0.0	645.6	KL
3,899.3	49M	Generic - Adult Services		4872.2	729.4	688.8	-126.9	6163.5	-2851.4	0.0	3312.1	KL
0.0	49X	Exchequer Staffing		1310.0	127.3	0.0	0.0	1437.3	0.0	0.0	1437.3	KL
4,569.2		TOTAL GENERIC		6858.9	928.3	688.8	-186.9	8289.1	-2894.1	0.0	5395.0	
		<u>Memorandum Items:</u>										
0.0		Central Overheads										
0.0		Capital charges										
0.0		Directorate Overheads										
4,569.2		Total Cost of Unit									0.0	

TOTAL ADULTS - Budget & Services												
2006-07		2007-08										
Controllable	FTE	Activity/Budget Line	FTE	Employee costs	Running Costs	Contracts & Projects	Transfer Payments	Gross Expenditure	External Income	Internal Income	Controllable Expenditure	Cabinet Member
£'000				£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
		Residential Care										
-3,336.4		41A KCC Residential		0.0	0.0	0.0	0.0	0.0	-3149.1	0.0	-3149.1	KL
39,159.5		41B Ind Sector Res Care		0.0	0.0	37373.4	0.0	37373.4	-15342.8	0.0	22030.6	KL
20,951.6		41 C Ind Sector Nursing Homes		0.0	0.0	28495.6	0.0	28495.6	-9597.7	0.0	18897.9	KL
27.3		41 D Preserved rights - Older People residential homes		0.0	0.0	5489.6	0.0	5489.6	-4153.2	0.0	1336.4	KL
12.0		41E Preserved rights - Older People nursing homes		0.0	0.0	1062.6	0.0	1062.6	-1062.5	0.0	0.0	KL
372.2		41 G Preserved rights - Older People Res Pre 2002		0.0	0.0	1015.5	0.0	1015.5	-508.2	0.0	507.3	KL
12.9		41 H Preserved rights - Older People Nursing Pre 2002		0.0	0.0	332.9	0.0	332.9	-158.8	0.0	174.1	KL
0.0		41K RNCC		0.0	0.0	6130.2	0.0	6130.2	-6130.2	0.0	0.0	KL
1,357.8		41 M OPMH Residential		0.0	0.0	23522.9	0.0	23522.9	-7215.4	0.0	16307.5	KL
1,102.8		41 N OPMH Nursing		0.0	0.0	5898.0	0.0	5898.0	-1233.9	0.0	4664.1	KL
-109.0		42A Adult Support Units		0.0	0.0	0.0	0.0	0.0	-127.7	0.0	-127.7	KL
25,343.7		42B Ind Sector Residential Care		0.0	0.0	33668.8	0.0	33668.8	-5136.1	0.0	28532.7	KL
0.0		42 C Ind Sector Nursing Care		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	KL
972.8		42 D Preserved rights - learning difficulties		0.0	0.0	4196.9	0.0	4196.9	-2876.6	0.0	1320.3	KL
11,224.1		42E Preserved rights - learning difficulties Pre 2002		0.0	0.0	21535.8	0.0	21535.8	-9844.5	0.0	11691.3	KL
0.0		42K RNCC		0.0	0.0	43.4	0.0	43.4	-43.4	0.0	0.0	KL
-79.6		43A KCC Residential Care		0.0	0.0	0.0	0.0	0.0	-78.4	0.0	-78.4	KL

8,463.7	43B	Ind Sect Res Care		0.0	0.0	9516.4	0.0	9516.4	-1593.3	0.0	7923.2	KL
33.7	43 D	Preserved rights - physical disabilities		0.0	0.0	227.3	0.0	227.3	-227.3	0.0	0.0	KL
1,243.2	43E	Preserved rights - physical disabilities Pre 2002		0.0	0.0	2106.6	0.0	2106.6	-1309.8	0.0	796.8	KL
0.0	43K	RNCC		0.0	0.0	299.0	0.0	299.0	-299.0	0.0	0.0	KL
106,752.3		TOTAL RESIDENTIAL CARE		0.0	0.0	180914.9	0.0	180914.9	-70088.0	0.0	110827.0	
		Community Care										
-1,060.5	45A	KCC Home Care Service		0.0	6689.3	0.0	0.0	6689.3	-9273.3	0.0	-2584.0	KL
1,110.2	45B	Direct Payments		0.0	0.0	3986.3	0.0	3986.3	-163.8	0.0	3822.5	KL
1,978.5	45 C	Ind Sector Day Care		0.0	56.5	2790.3	0.0	2846.8	-778.2	0.0	2068.6	KL
1,161.1	45 D	Ind Sector Meals Service		0.0	0.0	2481.3	0.0	2481.3	-1624.9	0.0	856.4	KL
29,946.2	45E	Ind Sector Home Care		0.0	0.0	35257.2	0.0	35257.2	-4617.7	0.0	30639.5	KL
4,427.9	45F	Voluntary Orgs		0.0	0.0	6198.2	0.0	6198.2	-1494.9	0.0	4703.3	KL
0.0	45L	Internal Trading Older People Day Care		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	KL
133.3	45V	Client Transport		0.0	83.3	0.0	0.0	83.3	-5.0	0.0	78.3	KL
0.0	45T	Assistive Technology		5.1	0.0	0.0	0.0	5.1	0.0	0.0	5.1	KL
0.0	45 W	Area Use Day Ctres		64.7	68.3	40.9	0.0	173.9	-10.0	0.0	163.9	KL
-179.5	46A	KCC Home Care Service		0.0	0.0	0.0	0.0	0.0	-228.1	0.0	-228.1	KL
572.8	46B	Direct Payments		0.0	0.0	3151.1	0.0	3151.1	-77.1	0.0	3074.0	KL
3,067.5	46 C	Ind Sector Day Care		0.0	549.6	2625.2	0.0	3174.8	-36.8	0.0	3138.0	KL
0.0	46 D	Ind Sector Meals Service		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	KL
1,396.4	46E	Ind Sect Home Care		0.0	0.0	3087.6	0.0	3087.6	-1395.5	0.0	1692.1	KL
181.0	46F	Voluntary Orgs		0.0	0.0	823.7	0.0	823.7	-335.6	0.0	488.1	KL
0.0	46 H	Internal Trading LD ILS		0.0	0.0	0.0	0.0	0.0	-400.0	0.0	-400.0	KL
112.8	46L	Internal Trading LD Day Opportunities		0.0	112.8	0.0	0.0	112.8	0.0	0.0	112.8	KL
0.0	46 M	Internal Trading LD Group Homes		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	KL
1,064.9	46V	Client Transport		0.0	363.1	0.0	0.0	363.1	-0.2	0.0	362.9	KL
349.8	46	Supported & Other		0.0	0.0	1363.7	0.0	1363.7	-183.1	0.0	1180.6	KL

		W	Accommodation										
513.4		46Y	Ind Sector Group Homes		0.0	0.0	1446.1	0.0	1446.1	-75.2	0.0	1370.9	KL
-292.8		47A	KCC Home Care Service		0.0	561.4	0.0	0.0	561.4	-788.1	0.0	-226.7	KL
1,710.8		47B	Direct Payments		0.0	0.0	5679.3	0.0	5679.3	-389.2	0.0	5290.1	KL
1,251.9		47 C	Ind Sector Day Care		0.0	279.4	641.5	0.0	920.9	0.0	0.0	920.9	KL
0.0		47 D	Ind Sector Meals Service		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	KL
5,262.1		47E	Ind Sector Home Care		0.0	0.0	6828.3	0.0	6828.3	-1702.4	0.0	5125.9	KL
589.6		47F	Voluntary Organisations		0.0	0.0	898.9	0.0	898.9	-335.4	0.0	563.5	KL
-1.0		47 H	Internal Trading PD ILS		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	KL
23.5		47L	Assisted Phone Alarms		0.0	21.3	0.0	0.0	21.3	0.0	0.0	21.3	KL
0.0		47 N	Internal Trading PD Resource Centres		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	KL
470.4		47V	Client Transport		0.0	88.9	0.0	0.0	88.9	-60.1	0.0	28.8	KL
0.0		47 W	Supported & Other Accommodation		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	KL
53,790.3			TOTAL COMMUNITY CARE	7.60	69.8	8873.9	77299.6	0.0	86243.3	-23974.6	0.0	62268.7	
			Older People's Direct Service Unit										
13,981.7		41F	Linked Service Centres		10892.6	1481.0	0.0	53.6	12427.2	-12.7	0.0	12414.5	KL
3,016.0		41 W	Integrated care Centres		3387.3	570.2	5601.0	0.0	9558.5	-3535.3	0.0	6023.2	KL
2,910.1		45 G	KCC Day Care		1880.9	696.2	0.0	18.5	2595.6	-158.7	0.0	2436.9	KL
19,907.8	708.6		TOTAL OLDER PEOPLE'S DIRECT SERVICE UNIT	621.10	16160.8	2747.4	5601.0	72.1	24581.3	-3706.7	0.0	20874.6	
			Kent Homecare Services										
0.0		45K	KCC Homecare		5918.1	-6027.3	0.0	109.2	0.0	0.0	0.0	0.0	KL
0.0		46K	KCC Home Care		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	KL
0.0		47K	KCC Home Care		561.4	-561.4	0.0	0.0	0.0	0.0	0.0	0.0	KL
0.0	205.3		TOTAL KCC HOMECARE SERVICE	175.5	6479.5	-6588.7	0.0	109.2	0.0	0.0	0.0	0.0	
			Adult Services Provider Unit										
3,404.3		42F	Adult Support Units		3087.7	174.4	20.8	31.2	3314.1	-36.6	0.0	3277.5	KL
7,793.4		46 N	Day Opps LD		6670.9	1778.2	0.0	43.4	8492.5	-311.5	0.0	8181.0	KL

ADULTS (SESEU) - Budget & Services

2006-07		2007-08											
Controllable	FTE	Activity/Budget Line		FTE	Employee	Running	Contracts	Transfer	Gross	External	Internal	Controllable	Cabinet
Expenditure					costs	Costs	&	Payments	Expenditure	Income	Income	Expenditure	Member
							Projects	& Recharges					
£'000					£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
1,012.2		53A	SESEU KCC Community Care LD		1329.5	320.8	0.0	0.0	1650.3	-578.9	0.0	1071.4	KL
267.8		53B	SESEU KCC Community Care MH		245.9	46.8	0.0	0.0	292.7	-15.8	0.0	276.9	KL
307.0		53C	SESEU Administration		290.3	22.3	0.0	0.0	312.6	-7.6	0.0	305.0	KL
0.0		53T	Internal Trading - SESEU		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	KL
1,587.0	68.3	TOTAL	SESEU	72.2	1865.7	389.9	0.0	0.0	2255.6	-602.3	0.0	1653.3	
			<u>Memorandum Items:</u>										
103.3			Central Overheads									56.0	
16.7			Capital charges									11.2	
0.0			Directorate Overheads										
1,707.0			Total Cost of Unit									67.2	

Summary Total - Adult Social Services Directorate

2006-07		2007-08											
Controllable	FTE	Activity/Budget Line	FTE	Employee	Running	Contracts	Transfer	Gross	External	Internal	Controllable	Overheads	Cabinet
Expenditure				Costs	Costs	&	Payments	Expenditure	Income	Income	Expenditure		Member
£'000				£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
201,113.6	2,166.6	Services for Adults	2,083.4	62,818.6	7,846.6	264,640.9	68.8	335,374.9	-	0.0	231,944.3		KL
15,276.3	276.2	Mental Health Services	254.8	9,041.9	671.9	13,210.8	251.5	23,176.1	103,430.6	-7,229.6	0.0	15,946.5	KL
7,090.5	155.7	OT & Sensory Disabilities Unit	135.1	4,909.5	3,663.8	1,428.8	-224.8	9,777.3	-2,933.0	0.0	6,844.3		KL
1,587.0	68.3	SESEU	72.2	1,865.7	389.9	0.0	0.0	2,255.6	-602.3	0.0	1,653.3		KL
628.5	7.0	Strategic & Area Management	7.0	613.6	169.9	0.0	0.0	783.5	-5.4	0.0	778.1		KL
0.0	16.0	Supporting People	16.0	734.7	1,385.9	30,727.7	80.0	32,928.3	-32,928.3	0.0	0.0		KL
4,370.1	125.6	Performance, Contracting & Planning Unit	134.4	5,299.7	971.0	906.9	26.8	7,204.4	-1,722.8	0.0	5,481.6		KL
12,730.4	248.8	Training, Duty Service and Support	212.6	11,891.9	5,681.5	84.7	-2,447.1	15,211.0	-4,460.4	-112.2	10,638.4		KL
345.6	8.6	Gypsy Unit	8.6	256.5	45.7	321.6	4.0	627.8	-281.5	0.0	346.3		KL
	0.0	AAARE	0.0	0.0	50.0	0.0	0.0	50.0	0.0	0.0	50.0		KL
243,141.9	3,072.8	Controllable Totals	2,924.0	97,432.1	20,876.2	311,321.4	-2,240.8	427,388.9	-	-112.2	273,682.8		
									153,593.9				
		<u>Memorandum Items:</u>											
9,927.7		Central Overheads									9,271.0		
637.3		Capital charges									571.0		
0.0		Directorate Overheads											
253,706.9		Total Cost of Unit									283,524.8		
											-283,524.8		

By: Overview and Scrutiny Manager

To: Adult Social Services Policy Overview Committee –
16 November 2007

Subject: **UPDATE ON SELECT COMMITTEE WORK**

Classification: Unrestricted

Summary: This report updates Members on current Select Committee activity and future work arising from it.

Select Committee: Carers in Kent

1. (1) The Select Committee held its evidence gathering hearings in July and August 2007 and considered the first draft of its report on 17 October. It will meet Cabinet and Directorate representatives to receive their comments on the report on 15 November, so an update can be given at the 16 November meeting of this Committee. The report will then be considered by the full Cabinet on 3 December and County Council on 13 December. Its reception at each can be reported to the January meeting of this Committee.

Select Committee: Transitional Arrangements

2. (1) When the Select Committee's final report and recommendations were considered by Cabinet on 14 May 2007, it was proposed by Mr K G Lynes that an Informal Member Group be convened to undertake a piece of focused work around some of the key issues raised by the Select Committee, reporting initially to Dr T R Robinson and himself, and its findings be included as part of the overall report on the issue to the full County Council in Autumn 2007. This proposal was supported by the Leader and agreed by the Cabinet. Unfortunately, the Group has been delayed in moving ahead with its work due to the illness of the Chairman.

(2) In addition to the establishment of the Informal Member Group, officers in the Kent Adult Social Services and Children, Families and Education Directorates have been enthusiastic in welcoming the report. The 2010 Transition Executive Group is well established. It is chaired by the Managing Director of KASS, with Director-level representatives from KASS, CFE, Connexions, NHS, the Learning and Skills Council and the Joint Director Learning Disabilities. A District Council Chief Executive has been invited to join the Group. The recommendations of the Select Committee have been brought together with the Group's work plan. Early outcomes have been a set of protocols which are being piloted before final sign-off, a user survey which will shortly be undertaken by the Tizard Centre at the University of Kent at Canterbury, and a guide for young people and their parents/carers, giving information on services and access.

(3) The progress of the Informal Member Group and Executive Group will be reported to future meetings of this Committee.

Select Committee: Gypsy and Traveller Sites

3. (1) The Select Committee met on 31 May 2007 to review progress on its recommendations, one year on from its publication. Members were pleased to note that much progress had been made to put in place what had been recommended by the Select Committee, but noted a few areas in which it had not been possible, through no fault of the County Council and its District and Borough partners, to make any progress on implementing some of the recommendations. It resolved to meet again in late November 2007 to review progress against these last few outstanding recommendations. This meeting will take place on 29 November and the outcome of it will be reported to the January meeting of this Committee.

Future Work Programme

4. (1) On 5 November, the Policy Overview Co-ordinating Committee met to agree the future work programme of Select Committee reviews. Although this Committee currently has no topics on the list, I would emphasise that planned work is always subject to change to respond to emerging issues, and any topic which the Committee wishes to put forward could still be added, to be considered alongside those already listed. The Policy Overview Co-ordinating Committee will meet on 14 February 2008, so there is time for any proposal this Committee wishes to make to be worked up in time to be considered at this meeting.

Recommendations

Members are asked to note that:-

- (a) the Carers in Kent Select Committee shared its report with Cabinet Members and Directorate representatives on 15 November 2007, and the report will then go to the full Cabinet on 3 December and the County Council on 13 December 2007;
- (b) the work of the Transitional Arrangements Informal Member Group will be reported to a future meeting of the Committee;
- (c) the 2010 Transition Executive Group is well established, bringing together partner organisations, and is taking forward the Select Committee's recommendations in its work plan. Early outcomes include a set of protocols, a user survey and a guide to services for young people and their parents/carers;
- (d) the Select Committee on Gypsy and Traveller Sites will re-convene on 29 November 2007 to review progress against those few recommendations on which it has not been possible to make any progress thus far, and a report on the outcome of that meeting will be made to this Committee on 29 January 2008; and

- (e) any suggestions for future topic review work that the Committee wishes to put forward for inclusion in the work programme should 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.

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Background Information: *Nil*

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