



AGENDA

CABINET SCRUTINY COMMITTEE

Wednesday, 24th January, 2007, at 10.00 am
Darent Room, Sessions House, County Hall,
Maidstone

Ask for: **Peter Sass**
Telephone **01622 694002**

Refreshments will be available from 9.45 am. County Councillors who are not Members of the Committee but who wish to ask questions at the meeting are asked to notify the Chairman of their questions in advance.

UNRESTRICTED ITEMS

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

A. COMMITTEE BUSINESS

- A1 Substitutes
- A2 Minutes - 13 December 2006 (Pages 1 - 6)
- A3 Informal Member Group on Budgetary Issues - 11 January 2007 (Pages 7 - 10)
- A4 Cabinet Scrutiny Committee - Standing Report to January 2007 (Pages 11 - 14)
- A5 Implications of the Local Government and Public Involvement in Health Bill for the Overview and Scrutiny Functions of KCC (Pages 15 - 18)

B. CABINET/CABINET MEMBER DECISIONS AT VARIANCE TO APPROVED BUDGET OR POLICY FRAMEWORK

No items.

C. CABINET DECISIONS

- C1 Commission for Social Care Inspection - Annual Performance Review Report for Adult Social Care (Pages 19 - 76)

Mr K G Lynes, Cabinet Member for Adult Services; and Mr O Mills, Managing Director, Adult Services, will attend the meeting at 10.30 am to answer Members' questions on this item.

- C2 Other Cabinet Decisions

Any Member of the Committee is entitled to propose discussion and/or postponement of any other decision taken by the Cabinet at its last meeting.

(Members who wish to exercise their right under this item are asked to notify the Head of Democratic Services of the decision concerned in advance.)

D. CABINET MEMBER DECISIONS

D1 Replacement of Service at Dymchurch, Horsmonden and Whitfield Libraries (Decisions 06/00903-5) (Pages 77 - 96)

Mr P M Hill, Cabinet Member for Community Services; Mr D Crilley, Director of Libraries, Youth, Culture and Sport; and Ms S Sparks, Strategic Manager, Libraries and Archives, Communities Directorate, will attend the meeting at 11.30 am to answer Members' questions on this decision.

D2 A229 Royal Engineers Way/Stacey Street Roundabout, Maidstone (Decision 06/00916) (Pages 97 - 102)

Mr K A Ferrin MBE, Cabinet Member for Environment, Highways and Waste; and Mr D Hall, County Transportation Manager, Kent Highway Services, will attend the meeting at 12 noon to answer Members' questions on this decision.

E. OFFICER AND COUNCIL COMMITTEE DECISIONS

No Officer or Council Committee decisions have been proposed for call in but the Committee may resolve to consider any decision taken since its last meeting by an Officer or Council Committee exercising functions delegated to it by the Council.

(Members who wish to propose that the Committee should consider any Officer or Council Committee decision are asked to inform the Head of Democratic Services of the decision concerned in advance.)

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

Peter Sass
Head of Democratic Services and Local Leadership
(01622) 694002

Tuesday, 16 January 2007

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

KENT COUNTY COUNCIL

CABINET SCRUTINY COMMITTEE

MINUTES of a meeting of the Cabinet Scrutiny Committee held at Sessions House, County Hall, Maidstone on Wednesday, 13 December 2006.

PRESENT: Dr M R Eddy (Chairman), Mr D Smyth (Vice-Chairman), Mr A R Bassam, Mr A H T Bowles, Mr J R Bullock MBE, Mr C J Capon, Mr B R Cope, Mr M Cullinane (substitute for Dr D Wadman), Mr C Hart, Mr E E C Hotson, Mr P W A Lake, Mr C J Law, Mrs M Newell, Mrs E D Rowbotham (substitute for Mr R J E Parker), Mr J E Scholes and Mrs P A V Stockell.

IN ATTENDANCE: Mr J Wale, Assistant to the Chief Executive and Mr S C Ballard, Head of Democratic Services.

UNRESTRICTED ITEMS

39. Minutes
(Item A2)

RESOLVED that the Minutes of the meeting held on 25 October 2006 are correctly recorded and that they be signed by the Chairman.

40. Informal Member Group on Public Health Unit Business Plan – 24 October 2006
(Item A3)

RESOLVED that:-

- (a) the recommendations of the Informal Member Group be adopted and:-
 - (i) while welcoming the action taken by the Public Health Unit to ensure that public health issues were recognised in KCC's strategic plans and policies, the suggestion be made to the Kent Department of Public Health (KDPH) that it should identify the structural factors that militate against public health (eg lack of open space in residential developments, etc) in order to feed upwards to influence Government;
 - (ii) the need to involve District Councils and other stakeholders in its work be emphasised to the KDPH, particularly in view of the importance of the functions of District Councils to public health;
 - (iii) the suggestion be made to the KDPH that it should work with KCC's Press Office, not only to directly publicise public health matters, but also to include public health messages within press releases about other subjects.
- (b) the remaining notes of the meeting be noted.

41. Informal Member Group on Budgetary Issues – 30 November 2006

(Item A4)

RESOLVED that the notes of the meeting of the Informal Member Group on Budgetary Issues held on 30 November 2006 be noted.

42. Cabinet Scrutiny Committee – Standing Report to December 2006

(Item A5 – Report by Assistant to the Chief Executive)

RESOLVED that the report on the actions taken as a result of the Committee's decisions at previous meetings, and on progress with Select Committee Topic Reviews, be noted.

43. Local Government White Paper – Implications for Scrutiny

(Item A6 – Report by Corporate Policy Unit)

Mr M Ayre, Senior Policy Manager, Corporate Policy Unit, attended the meeting for this item.

RESOLVED that the report be noted and a further report on the scrutiny implications of the newly-published Local Government and Public Involvement in Health Bill be submitted to the next meeting of the Committee.

44. Encouraging the Public to Participate in the Scrutiny Process

(Item A7 – Report by Head of Democratic Services)

RESOLVED that the draft note on public involvement in the scrutiny process, attached at Appendix 1 to the report, be approved for issue to interested members of the public and publication on the Committee's page on the KCC website.

45. Reduction of Surplus Capacity in Primary Schools: St Joseph's (Voluntary Aided) Catholic Primary School: Proposed Closure – Outcome of Public Consultation (Decision 06/00816)

(Item D1)

(1) Mr J D Simmonds, Cabinet Member for Education and School Improvement; Dr I Craig, Director of Operations, Children, Families and Education Directorate; and Mr M Doole, Area Education Officer, Dover and Thanet, attended the meeting to answer questions on this item.

(2) Mr G Prosser, MP for Dover and Deal; and Cllr L Knight, Dover District Councillor for Aylesham, attended the meeting to express their views and ask questions on this item.

(3) Questions covered the issues set out in the following paragraphs:-

Primary School Strategy

(4) In answer to a question from Mr Prosser, Dr Craig explained again that both the DfES and the Audit Commission had made it clear that it was up to individual LEAs to decide what target they should adopt for surplus school places. The target would vary according to the size and distribution of the population of each LEA but the Audit Commission had indicated that surplus places should be kept to the minimum necessary and that a figure of more than 10% would trigger "further attention". It was in this context that the County Council had adopted a target in its Primary Strategy of reducing surplus places to 5-7%.

Letter from Dover District Council and Other Consultation Issues

(5) In answer to questions from Mr Prosser, Dr Eddy and Cllr Knight, Mr Doole explained that the letter from Dover District Council dated 3 November was part of an ongoing correspondence about the proposals for reducing surplus capacity throughout the Dover District. The District Council's letter did not raise a formal objection to any of the closure or amalgamation proposals but asked for further information and reassurance. A full reply had been sent on 12 December.

(6) Mr Simmonds pointed out that all proposals for school closures and amalgamations had been subject to lengthy public consultation periods. The consultation period on the proposal for the closure of St Joseph's had ended on 29 June.

(7) In answer to a question from Mrs Newell about why the Cluster Board had been specifically consulted on the closure of St Joseph's but the wider Children's Consortium apparently had not, Dr Craig said that there had been a full public consultation so all interested parties had had an opportunity to comment, and explained that the Cluster Board's comments were reported separately because it was standard practice to do so. He pointed out that this practice would soon have to change because the Cluster Boards and Children's Consortia were to be combined into Local Children's Trusts.

Alternatives to Closure of St Joseph's

(8) In answer to questions from Mr Prosser and Mr Smyth about the possibility of a federation between St Joseph's and St Edmund's Catholic (Secondary) School, Dover, Dr Craig and Mr Doole explained that a federation solution had been adopted in the case of St Radigund's, Dover, because there was a strong community case for keeping the school open, despite its surplus places, but the main issue was low standards. A federation with Astor College for the Arts, Dover, was expected to address the standards issue at St Radigund's.

(9) There was not a similarly strong community case for retaining St Joseph's (because Aylesham Community Primary School was nearby and had sufficient capacity to accommodate all the children from the village), and there was no problem with low standards at the school. The suggested federation with St Edmund's would not help to address the key issue, which was surplus primary school capacity in Aylesham. Mr Cullinane said that experience elsewhere suggested that federations increased rolls at the primary schools concerned because of the educational benefits for their children which parents saw flowing from the federation.

(10) In answer to a question from Mr Cullinane, Mr Doole explained that the reasons for proposing the closure of St Joseph's rather than the closure of Aylesham School were that Aylesham School had plentiful, good accommodation on a large site, whereas St Joseph's was located on a very restricted site.

(11) In answer to a question from Dr Eddy, Mr Doole said that the possibility of reducing Aylesham School from 2 to 1 form of entry and retaining St Joseph's had been discounted at an early stage because, as long as the surplus accommodation at Aylesham School remained part of the school site, it would need to feature in the surplus capacity calculation, unless it could be re-designated (but DfES criteria allowed limited scope for this).

(12) In answer to a question from Mr Cullinane, Mr Doole said that amalgamation of St Joseph's and Aylesham Schools was not an option because of St Joseph's voluntary-aided status.

(13) Mr Simmonds said that he believed that the closure of St Joseph's and the concentration of educational resources at Aylesham School was the best option on educational, social, community, as well as economic grounds.

Planned Housing Growth in Aylesham

(14) In answer to questions from Mr Prosser, Cllr Knight, Mr Cullinane and Mr Smyth, Mr Doole said that there was no dispute that there would be future housing growth in Aylesham but this had been taken fully into account. The impact of housing growth (including the proportion of new affordable housing) on the number of primary school pupils inevitably relied on projections but the County Council had, over the years, developed methods for making projections which had proved to be quite accurate.

(15) The potential for immigrants from Eastern Europe (with a high proportion of Roman Catholics) to settle in Aylesham had not been specifically taken into account because it was unquantifiable. In any case, there was no reason to regard immigrants separately from other people settling in Aylesham, whether in new or existing housing.

Social Deprivation in Aylesham

(16) In answer to a question from Cllr Knight, Mr Simmonds said that he had taken social deprivation issues fully into account. Indeed, this was the reason why he had decided that the proposal for the closure of St Radigund's, Dover, should not be proceeded with.

(17) Social deprivation was not such an issue in Aylesham because, if St Joseph's closed, the village would still have one viable, sustainable primary school with the resources to fully meet its social and community needs.

Denominational Issue

(18) In answer to a question from Mr Capon, Mr Cullinane said that, over the last 5 years, there had been a 50% increase (from 6 to 12 per annum) in the number of baptisms at the Roman Catholic Church in Aylesham. Currently, 50% of the pupils at St Joseph's School were Roman Catholic.

(19) In answer to a question from Mr Hart, Mr Doole said that the denominational issue had been at the forefront of the consideration of the future of St Joseph's and the figures for Roman Catholics in the school and in the area – both current and projected – had been checked and re-checked.

(20) In answer to a question from Mr Cullinane, Dr Craig pointed out that, over the last 3 years, at a time of falling rolls, the County Council had increased the proportion of places at RC schools and Church schools as a whole. At the end of the Primary Strategy process, even if St Joseph's closed, there would be a greater proportion of places at RC primary schools – in East Kent as well as in Kent as a whole – than before the process began.

(21) In answer to a question from Mrs Rowbotham about the need for schools offering a Christian ethos, Mr Doole pointed out that there were a number of C of E schools in the area surrounding Aylesham.

Transport Issues

(22) In answer to a question from Dr Eddy, Mr Doole said that no survey had been undertaken on the transport and traffic implications of the closure of St Joseph's because it was impossible at this stage to predict which alternative schools parents would choose. In any case, the impact on traffic was likely to be minor because the total number of pupils who would be displaced was relatively small.

Nursery Provision

(23) In answer to a question from Mrs Newell, Mr Doole said that there was a partnership (similar to a maintained) nursery at Aylesham School and a private nursery at St Joseph's. On the last occasion that the numbers had been checked, the nursery on the Aylesham School site had sufficient provision to accommodate local demand. Dr Craig said that there was also a designated (first wave) Children's Centre at Aylesham.

Closure Process

(24) In answer to a question from Mr Law, Dr Craig explained that, if the Cabinet Member Decision to issue a Public Notice for the closure of St Joseph's was implemented, the matter would then be referred to the independent Kent School Organisation Committee (KSOC). If any one of the five groups represented on KSOC objected to the proposal, it would have to be referred to the Schools' Adjudicator.

Conclusions

(25) In considering what conclusions the Committee should reach, Mr Smyth proposed, Dr Eddy seconded, that Decision 06/00816 on the proposal to close St Joseph's (Voluntary Aided) Catholic Primary School, Aylesham, be referred back to the Cabinet Member for Education and School Improvement for reconsideration, and implementation of the Decision be postponed in the meantime.

Lost 8 votes to 5

(26) Mr Law then proposed, Mr Capon seconded, that the Committee make no comments on Decision 06/00816 on the proposal to close St Joseph's (Voluntary Aided) Catholic Primary School, Aylesham.

Carried 7 votes to 5

(27) RESOLVED that:-

- (a) Mr Simmonds, Dr Craig and Mr Doole be thanked for attending the meeting and answering Members' and visitors' questions;
- (b) Mr Prosser and Cllr Knight be thanked for attending the meeting and giving their views;
- (c) no comments be made on Decision 06/00816 on the proposal to close St Joseph's (Voluntary Aided) Catholic Primary School, Aylesham.

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NOTES of a meeting of the Cabinet Scrutiny Committee's Informal Member Group on Budgetary Issues held on Thursday, 11 January 2007

PRESENT: Mr D Smyth (Chairman), Mr C J Capon and Mr G Rowe (substitute for Mrs T Dean).

ALSO PRESENT: Mr N J D Chard, Cabinet Member for Finance and (for Item 2) Mr K G Lynes, Cabinet Member for Adult Services.

OFFICERS: Ms L McMullan, Director of Finance; Mrs C Head, Chief Accountant; Miss C Highwood, Director-Resources, Adult Services Directorate; Miss M Goldsmith, Finance Manager, Adult Services Directorate; and Mr S C Ballard, Head of Democratic Services

1. Notes of Previous Meeting
(Item 1)

Noted.

2. Adult Services Directorate Budget Position
(Item 2 – Annex 2 of Cabinet report, December 2006)

(1) Miss Highwood and Miss Goldsmith gave a brief overview of the current Adult Services budget position. Members' questions covered the following issues:-

Direct Payments (paras 1.1.3.3 and 1.1.3.4)

(2) Members noted that work to discover the precise reasons for the increase in Direct Payments was still ongoing. In answer to a question from Mr Smyth, Miss Highwood said that while one of the reasons was certainly unmet demand, there were also differences in costs and service levels between clients receiving domiciliary care and clients receiving Direct Payments.

(3) In answer to a question from Mr Rowe, Miss Highwood confirmed that the sole reason for introducing Direct Payments was to provide greater choice for clients.

SWIFT (para 1.1.4.1)

(3) In answer to a question from Mr Smyth, Miss Highwood explained that implementation of SWIFT was a large and complex exercise. Because of the sophistication of Adult Services' existing systems, it had to be done as a 'big bang'. As a result, when the system went live it took three weeks to transfer existing data, leaving a backlog of new data and report-writing. This backlog was being tackled as swiftly as possible but, in the meantime, all data was being collected manually to ensure that the Directorate had management information.

(4) Miss Goldsmith reported that the Directorate would shortly have up-to-date manual data on residential and nursing care clients. Unfortunately, there were too many domiciliary care clients to use a manual spreadsheet. However, this was a relatively small budget area and, because payment systems were automated, spend to date figures were available.

Delayed Transfers (para 2.1)

(5) In answer to a question from Mr Rowe, Miss Highwood said that, on average, only approximately one-third of the delays were attributable to Adult Services; the remaining two-thirds being attributable to the NHS. Adult Services had received a £2.4m pa Reimbursement Grant from Government to cover the cost of fines for delayed discharges. By agreement with the PCTs and Acute Trusts, instead of paying fines, the grant was being used jointly to develop schemes to speed up the discharge of patients from hospital. The Department of Health had held this up as an example of good practice.

Maximisation of Benefits (para 1.1.4.1)

(6) In answer to a question from Mr Rowe, Miss Goldsmith explained that Specialist Finance Teams had been developed in three Districts (and would begin work in the other nine Districts from 1 April 2007). The intention was that, in future, they would work jointly with the Department for Work and Pensions so, as well as carrying out financial assessments for the provision of service (a role previously performed by Care Management staff) they would also be able to offer specialist advice on state benefits and to assess clients' eligibility for those benefits.

Broadmeadow (para 1.2.4)

(7) In answer to a question from Mr Capon, Miss Highwood said that preparation of this scheme had had to be undertaken quickly to fit the timetable for construction of the Folkestone Academy. The lesson learned was not to run Adult Services projects to fit the timetable of an external project.

3. Revenue and Capital Budget Monitoring Exception Report *(Item 3 – Report to Cabinet)*

(1) Members' questions covered the following issues:-

Overall Position

(2) In answer to a question from Mr Smyth, Ms McMullan said that this month's figures showed further improvements and she was reasonably confident that, Asylum costs aside, we would be close to a balanced revenue position by year end.

Asylum (para 2.1)

(3) In answer to a question from Mr Rowe, Mr Chard and Ms McMullan explained that, because grant was based on historic costs (which, in Kent's case had been very low), it no longer covered the costs we incurred today. A Special Circumstances bid to cover the shortfall had been made but negotiations with the DfES had so far proved unfruitful.

Adult Services (para 2.2.7)

(4) In answer to a question from Mr Smyth, Ms McMullan said that where one-off savings not sustainable in future years had been made, they would be identified as pressures in the budget for 2007/08.

Community Safety (para 2.4)

(5) In answer to a question from Mr Rowe, Mrs Head offered to provide Members with details of the £0.3m underspending in Community Safety. **(Action: CH)**

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REPORT TO: CABINET SCRUTINY COMMITTEE 24 January 2007
BY: ASSISTANT TO THE CHIEF EXECUTIVE

CABINET SCRUTINY AND POLICY OVERVIEW
Standing Report to January 2007

Summary

1. The report summarises in Table 1 outcomes of the most recent Cabinet Scrutiny Committee (CSC) meeting held on 13 December 2006. Cabinet Members and Chief Officers were provided with a copy of the action sheet and asked to respond as appropriate. The report includes any subsequent responses and actions by Cabinet Members and Senior Officers up to and including the meeting of Cabinet held on 15 January 2007.
2. Additionally, in Table 2 the report provides an updated report on the current programme for Select Committee Topic Reviews as agreed at Policy Overview Co-ordinating Committee on 10 August.

Recommendations

3. Members are asked to note:
 - (i) progress on actions and outcomes from the meeting of Cabinet Scrutiny Committee held on 13 December 2006 as set out in Table 1;
 - (ii) the current position on Select Committee Topic Reviews.
-

Contact Officer: **John Wale 01622 694006**

ACTIONS FOR CABINET/DIRECTORATES FROM CABINET SCRUTINY COMMITTEE 13 December 2006 (following Cabinet 15 January 2007)

Item/Issue	Actions and Outcomes from Cabinet Scrutiny Committee
A2 Minutes of Cabinet Scrutiny Committee 25 October 2006	These were agreed.
A3 Informal Member Group on Public Health Unit Business Plan	These were noted and the recommendations endorsed.
A4 IMG on Budgetary Issues 30 November 2006	Noted.
A5 Cabinet Scrutiny Committee: Actions and Outcomes	Noted.
A6 Local Government White Paper: Implications for Scrutiny	<p>Items A6 and A7 were considered together. Mr M. Ayre attended and spoke. There were also contributions from Mr Wale and Mr Ballard. Members considered the implications for local scrutiny under the proposed Community Call for Action, following which:</p> <p>(i) The Committee requested a report to the next meeting on scrutiny implications of the Local Government and Public Involvement in Health Bill.</p> <p>(ii) Mr Ballard's Advice Note on Public Involvement was agreed.</p>
A7 Encouraging the Public to participate in the Scrutiny Process	
D1 Reduction in Capacity in Primary Schools: St Joseph's (Voluntary Aided) Catholic Primary School: Proposed Closure-Outcome of Public Consultation-(Decision 06/00816)	<p>Mr J Simmonds, Cabinet Member for Education and School Improvement; Dr I Craig, Director of Operations, CFE ; and Mr M Doole, Area Education Officer, Dover and Thanet, attended for this item and answered Members' questions.</p> <p>Mr G Prosser MP; Cllr L Knight (DDC) also spoke on behalf of St Joseph's School and Local Residents. Mr M Cullinane spoke on behalf of the R.C. Archdiocese of Southwark.</p> <p>Following extended discussion, Members resolved:</p> <p>(i) to thank Mr Simmonds, Dr Craig, Mr Doole and other speakers for attending and asking/answering questions.</p> <p>(ii) to make no further comment.</p> <p>Decision 06/00816 can be implemented.</p>

Table 2

**Select Committee Topic Reviews:
Agreed Programme following Policy Overview Co-ordinating Committee 10
August 2006, updated to 15 January 2007**

<i>Policy Overview Committee/ Topic Review/Chair</i>	Current Topic Review status and other topics (in no particular order*) agreed for the period September 2006 to July 2008
<p>Children Families and Education :</p> <p>PSHE-Children's Health: Chair Ms CJ CRIBBON</p> <p>Developing the Creative Curriculum</p> <p>Primary School Attainment</p> <p>Young People's Spiritual, Moral, Social and Cultural Development</p>	<p>Inaugural meeting of the Select Committee was held on 5 October. Hearings and visits were held during November. It is anticipated that the Select Committee report will be submitted to Cabinet in April 2007. (Research Officer: Gaetano Romagnuolo)</p> <p>Dates to be agreed*</p> <p>At the meeting of the C, F & E POC on 16 November 2006 the POC recommended that the POCC consider removing this topic from the work programme as Members were satisfied that this was being adequately reviewed through the Member's Monitoring Group. The POCC will consider this request at its meeting on 5 February 2007</p> <p>Dates to be agreed.*</p>
<p>Communities</p> <p>Accessing Democracy</p> <p>Student Voice –Consultation and Participation with Young People</p> <p>Provision of Activities for Young People</p>	<p>Dates to be agreed*</p> <p>Dates to be agreed.*</p> <p>Dates to be agreed.*</p>

<p>Adult Services</p> <p>Carers in Kent</p> <p>Transition from Childhood to Adulthood: MR A BOWLES</p>	<p>Dates to be agreed*.</p> <p>Inaugural meeting of the Select Committee was held on 9 October 2006; hearing sessions commenced on 26 October and are due to end on 20 December 2006. It is anticipated that the Select Committee report will be submitted to Cabinet in May 2007. (Research Officer: Susan Frampton).</p>
<p>Environment and Regeneration</p> <p>Climate Change MR C WELLS</p> <p>Impact of Supermarkets, Out of Town Shopping Malls and Retail Parks on Businesses in Kent</p>	<p>Report was submitted to Cabinet on 16 October 2006 and was accepted by County Council on 14 December 2006.</p> <p>Dates to be agreed.*</p>
<p>NHS Overview and Scrutiny OSC</p> <p>Preventing Disease through Physical Activity (Tackling Obesity) (Joint with Canterbury City, Gravesham, and Tonbridge & Malling) MR M R FITTOCK</p>	<p>Commenced August 2005; Joint Select Committee's report to be published and launched to coincide with the establishment of the new Primary Care Trust. (Research Officer: David Turner)</p> <p>Final report was submitted to Cabinet on 4 December 2006 and was accepted by County Council on 14 December 2006</p>

jhw/sc 15January2007

** Order to be agreed in consultation with POCC Chairman, Vice-Chairman and Liberal Democrat Spokesperson.*

To: Cabinet Scrutiny Committee – 24 January 2007

From: Corporate Policy

Subject **IMPLICATIONS OF THE LOCAL GOVERNMENT BILL FOR THE OVERVIEW AND SCRUTINY FUNCTIONS OF KCC.**

1. Sources

In the Bill, the sections concerning overview and scrutiny arrangements are to be found in Sections 92 – 96 in Part 5 (sub-titled “Cooperation of English authorities with local partners etc”), Chapter 2. There are no references in the Bill itself to the Community Call for Action. The proposed Implementation Plan (possible publication during January 2007) may shed more light.

In the White Paper, the relevant paragraphs about overview and scrutiny are mainly to be found in Chapter 3, particularly paragraphs 3.29 – 3.37. There are numerous further references, particularly in Volume 2 of the White Paper.

2. The Context

The White Paper - and now the Bill - has been brought forward with the intention of strengthening the role of local government in helping to create “strong and prosperous communities”. To this end, the Secretary of State, when appointed in May 2006, was tasked by the Prime Minister with introducing “a radical and devolutionary” White Paper on local government.

The medium-term policy backdrop has been a growing consensus amongst political groups (as well as academic and media pundits and think-tanks) in favour of “localism”. This is in quotes because, like multi-culturalism or place-shaping, there is no single, commonly agreed definition for the term. There is also the continuing push from rising public expectations for improved public services to reinvigorate local accountability to strengthen the voice of those using local public services.

The spirit of a double-devolutionary approach to localism is very evident in the Bill, even if it is now refracted through Sir Michael Lyon’s “place-shaping” prism. The new duty to cooperate amongst a wide range of local public service providers with regard to Local Area Agreements (Part 5, Chapter 1) is linked with the Community Call for Action and the extended scope for local scrutiny (Part 5, Chapter 2). Equally importantly, from the viewpoint of future governance, these provisions are both closely linked with the new Best Value duty on councils (Part 7 of the Bill) to engage with the communities they serve, to encourage their participation in policy and service development and the review and monitoring of service delivery as well. This in turn reads across to the specific provisions on Local Involvement Networks (Part 11) regarding health and social care.

Some commentators have suggested that the original scrutiny powers created in the Local Government Act 2000 transposed a somewhat ineffective model of scrutiny from a Parliamentary to local government setting and that the new provisions are an effort to address some of those deficiencies.

3. *What is new?*

Essentially, the provisions in sections 92 to 96 the Bill concern matters of due process, dealing with:

- the extended scope of how elected members can get issues raised on the agenda of an overview and scrutiny committee (OSC);
- the enhanced powers of an OSC to require elected members to attend and answer questions;
- the extended powers of OSCs to require the provision of information from "relevant partner authorities" (ie those authorities and bodies itemised in "duty to cooperate" provisions);
- the extended duties of authorities and executives to consider and respond (publicly, subject to exemptions) and in the case of partner authorities "have regard" to OSC reports and recommendations;
- the new duty to ensure that where matters are raised via OSCs by an individual elected member, the individual member concerned is kept involved and informed throughout;

As mentioned above, Part 11 of the Bill (sections 153 – 164) is relevant to the extent it requires local authorities with responsibilities for personal social services to establish through contractual arrangements Local Involvement Networks (LInKs) as independent people-powered scrutineers of health and social care services in the area covered by the local authority. It is outside the scope of this paper but it is self-evident that close links will need to be forged between "scrutiny plus" and LInKs – and indeed with CDRPs on crime and disorder issues.

It seems somewhat obscured by the legalistic language of the Bill but it is the provisions in Section 92 which appear to point the way to what has been deemed "scrutiny plus", whereby the generality of public services in an area are opened up to local authority overview and scrutiny functions. It is noteworthy that the scrutiny of crime and disorder and NHS issues are governed by separate processes determined respectively by the Police and Justice Act 2006 (the legislative birthplace of the Community Call for Action) and the National Health Service Act 2006 (a consolidating Act, incorporating the NHS scrutiny provisions of the Health Care & Social Care Act 2001). This is thought to be a reflection of inter-Departmental realpolitik in Whitehall. However, the principles, processes and scopes of scrutiny look reassuringly and reasonably consistent across the piece.

There may be a good case for having a single integrated (within a local authority) "scrutiny plus" arrangement, rather than potentially parallel but separate processes. However, the fact that this need not be an insurmountable inconvenience (for local authority interests) can be evidenced

in Kent by the operation of the Policy & Overview Committee Coordinating Committee since the 2000 legislation came into effect as a way of anticipating and managing the kinds of issues that need examination.

It is open to interpretation but the “due process” wording in the Bill seems consistent with an attitude towards scrutiny that enables local authorities to take a wider view and more flexible approach.

4. Future options

KCC already has an established track record on scrutiny. NHS scrutiny arrangements were being piloted even before policy guidance or draft regulations were issued. Since the Local Government Act 2000 came into effect, non-executive Members have not limited themselves to a purely internal scrutiny role but through managed programmes of topic reviews have examined a wide range of issues of importance to the county council and the people of Kent. This has been achieved without recourse to powers to demand attendance and cooperation.

Looking to the future, Members might well wish to consider the added value that comes not just from the extended statutory ‘due process’ provisions themselves but also how involving people and communities directly can help strengthen local democracy and public confidence in its institutions. Many Members will be aware of the findings and conclusions of the Power Commission which published the results of its nationwide investigations in the Spring of 2006. It is a challenging report but where it highlights good practice, it demonstrates that finding innovative ways to engage public engagement in the holding-to-account and place-shaping roles of local government will pay dividends.

The Community Call for Action will vest new powers in local councillors. The power to ‘gate-keep’ local issues brought to their attention implies, according to the White paper but not the Bill, that local councillors will be expected to attempt to secure local resolutions through their local endeavours, of which referring to the appropriate scrutiny body is but one means at their disposal.

With the emphasis here on local issues and in order to be consistent with the Bill’s new Best Value duty for community engagement and the ‘localism’ theme of the White Paper, there is an expectation that scrutiny can be undertaken at a local level. What constitutes “local” appears at this stage to be a matter of local determination – in shire areas this could be ward division, parish (where applicable) or district.

Subject to what finally passes on to the statute book and any necessary changes to the County Council’s constitution, there are extensive opportunities to progress towards a more ‘broad brush’ and more inclusive, flexible and informal approach to scrutinising the policies and services of a wide range of public services, with non-executive members playing a pivotal role.

It is beyond the scope of this scene-setting report but it is clear that to give full effect to these opportunities will require resources both to better support non-executive Members in their local constituency roles as well as supporting a more substantive scrutiny function.

5. Recommendation

Members are asked to NOTE the contents of this report.

Martyn Ayre
Corporate Policy
01622 694355

CABINET SCRUTINY COMMITTEE – 24 JANUARY 2007

Report Titles:	Commission for Social Care Inspection – Annual Performance Review Report for Adult Social Care
Documents Attached:	Report to Cabinet, 15 January (Item 4) <i>Cabinet noted the report, the Record of Performance Assessment and Star rating letter..</i>
Purpose of Consideration:	<ul style="list-style-type: none"> (a) To examine the evidence on which CSCI based their record of performance assessment and seek an explanation for the information described by CSCI as “missing”. (b) To ascertain how KCC compares with other authorities in terms of material produced for the performance review. (c) To explore whether the Record of Performance Assessment indicates any potential risks for KCC in terms of finance and service delivery.
Possible Decisions:	<p>The Constitution (<i>Appendix 4 Part 8</i>) requires the Committee to take one of the following decisions:-</p> <ul style="list-style-type: none"> (a) make no comments; or (b) express comments but not require reconsideration of the decision; or (c) require implementation of the decision to be postponed pending reconsideration of the matter by the Cabinet in the light of the Committee’s comments; or (d) require implementation of the decision to be postponed pending reconsideration of the matter by full Council.
Previous Consideration:	None.
Background Documents:	None.

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

To: Cabinet – 15 January 2007

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

Classification: Unrestricted

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

Introduction

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

2. Although in the main the services this assessment applies to the Adult Services Directorate it does cover some services now managed within the Communities Directorate such as KDAAT (Kent Drug & Alcohol Action Team).

Policy Context

3. The ROPA outlines areas where Adult Services have improved and recommends areas for improvement. The recommendations are intended to help the council improve outcomes and the quality of services.

4. In assessing performance, CSCI uses Performance Assessment Framework (PAF) indicators and other statistical data, the delivery and improvement statement (Adults).

5. Key points we were commended for were:

- The successful implementation of the Adult Services Directorate
- The council continues to be at the forefront of the development of national policy.
- Kent's strong leadership at Member, Chief Executive, Director, and Senior Manager levels

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

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

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

Recommendations

7. Cabinet is asked to

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

Nick Sherlock
Public Involvement and Performance Manager
01622 696175

Attached documents:

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



*Making Social Care
Better for People*

RECORD OF PERFORMANCE ASSESSMENT FOR ADULT SOCIAL CARE 2005-06

Name of Adult Services Authority

Kent

Contents

Part 1
Part 2

Business Relationship Manager: Jessica Slater

Performance Information Manager: Joyce Phillips

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

Final Version: Yes

Part 1:

Summary of Improvements

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

Summary of Areas for Improvement

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

STANDARD 1: National Priorities And Strategic Objectives

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

Improvements achieved/achievements consolidated since the previous annual review

General

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

Older People

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

Prevention of Hospital Admission / Timely Discharge

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

Extra Care Housing

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

Learning Disability

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

Physical and Sensory Disability

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

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

Mental Health

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

Drugs and Alcohol

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

Carers

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

Areas for improvement

Older People

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

Prevention of Hospital Admission / Timely Discharge

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

Extra Care Housing

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

Learning Disability

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

STANDARD 2: Cost and efficiency

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

Improvements achieved/achievements consolidated since the previous annual review

General

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

Older People

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

Learning Disability

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

Areas for improvement

Older People

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

Learning Disability

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

STANDARD 3: Effectiveness of service delivery and outcomes

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

Improvements achieved/achievements consolidated since the previous annual review

Older People

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

Telecare

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

Mental Health

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

Areas for improvement

General

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

Older People

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

STANDARD 4: Quality of services for users and carers

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

Improvements achieved/achievements consolidated since the previous annual review

General

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

Older People

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

Learning Disability

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

Carers

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

Areas for improvement

General

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

Learning Disability

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

Mental Health

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

STANDARD 5: Fair access

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

Improvements achieved/achievements consolidated since the previous annual review

General

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

Older People

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

Mental Health

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

Drugs and Alcohol

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

Carers

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

Areas for improvement

General

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

Mental Health

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

STANDARD 6: Capacity for improvement

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

Improvements achieved/achievements consolidated since the previous annual review

General

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

Commissioning

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

Partnership Working, etc.

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

Human Resources

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

Training

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

Equality and Diversity (including Race Equality)

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

Areas for improvement

Commissioning

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

Partnership Working, etc.

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

Human Resources

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

Part 2:

STANDARD 1: National Priorities And Strategic Objectives

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

Summary of admissible evidence (including sources)

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

ROPA 26 Oct 2005:

General Improvements

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

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

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

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

General Areas for improvement:

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

Standard 1

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

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

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

Standard 1 Areas for improvement

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

21 February 2006 RBM:

Standard 1: National Priorities and Objectives Direct payments

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

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

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

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

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

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

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

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

Telecare:

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

UEM/DIS 2006:

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

Older People:

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

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

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

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

2139-2142 - Intermediate care

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

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

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

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

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

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

2148 – Intermediate care 3 examples of best practice –

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

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

2150 –

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

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

2152 –

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

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

2154 – promoting active life – 3 examples

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

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

Learning Disabilities

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

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

Physical Disabilities

2301 – strategic vision missing

Mental Health

2401 - strategic vision missing

HIV/AIDS

2501 – strategic vision missing

Drug and Alcohol Misuse

2601 – strategic vision missing

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

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

Carers

2701 – strategic vision missing

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

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

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

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

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

1.2 Local strategic objectives

Older People

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

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

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

Learning Disabilities

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

Physical Disabilities

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

Mental Health

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

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

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

HIV/AIDS

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

Drug and Alcohol Abuse

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

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

Carers

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

1.3 improving cost and quality and demonstration of Best Value

3201 – summary of strategic vision – missing

3202 – barriers – risks include:

Upward pressure of client numbers

Growth agenda

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

Cost-shunting from health

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

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

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

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

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

Older People

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

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

Learning Disabilities

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

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

Physical and Sensory Disabilities

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

Mental Health

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

HIV/AIDS

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

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

Drug and Alcohol Abuse

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

Carers

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

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

1.5 Council has well – developed joint working.

Older People

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

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

Evaluation

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

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

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

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

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

STANDARD 2: Cost and efficiency

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

Summary of admissible evidence (including sources)

ROPA 26 Oct 2005:

Improvements:

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

Areas for improvement:

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

21 February 2006 RBM:

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

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

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

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

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

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

Swindon

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

2005-06 Audit Letter (draft):

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

UEM/DIS 2006:

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

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

2.2 Commissioning

21 February 2006 RBM:

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

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

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

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

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

DIS/UEM 2006:

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

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

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

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

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

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

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

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

Kent LAMA 2006:

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

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

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

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

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

MH similar to England average

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

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

NMS Standards - Average % of NMS met:

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

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

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

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

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

Fig 2.7 nursing homes for younger adults

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

Fig 2.8 personal care homes for younger adults

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

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

Fig 2.9 personal care homes for older people

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

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

2.10 nursing homes for older people:

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

2.11 domiciliary care agencies

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

2.12 nursing agencies

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

2.3 Plans for improved efficiency- in 2006-07

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

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

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

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

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

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

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

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

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

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

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

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

Adults and Older People

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

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

2.4 use of joint commissioning and partnership working

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

Health Act Flexibilities

Partnerships

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

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

Integrated teams

3302-3310

3302 OP missing

3303 LD integrated management and pooled budgets

3304 PD missing

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

3306 MH - integrated management and lead commissioning

3307 Drug misuse – pooled budgets and lead commissioning

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

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

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

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

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

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

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

flexibilities.

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

2.5 sound financial management systems

3227 improvements in annual audit letter not applicable

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

2.6 effective procurement processes

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

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

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

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

Evaluation

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

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

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

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

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

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

STANDARD 3: Effectiveness of service delivery and outcomes

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

Summary of admissible evidence (including sources)

Source

OP

LD - C30

PD - C29

Community equipment & D54

MH, C31

DP, C51

Carers, Breaks

Safeguarding

ROPA 26 Oct 2005:

Improvements:

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

Areas for development

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

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

21 February 2006 RBM:

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

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

DIS/UEM 2006:

3.1 the independence of service users and carers is promoted

Older People

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Telecare to help people live at home

Specialist day opportunities commissioned

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

Physical Disabilities

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

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

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

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

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

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

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

Telecare

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

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

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

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

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

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

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

Mental Health:

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

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

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

3.2 Range of services is broad and varied to meet needs

Older People

2103- implementation of the National Assistance Act 1948
Kent has implemented LAC (2004) guidance and produced a leaflet for people supported by public funds. The launch of the care services directory website was very successful, with 13,000 hits in February 06 and 12,500 hits per month subsequently.

Learning Disabilities Development Fund (LDDF)

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

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

Deaf Blind services:

2312 – Kent response is sufficient services are in place.

Mental Health:

2408 – social services contribution to improved outcomes for MH users

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

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

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

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

Carers

2710 progress on Carers Equal Opportunities Act 2004

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

General Section

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

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

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

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

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

Self directed support should be a key PI.

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

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

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

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

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

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

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

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

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

Learning Disabilities

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

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

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

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

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

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

Multi-agency Adult Protection Committee, developing Safeguarding Board.

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

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

Evaluation

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

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

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

STANDARD 4: Quality of services for users and carers

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

Summary of admissible evidence (including sources)

Source

SAP

Reviews, D40, D55, E61, D56, D39

Quality of services, D37

ROPA 26 Oct 2005:

Improvements:

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

Areas for development:

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

21 February 2006 RBM:

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

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

DIS/UEM 2006:

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

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

Older People

- targets and performance indicators: capacity and commissioning.

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

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

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

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

Kent 2005-06 100, IPF 84.1

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

Kent 2005-06 81, IPF 73.9

2109 – PAF D55 Acceptable waiting times for assessments

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

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

2134 – PAF E47 Ethnicity of Older People receiving assessment.

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

People with Learning Disabilities

2219 – person-centred planning

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

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

2218 – 0 adults in NHS patient accommodation

Single Assessment Process (SAP)

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

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

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

People with Physically and Sensory Disabilities

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

Mental Health

2406 – Crisis resolution teams

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

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

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

4.2 quality assurance systems put in place

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

3407 Yes – CSSR has database in place

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

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

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

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

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

4.3 Privacy and confidentiality

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

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

Service users

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

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

Evaluation

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

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

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

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

STANDARD 5: Fair access

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

Source

OP, D56, E47, E48, E50,

LD including BME

MH including BME

Access

Racial Equality

Advocacy & Interpreters

Summary of admissible evidence (including sources)

ROPA 26 Oct 2005:

Improvements:

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

Areas for development

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

21 February 2006 RBM:

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

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

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

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

DIS/UEM 2006:

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

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

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

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

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

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

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

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

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

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

People with Learning Disabilities

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

2005-06 Kent outturn is 3.10, IPF is 1.25

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

General data on ethnicity

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

Kent figure is 0%, IPF average is 4.86.

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

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

Mental Health Services:

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

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

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

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

Ethnicity of Staff

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

Drug and Alcohol Abuse

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

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

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

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

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

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

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

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

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

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

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

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

Older People

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

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

People with Learning Disabilities

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

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

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

2204 – total spend on advocacy services for LD people

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

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

Physical and Sensory Disabilities

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

Mental health

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

HIV/AIDS

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

Drug and alcohol abuse

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

Carers

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

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

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

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

3412 availability of advocacy and interpretation

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

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

5.6 Fair and transparent charging policy

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

Evaluation

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

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

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

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

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

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

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

STANDARD 6: Capacity for improvement

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

Summary of admissible evidence (including sources)

Source

OP

LD

MH

Performance Management

Human Resources, D59

Delayed Transfers

Partnerships

PAF PI's – overall picture

ROPA 26 Oct 2005:

Improvements:

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

Areas for development

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

21 February 2006 RBM:

Improvement of PAF Indicators

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

LPSA update

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

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

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

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

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

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

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

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

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

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

DIS/UEM 2006:

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

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

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

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

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

No information in DIS on this criterion,

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

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

21 February 2006 RBM:

3.4 Finance and resources

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

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

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

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

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

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

Local performance management processes

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

DIS/UEM 2006:

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

missing

3402 please summarise barriers to delivering the strategy

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

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

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

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

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

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

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

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

Evaluation – could not find information-sharing model on www.clusterweb.gov.uk, the web address given in the UEM.

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

No information –

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

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

3101 – describe strategic vision for workforce – Missing

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

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

HR Development Strategy

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

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

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

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

Training

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

Evaluation – lower turnover in Kent may lower training costs.

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

Practice Learning

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

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

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

3117-3120 Human resources development strategy grant – expenditure

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

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

3124 National Training Strategy Grant – expenditure

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

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

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

Service delivery for Vulnerable Adults

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

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

Evaluation Kent not dissimilar to average.

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

See Health Act flexibilities

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

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

Practice Learning Indicator (Adult Component) new definition – 2149

2151

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

2302

3202 – potential threat of cost shunting from Health

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

Evaluation

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

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

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

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

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

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

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

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



Making Social Care
Better for People

CSCI

Finlaison House
15-17 Furnival Street
London
EC1A 1AH

T: 020 7979 8079
F: 020 7979 8091
E: enquiries.southeast@csci.gsi.gov.uk
www.csci.org.uk

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

22nd October 2006

CONFIDENTIAL: EMBARGOED UNTIL 30th NOVEMBER 2006

Dear Mr. Oliver Mills

Performance Ratings for Adult Social Services: 30th November 2006

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

a) Judgements and Rating

The judgements and rating for your council are as follows:

b) Social Care Services for adults

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

c) Adult Social Care Star Rating

Your social services performance rating is 3 star.

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

d) Further Changes to Star Ratings

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

e) Representations

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

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

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

Email: annett.hegna@csci.gsi.gov.uk

Fax: 01484 770 421

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

Council intention to make written Representations by	25 th Oct by 4.00pm
------------------------------------------------------	--------------------------------

Council confirmed written Representations received by	30 th Oct by 10.30a.m
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f) Further Information and Publication

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

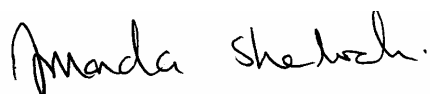
www.csci.org.uk/council_star_ratings/councils_star_rating/default.htm on 30th November 2006.

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

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

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

Yours sincerely



Regional Director, CSCI

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

CABINET SCRUTINY COMMITTEE – 24 JANUARY 2007

Report Title:	Replacement of Service at Dymchurch, Horsmonden and Whitfield Libraries (Decisions 06/00903-5)
Documents Attached:	<ul style="list-style-type: none"> (a) Reports to Cabinet Member for Communities published on 21 December 2006. (b) Records of Decision taken by Cabinet Member for Communities on 7 January 2007.
Purpose of Consideration:	<ul style="list-style-type: none"> (a) to ascertain the views expressed by the local Member and Parish Council on each of the three proposals; (b) to ascertain what other options were considered for delivering the library service in each of the three areas; (c) to ascertain whether additional uses of the three premises for community benefit – shared with the Library – were considered as an alternative to closure; (d) noting that the 2006/07 Business Plan for Libraries and Archives provides for services to be reviewed in at least 16 communities, to explore the latest position on the progress of the review.
Possible Decisions:	<p>The Constitution (<i>Appendix 4 Part 8</i>) requires the Committee to take one of the following decisions:-</p> <ul style="list-style-type: none"> (a) make no comments; or (b) express comments but not require reconsideration of the decision; or (c) require implementation of the decision to be postponed pending reconsideration of the matter by the Cabinet Member in the light of the Committee’s comments; or (d) require implementation of the decision to be postponed pending reconsideration of the matter by full Council.
Previous Consideration:	None.
Background Documents:	None.

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To Mr. Mike Hill, Cabinet Member for Communities
By: Des Crilley, Director of Libraries, Youth, Culture and Sport
Subject: **DYMCHURCH LIBRARY – replacement of service**
Classification: Unrestricted
File Ref:

Summary:

This reports sets out proposals to replace Dymchurch Library with alternative library service provision to meet the needs of the local community.

1. Background:

Levels of use of Dymchurch Library have been decreasing over the last few years, fewer people are using the library and the number books and other items being borrowed has declined as follows:

Year	No. items borrowed
2001/02	8086
2002/03	6823
2003/04	5821
2004/05	5320
2005/06	5781
2006/07	5500 (estimate)

The library is in a totally inadequate building, which cannot easily, or cost effectively, be adapted to allow full disabled access. There is no mains water supply and therefore no toilet or washing facilities for staff or customers.

The building is rented from the Parish Council who in turn lease from the Environment Agency.

2. Policy Context

In April 2004 Cabinet endorsed the “**Library and Archive Strategy: 2004 to 2014**” this document set out the vision for Libraries and Archives and set out the broad strategy to deliver the transformed service, which commits us to:

“Provide a network of welcoming and attractive libraries which are centres for local communities, open at convenient times.”

These were key priorities for the members of the public we consulted in developing the mission and core objectives

We will provide a network of facilities that:

- are welcoming and vibrant community spaces;

- enable all our customers, current or potential, to access the full range of services, whether directly or remotely;
- are tailor made to meet the needs of the local community

The 2006/07 Business Plan for Libraries and Archives includes a target to:

Review and develop further the work already undertaken to implement a 10 year Infrastructure Plan

- Plans agreed for reviewing services in at least 16 communities

3. Process

Following full analysis of usage trends, extensive public and key stakeholder consultation was undertaken.

- From 26th June 2006, a survey was sent individually to all regular users of the library, and copies of the survey were made available to the wider community in the Post Office, doctor's surgery, bookshop and the library.
- A drop in discussion with local library managers was widely publicised and held on 7th July and residents were given the opportunity to look at the mobile library so that they could judge whether or not they would be happy with this as alternative library provision.
- Both the survey and the drop in session were publicised through local posters and a press release was issued, resulting in coverage in the local newspapers, the Folkestone Herald and Kentish Express.
- The closing date for completion of the survey was 17th July 2006.

There were 49 returns from the survey. This represents 1% of the local population and 11% of registered borrowers:

- 11 of the 49 respondents are already using other libraries and 1 uses the mobile library.
- 26 respondents would use a mobile library if it stopped in the village.
- 8 respondents would use the public access computers if they were relocated to somewhere else in the village. 34 respondents would not use the computers.

15 people attended the Drop-In discussion.

The Parish Council and the local KCC Member have been involved in discussion from an early stage. Discussions have covered the building problems and the low levels of use and both understand the current position.

4. Resource Implications

There are no resource implications resulting from the closure of Dymchurch Library. Any savings on premises costs will be reinvested in alternative service provision.

The impact on staff is minimal as individuals who currently work at Dymchurch are part of a pool of staff who work at libraries throughout Shepway District. If Dymchurch Library does close they will be re-deployed at other libraries in the District. - no member of staff will be made redundant as a result of the proposed closure.

The books and other resources will be reallocated to nearby libraries.

5. Recommendation

- Terminate the tenancy agreement and close down the service offered from the existing library building — 2 month notice required.
- Improve local mobile library provision and promote widely to the local community. The Mobile Library is fully accessible to wheelchair users and carries approximately 2,500 books and other items of stock. The stock is exchanged regularly.
- Promote the Home Library Delivery Service to local people for whom this is the most appropriate alternative library service. This will offer customers an enhanced personal service - with books and other library items being delivered by a volunteer to the customers in their home
- Plan and implement an innovative and exciting programme of events and activities promoting reading designed to meet local needs. Make use of local venues, in partnership with schools and other community groups, for example to host Baby Bounce and Rhyme Time Sessions.
- Continue to seek an alternative local community venue to host the public access computers.
- Raise public awareness of the alternative ways to access library services, focussing on the better quality of service available at the nearest libraries at New Romney and Hythe, and our wide range of remotely accessible services available through the Internet.

Owner of Report Sue Sparks
Job Title Strategic Manager
Tel. No.01622 696446

Background Document:

1. Library and Archive Strategy 2004-2014

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RECORD OF DECISION



DECISION TAKEN BY Mr Mike Hill, Cabinet Member for Communities

DECISION NO.
06/00903

If decision is likely to disclose exempt information please specify the relevant paragraph(s) of Part 1 of Schedule 12A of the Local Government Act 1972

Subject:
Dymchurch Library.

Decision:
Replacement of the existing service point with alternative provision to meet the needs of the local community.

Any Interest Declared when the Decision was Taken:
None

Reason(s) for decision including alternatives considered:
As set out in the attached report.

Background Information:
Library and Archive Strategy 2004-2014

.....
signed

.....
date

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Decision Referred to Cabinet Scrutiny			
YES		NO	

Cabinet Scrutiny Decision to Refer Back for Reconsideration			
YES		NO	

Reconsideration Record Sheet Issued			
YES		NO	

Reconsideration of Decision Published	

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To Mr. Mike Hill, Cabinet Member for Communities
By: Des Crilley, Director of Libraries, Youth, Culture and Sport
Subject: **HORSOMONDEN LIBRARY – replacement of service**
Classification: Unrestricted
File Ref:

Summary:

This reports sets out proposals to replace Horsmonden Library with alternative library service provision to meet the needs of the local community.

1. Background:

The Library is in the Primary School and in the last Ofsted Report Inspectors highlighted a serious issue. They thought that the children were at risk because adults were able to get into the school when visiting the public library. The school governors responded by asking us to limit the library opening hours to outside of school hours.

It has not been possible to find an alternative site for the library within the school.

Most of the library use is from school children and very few adults borrow books

Year	Total Issues
2001/02	5328
2002/03	6009
2003/04	7059
2004/05	5938
2005/06	4193
2006/07	Projected 3134

The changes to the opening hours have resulted in a further drop in visitors and book borrowing.

2. Policy Context

In April 2004 Cabinet endorsed the “**Library and Archive Strategy: 2004 to 2014**” this document set out the vision for Libraries and Archives and set out the broad strategy to deliver the transformed service, which commits us to:

“Provide a network of welcoming and attractive libraries which are centres for local communities, open at convenient times.”

These were key priorities for the members of the public we consulted in developing the mission and core objectives

We will provide a network of facilities that:

- are welcoming and vibrant community spaces;
- enable all our customers, current or potential, to access the full range of services, whether directly or remotely;
- are tailor made to meet the needs of the local community

The 2006/07 Business Plan for Libraries and Archives includes a target to:

Review and develop further the work already undertaken to implement a 10 year Infrastructure Plan

- Plans agreed for reviewing services in at least 16 communities

3. Process

Following full analysis of usage trends, extensive public and key stakeholder consultation was undertaken.

- A survey was sent individually to all regular users of the library, and copies were made available to the wider community in local venues.
- A Drop in discussion with local library managers was widely publicised and held on 8th July and residents were given the opportunity to look at the mobile library so that they could judge whether or not they would be happy with this as alternative library provision.
- Both the survey and the drop in session were publicized through local posters and a press release was issued, resulting in coverage in the local paper.
- The closing date for completion of the survey was 14 July 2006

There were 56 returns from the survey. This represents 1% of the catchment population, 40.5% of the registered borrowers

- 42 of the 56 would use a mobile library service
- 29 people already use other libraries
- 2 people were interested in the Home Delivery Service

41 attended the Drop-in discussion.

The service is no longer meeting the needs of the local community and does not provide value for money. KCC needs to ensure that Council Tax money is spent effectively and efficiently.

The local KCC Member, school and Parish Council have been involved in discussion from an early stage. Discussions have covered the problems raised by Ofsted and the low levels of use and everyone understands the current position.

4. Resource Implications

There are no resource implications resulting from the closure of Horsmonden Library. Any savings on premises costs will be reinvested in alternative service provision.

The impact on staff is minimal as individuals who currently work at Horsmonden are part of a pool of staff who work at libraries throughout Tunbridge Wells District. If Horsmonden Library does close they will be re-deployed at other libraries in the District. - no member of staff will be made redundant as a result of the proposed closure.

The books and other resources will be reallocated to nearby libraries.

5. Recommendation

- Close down the service offered from the existing library building.
- Handover appropriate stock to the school for use by children.
- Provide a new mobile library service and promote widely to the local community. The Mobile Library is fully accessible to wheelchair users and carries approximately 2,500 books and other items of stock. The stock is exchanged regularly.
- Provide the Home Library Delivery Service to the 2 people who have expressed an interest and promote the service to local people for whom this is the most appropriate alternative library service. This will offer customers an enhanced personal service - with books and other library items being delivered by a volunteer to the customers in their home
- Plan and implement an innovative and exciting programme of events and activities promoting reading designed to meet local needs. Make use of local venues, in partnership with the school and other community groups, for example to host a Baby Bounce and Rhyme Time Session.
- Continue to seek an alternative local community venue to host the public access computers.
- Raise public awareness of the alternative ways to access library services, focussing on the better quality of service available at the nearest libraries at Paddock Wood and Tunbridge Wells, and our wide range of remotely accessible services available through the Internet.

*Owner of Report Sue Sparks
Job Title Strategic Manager
Tel. No.01622 696446*

Background Document:

1. Library and Archive Strategy 2004-2014

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RECORD OF DECISION



DECISION TAKEN BY Mr Mike Hill, Cabinet Member for Communities

DECISION NO.
06/00904

If decision is likely to disclose exempt information please specify the relevant paragraph(s) of Part 1 of Schedule 12A of the Local Government Act 1972

Subject:
Horsmonden Library.

Decision:
Replacement of the existing service point with alternative provision to meet the needs of the local community.

Any Interest Declared when the Decision was Taken:
None

Reason(s) for decision including alternatives considered:
As set out in the attached report.

Background Information:
Library and Archive Strategy 2004-2014

.....
signed

.....
date

FOR COUNCIL SECRETARIAT USE ONLY

Decision Referred to Cabinet Scrutiny			
YES		NO	

Cabinet Scrutiny Decision to Refer Back for Reconsideration			
YES		NO	

Reconsideration Record Sheet Issued			
YES		NO	

Reconsideration of Decision Published			

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To Mr. Mike Hill, Cabinet Member for Communities
By: Des Crilley, Director of Libraries, Youth, Culture and Sport
Subject: **WHITFIELD LIBRARY – replacement of service**
Classification: Unrestricted
File Ref:

Summary:

This reports sets out proposals to replace Whitfield Library with alternative library service provision to meet the needs of the local community.

1. Background:

Levels of use of Whitfield Library have been decreasing over the last few years, fewer people are using the library and the number books and other items being borrowed has declined as follows:

Year	Total Issues
2001/02	7605
2002/03	5822
2003/04	5637
2004/05	5495
2005/06	4708
2006/07	Projected 4404

The Library is in the Village Hall and the service rents this space from The Village Hall Committee and this arrangement would be terminated as per the lease agreement if the library were to close.

2. Policy Context

In April 2004 Cabinet endorsed the “**Library and Archive Strategy: 2004 to 2014**” this document set out the vision for Libraries and Archives and set out the broad strategy to deliver the transformed service, which commits us to:

“Provide a network of welcoming and attractive libraries which are centres for local communities, open at convenient times.”

These were key priorities for the members of the public we consulted in developing the mission and core objectives

We will provide a network of facilities that:

- are welcoming and vibrant community spaces;
- enable all our customers, current or potential, to access the full range of services, whether directly or remotely;

- are tailor made to meet the needs of the local community

The 2006/07 Business Plan for Libraries and Archives includes a target to:

Review and develop further the work already undertaken to implement a 10 year Infrastructure Plan

- Plans agreed for reviewing services in at least 16 communities

3. Process

Following full analysis of usage trends, extensive public and key stakeholder consultation was undertaken.

- A survey was sent individually to all regular users of the library, and copies were made available to the wider community in local venues.
- A Drop in discussion with local library managers was widely publicised and held on 15th July and residents were given the opportunity to look at the mobile library so that they could judge whether or not they would be happy with this as alternative library provision.
- Both the survey and the drop in session were publicized through local posters and a press release was issued, resulting in coverage in local paper
- The closing date for completion of the survey was 24 July 2006

There were 43 returns from the survey. This represents 1% of the catchment population, 11% of the registered borrowers

- 22 of the 43 would use a mobile library service
- 8 would make use of computers in a community venue, 34 would not use them, 17 have access to a computer at home

8 attended the Drop-in discussion.

The service is no longer meeting the needs of the local community and does not provide value for money. KCC needs to ensure that Council Tax money is spent effectively and efficiently.

The local KCC Member has been involved in discussion from an early stage. Discussions have focused on the low levels of use and the process for consultation.

4. Resource Implications

There are no resource implications resulting from the closure of Whitfield Library. Any savings on premises costs will be reinvested in alternative service provision.

The impact on staff is minimal as individuals who currently work at Whitfield are part of a pool of staff who work at libraries throughout Dover District. If Whitfield Library does close

they will be re-deployed at other libraries in the District. - no member of staff will be made redundant as a result of the proposed closure.

The books and other resources will be reallocated to nearby libraries.

5. Recommendation

- Terminate the tenancy agreement and close down the service offered from the existing library building.
- Provide a new mobile library service and promote widely to the local community. The Mobile Library is fully accessible to wheelchair users and carries approximately 2,500 books and other items of stock. The stock is exchanged regularly.
- Promote the Home Library Delivery Service to local people for whom this is the most appropriate alternative library service. This will offer customers an enhanced personal service - with books and other library items being delivered by a volunteer to the customers in their home
- Plan and implement an innovative and exciting programme of events and activities promoting reading designed to meet local needs. Make use of local venues, in partnership with schools and other community groups, for example to host Baby Bounce and Rhyme Time Sessions.
- Continue to seek an alternative local community venue to host the public access computers.
- Raise public awareness of the alternative ways to access library services, focussing on the better quality of service available at the nearest library in Dover, and our wide range of remotely accessible services available through the Internet.

Owner of Report Sue Sparks

Job Title Strategic Manager

Tel. No.01622 696446

Background Document:

1. Library and Archive Strategy 2004-2014

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RECORD OF DECISION



DECISION TAKEN BY Mr Mike Hill, Cabinet Member for Communities

DECISION NO.
06/00905

If decision is likely to disclose exempt information please specify the relevant paragraph(s) of Part 1 of Schedule 12A of the Local Government Act 1972

Subject:
Whitfield Library.

Decision:
Replacement of the existing service point with alternative provision to meet the needs of the local community.

Any Interest Declared when the Decision was Taken:
None

Reason(s) for decision including alternatives considered:
As set out in the attached report.

Background Information:
Library and Archive Strategy 2004-2014

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signed

.....
date

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Decision Referred to Cabinet Scrutiny			
YES		NO	

Cabinet Scrutiny Decision to Refer Back for Reconsideration			
YES		NO	

Reconsideration Record Sheet Issued			
YES		NO	

Reconsideration of Decision Published			

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CABINET SCRUTINY COMMITTEE – 24 JANUARY 2007

Report Title:	A229 Royal Engineers Way/Stacey Street Roundabout, Maidstone (Decision 06/00916)
Documents Attached:	(a) Report to Cabinet Member for Environment, Highways and Waste published on 14 December 2006. (b) Record of Decision signed by Cabinet Member for Environment, Highways and Waste on 22 December 2006.
Purpose of Consideration:	To explore the reasons for this decision given its likely impact on public transport services.
Possible Decisions:	The Constitution (<i>Appendix 4 Part 8</i>) requires the Committee to take one of the following decisions:- (a) make no comments; or (b) express comments but not require reconsideration of the decision; or (c) require implementation of the decision to be postponed pending reconsideration of the matter by the Cabinet Member in the light of the Committee's comments; or (d) require implementation of the decision to be postponed pending reconsideration of the matter by full Council.
Previous Consideration:	Highways Advisory Board, 7 March 2006; Maidstone Joint Transportation Board, 18 January and 24 July 2006.
Background Documents:	None.

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A229 Royal Engineers Way/Stacey Street Roundabout, Maidstone
Proposed Changes to Northern Entry Arrangements

A report by the Head of Transportation and Planning , Mid Kent Division of KHS to the Cabinet Member for Environment, Highways & Waste

Introduction

1. Traffic flow in Maidstone has long been a concern. The County Council as part of its Vision for Kent strategy and towards 2010 Action Plan wants to tackle this. This involves a series of measures to aid traffic movement and properly controlled roadworks to minimise disruption to the road user.
2. As part of this commitment the Traffic Management Centre was recently set up and will use Urban Traffic Control. Close circuit television, bus real time information, remote monitoring, travel information and variable message signs to improve journey times. Included within the series of proposed packages is to remove unnecessary bus lanes and yellow lines.

Background

3. The roundabout was created as an integral part of the construction of the Maidstone Spine Road in the early nineties with a bus stop and dedicated bus lane adjacent to what is now the White Rabbit Public House. The original design was modified as works progressed to provide only a single exit lane for traffic leaving the roundabout and entering the Stacey Street link with a protected left turning lane for buses and taxis.
4. The inclusion of the dedicated bus lane was based on the anticipated additional bus movements from the development of 'Park and Ride' facilities on the northern side of Maidstone town. This facility has never materialised with the result that the bus lane provision is under utilised with only four peak hour bus movements per hour compared to the minimum of six published in the Kent Bus Strategy.
5. In line with the commitment to reduce congestion, an investigation into the possibility of providing three lanes for all traffic (a left turn only and two straight ahead) on Royal Engineers' Way approach to the roundabout leading to Stacey Street was undertaken. It was found that this could be achieved and the alterations would provide additional capacity for all vehicles.

Design Considerations

6. The existing layout, providing a protected left turning lane for limited bus and taxi usage, cannot be retained if the third lane of entry is converted to all traffic usage. There is insufficient length of road between the exit point and the adjoining Pelican crossing and the approach to the Sandling Road roundabout, to safely accommodate the various traffic weaving manoeuvres.
7. In order to provide a safe exit for all traffic from the existing bus lane, it would be necessary to shorten the existing island to remove the protection to left filtering traffic so that it has to give way to traffic leaving the roundabout and generally to improve visibility.
8. The existing splitter island includes a raised flower/shrub bed, a small tree and a lighting column. To obtain adequate visibility, the raised bed would need to be eliminated, the tree removed, and the lighting column repositioned. Whilst the remainder of the lowered island needs to have anti pedestrian surfacing, a section could be retained as low growth shrub planting.
9. The left turning lane would need to be controlled by a 'Give Way' arrangement which would need to be very clearly signed and would require an appropriate 'map style' sign on the approach.
10. The bus stop is currently sited within the commencement of the designated bus lane and would be both difficult and costly to move especially as only a few buses actually stop at this location. By highlighting the bus stop position (red surfacing) and then defining the remainder of the left turning lane by buff coloured high friction surfacing, the change of use could be clearly identified. Careful positioning of left turn bifurcation road marking arrows will enhance this arrangement.
11. The proposal was the subject of a report to the meeting of a report to the meeting of Maidstone Joint Transportation Board (JTB) on 18 January 2006 and Members recommended to no further action be taken to in respect of the proposal.
12. The issue was then reported to the meeting Highway Advisory Board (HAB) and Members on 7 March 2006 and Members resolved that the Traffic Regulation Order to revoke the Bus Lane be published. This involves consulting with stakeholders including the bus companies. In total ten responses were received and of these eight objected to the proposal. These were reported to meeting of Maidstone JTB on 24 July 2006 and Members recommended that an analysis of the current usage of the bus lane and potential benefit of removing it, prior to the implementation be carried out.

13. As indicated in 4 above the bus lane was intended for the possible development of a 'Park and Ride' facility on the northern side of the town. This never materialised and the result is a much underutilised bus lane. With this fact in mind it was felt the further investigative work would not be an appropriate use of limited resources. The issue was, therefore referred to the Cabinet Member for Environment, highways and Waste, who subsequently met with the chairman and vice-chairman of Maidstone JTB and the chairman of HAB. It was agreed that the proposal be progressed.

Cost Implications

14. It is anticipated that the estimated total cost of this work would be in the region of £30,000 inclusive of fees and charges associated with the appropriate revocation of the existing Traffic Regulation Order.

Discussion

15. A scheme of this nature has both benefits and dis-benefits which are detailed below:-

Benefits

- Potential to ease traffic congestion at peak times
- Relatively easy left turning manoeuvre avoiding direct entry into the circulatory traffic on the roundabout.
- Loss of a dedicated bus and taxi lane facility with slight extension of delay times to bus services especially at peak periods. However, Arriva has accepted that the dis-benefit to buses would be minimal and would be outweighed by greater capacity for all traffic.

Recommendation

16. Given the limited benefit of the bus lane and the resultant congestion at this location during peak times, implementation of the proposal will help traffic flow. This benefit will outweigh the slight delay that may occur to bus journey times. The Cabinet Member is asked to approve the proposal.

Behdad Haratbar
Head of Transport Planning
Kent Highway services
Mid Kent Division

KENT COUNTY COUNCIL - RECORD OF DECISION

DECISION TAKEN BY Keith Ferrin

DECISION NO. 06/00916

If decision is likely to disclose exempt information please specify the relevant paragraph(s) of Part 1 of Schedule 12A of the Local Government Act 1972

Subject: Proposed Northern Entry Arrangements, A229 Royal Engineers' Way/Stacey Street, Maidstone.

Decision: Removal of the bus lane and providing three lanes for all traffic (a left turn only and two straight ahead) on Royal Engineers' Way approach to the roundabout leading to Stacey Street, Maidstone.

Any Interest Declared when the Decision was Taken

Reason(s) for decision, including alternatives considered and any additional information: The bus lane was created in anticipation of a Park and Ride facility in northern Maidstone town. This facility never materialised, therefore the bus lane is underutilised. Furthermore, significant congestion occurs at this location during peak times. Converting the bus lane into left turn only for all traffic will help reduce the congestion. Details of the proposal are set out in the report to the Cabinet Member for Environment, Highways and Waste dated 10 December 2006.
Background Documents: <ol style="list-style-type: none"> 1. Report to the meeting of Maidstone JTB on 18 January 2006 2. Report to the meeting of Highway Advisory Board on 7 March 2006 3. Report to the meeting of Maidstone JTB on 24 July 2006 4. Report to Cabinet Member for Environment, Highway and Waste dated 10 December 2006.

.....
signed

.....22 December 2006.....
date

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Decision Referred to Cabinet Scrutiny			
YES		NO	

Cabinet Scrutiny Decision to Refer Back for Reconsideration			
YES		NO	

Reconsideration Record Sheet Issued			
YES		NO	

Reconsideration of Decision Published			