

**ADULT SOCIAL SERVICES POLICY OVERVIEW  
COMMITTEE**

**Wednesday, 15th July, 2009**

**10.00 am**

**Darent Room, Sessions House, County Hall,  
Maidstone**







## AGENDA

### ADULT SOCIAL SERVICES POLICY OVERVIEW COMMITTEE

**Wednesday, 15 July 2009 at 10.00 am**      Ask for:      **Theresa Grayell**  
**Darent Room, Sessions House, County Hall, Maidstone**      Telephone      **01622 694277**

*Tea/Coffee will be available 30 minutes before the meeting*

#### **Membership (13)**

Conservative (11):      Mr P W A Lake (Chairman),      Mrs A D Allen,      Mr R Brookbank,  
Mrs P Cole,      Mr N Collor,      Mr J Cubitt,      Mr D A Hirst,      Mr M J Jarvis,  
Mr K Pugh,      Mr J E Scholes and      Mr C P Smith

Labour (1):      Mr L Christie

Liberal Democrat (1):      Mr S J G Koowaree

#### **UNRESTRICTED ITEMS**

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

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

#### **Item No**

#### **A.COMMITTEE BUSINESS**

A1      Substitutes

A2      Election of Vice-Chairman

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

A4      Minutes of the Meetings held on 1 April and 25 June 2009 (Pages 1 - 34)

A5      Meeting Dates for 2009 - 2010

*The Committee is asked to note its meeting dates for the remainder of 2009 and 2010*

Tuesday, 22 September 2009

Tuesday, 17 November 2009

Wednesday, 13 January 2010

Tuesday, 30 March 2010  
Friday, 25 June 2010  
Tuesday, 21 September 2010  
Tuesday, 16 November 2010

*All meetings will start at 10.00 am at County Hall and may run into the afternoon if the weight of business dictates.*

A6 Chairman's Announcements

### **PRESENTATION - The ALfA Programme**

The presentation will describe how Active Lives for Adults (ALfA) is helping people in Kent to make more choices about the way in which they receive their care and support. It will include an update on the restructure of Kent Adult Social Services.

### **B. ITEMS FOR CONSIDERATION**

- B1 2008/09 Business Plan Outturn Report (will include Budget Outturn) (Pages 35 - 96)
- B2 2009/10 Budget Monitoring Exception Report (Pages 97 - 102)
- B3 Adult Social Services Directorate Annual Business Plan 2009 - 10 (Pages 103 - 240)
- B4 Alcohol Strategy for Kent (Pages 241 - 278)
- B5 Living Later Life to the Full: A Policy Framework (Pages 279 - 364)
- B6 Valuing People Now (Pages 365 - 374)
- B7 Update on work to address Climate Change issues (Pages 375 - 384)

### **C. SELECT COMMITTEE WORK**

- C1 Update on Select Committee Work (Pages 385 - 386)

### **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, 7 July 2009**

*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**

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**ADULT SOCIAL SERVICES POLICY OVERVIEW COMMITTEE**

MINUTES of a meeting of the Adult Social Services Policy Overview Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Wednesday, 1 April 2009.

PRESENT: Mr R F Manning (Chairman), Mr T A Maddison (Vice-Chairman), Mrs A D Allen, Ms C J Cribbon, Mr J Curwood, Mr C G Findlay, Mr T Gates, Mr D A Hirst, Mr S J G Koowaree, Mr R L H Long, TD, Mrs M Newell, Dr T R Robinson, Ms B J Simpson and Mr M V Snelling

ALSO PRESENT: Mr M J Angell and Mr G K Gibbens

IN ATTENDANCE: Mr O Mills (Managing Director - Adult Social Services), Mr S Leidecker (Director of Operations) and Miss T Grayell (Democratic Services Officer)

**UNRESTRICTED ITEMS**

**72. Membership**

*(Item A1)*

The Democratic Services Officer reported that Mr R L H Long had joined the Committee to fill the vacancy left by Mr M J Angell, who had left the Committee following the County Council decision of 11 December 2008 that Lead Members should not serve on POCs which dealt with their subject area. Mr Long was welcomed to the Committee.

**73. Minutes of the meeting held on 15 January 2009**

*(Item A4)*

RESOLVED that the minutes of the meeting held on 15 January 2009 are correctly recorded and that they be signed by the Chairman. There were no matters arising.

**74. Chairman's Announcements**

*(Item A5)*

1) Mr Mills was asked to update the Committee on the Directorate's recent inspection and ongoing restructuring.

- (a) Initial feedback from the CSCI inspection on the Safeguarding of Vulnerable Adults undertaken from 10 to 18 March had been broadly positive, with some areas highlighted as needing improvement. The final report of the inspection would be available in mid-July and at that time KASS would produce an action plan to address the areas for improvement. Mr Mills thanked staff, other agencies and Members for their contribution to the inspection process. Members in return said they were proud of the positive way in which KASS staff had approached the exercise and been open to challenge.

- (b) All new appointments had now been made to the new management structure of the Directorate, and phase 2, to allocate front-line staff, was now under way. Mr Mills undertook to send all POC Members a note of the new management structure and to update them further on the restructuring at the Committee's July meeting. The complete new structure would become live in October 2009 and at that time Members would be given a further update. Mr Mills assured Members once again that no reduction in front-line staff had been made; reductions and voluntary redundancies had been in management posts only. Changes in the structure had been made to assist the delivery of Self-Directed Support and Personalised Budgets which came into use for all newly-assessed clients today and would be phased in for existing clients later.

2) Mr Mills added that two other changes coming into play today which were pertinent to the work of KASS were the introduction of the Care Quality Commission (CQC) to take over from the Commission for Social Care Inspection (CSCI) in undertaking inspections, and the introduction of the Deprivation of Liberty Safeguards. All Members of the County Council had been sent a briefing note to introduce the new Safeguards.

#### **75. Presentation - Mental Health: An Update on the Joint Strategic Needs Assessment (JSNA), Commissioning and the Changes to the Mental Health Act (Item )**

*(Ms L Kavanagh, Director of Commissioning for Mental Health and Substance Mis-Use, Kent and Medway PCs; Mr P Absolon and Mr D Woodward, Social Care Commissioners for Mental Health; and Mr J Sinclair, Director of Social Care, West Kent NHS and Social Care Trust, were in attendance for this item at the invitation of the Committee)*

*(The slides used in the presentation are appended to this Minutes)*

1) Ms Kavanagh introduced the Joint Strategic Needs Assessment (JSNA), Mr Absolon and Mr Woodward talked about Social Care Commissioning for Mental Health and Mr Sinclair outlined the key changes to the Mental Health Act, and they and Mr Leidecker answered questions from Members. Points arising from discussion and in response to questions were as follows:-

- (a) There were inequalities in resources between East and West Kent to provide mental health services, so commissioners in East Kent had to be inventive and proactive in making optimum use of alternative media to assist clients to access support;
- (b) The JSNA had provided some data about the number of people claiming Invalidity Benefit (IB) due to mental health and behavioural disorders. Tunbridge Wells had the highest incidence of this; 46% of claimants. Helping people with serious long-term mental health problems to access and keep employment was a major challenge;
- (c) The JSNA would help commissioners to understand the diversity of need and target those most in need, eg., offenders, alcoholics, etc., and started

working early with those most at risk, between the ages of 14 and 35. The PCTs were very committed to targeting limited resources to achieve optimum benefit;

- (d) A follow up service supported vulnerable patients who had attempted suicide as a result of their mental health problems. However, it was known that most people successfully committing suicide were not in previously-identified groups;
- (e) KASS worked very closely with PCTs in social care commissioning to deliver the best possible service. KASS received quarterly returns from all providers and was rigorous in ensuring that its requirements were being met well. Joint working and service monitoring were vital to good quality commissioning, and providers could be penalised financially for under performance. Funding for services was provided jointly by both KASS and its partners;
- (f) Commissioners of Mental Health services in the county supported people with evidenced medical conditions, determining each person's needs individually. Some mental health conditions (eg., personality disorders) presented a bigger challenge than others and any mental health condition which was undiagnosed could not be treated, although people without a formal diagnosis still needed care and support. There was evidence that some interventions could help conditions which were not previously considered treatable;
- (g) Changes in the Act included a single definition of mental disorder but this was very broad – “any disorder or disability of the mind”;
- (h) Mental Health services for offenders were delivered via or in conjunction with the Criminal Justice system, but evidence had shown that mental health patients tended to be the victims rather than the perpetrators of crime; and
- (i) Changes in the Mental Health Act had so far not led to an increase in admissions or detentions.

2) RESOLVED that the information in the thought-provoking presentation and in response to Members' questions be noted, with thanks.

## **76. Adult Services Budget Monitoring 2008/09**

*(Item B1)*

*(Miss M Goldsmith, Directorate Finance Manager, was in attendance for this item)*

1) Miss Goldsmith introduced the report and answered questions from Members, as follows:-

- (a) The KASS budget was almost at a break-even point at the moment and was expected it would achieve an underspend of about £500,000 by the end of the

financial year. Mr Mills pointed out that, in a needs-led budget of some £450 million, this was a great achievement;

- (b) In the event of KASS achieving an underspend it would not be able to rollover its Deferred Payment Grant to the next financial year. This money could be kept in reserve only for the financial year for which it was awarded. The Cabinet would make a decision on whether or not KASS, if underspent, would be allowed to reclaim its contingency fund;
- (c) Members welcomed the report of an expected underspend and said how much they appreciated and were confident of the budgeting ability of KASS officers to bring in a budget underspend without under delivering services.

2) RESOLVED that:-

- (a) the information in the report and in response to Members' questions be noted, with thanks; and
- (b) Members' confidence in and appreciation of the ability of KASS officers to manage the budget well in a difficult economic climate be relayed to the staff concerned.

## **77. The Supporting People Programme**

*(Item B2)*

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

1) Miss Martin introduced the regular six monthly update report and answered questions from Members, as follows:-

- (a) The Strategic Review of long term housing was being led by the Supporting People Team in consultation with District Council Housing Departments, KASS and service users, the aim being to seek the views of as broad and varied an audience as possible; and
- (b) The Self Directed Support Project Board had started work in December 2008 to address the issue of SDS as it related to Supporting People.

2) Members warmly welcomed the extensive user involvement and consultation which had been built into the development of the Supporting People Programme.

3) RESOLVED that the information in the report and given in response to questions from Members be noted, with thanks.

## **78. Six Month Update on Performance 2008-09**

*(Item B3)*

*(Mrs S Abbott, Head of Performance and Management Information, was in attendance for this item)*

1) Mrs Abbott introduced the regular six monthly update report and answered questions from Members. In discussion, and in response to questions, the following points were highlighted:-

- (a) The Performance Management system was currently in a period of transition, with the old National Indicator Set being phased out and a new set of Performance Indicators being phased in. The new set of indicators was much smaller, with 10 only applying to the work of KASS. The new Performance Indicators had been phased in starting from 1 April 2008. All local authorities had been invited to take part in a consultation exercise to identify the new set of Performance Indicators and the final set had been nationally agreed;
- (b) The first results from the new indicators would be published on 31 May 2009 and it was not possible to publish results for a part-year.
- (c) The KCC was not obliged to identify or publish its targets until 31 May 2009, although KASS had identified informal targets for interim monitoring, using the transition period to help identify what targets it should set. For example, for a new Indicator not previously included, KASS would have to take time to assess the baseline before it could identify a viable and useful target.

2) RESOLVED that the information in the report be noted, with thanks.

## **79. Living Well with Dementia: A National Dementia Strategy**

*(Item B4)*

*(Mr M Thomas-Sam, Head of Policy & Service Development, and Ms E Hanson, Policy Manager, were in attendance for this item)*

1) Mr Leidecker introduced the report and emphasised the provisions for dementia that KASS was already delivering as a background to the publication of the new National Dementia Strategy (NDS). Mr Thomas-Sam added that the NDS and work involved in implementing its objectives would not stand alone but would link closely to the KCC's Strategies for Carers, Housing and End of Life Care. The NDS was accompanied by £150 million investment in the first three years of its implementation, although, historically, dementia had received 8 times less government funding than cancer, coronary heart disease and stroke. It was not known how much of the £150 million would be allocated to KASS and how much to the NHS. Ms Hanson pointed out that a dementia JSNA had recently been completed across Kent.

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

- (a) Members warmly welcomed the publication of the National Dementia Strategy and endorsed the objectives which arose from it and the government funding which went with it;
- (b) Objective Two of the NDS encouraged people to seek early diagnosis of dementia from their GP, but research showed people tended to delay seeking

a diagnosis. Across Kent, the NHS Map of Medicine, which is a health services diagnostic tool, is being introduced to ensure that GPs follow the same set of diagnostic tests before referring people on to secondary health services for formal diagnosis of dementia. It is hoped that this will ensure a more consistent approach to the diagnosis of dementia. It is not uncommon currently that dementia could take three to five years to identify and diagnose fully;

- (c) Members supported Objective 3 of the NDS and added the need for information to be user-friendly, avoid jargon and be particularly accessible to clients from BME communities whose first language was not English;
- (d) Although not exclusively a disease of old age, the likelihood of developing dementia increased with age. A Dementia UK report in 2007 had identified that, for every 5 years of a person's age, their chances of developing dementia doubled. By 85+, people will have roughly a 30% chance of developing it;
- (e) It was also known, however, that the same health messages for coronary heart disease could also apply to reducing the risk of some types of dementia. "What is good for your heart is good for your head". KASS fully supported work with the PCT and the public health unit to address the prevention agenda;
- (f) Although much work was in place to deliver services to people with dementia, there was still much to do. The JSNA had identified a 43% increase in dementia in East Kent and a 50% increase in West Kent, within the next 15 years, due to the ageing population. The ideal was that all services should be sensitive to the needs of people with dementia; and
- (g) People with dementia in general hospitals were more likely to stay longer there for routine procedures and were more likely to go into long term care homes upon leaving hospital.

3) RESOLVED that the information in the report and given in response to questions from Members be noted, with thanks.

## **80. Adult Social Services - Making Experiences Count**

*(Item B5)*

*(Mr N Sherlock, Performance Manager, was in attendance for this item)*

1) Mr Sherlock introduced the report and explained that Kent was an early adopter of the new single complaints process which had replaced the previous fragmented process. The new process had fewer stages, with no Member Panel stage, but offered greater flexibility in how a complaint could be taken forward, and gave the complainant more say in how they wished their complaint to be handled. In discussion, and in Mr Sherlock's and Mr Mills' responses to questions from Members, the following points were highlighted:-

1) Mrs Abbott introduced the regular six monthly update report and answered questions from Members. In discussion, and in response to questions, the following points were highlighted:-

- (a) The Performance Management system was currently in a period of transition, with the old National Indicator Set being phased out and a new set of Performance Indicators being phased in. The new set of indicators was much smaller, with 10 only applying to the work of KASS. The new Performance Indicators had been phased in starting from 1 April 2008. All local authorities had been invited to take part in a consultation exercise to identify the new set of Performance Indicators and the final set had been nationally agreed;
- (b) The first results from the new indicators would be published on 31 May 2009 and it was not possible to publish results for a part-year.
- (c) The KCC was not obliged to identify or publish its targets until 31 May 2009, although KASS had identified informal targets for interim monitoring, using the transition period to help identify what targets it should set. For example, for a new Indicator not previously included, KASS would have to take time to assess the baseline before it could identify a viable and useful target.

2) RESOLVED that the information in the report be noted, with thanks.

## **79. Living Well with Dementia: A National Dementia Strategy**

*(Item B4)*

*(Mr M Thomas-Sam, Head of Policy & Service Development, and Ms E Hanson, Policy Manager, were in attendance for this item)*

1) Mr Leidecker introduced the report and emphasised the provisions for dementia that KASS was already delivering as a background to the publication of the new National Dementia Strategy (NDS). Mr Thomas-Sam added that the NDS and work involved in implementing its objectives would not stand alone but would link closely to the KCC's Strategies for Carers, Housing and End of Life Care. The NDS was accompanied by £150 million investment in the first three years of its implementation, although, historically, dementia had received 8 times less government funding than cancer, coronary heart disease and stroke. It was not known how much of the £150 million would be allocated to KASS and how much to the NHS. Ms Hanson pointed out that a dementia JSNA had recently been completed across Kent.

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

- (a) Members warmly welcomed the publication of the National Dementia Strategy and endorsed the objectives which arose from it and the government funding which went with it;
- (b) Objective Two of the NDS encouraged people to seek early diagnosis of dementia from their GP, but research showed people tended to delay seeking

they had put into producing excellent, clear documents. In discussion, and in Mr Thomas-Sam's, Ms Hanson's and Mr Leidecker's responses to questions, the following points were highlighted:-

- (a) The contribution of Kent's 127,848 carers was invaluable in allowing so many elderly and disabled clients to remain living in their own homes, and made an immense financial saving for the KCC and government;
- (b) Members who had served on the Select Committee had awaited the production of the Strategy and welcomed it in particular as an outcome of the Select Committee's work;
- (c) It was suggested that, once the Strategy had been published, a leaflet giving basic contact advice and information to carers should be produced to be placed in GPs' surgeries;
- (d) Carers of all ages who attended local Member surgeries raised the need for respite as a major issue, along with the difficulty of travelling to attend medical and social care appointments;
- (e) Funding for emergency respite had been given to KASS but was initially for one year only. Funding for carers had been improved via the Carers' Grant from the Department of Health, which KASS had ring-fenced to protect it, although Mr Leidecker pointed out that this funding was not the only money KASS spent on services for carers; and
- (f) KASS now worked in closer partnership with carers and carers' organisations than it had previously done, and regular meetings identified what was working well and what needed to be improved. In partnership with West Kent PCT, KASS was preparing a bid to government to be a demonstrator site, and Kent carers' organisations, with KASS's support, were collaborating in a national bid to establish "Caring with Confidence" training for carers. The outcome of these two projects would be included in next year's Annual Carers Report.

3) RESOLVED that:-

- (a) information given in the report and in response to questions be noted;
- (b) the first Kent Annual Carers report and Kent Adult Carers' Strategy be welcomed and endorsed for publication and launch; and
- (c) Members' congratulations on the documents be conveyed to the officer team.

**82. 'Better Homes Active Lives' and 'Excellent Homes for All' Housing PFIs**  
(Item B7)

*(Mr D Weiss, Head of Public Private Partnership and Property, was in attendance for this item)*

1) Mr Weiss introduced the report and explained that KASS was in the forefront of providing good quality homes for vulnerable people, in partnership with District

Councils and the private and voluntary sectors. There were two current projects – Better Homes Active Lives and Excellent Homes for All - which between them catered for elderly clients and those with a range of different needs; mental health, learning disability, physical disability, etc. The latest housing provision was being developed and phased in, with some opening very soon, and all were planned to finish and open by 2012. Government funding of £130 million PFI credits for vulnerable people had contributed towards the latest development. Mr Leidecker added that PFI was part of the wider modernisation agenda which aimed to provide optimum choice and independence for those no longer able to live in their own homes.

2) In discussion, and in Mr Weiss's and Mr Leidecker's responses to Members' questions, the following points were highlighted:-

- (a) Members welcomed the range of housing provision being developed and were pleased to hear about Kent's success in this field;
- (b) Local press coverage and publicity would accompany the opening of each new phase of development, and over the next two months, those who had put their names on a waiting list would be assessed and invited to sign up for accommodation as it became available;
- (c) Members referred to and praised housing developments in Dartford and Wilmington, the latter having a particularly good relationship with the local community, with local schools providing art work for the communal areas;
- (d) Clients moving into any development who later felt that they needed to access Extra Care services would apply to KASS in a similar way as they would if they were still living in their own homes. The ultimate aim was that residents would be able to access this service via the 24 hour on-site team. Extra Care was not included in the main rent for a unit but still worked out much cheaper than residential care for most people;
- (e) Mr Weiss estimated that, given the national demographic pattern for the next 20 years or so, 4 schemes of varying types would be needed in each district to meet the growing need. PFI projects were only part of a bigger picture and other choices of provision would also be needed, provided by housing grants or Section 106 developers' contributions. Members supported the need to have a range of provision to give optimum choice. Mr Leidecker added that the JSNA had shown a 12% reduction in KCC care home places against the demographic pattern of increasing need. Flexible provision could mean moving away from permanent placements to make use of respite and recuperative care, delivered jointly with Health;
- (f) Kent was currently at the stage of providing further details on its outline business case for the Excellent Homes For All Project; and
- (g) District Councils shared KCC's legal and project development costs in a partnership arrangement which worked well. PFI made affordable much more than one local authority on its own could possibly hope to achieve.

3) RESOLVED that the information in the report and given in response to Members' questions be noted, with thanks.

**83. Active Lives Network (formerly Queen Elizabeth Resource Centre)**  
(Item B8)

*(Ms M Howard, Director of Commissioning and Provision, West Kent, and Mrs C Holden, Project Manager, were in attendance for this item)*

1) Ms Howard introduced the report and explained that interim services which had been put in place for the former users of the Queen Elizabeth Resource Centre were those which users had requested in the consultation process around the closure of the Centre. The number of days' service provided had been matched to the number of days' service previously provided at the Centre. The new service provision had received good comments from users.

2) Members welcomed the good news story as a happy outcome to a problem which had been very difficult to address, and they congratulated the officer team on all the work they had put into handling the changeover and establishing the new service provision. Ms Howard thanked Members for their compliments and comments.

3) In discussion, and in response to questions raised by Members, the following points were highlighted:-

- (a) There had been no break in service between the old Centre closing and new services starting, and no users of the former Centre who had wanted an alternative had been left without service provision;
- (b) In response to a question about what lessons might be learnt from the consultation process, and what might be done differently next time, Ms Howard said that, if the exercise were to be repeated, the officer team would follow the same consultation process in the same way but would aim to start earlier and conclude sooner so the period of uncertainty and potential anxiety for users would be kept to a minimum;
- (c) Although one of the new services had run in parallel with QEF it had proved difficult for service users to embrace the idea of new services until they had accepted and believed that the previous service would really come to an end;
- (d) The Vice-Chairman suggested that lessons learnt from the consultation process around the transfer of services in Dartford could be used as a case study to help plan any future change to similar services in other areas;
- (e) He also suggested that service users could hold an event in October 2009 to mark the first year of the new service provision, to celebrate the success of the change and what had been achieved;
- (f) The report explained that the management of the current service was an interim arrangement, and the intention was to tender for an external

organisation to run the service from the autumn of 2009. The Vice-Chairman expressed disappointment that another in-house service was being contracted out, and expressed the concern that this might lead to the KCC becoming an enabler rather than a provider, losing its expertise at providing services directly. Ms Howard pointed out that the current arrangement was only ever intended to be temporary; and

(g) Services put in place under the new arrangement were largely for existing users of the former Queen Elizabeth Resource Centre, and new users were not expected to join them unless it was for specific and time limited reasons as new clients would access different services via different routes.

4) RESOLVED that the information in the report and in response to questions from Members be noted, and Members' thanks and congratulations be passed to the Officer team.

#### **84. Update on Select Committee Work**

*(Item C1)*

1) The Democratic Services Officer introduced the report and added that the Policy Overview Co-ordinating Committee meeting scheduled for 28 April would not now go ahead. The POCC would instead meet later in the summer with the aim of agreeing the Select Committee work programme before the August recess.

2) She also reported that the Autistic Spectrum Disorder Select Committee report had been warmly received by Cabinet on 30 March and had attracted a number of very favourable comments.

3) RESOLVED that the information in the report be noted, with thanks.

#### **85. Vote of Thanks**

*(Item )*

1) At the end of the meeting, the Chairman thanked Members of the Committee for their support and diligence in overseeing the work of the Kent Adult Social Services Directorate and for the calibre of discussion and debate achieved at the Committee's meetings. He thanked those Members who were not seeking re-election for their service to the Council and to this Committee.

2) He also thanked Mr Mills and the KASS officer team for the quality and clarity of the reports presented to the Committee and the information given in response to Members' questions at meetings.

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# **Mental Health Presentation ASSPOC – 1 April 2009**

Steve Leidecker, Director of Operations

Lauretta Kavanagh, Director of Commissioning for  
Mental Health & Substance Misuse

Dave Woodward & Paul Absolon, Social Care  
Commissioners for Mental Health

James Sinclair, Director of Social Care

# Joint Strategic Needs Assessment (JSNA) for Mental Health in Kent and Medway



# ‘Why Do We Need A JSNA For Mental Health?’

## How We Have Gone About The Assessment:

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- Specifying what we want
- Securing external support
- Involving 'experts'

# What is Among The Key, High-Level Findings To-Date:

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- Population size and deprivation
- Extent of mental illness
- Suicide
- East / West Kent comparisons

# Possible Priorities for a Longer View:

- People with Common Mental Health Problems
- Older People
- Carers



# Moving Forward:

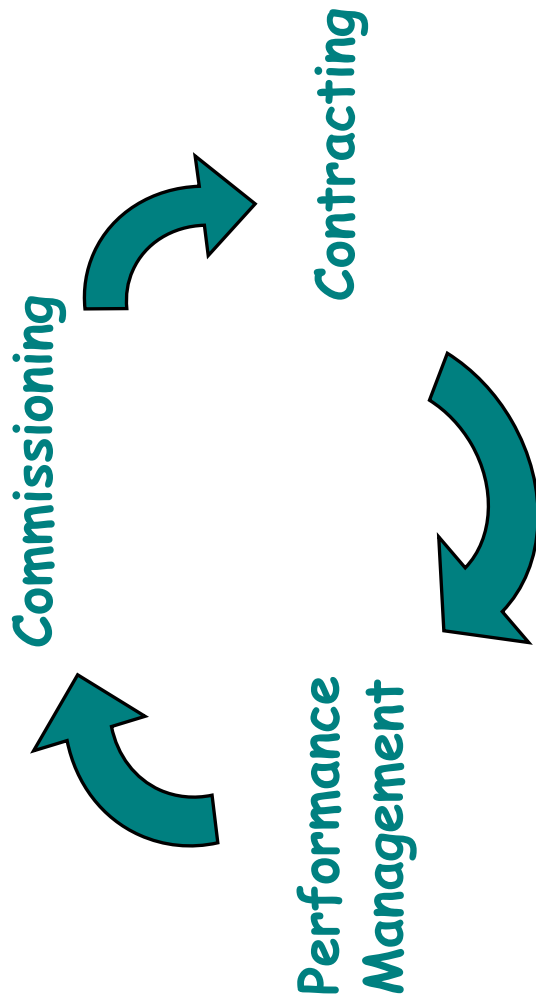
- Strategy Development

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# Social care commissioning for mental health



## Mental Health Commissioning & Contracting Team



# Social care commissioning for mental health



## Commissioning:

### Key Drivers

Social inclusion

Community cohesion

Personalisation of services

# Social care commissioning for mental health



## **Contracting:**

**Target systems to reconnect people**

- Employment**
- Accommodation**
- Social networks**

# Social care commissioning for mental health



## **Performance management:**

Levers to make it happen

Personal budgets

Partnerships

Primary care

# Implementation of The Mental Health Act Amendments 2007

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**The changes to the Mental Health Act 1983 include:**

**Definition of Mental Disorder:** a single definition of mental disorder

**Criteria for Detention:** a new "appropriate medical treatment" test in place of the so-called "treatability test"

**Professional Roles:** broadening the group of practitioners who can undertake functions previously performed by the Approved Social Worker and Responsible Medical Officer

# Implementation of The Mental Health Act Amendments 2007 continued

**Nearest Relative (NR):** giving patients the right to make an application to displace their NR and enabling County Courts to displace a NR

**Supervised Community Treatment (SCT):** introducing SCT for patients following a period of detention in hospital

**Mental Health Review Tribunal (MHRT):** reducing the time before a case has to be referred to the MHRT and introducing a single Tribunal for England

## **Implementation of The Mental Health Act Amendments 2007 continued**

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**Age Appropriate Services:** ensuring patients aged under 18 who are admitted to hospital for a mental disorder are accommodated in an environment suitable for their age (subject to their needs)

**Advocacy:** introducing independent mental health advocacy for patients who are subject to the Mental Health Act

**Electro-convulsive Therapy:** introducing new safeguards for patients

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## COMMUNITIES POLICY OVERVIEW COMMITTEE

MINUTES of a meeting of the Communities Policy Overview Committee held in the The Village Hall - Kent Life (Formally the Museum of Kent Life), Lock Lane, Sandling, Maidstone , ME14 3AU on Wednesday, 25 March 2009.

PRESENT: Mrs S V Hohler (Chairman), Mr T J Birkett (Vice-Chairman), Mr D L Brazier, Mr G Cowan, Mr A R Chell, Mr D A Hirst, Mr R E King, Mr R L H Long, TD, Mr M J Northey, Mrs E D Rowbotham, Mr G Rowe and Mr C T Wells

ALSO PRESENT: Mr P M Hill, OBE

IN ATTENDANCE: Mr C Bainbridge (Director of Community Safety & Regulatory Services), Mrs G Bromley (Strategic Manager, Libraries and Archives), Mr D Crilley (Director of Community Cultural Services), Ms J Edwards (Director of Policy and Resources), Ms D Fitch (Assistant Democratic Service Manager (Policy Overview)), Ms A Honey (Managing Director Communities), Mr D Shipton (Head of Finance and Asset Management), Ms A Slaven (Director Youth Services and KDAAT) and Mrs S Sparks (Strategic Manager)

### UNRESTRICTED ITEMS

#### **119. Membership**

*(Item A1)*

It was noted that Mr D Brazier had replaced Mrs E Tweed as a member of this Committee

#### **120. Minutes - 13 January 2009**

*(Item A4)*

RESOLVED that the minutes of the meeting held on 13 January 2009 are correctly recorded and that they be signed by the Chairman.

#### **121. Portfolio Holder and Managing Director's Update**

*(Item B1)*

(1) Mr Hill and Ms Honey gave an update based on the list of topics that they had circulated with the papers for the meeting and answered questions from Members, which included :-

*Turner Contemporary*

(2) In response to a question from Mr Birkett, Mr Hill confirmed that the partnership took the issue of parking for visitors to Turner Contemporary very seriously and that he and Ms Honey had met with the Leader and Chief Executive of Thanet District Council and had raised this matter.

## *Youth Services*

(4) As a result of questions from Mrs Rowbotham, officers undertook to provide her with a briefing note on the qualified youth worker vacancy at the Aylesham Youth Club, including access to application forms.

(5) In relation to the HOUSE project, Ms Honey confirmed that the outcomes from this project were being evaluated. One of the factors to emerge so far was that the most popular day for young people to use it was Saturday. The Youth Service would be reflecting on this and other findings from the project when they were available. In response to questions, Ms Honey explained that if staff were required to work in a different way this would be subject to negotiation with the unions.

RESOLVED that the update be noted and a report be submitted to a future meeting on apprenticeships, including the strategy and action plan.

## **122. Financial Monitoring Report : Community Services 2008/09**

*(Item B2)*

(1) Mr Shipton presented the regular report to this Committee on the forecast outturn against budget for the Communities portfolio based on the third quarterly monitoring report and subsequent exception report to Cabinet. Officers answered questions from Members on this report.

(2) Regarding the overspend on the Coroners' Service, Mr Bainbridge stated that he had met with a senior official in the Ministry of Justice. It was hoped that the Coroners' bill would alleviate some of the problems which had led to an overspend. He stated that the Local Government Association were of the view that this service should be directly funded by central government.

(3) Mr Shipton clarified that the £612k net overspend on central costs related to one off costs in the central budget.

(4) In relation to a question, Ms Slaven undertook to provide Members with a briefing note on the decision making process for allocating monies from the Youth Opportunities Fund.

(5) In response to a comment on vacancy management, Ms Honey explained that the Directorate did not have a blanket approach to this and acknowledged that in some areas, such as the youth service, it was crucial to maintain staffing levels and this approach stipulated that there should be no impact on frontline service delivery. She emphasised that vacancy management was about extending the period between someone leaving a post and a new person being recruited.

(6) Ms Slaven undertook to provide Members with a briefing note on the Youth Service's succession planning, including trainee youth workers and apprenticeships.

(7) RESOLVED that the projected outturn figures for the directorate for 2008/09, based on the third quarterly monitoring report to Cabinet, be noted.

### **123. An Alcohol Strategy for Kent** (Item B3)

(1) Ms Slaven presented the draft Alcohol Strategy for Kent which sets out the way forward for agencies across Kent to work in partnership to prevent the harm caused by alcohol misuse. It aimed to provide a structure for the development of treatment programmes, a preventative strategy for adults and young people and a community approach to issues such as policing, licensing and trading standards. It set in context the current resource allocation and the improvements necessary to ensure that the County of Kent has in place an effective and responsive system. Members asked questions and made comments, which included the following:-

- The work of the Select Committee on Alcohol Misuse was commended for recommending the development of an alcohol strategy for partnership working in this complex area.
- The amount of important work done by the voluntary sector was highlighted, and the County Council should look at how we can help and support them in their work.
- Concern was expressed about the different levels of service provision between East and West Kent.
- It was pointed out that there tended to be a focus on dealing with the high profile aspects of alcohol misuse, but this was only the tip of the iceberg as there were a lot of hidden problems.
- The importance of GPs being trained to recognise underlying alcohol problems was highlighted, so when patients presented with other symptoms it would enable them to signpost early intervention. There should therefore be a stronger mention in the strategy of training for GPs in alcohol awareness and interventions available.
- In relation to the results of the trading standards test purchases (page 22) these were targeted at areas where it was believed there was an issue with underage drink purchase. Mr Bainbridge explained the outcomes for those that were found to be selling drink to underage purchasers.
- The inequality of funding for alcohol misuse treatment and prevention measures compared with other substance misuse was emphasised.
- Mention was made of the importance of young women being made aware of the damage to fertility that binge drinking can cause.
- There was a need for agencies to work together to help mitigate the adverse effect that alcohol misuse can have on families.
- The effective way that the HOUSE project had been used to put over messages to young people about the adverse effects of alcohol misuse was commented upon.
- It was important that successful local projects were rolled out across the county.
- The positive tone of the strategy was welcomed.

- (2) RESOLVED that:-
- (a) the contents of the strategy and the comments made by Members, be noted; and
  - (b) the progress of the strategy to broader consultation with partners and communities be noted.

## **124. Draft Hidden Harm Strategy**

*(Item B4)*

(1) Ms Slaven introduced a report on the draft Hidden Harm Strategy for Kent which focused on delivering improvements in outcomes for children and young people who were affected by drug and alcohol misuse by their parent or carers. Members asked questions and made comments, which included the following:-

- Concern was expressed about the possible duplication between this strategy and the Alcohol Strategy. Ms Slaven explained that the Hidden Harm Strategy arose from the abuse and harm to children and young people as a direct result of substance misuse, and there was no duplication of effort with the two strategies, which were cross referenced to each other during their development.
- In response to a question on why the Strategy did not cover the effect of smoking on children in a family setting, Ms Slaven stated that the Hidden Harm Strategy was about the direct physical and psychological impact of substance misuse on children and young people.
- A Member stated that although, a large number of children who ended up as looked after children were in that situation as a result of substance misuse, at adoption hearings there was very little mention of this factor.
- At the bottom of page 42 there is mention of the number of looked after children in Kent but there is no context around this.
- Members highlighted the need to overcome the fear of both children and parents that if the substance misuse problem were revealed, and help sought then the family may be split up, was highlighted. Maybe there is a need for a body that is semi-independent of social services to which those involved could turn as this may help to mitigate this fear.
- The emphasis on the child, rather than the family as a whole, made it difficult to tackle these challenging issues.

(2) RESOLVED that the comments made by Members be noted and this Committee receive a final version of the Strategy, and consequent action plan, together with periodic reports on progress.

## **125. Integrated Youth Support Strategy**

*(Item B5)*

(1) Ms Slaven introduced a report which summarised the content and progress of the Integrated Youth Support Strategy and its accompanying implementation plan. The strategy and implementation plan were subject to formal consultation through the Kent Children's Trust Partnerships. Both documents were circulated with the report.

(2) Members commended this as an excellent strategy which complemented the work of the recent Select Committee on Provision of Activities for Young People.

RESOLVED that the development and progress of the Integrated Youth Support Strategy and the implementation plan be noted.

### **126. National Year of Reading (NYR): a Legacy beyond 2008**

*(Item B6)*

(1) Mr Crilley and Mrs Bromley presented a report which highlighted achievements and activity in Kent during the National Year of Reading (NYR), with a particular focus on the contribution made by services in Communities. They also confirmed proposals to develop and implement a Reading and Literacy Strategy in order to maintain the momentum that has been developed.

(2) Members welcomed the report and the proposed strategy. They made a number of suggestions including the possibility of having mobile libraries visit schools at the end of the day when parents were collecting children. Also mentioned was 'Oi' magazine, which was produced by young people for young people, and the possibility of this being available in libraries, in addition to an increase in the number of other magazines for young people.

(3) RESOLVED that the activity that has taken place in Kent during the National Year of Reading and the continuing momentum of this work be noted.

### **127. Museum of Kent Life**

*(Item B7)*

*(Mr Brazier declared a personal interest in the above item as KCC's representative on the Board of Trustees of the Museum of Kent Life and remained in the meeting and took part in the discussion on this item.)*

(1) Mr Crilley and Mrs Sparks introduced an update report on the transfer of the Museum of Kent Life to a commercial operating company (Continuum). Mr Brazier, Chairman of the Trustees, set out the background to this, from the Trust's perspective, and stated that the staff and friends of the museum were happy with the new arrangements. It was noted that the improvements made to the site and the publicity would result in an increase in visitor figures from 60k last year to an anticipated 100K this year.

(2) RESOLVED that the report be noted.

### **128. Equalities and Diversity**

*(Item B8)*

(1) Ms Edwards presented a report which set out the Directorate's priorities for action relating to Equality and Diversity in 2009/11, in the context of national and corporate changes.

(2) RESOLVED that the report be noted.

**129. Select Committees - update**

*(Item C1)*

(1) The Committee received a report which brought them up to date with the Select Committee on Provision of Activities for Young People, which had just produced its report and would be submitting it to Cabinet and County Council meeting shortly. Suggestions for future topic reviews were also invited.

RESOLVED that:-

(a) the recommendations, as set out in the executive summary to the report of the Select Committee on Provision of Activities for Young People, be endorsed and

(b) Members email suggestions for potential Select Committee Topic Reviews to the Democratic Services Officer for consideration by the Policy Overview Co-ordinating Committee.

By: Graham Gibbens, Cabinet Member Adult Social Services  
Oliver Mills, Managing Director Kent Adult Social Services

To: Adult Social Services Policy Overview Committee –  
15 July 2009

Subject: **OUTTURN MONITORING OF THE ANNUAL OPERATING  
BUSINESS PLANS 2008/09**

Classification: Unrestricted

Summary: The Directorate reports on its outturn position against the targets and actions set in the Annual Operating Business Plans.

### Introduction

1. (1) The purpose of this report is to present the outturn position of the annual operating plans for 2008 / 2009.

### Policy Content

2. (1) Previously we have reported to the committee our half year progress on the business plans. This report outlines the full year outturn position.
- (2) This report outlines:
- The outturn budget position.
  - Performance, where possible has been bench marked against other local authorities
  - Activity Levels for key areas
  - Progress made in delivery of key projects and developments identified in the business plans.

### Progress on projects and developments

3. (1) To give a clear picture on the progress made on key projects and developments a traffic light system has been used.

(2) The 'traffic light' colour rating is shown below

<b>GREEN</b>	Completed
<b>AMBER</b>	On track
<b>RED</b>	Not on track, further work needed.

## Results

4. (1) The overall results of the outturn monitoring report are shown within the attached report. The table below also shows the results as percentages of the overall amount and in actual figures:

Section	Number in total	GREEN	AMBER	RED
Planned Projects and Developments	82 (100%)	56.1%	42.7%	1.2%
User Involvement consultations	14 (100%)	85.7%	0	14.3%

## Recommendations

5. (1) Members of the Policy Overview Committee are asked to NOTE and COMMENT on the contents of the report.

### Lead Officer:

Elouisa Matthews

(01622) 69 Ex. 6369

### Background documents:

Half year Monitoring. Taken to Adult Social Services POC Feb 2009.

# **Kent Adult Social Services**

## **Business Planning Outturn Monitoring Report 2008/ 2009**

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## **Business Plan Performance 2008-9**

### **Directorate Level**

#### **Managing Directors' Statement**

Kent Adult Social Services support vulnerable adults including :

- Older people
- People with physical or sensory impairments
- People with a learning disability
- People with mental health problems.

The overall purpose of Adult Social Services is:

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

The core business objectives for the outturn period 2008/2009 were:

- Development of community based preventative services
- Continued reduction in the rate of adults being placed in residential and nursing care
- Increase in the number of people using direct payments
- Reduction in the number of delayed discharges from hospital

These core objectives were achieved using good practice guidelines and service development. Examples are shown below:

#### **Development of community based preventative services**

Across Kent, the community based services are fundamental to supporting people within their own homes and in giving them choice and control over the services they support.

In partnership with Eastern Kent and Coastal PCT, the Directorate was successful in bidding for the £1.5 million Partnerships for Older People Project. Out of this has sprung the INVOKE (Independence through the Voluntary action of Kent Elders) project. There are three significant strands to INVOKE; the Care Navigator service, Community Information and Liaison assistants and the Community Matron Support workers. The project is designed to give older people greater independence, enhance self-management through choice and control and reduce hospital admissions. Feedback and initial research suggests that the project is a success. East Kent is about to extend the project with six additional Care Navigators to work as brokers for self directed support.

East Kent was selected as one of the DH Demonstrator Sites for Urgent Care. Again this is in full partnership with the Health Service. The aim of the programme is to treat people closer to home, to prevent hospital and long term care admissions and to provide better, integrated care in a person's own home. An extensive rollout programme of Intermediate Care for East Kent is part of the project, aimed at, providing early discharge, assessment and rehabilitation in a non acute hospital site or Intermediate Care Unit but mostly in the person's own home. Intermediate Care was started many years ago in Shepway and

evaluated by the Department of Health, where it was found to have positive outcomes and was classified as an exemplar site. This project is now operational throughout East Kent and is fully integrated between health and social care.

The Brighter Future Group (BFG) has been operating across five Districts in Kent since 2006 and is an excellent example of innovative preventative work. It is a partnership between Kent County Council, PCT's and voluntary and community organisations aimed at helping older people remain independent. It was initially funded with £1.38m from HM Treasury (Invest to Save programme). The programme is delivered via a range of volunteer services designed to reduce avoidable admissions into hospital or long-term care. As well as keeping older people healthy, promoting social inclusion and independence it produced other benefits to the volunteers and their communities. It has proved to be a success and although Treasury funding has now ceased, all projects continue to operate with other Districts adopting some BFG type services, some part-funded through the Social Care Reform Grant.

A key driver for drawing together and co-ordinating preventative services across the board has been the development of the Policy Framework for Later Life. Originally Kent Adult Social Services took the lead in developing this, but it has now been adopted across all of Kent County Council and is underpinned by the Older People's Strategic Network and the Older People's Champions Group. The Policy Framework has been written with the public - older people groups have been extensively involved. The Kent Partnership has now adopted the Policy Framework, and an underpinning action plan is being finalised. The action plan draws together a range of initiatives focusing on areas which older people feel will improve their quality of life and wellbeing.

The Council has a wide range of website pages to meet the needs of the different needs of the population, including interactive pages and video scripts for deaf people. Kent TV is an on line TV channel which is opening up new avenues of bringing information to the public and involving the public in the development of services through feedback. An example would be the use of Kent TV to publicise work around equalities groups and societies.

Kent Adult Social Services is working with health partners to expand the Map of Medicine as a web-based directory for dementia services currently accessible to GPs only, to become available for all the agencies.

**Continued reduction in the rate of adults being placed in residential and nursing care**

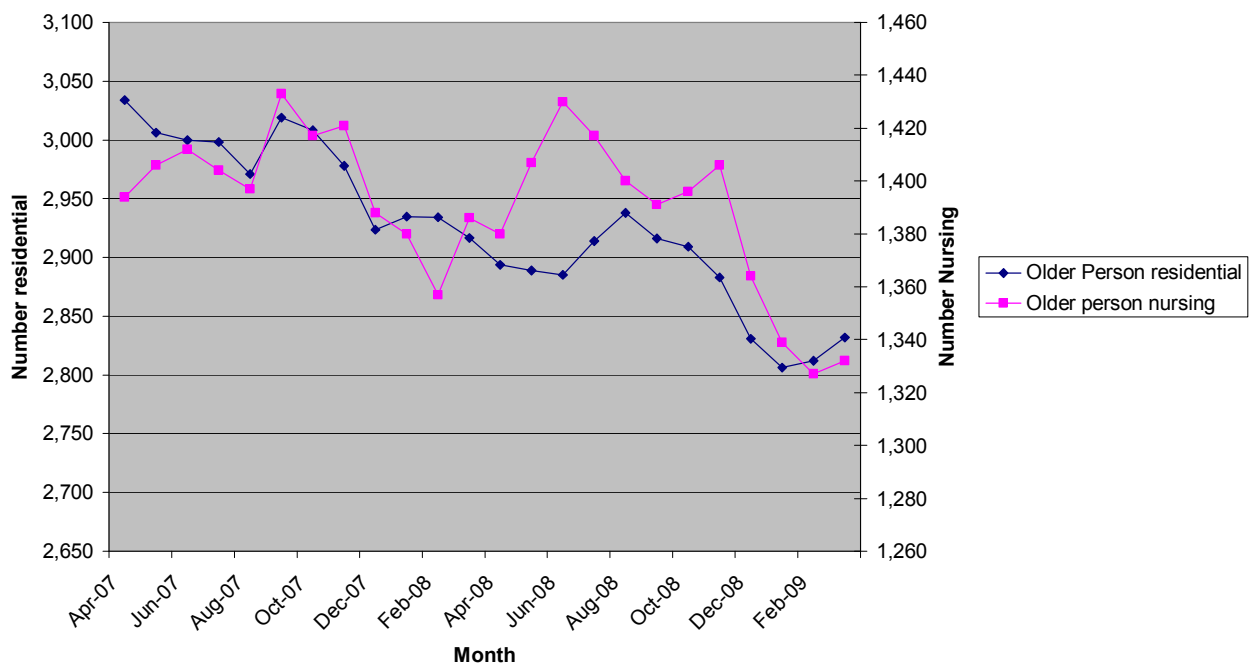
Our intermediate/recuperative care services are geared to help achieve the objectives of preventing avoidable hospital admission, facilitating safe early discharge from hospitals and maximising people’s ability to regain their independence. Kent Adult Social Services has and continues to invest in recuperative care services in care homes that it manages. Additionally, we purchase some recuperative care services from the private and Independent sector.

The Directorate also invests in non-residential intermediate care services. The in-house ‘Active Care’ provision, managed by Kent Home Care Service, is a good example of a non-residential care service that provides outcome based time-limited intensive support to people in their own homes. From July, an enablement service will be available for the independent sector as part of a strategic approach to offer people more choice.

In addition, there are a number of intermediate/rapid response services jointly commissioned with the NHS West Kent and NHS Eastern and Coastal Kent. The investment profile in this area includes Integrated Care Centre provision of Gravesham Place, West view and at West Brook House. These services have contributed to the reduction of delayed transfers of care reported across the economy. The Health Overview and Scrutiny Committee, at its meeting on 17 October 2008, formally welcomed the progress on the delayed transfers of care; a product of the partnership working between Kent Adult Social Services and the NHS in Kent.

Kent Adult Social Services is building on this by developing a discrete Enablement Service as part of its Self-Directed Support transformation. The purpose of this service will be to work with individuals by helping to restore their confidence, promote independence and minimise the need for long term ongoing community support and long-term residential care.

**Older people in residential and nursing care**

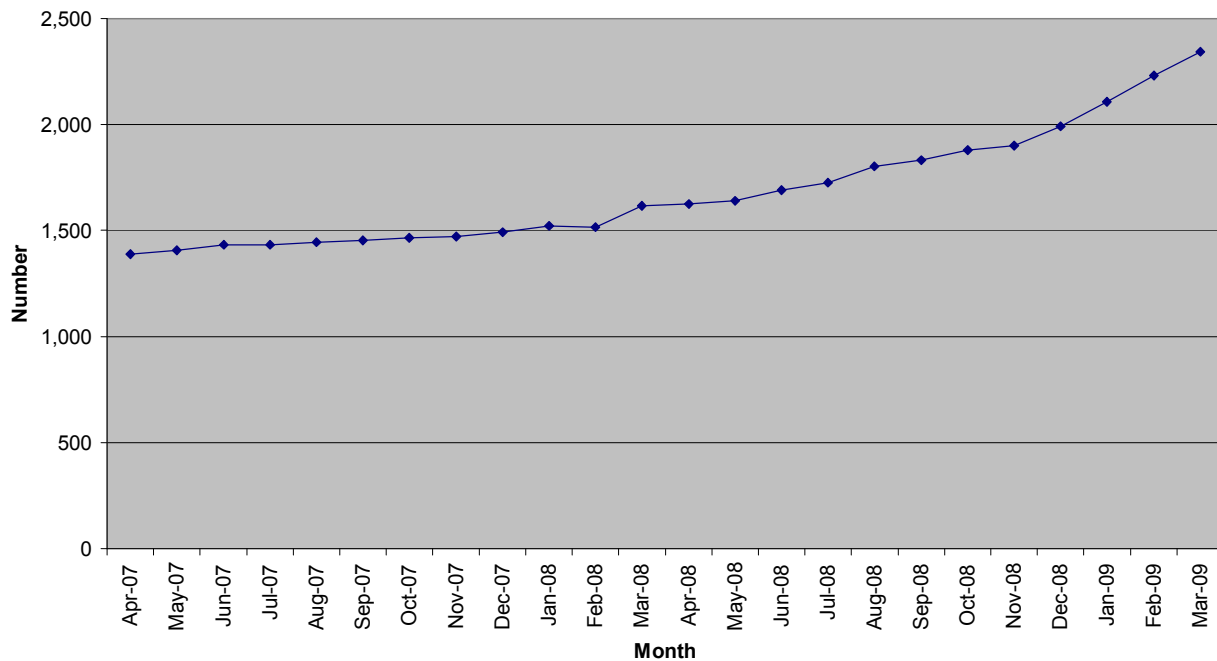


## Increase in the number of people using direct payments

A key feature of enabling people to continue to live independently is to ensure they have choice and control over the support they need. The development of Direct Payments has made a significant contribution to this. In March 2009, 2342 people were in receipt of Direct Payments and this continues to rise. Over 740 of these are for older people. Whereas in 2002 there were only 9 older people using Direct Payments. A range of innovative actions has supported the increasing take up of Direct Payments, including the Kent Card. This is now being used by 831 people (figures as at end March 2009). Information on Direct Payments is available in multiple formats and languages and as MP3 sound files. Specialist Support is given to those people who are considering employing personal assistants and the feedback from those who use Direct Payments is positive. Through the East Kent Coastal PCT further development around the Kent Card is taking place due to the successful bid to personalise health budgets using the Kent card.

There has been a steady increase in the numbers of users accessing and using direct payments over the last four years. The drive to roll out direct payments across all service areas in Kent. KASS has worked with Users and Carers to expand and demonstrate the benefits for users and carers using direct payments. All new clients assessed by KASS who are eligible for a personal budget are given the option of receiving it as a direct payment and are able to choose the way of managing it that best suits them.

**Number of people receiving a direct payment**

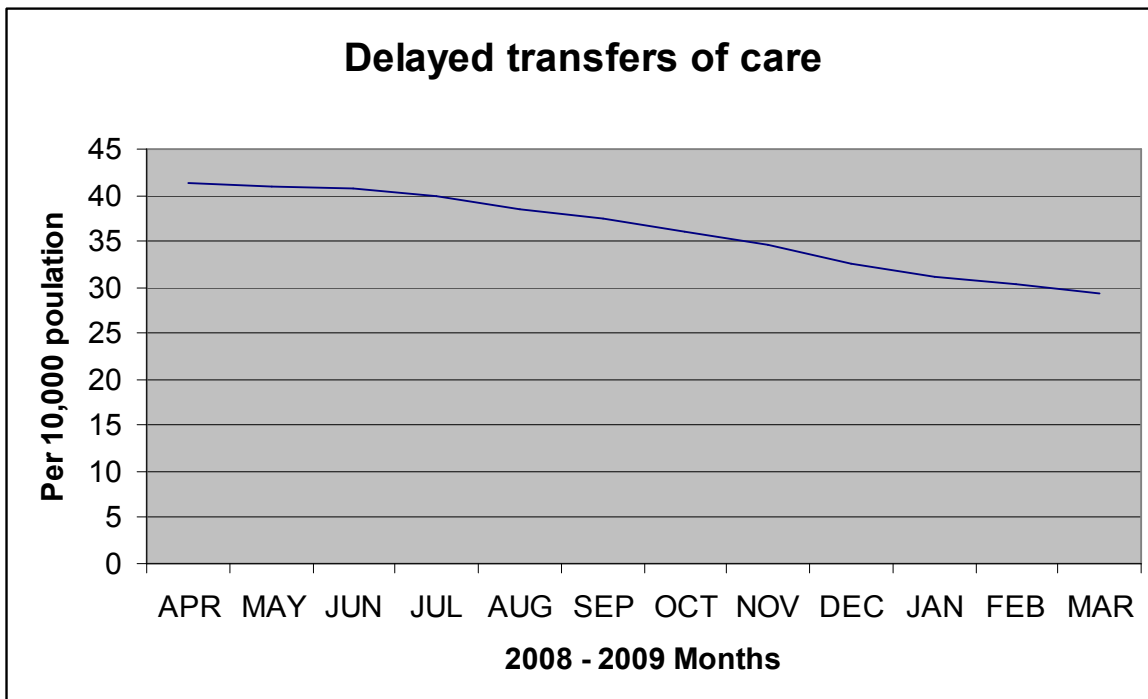


### Reduction in the number of delayed discharges from hospital

Kent Adult Social Services have continued to work with East and West Kent PCT to really focus on the fundamental reasons for delays occurring.

The graph below shows a reduction in the rolling performance indicator over the 08/09 period.

The rolling Performance Indicator (PI) number, is the position as at the last week of each month, and is calculated on a rolling year basis (i.e. 52 weeks of data). The definition of the PI is; **the number of delayed transfers of care per 100,000 populations aged 65 or over.**



## **Planned outcomes**

The Directorate has embedded key outcomes and recommendations of key policy such as 'Our Health, Our Care, Our Say', and Putting People First to drive the direction of the Directorate to address key areas:

- Personalisation
- Prevention
- Promoting Independence

Together with the views of government and the views of our users and carers that have focused the Directorate on making the service user the centre to all of our activity. These key objectives are embodied in Active Lives For Adults /Self Directed Support that is developing a new culture and structure focused on personalisation and choice.

Outcomes will also now be measured and monitored as part of the KASS performance framework. In developing the framework we are looking at new innovative ways of capturing the outcomes and the views of people. For example, Kent is just one of three Authorities to be piloting the indicator. This work has been acknowledged by the Department of Health and ADASS (The Association of Adult Social Services).

The introduction of this indicator has been in line with a major change in the performance framework. Previously known as the performance assessment framework (PAF) it has now become National Indicators. In comparison the National Indicator are far fewer with an expectation that each Adult Social Services directorate will accompany these indicators by monitoring additional areas to demonstrate what outcome the Directorate is having and exactly what difference it is making to them.

Briefly the following factors illustrate that this is making a difference:

- Since 2002 there has been a 14% reduction in residential and nursing care, at a time when the ageing population is growing.
- The data from the Kent Agreement 1 showed the number of emergency bed days have decreased, which is against the national trends
- Research underpinning Brighter Futures Group, INVOKE and Whole Systems Demonstrator indicate that all these preventative projects are making a difference.
- Nationally there has been a series of research which show the benefits of low level prevention. Currently the University of Kent at Canterbury is finalising research looking at some of the benefits of preventative day services.
- Within the Directorate we have undertaken a range of internal service evaluations which identify benefits of a range of preventative services, including intermediate care and active care rapid response teams.
- Significant take up of benefits amongst Older People, improving economic and financial independence.

## What was achieved

Over the year period 08/09 the Kent Adult Social Services has planned and delivered a number of significant outcomes:

- Kent Adult Social Services was awarded 3 star rating for the 7<sup>th</sup> consecutive year.
- The implementation of ALfA and SDS across the directorate. This is a transformational project and has involved an end to end restructure of the Directorate. Teams have been reorganised and roles have been redesigned to fit the new Directorate direction of Self Directed Support. The restructure is underpinned by a shift in culture focussed on personalisation. Once completed the Restructuring will deliver significant efficiencies (£1.7 million reduction in management costs). This provides sustainable management costs for the future.
- Reorganising the Directorate and the development of services (e.g. Enablement) has been implemented to meet the challenges of increased referrals and levels of need, which arise from the demographic trends (e.g. a growing ageing population).
- The Directorate has worked with Service user groups and carers in establishing the way in which support is implemented in the directorate, for example, by holding workshops and user events to create a user led service approach.
- The Directorate has seen a reduction in the number of staff within KASS as a direct outcome of the Directorate restructure. SMT were included in the restructure.

The table below shows the staffing numbers for the directorate. The restructure has reduced staffing numbers particularly showing a significant reduction in management capacity despite increases in activity across the directorate.

2008/09		2009/10	
Grade J (KS13) and above	Below Grade J (KS13)	Grade J (KS13) and above	Below Grade J (KS13)
62.32 fte	2921.92 fte	48.85 fte	2848.15 fte

- In March 2009, the Directorate was inspected by CQC (the former CSCI – became CQC on 1<sup>st</sup> April 2009). This service Inspection is part of a national programme for all local authorities of Inspections with the theme Independence Wellbeing and Choice. In Kent the inspection focused on Safeguarding and Older People / Access to Preventative Services. The full service inspection took place between 10<sup>th</sup> – 18<sup>th</sup> march and included a survey of service users, meetings with users and carers, interviews with staff at all levels, partner agencies, members and mystery shopping. This is the first service inspection since the mid-nineties other than the joint review.

- A major project that undertaken by the Directorate over the 08/09 period was the NHS Learning Disability Transfer into KCC. This complex project has been risk managed and is on track, although there will be future financial risks post 2011. They have been identified. The framework and the agreement on the process are in place but full completion of the project is estimated for the end of the year.
- Safeguarding. The Directorate has worked with its partners to improve the management of safeguarding, which has delivered increased outcomes to vulnerable people over the year, for example increased numbers of investigations. This has included: major file audits, the development of a 3 year strategic plan with our partners and significant improvements in our performance management process which now fully involve the Cabinet Member Through confidential quarterly report on safeguarding performance.
- This year has been one of transformation for the directorate. The Independence, wellbeing and choice inspection took place during the first phase of the restructuring. However, even in the face of such major challenges, performance has continued to improve, staff morale has been maintained, staff vacancy, turnover and sickness levels continued to be low.

#### **What was not achieved**

- The transformation that KASS has undergone which has included a major re-structure has inevitable led to some projects not being delivered as outlined in the Business plans overleaf and some Consultations not been completed. A further issue which we had to manage was the Independence Wellbeing and Choice Inspection. Again this had an impact on planned projects and consultations as outlined in more detail in the following sections of this report.

All of the projects and developments not achieved have been listed within the relevant service area. To provide an overview each of the tables below show all of the amber and red categorised projects with explanations.

## East Kent

East Kent 10 – this project was started and the bid was made to the Department of Health. This was a highly competitive process that was unsuccessful for Kent. This project has been removed as it cannot be taken any further.

	TITLE	OUTTURN	EXPLANATION
E K 3	To undertake consultations on the modernisation of residential respite care services where co-located with existing learning disability day services	RED	Programme revised in schedule in LD modernisation of services.
E K 4	To explore the modernisation possibilities of the older persons in-house residential units in Canterbury, Dover, Shepway and Swale	AMBER	Project in development stage. Planned to begin if approved Summer 09.
E K 6	Work in partnership with District Councils to develop supported housing for adults with specialist housing need	AMBER	Some progress made with some district councils. Further work needed.
E K 7	Whole System Demonstrator – working in partnership with PCTs to deliver assistive technology.	AMBER	The DH has changed the time scales many times during the programme, mainly due to the development and implementation of the evaluation mechanism but we are still on track. As at 31 March the programme was amber (orange) and at that time a Programme Management Office (PMO) was being set up to undertake all the administrative, processing and reporting activity requires to support programme delivery. We were reviewing all processes and procedures with a view to delivering operational efficiencies and integrating the PMO.
E K 12	Review of the Disabled Facilities Grant	AMBER	work still in progress with District Councils
E K 14	To implement revised strategy to improve transport arrangements for older people to access in-house day services	AMBER	Work underway not yet fully completed

## West Kent

	TITLE	OUTTURN	EXPLANATION
<b>W K 3</b>	Review and modernise the services currently provided in in-house Registered Care Centres.	AMBER	Feasibility study completed. This relates to OP Strategy and has been delayed due to restructure and election/purdah. Strategy paper to be presented in summer 09 outlining modernisation programme and timetable.
<b>W K 4</b>	Review day opportunities provided to older service users and carers, by the KCC in-house provider and by the private and voluntary sector to ensure they meet the growth and ageing population and are fit for the future and help prevent social isolation and provide alternative models for respite care in line with ALfA.	AMBER	Delayed due to the transformation of KASS and implementation of ALfA
<b>W K 7</b>	Whole System Demonstrator – working in partnership with PCTs to deliver assistive technology.	AMBER	The DH have changed the time scales many times during the programme, mainly due to the development and implementation of the evaluation mechanism but we are still on track. As at 31 March the programme was amber (orange) and at that time a Programme Management Office (PMO) was being set up to undertake all the administrative, processing and reporting activity requires to support programme delivery. We were reviewing all processes and procedures with a view to delivering operational efficiencies and integrating the PMO.
<b>W K 12</b>	Review transport provided to KASS	AMBER	Feasibility study completed. Reviews carried out to link in with expiry dates of lease arrangements. Remainder will be completed by Summer 09.

## Headquarters

	TITLE	OUTTURN	EXPLANATION	
H Q 2	Whole Systems Demonstrator - Delivering assistive technology	AMBER	This is a DH national demonstrator on 3 sites - Kent, Newham and Cornwall. It is a randomised trial with evidence evaluated by UCL. Conducted over a 2 year period finishing in July 2010. KCC is in partnership with East and West PCTs to deliver the target numbers of patients into the trail. The delivery is complex working with a range of stakeholders. The costs are fully funded by the DH. Currently 700 on the trial against a target of 2000.	
H Q 3	Implementing 'Valuing People Now'	AMBER	Valuing People Now published Jan 2009, Development Manager in post April 2009, 6 Key deliverables for initial year of strategy have delivery groups in place - Housing Plan in hand, Good Health Group focusing on access to primary care, Employability post in place, SDS needs to improve linkage into LD, Large VPN event in planning and Partnership Board under Review.	
H Q 4	Transfer of people with learning disabilities from health-funded accommodation.	AMBER	Although well on track and partially implemented, not yet fully signed off. Full completion expected towards the end of the year.	
H Q 5	Finalise Kent's Strategy for Later Life	AMBER	On track but not yet fully completed	
H Q 6	Implement the Joint Strategic Needs Assessment recommendations	AMBER	Given the long term nature of the JSNA it is never completed as it's success inevitable identifies more areas of activity to focus on. The JSNA is now being re-drafted as the Govt guidance has now been published and through the MOSAIC we have far more sophisticated information & analysis. Specialist Assessments - have been completed in Mental Health & Dementia and other specialist assessments are planned for Housing, disability, and carers in the future. JSNA and its findings have influenced commissioning - for example the development of more preventative services focused on Dementia	
H Q 9	Moving to Flexible and Mobile Working	AMBER	the project is on track but the KASS restructure has delayed the timetable	
H Q 10	Workforce Plan	AMBER	On track, this strategy is due to publish in the Autumn. Delayed completion due to the restructure	
H Q 12	SWIFT Development	AMBER	Work is on track and is an ongoing process.	
H Q 13	Better Homes Active Lives Housing PFI	AMBER	Project on planned programme with some supported housing open and operational.	
H Q 14	Excellent Homes for All Housing PFI	AMBER	Entering Procurement stage and OJEU advert for July 09.	

H Q 15	LD Services Modernisation	AMBER	Good Day programme in place, projects underway in Dartford, Gravesend, Maidstone, Sevenoaks, Ashford, Canterbury, Dover, Thanet. Initial/ outline work underway in Shepway, Tunbridge Wells, Tonbridge and Malling – Swale is in need of more input. Better links between Day services and Employment organisations, concentration on person centred lives and SDS linked to Community Capacity Building. 4 Project Managers active with responsibility for programme moving to Head of Strategic Commissioning
H Q 16	In house residential services for Older People	AMBER	Project in development stage. Planned to begin if approved Summer 09.
H Q 17	Carers	AMBER	On track, regular updates are provided through the monitoring process of target 53 Towards 2010.

**Kent wide**

	TITLE	OUTTURN	EXPLANATION
<b>K W 4</b>	Introduce TextBox server	AMBER	Delayed due to technical problems
<b>K W 6</b>	Implement deafblind strategy based on project report going to Senior Management Team (SMT) in April	AMBER	Delayed due to the restructure
<b>K W 8</b>	Establish a Kent-wide partnership based Sign Language Interpreting (SLI) service	AMBER	Delayed due to challenges of multi-agency working
<b>K W 9</b>	Develop Service Access project linked to Active Lives for Adults (ALfA) fast track work stream	AMBER	Project has been absorbed into the SDS work
<b>K W 10</b>	Evaluate integrated Visual Impairment (VI) service and introduce Rehabilitation Pilot Project	AMBER	Project has been absorbed into the SDS work
<b>K W 11</b>	Introduce Rehabilitation Pilot Project	AMBER	Project has been absorbed into the SDS work
<b>K W 13</b>	Support Kent Districts, Medway Council and South East Regional Assembly (SEERA) on future Gypsy and Traveller accommodation provision	AMBER	Not yet completed
<b>K W 14</b>	Support Swale Borough Council with any improvements to the Three Lakes site	AMBER	KCC have contributed to Swale BC's Corporate Policy Document on Gypsies and Travellers, and a joint (KCC-SBC- Amicus Housing Association) approach has been agreed to the site needs issues. An alternative site location has been identified for some of the families, and this is being pursued
<b>K W 15</b>	Support Tonbridge and Malling Borough Council with any improvements to the Coldharbour site	AMBER	On track. The grant bid to be submitted in June 2009
<b>K W 16</b>	Manage implications of Housing and Regeneration Bill now going through parliament.	AMBER	On track and ongoing

<b>K W 17</b>	Promote closer engagement with those from Gypsy and Traveller Communities	AMBER	On track and ongoing
<b>K W 23</b>	Develop Kent Supported Employment (KSE) as a trading organisation to ensure it can be more responsive to changes in the Employment Support sector	AMBER	Project delayed due to the restructure

**Mental Health**

All completed

**Supporting People**

	TITLE	OUTTURN	EXPLANATION
<b>S P 2</b>	Five Year Strategy	AMBER	On track - progress report being taken to the Commissioning body at the beginning of July.

**Oliver Mills  
Managing Director**

**Kent Adult Social Services**

### Key Performance Indicators & Activity Levels

From April 2009, KASS will be using the newly implemented Performance Strategy that focuses on outcomes and embraces the new national performance framework.

Indicator	2006/07 Actual	2007/08 Actual	2008/9 Target	2008/ 09 Forecast	Trend
PAF C28 - Intensive Homecare per 1,000 population aged 65 and over	11	11	10.9	10.9	▶ <b>GREEN</b>
PAF C32 - Older People aged 65 and over helped to live at home per 1,000 population aged 65 and over	75	77	78	78	▶ <b>GREEN</b>
PAF D40 - Clients receiving a review as a percentage of adult clients receiving a service	86	86	88	88	▲ <b>GREEN</b>
PAF D39 - Percentage of people receiving a statement of their need and how they will be met	98	98	98	98	▶ <b>GREEN</b>

All of the above indicators are all performing at the highest levels – it is therefore challenging to make any significant improvements in performance.

Key to trends

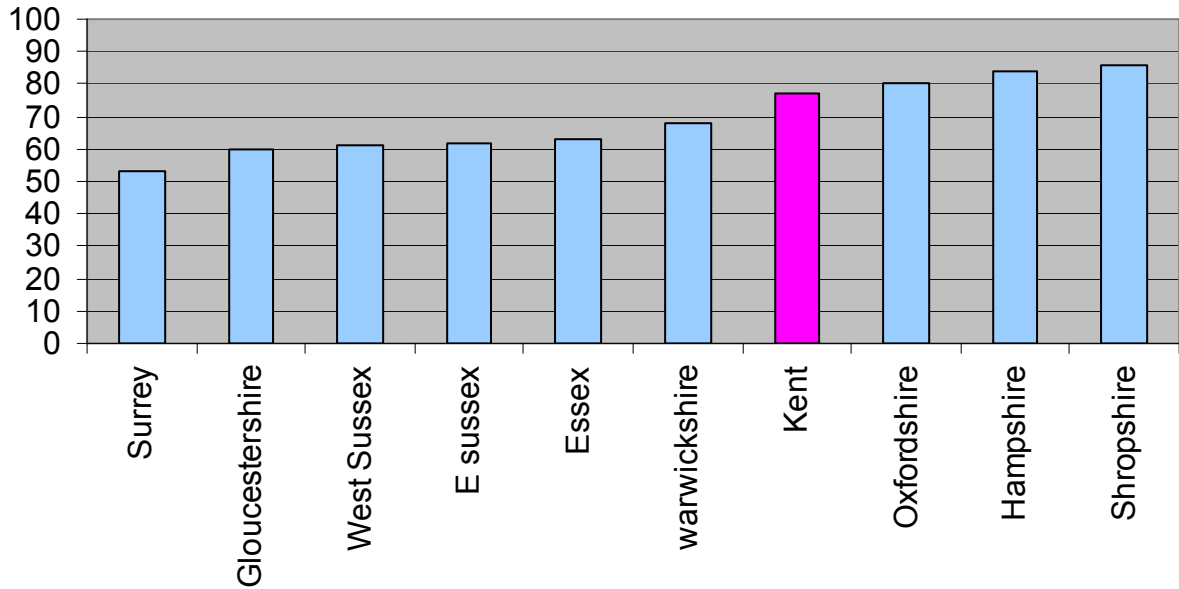
- ▲ improving
- ▶ not improving
- ▼ deteriorating

### Benchmarking Information

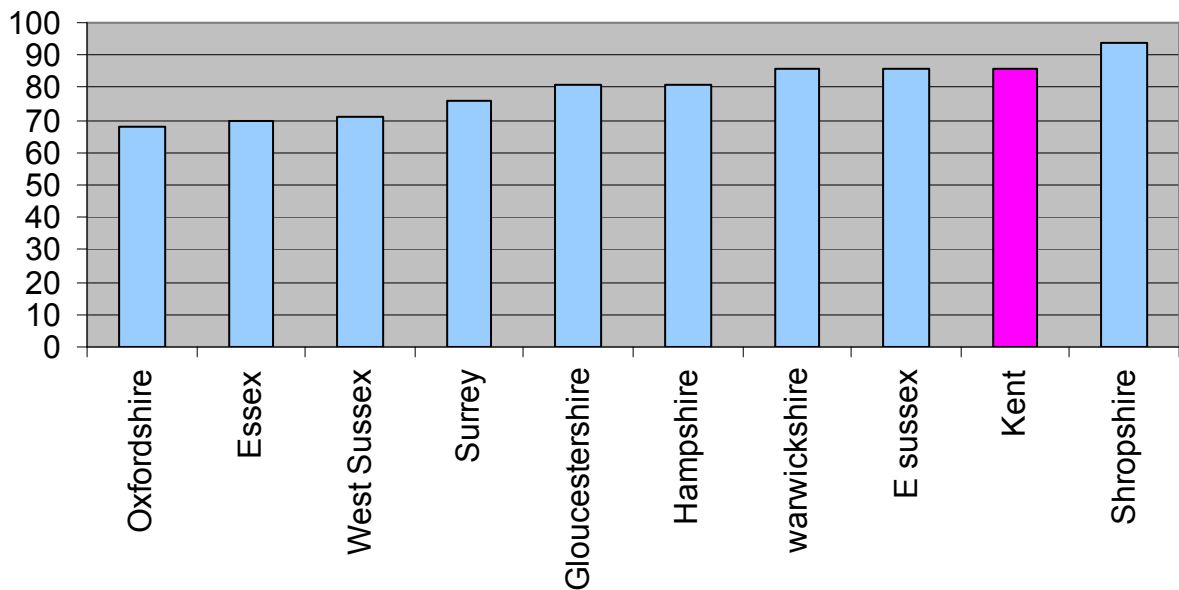
The graphs shown below demonstrate ``Kent's' position compared to other local authorities for two of the performance indicators listed above:

- PAF C32 – Older People helped to live at home
- PAF D40 – Clients receiving a review

### PAF C32 - Older people helped to live at home



### PAF D40 - Clients receiving a review



## Towards 2010

Target Number	Definition	Status (March 2009)
52	Increase the number of people supported to live independently in their own homes. This will include: <ul style="list-style-type: none"> <li>• encouraging the development of more housing for older people, disabled people and those with special needs</li> <li>• encouraging more people to take control of their care/support through Direct Payments</li> </ul> taking advantage of new technologies, such as expanding our Telehealth and Telecare programmes	On Course  AMBER
53	Strengthen the support provided to people caring for relatives and friends	On Course AMBER
54	Work with our colleagues in the health service to reduce the number of avoidable admissions to hospital and combine resources, where appropriate, to improve the health and well-being of the people of Kent	On Course  AMBER
55	Ensure better planning to ease the transition between childhood and adulthood for young people with disabilities and to promote their independence	On Course AMBER
56	Improve older people's economic well-being by encouraging the take-up of benefits	On Course AMBER

### External Evaluation

- The user feedback on the homecare survey (08/09) achieved 92% of service users receiving a homecare service were satisfied.
- The CQC Inspection report (08/09) is embargoed until mid July 2009.
- East Kent were assessed with visits made to various KCC sites across East Kent, including, for KASS, St Peter's House, Broadstairs, Wayfarers RCC in Sandwich, Margate DOS/ILS and Thanet District Teams. East Kent was awarded Green ISO 14001 accreditation. West Kent will be assessed during 09/10.

## Staffing Information

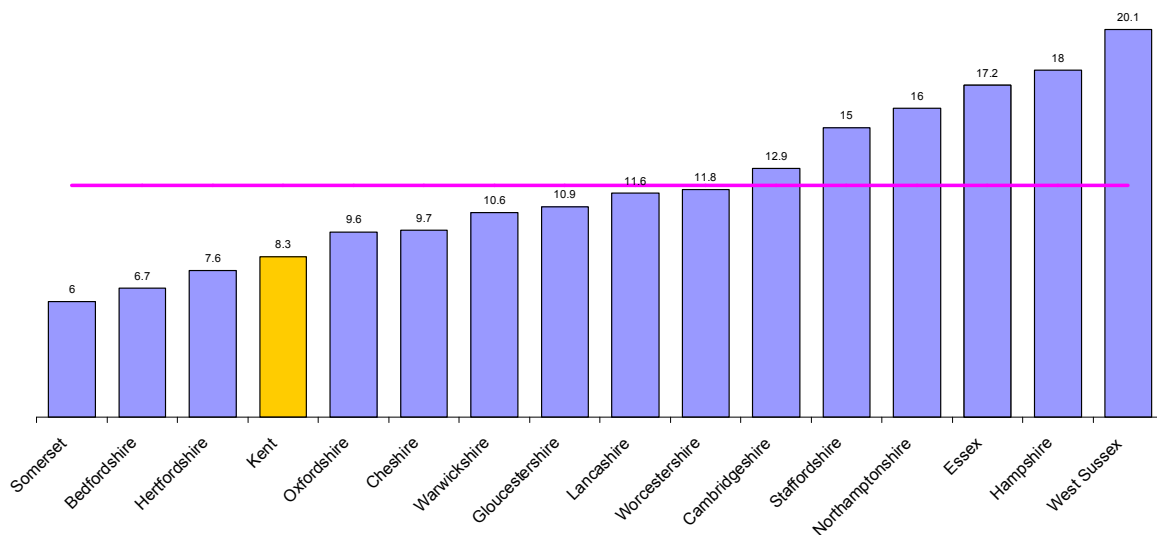
### TURNOVER

2008/09 Target	2008/09 Outturn	2009/10 Target
9.0%	<b>8.34%</b> <b>GREEN</b>	8.25%

Please note: Vacancies figures are based upon numbers actively recruited to posts.

The figures shown above show that KASS is reducing the staff turnover figures annually.

8.3GN242 – Recruitment and Retention Indicator (Staff Turnover) : Percentage of Adult services directly employed staff that left during the year.



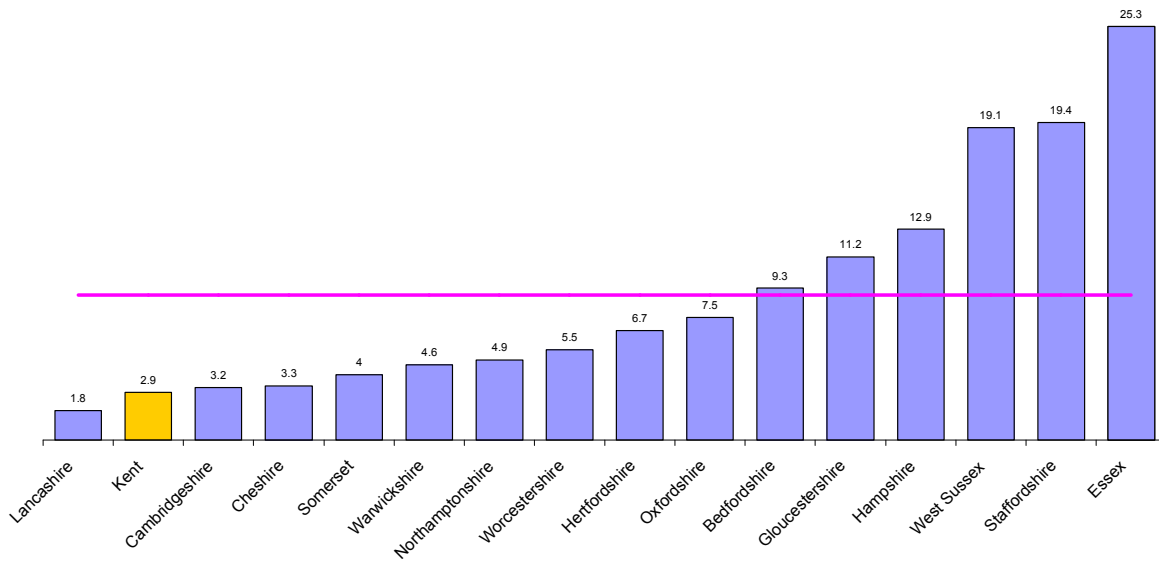
## VACANCIES

2008/09 Target	2008/09 Outturn	2009/10 Target
3.0%	<b>4.53%</b> <b>GREEN</b>	4.0%

The vacancy rates within KASS had been reducing to very low numbers, the impact of the Directorate wide restructure has meant that vacancy rates have been affected. However, KASS have set a target to reduce these figures again.

Please note: Turnover is the average FTE divided by the total number of leavers for the period.

8.3GN243 – Recruitment and Retention Indicator (Staff Vacancies) : Percentage of Adult services directly employed posts vacant.



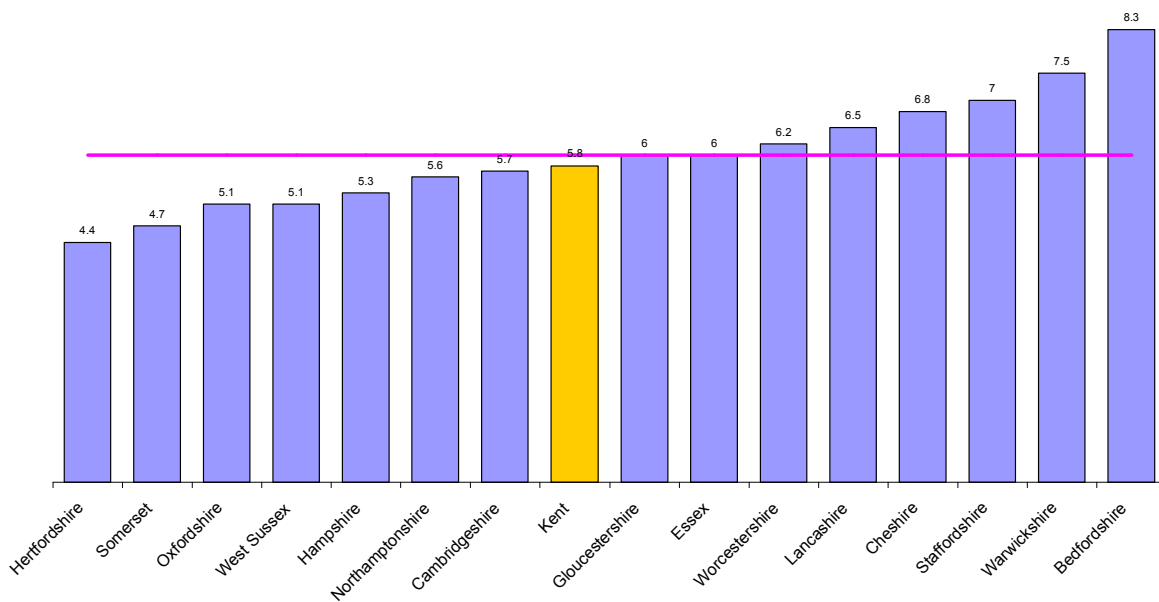
## SICKNESS

2008/09 Target	2008/09 Outturn	2009/10 Target
5.5%	4.59% <b>GREEN</b>	4.5%

The Sickness rates across KASS have also reduced over recent years. KASS continues to aim for a lower rate by setting a target for further reductions.

Please note: Sickness is the working hours lost divided by the number of contracted hours for the period.

8.3GN244 – The percentage of Social Services working days / shifts lost to sickness absence during the financial year (Adult Services).

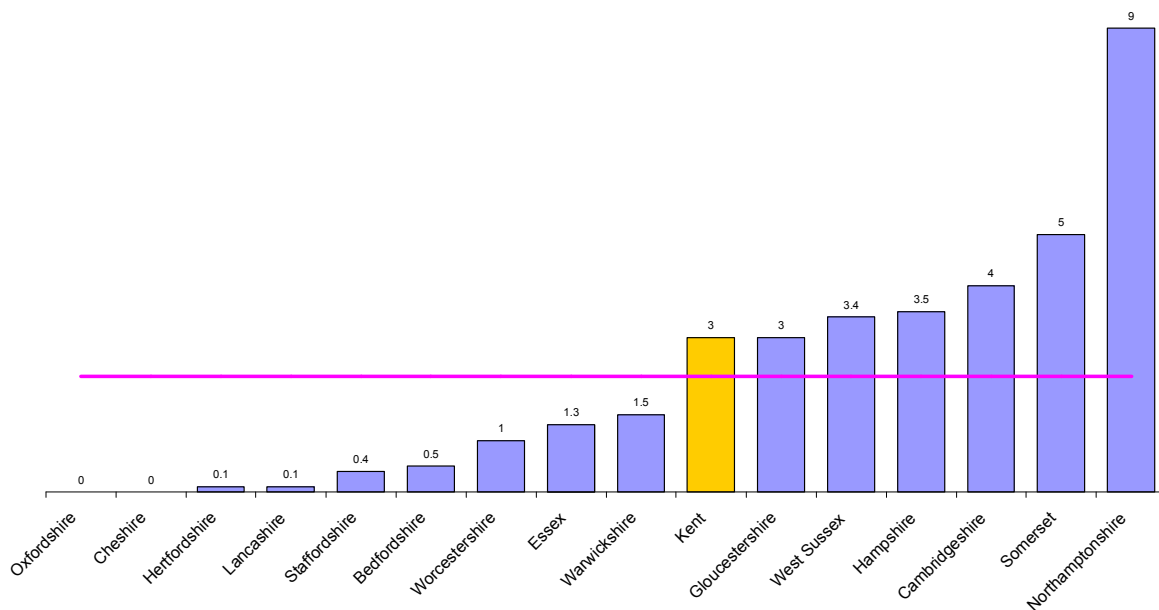


## ETHNICITY 'NOT STATED'

2008/09 Target	2008/09 Outturn	2009/10 Target
5.0%	<b>3.0%</b> <b>AMBER</b>	4.0%

The Ethnicity not stated rates have reduced over recent years. However, KASS acknowledge that this figure will not necessarily reach zero without some change in requires, as currently it is optional to staff if they wish to disclosure their ethnicity for the purposes of personnel monitoring.

8.3GN247 - Percentage of staff in post at 30 September where ethnicity "Not Stated" (Adults Services).



## Complaints and Customer Care

Kent Adult Social Services (KASS) operates a robust and effective complaints procedure in line with statutory requirements. Complaints are seen as one mechanism for providing valuable feedback from people who have actual day to day experience of our services.

Each local authority that provides social services is required to publish an annual report relating to the operation of its complaints and representations procedure. For KASS, this is presented to SMT in October and Members in November each year. This Annual Report provides Members with information about the operation of the Adult Social Services complaints procedure between 1 April and 31 March for the year in question.

The report provides a brief overview of the current complaints procedure. It also contains information on the number and type of complaints received by the Directorate, together with examples of how the lessons learned from complaints are utilised to inform, influence and improve service design and delivery. It also provides information on any complaints that are referred to the Ombudsman with the associated outcome.

## Consultation and User Involvement Monitoring

At the half-year monitoring point;

35.7% consultation/ user involvement meetings were Done and Ongoing

50% were On Course

14.3% were listed as More Progress Needed

			Half Year Position	Outturn
<b>HQ1</b>	Home Care Survey	To find out service users views regarding the home care services they receive.	AMBER	GREEN
<b>HQ2</b>	Carers Survey	To find out carers views regarding the support and services they receive	AMBER	GREEN
<b>SP 1</b>	Service User Involvement Strategy	A strategy for engagement with Service Users	GREEN	GREEN
<b>WK 1</b>	Culturally Appropriate Services	Consultation with elders and community leaders	AMBER	GREEN
<b>WK 2</b>	LD day opportunities	Modernisation services is part of the ongoing programme to promote independence, choice and employment opportunities	AMBER	GREEN
<b>MH1</b>	Mental Health Survey	Service User satisfaction survey	GREEN	GREEN
<b>EK 1</b>	Day Services Review Ashford	Users and carers of Ashford day opportunity centre	AMBER	GREEN
<b>EK 2</b>	Day services review swale	Users and cares of Faversham day opportunity centre	RED	RED
<b>EK 3</b>	Day service review swale	User and carers of Doubleday lodge	RED	RED
<b>KW 1</b>	Survey of public satisfaction	Our service and site and public information about it	AMBER	GREEN
<b>KW 2</b>	Survey of licensee satisfaction	Our service and site and public information about it	AMBER	GREEN
<b>KW 3</b>	Towards Equity and Access project	Addressing the DH report to inform LDP process	GREEN	GREEN
<b>KW 4</b>	ICES (VI) project	Consulting on the proposed option for service improvement	GREEN	GREEN
<b>KW 5</b>	Interpreting Project	Improving interpreting services in Kent on a public partnership basis	GREEN	GREEN

### At Outturn Monitoring point:

- 86% Task Complete:
- 14% Red tasks

SEE APPENDIX ONE FOR COMMENTS ON ALL RED RATED CONSULTATIONS

**Environment and Climate Change**

- Delivery plan in place
- ISO 14001 awarded.

## Business Plan Performance 2008-9

### East Kent

#### Summary Business Plan details

##### **Core Business**

We support older people, people with physical or sensory impairments, people with a learning disability and people with mental health problems. We do this through the Care Managers, the Occupational Therapy Bureau and via the in-house domiciliary service, Kent Home Care Service. Through the Supporting People Programme assistance is also provided to people with a wider range of housing-related support needs. The East Kent Area of Kent Adult Social Services is served by a number of service units which are listed below:

- East Kent Service Provision (Learning and Physical Disability and Older People)
- Social Economy Unit
- Occupational Therapy
- Area Business and Performance Management Unit
- Community Services Team
- The Kent Home Care Service

Due to the restructure, this structure has changed significantly over 09/10

##### **Planned Outcomes**

**See Director's Statement**

##### **What was achieved**

###### **ALfA/ SDS**

- The restructure of KASS during 08/09 was successfully achieved. Major changes have been implemented across the Directorate; the detail on the specific changes for East Kent can be seen in the East Kent Business Plan 2009/10. An example of an outcome of change as a result of the restructure for East Kent is the County Duty Service. This service has now become KCAS (Kent County Assessment Service) and as it is situated at Kroner House, Ashford the direct line management and budget management for this service has moved to East Kent with effect from 1<sup>st</sup> April 2009.
- To maximise Kent Adult Social Services role within Gateways through a partnership approach to improve access to public services

###### **Environment**

- East Kent achieved Green 14001 accreditation.

## **Housing Growth**

- A system is in place for monitoring all planning applications for new housing to ensure that the community infrastructure needs of the Districts are clarified and developer contributions sought within the Kent County Council's Developer Contributions Guide. This work has been developed further by the direct involvement of KASS representatives within the Local Development Framework.
- To receive results of submission of PFI round 5 including extra care sheltered housing proposals and if successful to identify key actions to enable the implementation of the schemes
- Identify impact of all new housing growth being planned across East Kent, in terms of demographics and the impact it will have on the service provision within East Kent

## **Inspection**

- Working with HQ and cross Directorate to link into providing evidence and offering services for the assessment purposes of the CQC for the Inspection.

## **Workforce issues**

- Office strategy – development of mobile and flexible working as part of drive to reduce office accommodation

## **Transport**

- To implement revised strategy to improve transport arrangements for older people to access in-house day services. Strategy revised and new transport now in place.

## **Working with Health**

- Whole System Demonstrator Telecare / Telehealth – working in partnership with PCT and housing organisations to successfully rollout implementation of assistive technology

## **Housing**

- New Extra Care Sheltered Housing and supported accommodation through PFI (Better Homes, Active Lives).

## **What was not achieved**

### **Learning Disability**

- Consultation did not commence on modernisation of residential respite services due to changes of priority within the good day programme.

### **Housing**

- Work in partnership with District Councils to develop supported housing for adults with specialist housing need this continues to progress but has been constrained by finding suitable property.

### **Grants**

- Work has commenced on a review of the Disabled Facilities Grant system with district councils but yet to be completed.

## Key Performance Indicators & Activity Levels

For performance indicators (cross-service) see page 8

### Activity

Outlined below are key examples of activity

- Older People Residential Care, Independent Sector.  
Over 2008/09 there was 2874 permanent clients at a net cost of £220.57 per week. In total 107,381 weeks of care were provided for permanent independent residential care for older people.
  
- Older People Nursing Care, Independent Sector.  
Over 2008/09 there was 957 permanent clients at a net cost of £301.08 per week. In total 36,311 weeks of permanent care were provided for permanent independent nursing care for older people.
  
- Older People Domiciliary Care, Independent Sector.  
During 2008/09 7555 clients received domiciliary care at gross cost per hour of £14.51. Over the 2008/09 period 1,539,112 hours of domiciliary care were provided.

### Staffing

	2008/09	2009/10
Grade KS 13 (or equivalent) and above	16	8
Grade KS 12 (or equivalent) and below	1206.79	1243.22
<b>TOTAL</b>	<b>1222.79</b>	<b>1251.22</b>
Of the above total, the estimated FTE which are externally funded	30.70	

Staffing figures overall have reduced, the increase shown above for grade KS 12 and below is due to the transfer of in-house services to areas.

### **Performance Against Projects/Developments / Key Actions**

At the half-year monitoring point;

17.65% projects / key actions were Done and Ongoing

76.65% were On Course

5.88% were listed as More Progress Needed

		Half year position	Outturn
<b>EK 1</b>	Development of Learning Disability services under the 'Good Day Programme'	AMBER	GREEN
<b>EK 2</b>	Active Lives for Adults (AlfA Project) / total transformation in service delivery	AMBER	GREEN

<b>EK 3</b>	To undertake consultations on the modernisation of residential respite care services where co-located with existing learning disability day services	RED	RED
<b>EK 4</b>	To explore the modernisation possibilities of the older persons in-house residential units in Canterbury, Dover, Shepway and Swale	AMBER	AMBER
<b>EK 5</b>	Office strategy – development of mobile and flexible working as part of drive to reduce office accommodation	AMBER	GREEN
<b>EK 6</b>	Work in partnership with District Councils to develop supported housing for adults with specialist housing need	AMBER	AMBER
<b>EK 7</b>	Whole System Demonstrator – working in partnership with PCTs to deliver assistive technology.	AMBER	AMBER
<b>EK 8</b>	Development of Extra Care Sheltered Housing and supported accommodation through PFI (Better Homes, Active Lives)	AMBER	GREEN
<b>EK 9</b>	To receive results of submission of PFI round 5 including extra care sheltered housing proposals and if successful to identify key actions to enable the implementation of the schemes	AMBER	GREEN
<b>EK 11</b>	To maximise Kent Adult Social Services role within Gateways through a partnership approach to improve access to public services	AMBER	GREEN
<b>EK 12</b>	Review of the Disabled Facilities Grant	AMBER	AMBER
<b>EK 13</b>	Identify impact of all new housing growth being planned across East Kent	AMBER	GREEN
<b>EK 14</b>	To implement revised strategy to improve transport arrangements for older people to access in-house day services	AMBER	AMBER
<b>EK 15</b>	Brighter Futures Group	GREEN	GREEN
<b>EK 16</b>	Partnerships for Older Peoples Projects	GREEN	GREEN
<b>EK 17</b>	Learning Disability Development Fund	RED	AMBER

East Kent 10 – this project was started and the bid was made to the Department of Health. This was a highly competitive process that was unsuccessful for Kent. This project has been removed as it cannot be taken any further.

<b>EK 10</b>	To receive results of submission to Department of Health for extra care sheltered housing
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**At Outturn Monitoring point:**

- 68.75% Task Complete:
- 25% Part Complete and being carried forward:
- 6.25% Red tasks

## Business Plan Performance 2008-9

### West Kent

#### Summary Business Plan details

##### **Core Business**

We support older people, people with physical or sensory impairments, people with a learning disability and people with mental health problems. We do this through the Care Managers, the Occupational Therapy Bureau and via the in-house domiciliary service, Kent Home Care Service. Through the Supporting People Programme assistance is also provided to people with a wider range of housing-related support needs. The West Kent Area of Kent Adult Social Services is served by a number of service units which are listed below:

- West Kent Service Provision (Learning Disability/Older People)
- Supporting Employment Unit
- Occupational Therapy
- Area Business and Performance Management Unit
- Community Services Team
- The Kent Home Care Service

Due to the restructure, this structure has changed significantly over 09/10

##### **Planned outcomes**

**See Director's Statement**

##### **What was achieved**

###### **Housing Growth**

- A system is in place for monitoring all planning applications for new housing to ensure that the community infrastructure needs of the Districts are clarified and developer contributions sought within the Kent County Council's Developer Contributions Guide. This work has been developed further by the direct involvement of KASS representatives within the Local Development Framework.
- Identify the impact of new housing growth in terms of demographics and the impact it will have on the service provision within West Kent.
- Working with District and Borough Councils to maximise independent living opportunities for people with disabilities

###### **ALFA/ SDS**

- The restructure of KASS during 08/09 was successfully achieved. Major changes have been implemented across the Directorate. Outlined below are some examples of changes:

- transfer of the Learning Disability budget and provision being managed by West Kent across the entire county.
- Modernising service delivery in line with ALfA, maximising opportunities afforded by new housing developments and challenges presented by the growth in population and the ageing population.
- Review day opportunities provided to older service users and carers, by the KCC in-house provider and by the private and voluntary sector to ensure they meet the growth and ageing population and are fit for the future and help prevent social isolation and provide alternative models for respite care in line with ALfA.
- Developing a flexible and mobile workforce

### **Inspection**

- Working with HQ and cross Directorate to link into providing evidence and offering services for the assessment purposes of the CQC for the Inspection.

### **Learning Disability Services**

- Modernise the services currently provided for people with a learning disability to promote independence and employment as part of the Good Day Programme

### **Healthy Living**

- Collaborating with local leisure centre providers to ensure services are accessible for older people and people with disabilities.

### **Joint Working with Health**

- Joint working with Health on intermediate care, dementia, community services, delayed transfers of care. (e.g. reducing the numbers of people who have a delayed discharge from hospital)

### **Fair Access for all**

- Reviewing and modernising services currently provided to ensure they are culturally appropriate, integrated and accessible.

### **Health and District Involvement**

- Whole System Demonstrator – working in partnership with the PCT and Housing to roll-out implementation
- Seeking and securing opportunities for services to be co-located with Health and District and Borough Councils.

### **What was not achieved**

Both of these are on course to be completed, but are not yet fully implemented and completed. Both have had feasibility studies completed.

- Review and modernise the services currently provided in in-house Registered Care Centres.
- Review transport provided to KASS

## Key Performance Indicators & Activity Levels

For performance indicators (cross-service) see page 8

### Activity

Outlined below are key examples of activity

- Older People Residential Care, Independent Sector.  
Over 2008/09 there was 1728 permanent clients at a net cost of £257.54 per week. In total 51,412 weeks of care were provided for permanent independent residential care for older people.
  
- Older People Nursing Care, Independent Sector.  
Over 2008/09 there was 1022 permanent clients at a net cost of £325.19 per week. In total 40,056 weeks of permanent care were provided for permanent independent nursing care for older people.
  
- Older People Domiciliary Care, Independent Sector.  
During 2008/09 6700 clients received domiciliary care at gross cost per hour of £15.14. Over the 2008/09 period 1,048,027 hours of domiciliary care were provided.

### Staffing

	2008/09	2009/10
Grade KS 13 (or equivalent) and above	15.80	6.61
Grade KS 12 (or equivalent) and below	862.66	900.84
<b>TOTAL</b>	<b>878.45</b>	<b>907.45</b>
Of the above total, the estimated FTE which are externally funded	9.50	

Staffing figures overall have reduced, the increase shown above for grade KS 12 and below is due to the transfer of in-house services to areas.

### **Performance Against Projects/Developments / Key Actions**

At the half-year point,

100% were On Course

		Half Year Position	Outturn
<b>WK 1</b>	Modernising service delivery in line with ALfA, maximising opportunities afforded by new housing developments and challenges presented by the growth in population and the ageing population.	AMBER	GREEN
<b>WK 2</b>	Modernise the services currently provided for people with a learning disability to promote independence and employment as part of the Good Day Programme	AMBER	GREEN

<b>WK 3</b>	Review and modernise the services currently provided in in-house Registered Care Centres.	AMBER	AMBER
<b>WK 4</b>	Review day opportunities provided to older service users and carers, by the KCC in-house provider and by the private and voluntary sector to ensure they meet the growth and ageing population and are fit for the future and help prevent social isolation and provide alternative models for respite care in line with ALfA.	AMBER	GREEN
<b>WK 5</b>	Collaborating with local leisure centre providers to ensure services are accessible for older people and people with disabilities.	AMBER	GREEN
<b>WK 6</b>	Developing a flexible and mobile workforce.	AMBER	GREEN
<b>WK 7</b>	Whole System Demonstrator – working in partnership with the PCT and Housing to roll-out implementation	AMBER	GREEN
<b>WK 8</b>	Joint working with Health on intermediate care, dementia, community services, delayed transfers of care.	AMBER	GREEN
<b>WK 9</b>	Working with District and Borough Councils to maximise independent living opportunities for people with disabilities	AMBER	GREEN
<b>WK 10</b>	Seeking and securing opportunities for services to be co-located with Health and District and Borough Councils.	AMBER	GREEN
<b>WK 11</b>	Reviewing and modernising services currently provided to ensure they are culturally appropriate, integrated and accessible.	AMBER	GREEN
<b>WK 12</b>	Review transport provided to KASS	AMBER	AMBER
<b>WK 13</b>	Identify impact of new housing growth.	AMBER	GREEN

**At Outturn Monitoring point:**

- 87% Task Complete
- 13% Part Complete and being carried forward

## Business Plan Performance 2008-9

### Headquarters

#### Summary Business Plan details

#### **Core Activities**

Strategic Headquarters sets the overall direction of Kent Adult Social Services and supports the Areas in delivering the Directorate's objectives. This plan brings together all aspects of the KASS Headquarters activity and budget, which include:

- The Managing Director and Director of Operations and their support
- The Director of Resources and her support teams including Finance, Personnel, Public Private Partnerships and Property, the Electronic Services Programme Unit, Adult Services Learning Resource Team, and Management Support.
- The Director of Policy, Performance and Quality Assurance and her teams including Policy and Service Development (including Telehealth and Telecare), Performance and Planning, Contracting and Quality Assurance, Governance and Management Support, and Information Governance. The ALfA project is also managed from PPQA.
- The Joint Director, Learning Disabilities

#### **Planned outcomes**

**See Director's Statement**

#### **What was achieved**

- As part of the restructure appointments were made to the FAME (flexible and mobile engagement) project team. The team continue to implement and develop the ability for a flexible KASS workforce to be part of a mobile working innovate.
- As part of the transformation, SMT saw two Directors' posts assimilated, with a new post as the SMT lead for the ALfA transformation.
- Fully implementation and roll out of the new statutory complaints procedure.
- ElderGames is an innovative European Commission funded research project with the purpose of developing a series of information technology based games, which can contribute to improving the quality of life of older people.
- Completion and full implementation of the Specialist Finance teams.

#### **What was not achieved**

A number of key areas are on track to be delivered but are not yet fully complete. These areas will remain ongoing.

Such as ALfA, the NHS Learning Disability transfer and implementing Valuing People Now.

## Key Performance Indicators & Activity Levels

For performance indicators (cross-service) see page 8

### Staffing

	2008/09	2009/10
Grade KS 13 (or equivalent) and above	32.73	24.92
Grade KS 12 (or equivalent) and below	291.13	298.44
<b>TOTAL</b>	<b>323.86</b>	<b>323.36</b>
Of the above total, the estimated FTE which are externally funded	30.62	

### Performance Against Projects/Developments / Key Actions

At the half-year point, projects / key actions  
100% were On Course

		Half Year Position	Outturn
<b>HQ 1</b>	Active Lives for Adults (ALFA Project) / total transformation in service delivery	AMBER	GREEN
<b>HQ 2</b>	Whole Systems Demonstrator	AMBER	AMBER
<b>HQ 3</b>	Implementing 'Valuing People Now'	AMBER	AMBER
<b>HQ 4</b>	Transfer of people with learning disabilities from health-funded accommodation.	AMBER	AMBER
<b>HQ 5</b>	Finalise Kent's Strategy for Later Life	AMBER	AMBER
<b>HQ 6</b>	Implement the Joint Strategic Needs Assessment recommendations	AMBER	AMBER
<b>HQ 7</b>	Making Experiences Count – New Customer Care / Complaints process	AMBER	GREEN
<b>HQ 8</b>	ElderGames is an innovative European Commission funded research project with the purpose of developing a series of information technology based games, which can contribute to improving the quality of life of older people.	AMBER	GREEN
<b>HQ 9</b>	Moving to Flexible and Mobile Working	AMBER	AMBER
<b>HQ 10</b>	Workforce Plan	AMBER	AMBER
<b>HQ 11</b>	Specialist Finance Teams	AMBER	GREEN
<b>HQ 12</b>	SWIFT Development	AMBER	AMBER
<b>HQ 13</b>	Better Homes Active Lives Housing PFI	AMBER	AMBER
<b>HQ 14</b>	Excellent Homes for All Housing PFI	AMBER	AMBER
<b>HQ 15</b>	LD Services Modernisation	AMBER	AMBER
<b>HQ 16</b>	In house residential services for Older People	AMBER	AMBER
<b>HQ 17</b>	Carers	AMBER	AMBER

Year-end:

- 23.5% Task Complete:
- 76.5% Part Complete and being carried forward:

## Business Plan Performance 2008-9

### Kentwide

#### Summary Business Plan details

##### **Core Business**

This Business Unit has been collated following the restructuring of Specialist Services in 2007 and includes those services that are county-wide direct services. It includes:

- Gypsy and Traveller Unit
- Sensory Disabilities
- Community Services Team
- Kent Supported Employment
- County Duty Service

The core purpose of these services is to support the people of Kent to live independent and fulfilled lives, free from discrimination or harassment.

##### **Planned outcomes**

##### **See Director's Statement**

##### **What was achieved**

- All projects completed or on track for completion
- Fully embedded the new staffing structure to improve efficiency of the service
- Replaced existing database with a new web-based system to improve available management information and to support flexible working.
- Modernisation of the Direct Payments public helpline
- Development of the training strategy linked to active lives
- Review of the outcomes of the DH community equipment and wheelchair services retail model pilots

## Key Performance Indicators & Activity Levels

For performance indicators (cross-service) see page 8

### Activity

Outlined below are key examples of activity

- County Duty service anticipated receiving in the region of 90,000 new contacts and referrals during 2008/09
- The Sensory Service received over 17,000 referrals during 2008/09

### Staffing

	2008/09	2009/10
Grade KS 13 (or equivalent) and above	3.00	2.00
Grade KS 12 (or equivalent) and below	129.90	132.09
<b>TOTAL</b>	<b>132.90</b>	<b>134.09</b>
Of the above total, the estimated FTE which are externally funded	3.00	

### Performance Against Projects/Developments / Key Actions

At the half-year point,

56.5% projects / key actions were Done and Ongoing

26.1% were On Course

17.4% were listed as More Progress Needed

		Half year position	Outturn
<b>KW 1</b>	Extend Fast Track Occupational Therapy (OT) equipment assessment and provision service.	GREEN	GREEN
<b>KW2</b>	Extend County Duty Service function into new and developing Gateways.	GREEN	GREEN
<b>KW3</b>	Modernise Direct Payments Public Helpline	GREEN	GREEN
<b>KW4</b>	Introduce TextBox server	AMBER	AMBER
<b>KW 5</b>	Introduction of Integrated Children Services (ICS) database	GREEN	GREEN
<b>KW 6</b>	Implement deafblind strategy based on project report going to Senior Management Team (SMT) in April	AMBER	AMBER
<b>KW 7</b>	Develop Training Strategy linked to Active Lives for Adults (ALfA)	AMBER	GREEN
<b>KW 8</b>	Establish a Kent-wide partnership based Sign Language Interpreting (SLI) service	AMBER	GREEN
<b>KW 9</b>	Develop Service Access project linked to Active Lives for Adults (ALfA) fast track work stream	AMBER	AMBER

<b>KW 10</b>	Evaluate integrated Visual Impairment (VI) service and introduce Rehabilitation Pilot Project	AMBER	GREEN
<b>KW 11</b>	Introduce Rehabilitation Pilot Project	AMBER	GREEN
<b>KW 12</b>	In partnership with Health and service users, develop and implement action plans in relation to "Towards Equity and Access" (TEA) project	GREEN	GREEN
<b>KW 13</b>	Support Kent Districts, Medway Council and South East Regional Assembly (SEERA) on future Gypsy and Traveller accommodation provision	RED	AMBER
<b>KW 14</b>	Support Swale Borough Council with any improvements to the Three Lakes site	RED	AMBER
<b>KW 15</b>	Support Tonbridge and Malling Borough Council with any improvements to the Coldharbour site	RED	AMBER
<b>KW 16</b>	Manage implications of Housing and Regeneration Bill now going through parliament.	AMBER	AMBER
<b>KW 17</b>	Promote closer engagement with those from Gypsy and Traveller Communities	AMBER	AMBER
<b>KW 18</b>	Review Community Equipment service following outcome of Department of Health (DH) User satisfaction survey	AMBER	GREEN
<b>KW 19</b>	Continue to integrate ICES stores & pooled arrangements with Health & third sector colleagues, utilising M-Soft support as agreed	GREEN	GREEN
<b>KW 20</b>	Transfer Children's Community Equipment Services & administration of Section 31 agreement to CFE	GREEN	GREEN
<b>KW 21</b>	Review outcomes of DH Transforming Community Equipment & Wheelchair Services Retail Model pilots.	GREEN	GREEN
<b>KW 22</b>	Implement new staff structure to support delivery against existing externally-held contracts, Service Level Agreements and externally-funded Pathways to Work	GREEN	GREEN
<b>KW 23</b>	Develop Kent Supported Employment (KSE) as a trading organisation to ensure it can be more responsive to changes in the Employment Support sector	RED	AMBER

Year-end:

- 52.2% Task Complete:
- 47.8% Part Complete and being carried forward

## Business Plan Performance 2008-9

### Mental Health

#### Summary Business Plan details

##### **Core Business**

One in four people will suffer from a mental health issue in their lifetime, from conditions such as depression through to schizophrenia. Most people with mental health problems are cared for by their GP, but some 9% are referred on to specialist services for assessment, advice and sometimes treatment, and this is provided by the Adult Mental Health Service. The service also has a role in ensuring that opportunities are provided for people with mental health problems to gain access to positive life experiences (e.g. decent accommodation, valued work and real friends).

The Adult Mental Health Service provides fully integrated (between the NHS and Adult Social Services) mental health services ranging from in-patient care, residential care, recovery-based services in the community, and preventative services. The Kent and Medway NHS and Social Care Partnership Trust ('the Trust') is the service provider.

##### **Planned outcomes**

**See Director's Statement**

##### **What was achieved**

- All projects were completed
- Mental Health Act fully implemented and rolled out  
Target employment opportunities for people with a Mental Health problem, introduction of a 'one stop shop' type of facility.

#### **Key Performance Indicators & Activity Levels**

For performance indicators (cross-service) see page 8

##### **Activity**

- 286 clients received mental health residential care, receiving a total of 14,090 weeks
- 1,497 clients received domiciliary care during 2008/09 receiving a total of 35,060 hours.
- 7,250 assessments were undertaken over the year period with 1,476 people accessing a service via a voluntary organisation.
- A further 909 mental health carers covering all ages accessed services.

**Staffing**

	2008/09	2009/10
Grade KS 13 (or equivalent) and above	8.51	6.32
Grade KS 12 (or equivalent) and below	242.70	255.70
<b>TOTAL</b>	<b>251.21</b>	<b>262.02</b>
Of the above total, the estimated FTE which are externally funded		26.40

**Performance Against Projects/Developments / Key Actions**

At the half-year point,

33.3% projects / key actions were "Done and Ongoing

66.7% were "On Course

<b>MH 1</b>	Redesign of Informal Day Services in Dover, Deal and Ashford.	AMBER	GREEN
<b>MH 2</b>	Review Carers Support Services to ensure equity of distribution across Kent.	GREEN	GREEN
<b>MH 3</b>	Expand One Stop Shop Model for employment services	AMBER	GREEN
<b>MH 4</b>	Develop strategic and operational links to promote the physical health of service users.(Pilot in East Kent)	GREEN	GREEN
<b>MH 5</b>	Develop a range of supported accommodation which includes the Horizons- a supported housing and recovery service project.	AMBER	GREEN
<b>MH 6</b>	Mental Health Act Implementation	AMBER	GREEN

**At Outturn Monitoring point:**

- 100% Tasks Completed

## Business Plan Performance 2008-9

### Supporting People

#### Summary Business Plan details

#### Core Business

The Supporting People (SP) Programme is a grant-funded government initiative, which aims to provide a better quality of life for vulnerable people and enable them to develop and sustain their capacity to maintain their housing situations. In providing such welfare services, the Programme seeks to prevent the problems that can lead to hospitalisation, institutional care and homelessness.

The Supporting People Team is responsible for the implementation of the Programme, in accordance with the directions of the Commissioning Body. Its operational functions include contracting, paying for and monitoring housing related support services, the performance review and reporting of the programme and the production and co-ordination of policy and strategy as it pertains to the programme. The setting of eligibility criteria, which does not include personal care or domiciliary care which is funded through mainstream Kent Adult Social Services budgets, is a responsibility of the Team. Although not directly responsible for the delivery of services, the Team is additionally responsible for management of the referral system for all Floating Support services delivered in the County.

#### Planned outcomes

See Director's Statement

#### What was achieved

- 85% of projects were completed
- See activity examples and data attached.

#### Staffing

	2008/09	2009/10
Grade KS 13 (or equivalent) and above	1.0	1.0
Grade KS 12 (or equivalent) and below	17.86	17.86
<b>TOTAL</b>	<b>18.86</b>	<b>18.86</b>
Of the above total, the estimated FTE which are externally funded		18.86

### Key Performance Indicators & Activity Levels

Core Service Activity	Core Service Activity	Half Year Position	Outturn
1	At end March 2009, all providers will have received the correct payment on the specified date known to all providers. All payments shall have been made in accordance with the contractual terms and conditions applied to fixed capacity, block subsidy and block gross payment models.	AMBER	▲ <b>GREEN</b>
2	Data contained within SWIFT database will be maintained and updated with accurate information	AMBER	▲ <b>GREEN</b>
3	All complaints, adult protection alerts and serious incidents will be responded to within stipulated Supporting People procedures Kent and Medway Adult Protection procedures and Kent County Council procedures.	AMBER	▲ <b>GREEN</b>
4	The quality of services provided to service users will be improved through Contract monitoring procedures and processes. Officers will validate service compliance with quality levels of services as stipulated within the Supporting People Quality Assessment Framework	AMBER	▲ <b>GREEN</b>
5	The accuracy and completeness of performance indicator data from providers will be improved by ensuring that 100% of providers return their workbooks within the published deadlines. All anomalies will be investigated and resolved with the provider as they arise each quarter. Data verification exercises will also be carried out on a 20% sample of services each quarter.	AMBER	▲ <b>GREEN</b>
6	Two business benefits will be demonstrated as a result if improved cross authority working between contract departments of Supporting People Teams in the South of England.	AMBER	▲ <b>GREEN</b>
7	A need analysis will be conducted every six months enabling future planning and commissioning to be best matched to local demand.	AMBER	▲ <b>GREEN</b>
8	Data quality and availability of performance information regarding the floating support referral process will be improved and developed by the end of March 2009.	AMBER	▲ <b>GREEN</b>
9	Compliance with the Audit commission's new KLOE's for the Supporting People Programme will be monitored and managed. The Audit Commission recommendations/ action plan will be delivered by March 2009. Areas identified as below average performance will be discussed as standing items at Team Meetings until satisfactory improvement has been achieved.	AMBER	▲ <b>GREEN</b>
10	Service Users will become actively and demonstrably involved in the development and strategic planning of the Supporting People Programme through involvement and consultation identified via the strategy.	AMBER	▲ <b>GREEN</b>
11	The team will increase the level and quality of multi-agency working with probation, health, housing sector, districts and boroughs, adult social services and voluntary organisations throughout 2008/09 including in house contracting units and the regular provision of referral data to partner agencies.	AMBER	▲ <b>GREEN</b>

12	The team will continue to ensure that fair access to services is offered to all potential and existing service users through conducting quality impact assessments on all procedures and protocols.	AMBER	▲ <b>GREEN</b>
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The Department of Communities and Local Government (CLG) set two Key Performance Indicators for Supporting People programmes

**KPI 1** - Service users who are supported to establish and maintain independent living as a percentage of the total number of users who have departed

**KPI 2** - Service users who have moved on in a planned way from short term services as a percentage of all who have moved on

The CLG publish the performance of all programmes nationally against these indicators on the SPKweb [www.spkweb.org.uk](http://www.spkweb.org.uk). The quarters are published in arrears; the latest publication relates to Quarter 23 October 2008 – January 2009.

The Core Strategy Development Group and Commissioning Body have agreed targets of a target of 98% for KPI 1 and 71% for KPI 2 for 2008/09. The KPI 2 target is also the Supporting People target for Local Area Agreement 2. The target for 2008/09 is 66.7%.

	Quarter 21 KPI 1 (%)	Quarter 22 KPI 1 (%)	Quarter 23 KPI 1 (%)	Quarter 23 Regional Figure (%)	RAG rating (Target 98%)
<b>Accommodation based services</b>	98.95	99.05	98.93	99.17	GREEN
<b>Floating Support Services</b>	97.84	97.15	96.97	96.95	AMBER
<b>Overall KPI 1</b>	<b>98.62</b>	<b>98.48</b>	<b>98.29</b>	<b>98.67</b>	<b>GREEN</b>

*\*based on previous quarter*

Source: CLG

#### YEAR to DATE ANALYSIS of LOCAL PERFORMANCE – KPI 1

##### Quarterly performance by primary client group

Primary Client group	Quarter 21 KPI 1 (%)	Quarter 22 KPI 1 (%)	Quarter 23 KPI 1 (%)	Quarter 23 Regional Figure (%)	RAG rating (Target 98%)
People with drug problems	100	96.15	96.52	93.57	AMBER
Frail Elderly	98.43	97.46	96.97	97.61	AMBER
Generic	96.99	95.92	93.41	95.5	AMBER
Homeless families with support needs	75	88.36	85	93.57	RED
Learning disability	98.58	98.89	98.45	99.39	GREEN
Mental health	95.88	92.95	94.95	98.01	RED
Offenders	95.29	90.11	93.33	93.14	RED

Older people with mental health problems	100	100	100	100	GREEN
Older people with support needs	98.98	99.09	99.06	99.17	GREEN
People with HIV/AIDS	93.10	100	100	100	GREEN
Physical/ sensory disabilities	100	100	100	99.06	GREEN
Single homeless with support needs	95.93	95.86	96.07	95.29	RED
Teenage parents	97.14	93.00	94.38	94.29	RED
Those at risk of domestic abuse	100	99.24	100	97.52	GREEN
Young people at risk	93.41	94.00	92.66	92.47	RED
<b>Total (Target 98%)</b>	<b>98.62%</b>	<b>98.48%</b>	<b>98.29%</b>	<b>98.67%</b>	<b>GREEN</b>

- The overall proportion of those maintaining independent living exceeded the target in quarter 23, though remains below target in floating support services.
- Services for homeless families with support needs show the lowest proportion of those maintaining independent living in quarter 23 and have consistently done so throughout the year.
- Similarly, services for people with mental health problems have not met the target set by the Commissioning Body in the quarters to date.
- Although single homeless services have failed to reach the target set by the Commissioning Body, their performance has exceeded the regional figure this quarter. The same can be said of Kent's services for young people at risk, offenders and teenage parents.
- Services for people with learning disabilities, older people with mental health problems/support needs, HIV/Aids, physical/sensory disabilities and those fleeing domestic abuse have all reached or exceeded the 98% target set.
- The Supporting People team continues to work closely with the providers of services below the target to examine the reasons for poor performance levels and agree the steps to be taken to improve. In some cases, this has lead to reconfiguration of services or contract termination.

## REGIONAL and NATIONAL COMPARISON of LOCAL PERFORMANCE INDICATORS – KPI 1

The table below gives the performance of the Kent programme against Key Performance Indicator 1 for the last four quarters published by CLG

### KPI1

	2007/08	2008/09		
	Q20	Q21	Q22	Q23
<b>Kent</b>	97.11%	98.62%	98.48%	98.29
<b>Regional</b>	98.06%	98.40%	98.59%	98.67

<b>National</b>	98.18%	98.26%	98.38%	98.44
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**Key Performance Indicator 2 (KPI 2)**

Primary Client group	Quarter 21 KPI 2 (%)	Quarter 22 KPI 2 (%)	Quarter 23 KPI 2 (%)	Quarter 23 Regional Figure (%)	RAG rating Target 71% for 10/11 66.7% for 08/09
People with alcohol problems*	50	100		82.35	GREEN
People with drug problems	80	40	100	55.56	GREEN
Homeless family with support needs	65.22	92.31	96	88.31	GREEN
Learning disability*	0	100		91.67	AMBER
Mental health	92.31	92.31	68.42	77.71	GREEN
Offenders	69.23	56	40	56.41	AMBER
Older people with support needs*	100			100	GREEN
Physical/sensory disability			100	100	GREEN
Rough sleepers	45.51	43.90	55.10	59.61	RED
Single homeless with support needs	80.83	71.3	68.81	64.37	GREEN
Teenage parents	100	80.0	75	89.8	GREEN
Those at risk of domestic abuse	89.83	84.29	86.21	83.39	GREEN
Young people at risk	63.27	67.12	52.83	73.49	AMBER
Young people leaving care	50	62.50	65	72.00	RED
<b>Total (Target 71%)</b>	<b>66.38%</b>	<b>67.65%</b>	<b>65.56%</b>	<b>72.38%</b>	<b>AMBER</b>

Source: CLG

\* denotes services with no departures in quarter 23

- Whilst overall the KPI 2 is below target this quarter, performance against this volatile indicator overall has improved significantly in some client groups since the previous quarter. Notably, services for people with drug problems have improved their KPI 2 figure from 40% last quarter to 100% in quarter 23.(Table 2.3)
- Services for homeless families, rough sleepers, and young people leaving care have all improved their KPI 2 figure since the previous quarter.
- However, there were noticeable falls in performance in services for those with mental health problems, offenders and young people at risk.

The team has carried out performance improvement visits to providers of services where the KPI 2 figure was a cause for concern. Some of these visits have resulted in a reconfiguration of services or additional training on the completion of the workbook. It is anticipated that as a result of these visits, the programme’s KPI 2 figure will show an improvement next quarter.

## REGIONAL and NATIONAL COMPARISON of LOCAL PERFORMANCE INDICATORS – KPI 2

The table below gives the performance of the Kent programme against Key Performance Indicators 2 for the last five quarters published by CLG

KPI2

	2007/08	2008/09		
	Q20	Q21	Q22	Q23
Kent	80.7%	66.4%	67.65%	65.56%
Regional	67.6%	68.3%	70.54%	72.38%
National	68.6%	70.8%	70.78%	72.88%

Source: CLG

4.2 The table shows that the overall success rate in short term services is 75.9%, an improvement of over 2.5% on the previous quarterly figure.

4.3 Particularly improved in the Economic Wellbeing category is the percentage of individuals seeking work that have either obtained or participated in paid employment (78.1%).

### Activity/ Outcomes

FTE	Outturn Budget	Outcomes
16.36	32,929.30	Providing housing support to over 22,000 people

Further examples of outcomes:

### Focus on Outcomes by Service Type

The outcomes dataset for short term services is based on returns made for clients who left SP funded services between 6 October 2008 and 4 January 2009, which were received and validated by the Centre for Housing Research at the University of St Andrews.

### Outcome returns received by Service Type

Service Type	Total Returns
Direct access	94
Floating support	569
Foyer	40
Outreach service	146
Supported housing	332
Women's' refuge	114
<b>Grand Total</b>	<b>1295</b>

### Outcome returns received by primary client group of the service user

Primary Client Group	Total
Alcohol problems	52
Drug problems	33
Frail Elderly	1
Generic	115
Homeless families with support needs	36
Learning disabilities	38
Mental health problems	139
Traveller	1
Offenders at risk of offending	124
Older people with support needs	26
People with HIV/Aids	1
Physical or sensory disability	22
Rough sleeper	10
Single homeless with support needs	394
Teenage parents	59
Women at risk of domestic violence	162
Young people at risk	59
Young people leaving care	21
<i>Not Given</i>	2
<b>Grand Total</b>	<b>1295</b>

For the purposes of the outcomes framework, provision can be divided into six categories of service types

- Direct access
- Floating support\*
- Foyer
- Outreach
- Supported housing
- Women's refuge

\* *Floating support is not considered to be a short term service within the context of performance workbooks.*

For services such as direct access, outreach, and women's refuges, most service users remained in the service 6 months or less. The very short nature of these services can have an influence on the ability of the provider to deliver successful outcomes in some high level categories.

### **Economic Wellbeing in short term services.**

Whilst achievement levels in the sub-group "Obtain/participate in paid work" have improved in short term services since last quarter, there is a correlation between the comparatively low success rate in the shortest term services, i.e. women's refuges, direct access and outreach

### **Enjoy and Achieve in short term services**

The strongest performance in this category for all service types was in the sub level outcome contact with external groups . Success rates for all service types exceeded 80% against this outcome and reached 100% in foyers.

### **Be Healthy**

Direct access achieved the sublevel outcome "Use technology to maintain independence" in 100% of cases, along with foyers and women's refuges . The poorest performance against any outcome in this category was recorded in women's refuges where only 12.5% of those seeking to manage substance misuse did so successfully.

### **Stay Safe**

The strongest performance in this category was recorded in foyers where 100% of outcomes were achieved in all but one sublevel.

### **Positive contribution**

This outcome has been best achieved in women's refuges (92.9%). It is also one of the most successful for outreach services (72.9%)

**Summary of outcomes data in short term services, April 08 – Jan 09**

	Yes	No	Unanswered
Q24 Was this a planned move from service	770 (59.5%)	509 (39.3%)	16
Q25 If yes did this achieve greater independence	697 (90.5%)	73 (9.5%)	0

Total of 1295 returns made	Was support need identified?	Was the outcome achieved?	
	Yes	Yes	As a % of those needing support
<b>Achieving Economic Wellbeing</b>	<b>Total needs identified 1829</b>	<b>Total successful 1482 (81%)</b>	
To maximise income	927	823	88.0%
To reduce debt	560	392	70%
To obtain /participate in paid work	342	267	78.1 %
<b>Enjoy and Achieve</b>	<b>Total needs identified 1659</b>	<b>Total successful 1251 (75%)</b>	
To participate in training/ education	410	241	58.7%
To participate in informal learning	296	231	78%
To participate in work-like activities	224	123	54.9%
To establish contact with external groups	729	656	90%
<b>Be Healthy</b>	<b>Total need identified 1352</b>	<b>Total successful 915 (68%)</b>	
Manage physical health	474	366	77.2%
Manage mental health	451	303	67.1%
Manage substance misuse issues	377	203	53.8%
Technology helping to maintain independence	50	43	86%
<b>Stay Safe</b>	<b>Total needs identified 1412</b>	<b>Total successful 1048 (74%)</b>	
To maintain their accommodation	708	517	73%
To comply with statutory orders	218	149	68.3%
To better manage self harm	110	90	81.8%
To avoid causing harm to others	106	71	67%
To minimise risk of harm from others	270	221	81.9%
<b>Make a Positive Contribution</b>	<b>Total needs identified 758</b>	<b>Total successful 627 (83%)</b>	
To develop confidence and choice	758	627	82.7%
<b>Total</b>	<b>7010</b>	<b>5323</b>	<b>75.9%</b>

**Performance Against Projects/Developments / Key Actions**

At the half-year point,

100% were “On Course”

		Half Year Position	Outturn
SP 1	Refresh the Five Year Strategy	AMBER	GREEN
SP 2	Five Year Strategy	AMBER	AMBER
SP 3	Countywide move-on strategy.	AMBER	GREEN
SP 4	Performance Management & Governance of the Programme will be improved.	AMBER	GREEN
SP 5	Elected members	AMBER	GREEN
SP 6	Value for Money	AMBER	GREEN
SP 7	Service User Involvement	AMBER	GREEN

**At Outturn Monitoring point:**

- 85.7% Task Completed
- 14.3% On course and being carried forward

**Revenue Budget Out-turn 2008/09**

Service Unit	Director	Original Budget £000s (Net)	Approved Cash Limit £000s (Net)	Final Outturn £000s (Net)	Variance from Cash Limit £000s (net)	Reasons for Cash Limits changing	Principal reasons for variances
<b>Adult Services portfolio</b>							
Older People:							
- Residential Care	OM	58,116	58,011	57,334	-677	-£730k for technical adjustments/formal virement approved at Cabinet meetings; +£429k Credit Crunch funding agreed at December Cabinet meeting; +£196k realignment of Social Care Reform Grant	Reduction in clients throughout the year plus additional income and one-off release of loan. This is offset by an increased unit cost which is over the affordable level and additional costs of in-house services, primarily staffing costs.
- Nursing Care		25,060	23,771	24,050	279	-£1,507k for technical adjustments/formal virement approved at September's Cabinet meeting; +£218k Credit Crunch funding	Demographic and placement pressures offset by one-off release of loan and additional income; additional cost of bad debt provision
- Domiciliary Care		33,851	35,619	35,225	-395	+£1,391k for technical adjustments/formal virement approved at September's Cabinet meeting; +£261k Credit Crunch funding; +£116k realignment of Social Care Reform Grant	Reducing clients but more intensive packages
- Direct Payments		3,706	3,715	3,407	-308	+£9k for technical adjustments/formal virement approved at Cabinet meetings	Low unit cost/activity
- Other Services		15,813	15,645	14,619	-1,026	+£210k for technical adjustments/formal virement approved at Cabinet meetings; +£60k Credit Crunch funding; -£604k realignment of Social Care Reform Grant; +£166k Stroke Grant	Balance of Managing Director's Contingency to offset overall pressure, additional spend on OTs/ICES part funded by PCTs, underspends against Social Care Reform Grant and Partnership for Older People Projects to be rolled-forwards
<b>Total Older People</b>		<b>136,546</b>	<b>136,761</b>	<b>134,635</b>	<b>-2,127</b>		
People with a Learning Difficulty:							
- Residential Care	OM	51,405	52,158	54,356	2,198	+£570k for technical adjustments/formal virement approved at September's Cabinet meeting; +£183k Credit Crunch funding	Demographic and placement pressures offset by additional income

Revenue Budget Out-turn 2008/09

Service Unit	Director	Original Budget £000s (Net)	Approved Cash Limit £000s (Net)	Final Outturn £000s (Net)	Variance from Cash Limit £000s (net)	Reasons for Cash Limits changing	Principal reasons for variances
- Domiciliary Care		4,710	5,276	5,841	565	+£389k for technical adjustments/formal virement approved at September's Cabinet meeting; +£27k Credit Crunch funding; +£150k realignment of Social Care Reform Grant	Demographic pressures
- Direct Payments		3,761	3,948	4,365	417	-£38k for technical adjustments/formal virement approved at September's Cabinet meeting; +£225k realignment of Social Care Reform Grant	Demographic pressures
- Supported Accommodation		5,069	6,654	5,118	-1,536	+£1,585k for technical adjustments/formal virement approved at September's Cabinet meeting	Cash limit was Increased to fund expected growth which did not happen
- Other Services		17,587	17,177	17,123	-54	+£369k for technical adjustments/formal virement approved at Cabinet meetings; +£93k Credit Crunch funding; -£635k realignment of Social Care Reform Grant; -£237k realignment of Campus Re provision Grant	Balance of Managing Director's Contingency to offset overall pressure, additional spend on OTs/ICES part funded by PCTs, underspends against Social Care Reform Grant and Partnership for Older People Projects to be rolled-forwards
Total People with a Learning Disability		82,532	85,213	86,803	1,590		
People with a Physical Disability:							
- Residential Care	OM	9,643	9,248	10,478	1,230	-£431k for technical adjustments/formal virement approved at September's Cabinet meeting; +£36k Credit Crunch funding	Demographic and placement pressures offset by additional income
- Domiciliary Care		7,584	7,350	7,389	39	-£280k for technical adjustments/formal virement approved at September's Cabinet meeting; +£46k Credit Crunch funding	

**Revenue Budget Out-turn 2008/09**

Service Unit	Director	Original Budget £000s (Net)	Approved Cash Limit £000s (Net)	Final Outturn £000s (Net)	Variance from Cash Limit £000s (net)	Reasons for Cash Limits changing	Principal reasons for variances
- Direct Payments		5,642	5,465	5,835	370	-£177k for technical adjustments/formal virement approved at September's Cabinet meeting	Demographic pressures
- Supported Accommodation		287	545	281	-264	+£258k for technical adjustments/formal virement approved at September's Cabinet meeting	Cash limit was Increased to fund expected growth which did not happen
- Other Services		4,746	4,543	4,576	33	-£117k for technical adjustments/formal virement approved at Cabinet meetings; +£21k Credit Crunch funding; -£107k realignment of Social Care Reform Grant	
<b>Total People with a Physical Disability</b>		<b>27,902</b>	<b>27,151</b>	<b>28,559</b>	<b>1,408</b>		
All Adults Assessment & Related	OM	33,397	34,182	33,766	-416	+£102k for technical adjustments/formal virement approved at Cabinet meetings; +£472k realignment of Social Care Reform Grant; +£211k realignment of Campus Re provision Grant	Pressure of increments, low turnover and increasing numbers of referrals/assessments off-set by one-off contributions from Health; underspend against Social Care Reform Grant, underspend relating to the Joint Improvement Partnership to be rolled-forwards
Mental Health Service							
- Residential Care	OM	6,067	5,493	6,020	527	-£574k for technical adjustments/formal virement approved at September's Cabinet meeting	Activity in excess of affordable level
- Domiciliary Care		913	874	879	5	-£39k for technical adjustments/formal virement approved at September's Cabinet meeting	
- Direct Payments		321	234	256	22	-£87k for technical adjustments/formal virement approved at September's Cabinet meeting	

**Revenue Budget Out-turn 2008/09**

Service Unit	Director	Original Budget £000s (Net)	Approved Cash Limit £000s (Net)	Final Outturn £000s (Net)	Variance from Cash Limit £000s (net)	Reasons for Cash Limits changing	Principal reasons for variances
- Supported Accommodation		51	241	230	-11	+£190k for technical adjustments/formal virement approved at September's Cabinet meeting	
- Assessment & Related		8,709	9,230	8,420	-810	£326k for technical adjustments/formal virement approved at Cabinet meetings; +£195k Out of Ours transfer from CFE	Vacancy management
- Other Services		5,559	5,441	5,079	-362	+£119k for technical adjustments/formal virement approved at September's Cabinet meeting; +£10k Credit Crunch funding; -£247k realignment of Social Care Reform Grant	Balance of Managing Director's Contingency to offset overall pressure; underspend on daycare; underspend against payments to voluntary organisations following slipping of planned expenditure/investment which will not now take place until 2009/10 plus savings achieved through reviewing all grants and service agency agreements.
Total Mental Health Service		21,620	21,513	20,884	-629		
Supporting People	OM	32,957	32,957	32,929	-28		
Gypsy & Traveller Unit	OM	349	349	423	74		
People with no recourse to Public Funds	OM	100	100	81	-19		
Strategic Management	OM	1,327	1,407	1,442	35	+£80k for technical adjustments/formal virement approved at September's Cabinet meeting	
Policy, Performance & Quality Assurance	OM	6,505	6,205	5,556	-649	-£660k for technical adjustments/formal virement approved at September's Cabinet meeting; +£334k realignment of Social Care Reform Grant; +£26k realignment of Campus Reprovision	Vacancy management

**Revenue Budget Out-turn 2008/09**

Service Unit	Director	Original Budget £000s (Net)	Approved Cash Limit £000s (Net)	Final Outturn £000s (Net)	Variance from Cash Limit £000s (net)	Reasons for Cash Limits changing	Principal reasons for variances
Resources	OM	14,755	14,073	13,227	-846	-£782k for technical adjustments/formal virement approved at Cabinet meetings; +£100k realignment of Social Care Reform Grant	Release from reserves and vacancy management
Specific Grants	OM	-34,187	-35,111	-34,176	935	-£57K HIV/AIDS Grant increase; -£701k LD Campus Reprovision grant; -£166k Stroke grant	Underspends against Social Care Reform Grant and LD Campus Reprovision Grant to be rolled-forwards.
<b>Total Adult Services controllable</b>		323,803	324,800	324,129	-672		

**Capital Budget Out-turn 2008/09**

	Director	2008/09 Spend				Principal reasons for Cash Limits changing	Principal reasons for variances	Total Scheme Cost		
		Original Budget £000s	Approved Cash Limit £000s	Final Outturn £000s	Variance from Cash Limit			Approved Cash Limit £000s	Forecast Spending £000s	Variance from Cash Limit
<b>Rolling Programmes</b>	OM									
Home Support Fund		950.0	1,051.5	872.7	-178.8	Cash limit increased to reflect revised assessment of overall need for adaptations	Requested rephasing of budget to 2009/10			
Modernisation of Assets (MOA)		1,134.0	1,265.0	523.2	-741.8	Cash limit increased due to roll forwards approved from 2007/08	Underspend of £417k held to offset overspend against Broadmeadow; £6k underspend partly offsets Improving Information Management overspend; £72k held for Improving Information Management; £247k underspend against general pot; 42k DDA Slippage; and £55k slippage of various projects. £97k overspend against Guru Nanak offset by Public Access.			
<b>Total Rolling Programmes</b>		<b>2,084.0</b>	<b>2,316.5</b>	<b>1,395.9</b>	<b>-920.6</b>					
<b>Schemes with Approval to Spend</b>	OM									
Westview/Victoria PFI			4.0	0.0	-4.0			18,123.0		

**Capital Budget Out-turn 2008/09**

	Director	2008/09 Spend				Principal reasons for Cash Limits changing	Principal reasons for variances	Total Scheme Cost		
		Original Budget £000s	Approved Cash Limit £000s	Final Outturn £000s	Variance from Cash Limit			Approved Cash Limit £000s	Forecast Spending £000s	Variance from Cash Limit
Improving Information Management (SRP)			117.9	253.0	135.2	Cash limit increased due to roll forwards approved from 2007/08	£6k offset by underspend in MOA; £56k offset by underspend in Public Access; £73k offset by Mental Health SCP		9,264.0	
Broadmeadow			0.0	433.8	433.8		The overspend, which is offset by an underspend held against Modernisation Of Assets, results from contractual negotiations pending completion and earthquake damage.		7,285.8	
Gypsy Sites			0.0	3.7	3.7				17.7	
Learning Disability Development Fund			397.0	386.2	-10.8	Funding secured from Health	Requested rephasing of budget to 2009/10		0.0	
Dignity in Care		450.0	184.4	184.5	0.1	Budget reduced as committed more in 2007/08 than expected			1,895.0	
Public Access		281.0	477.8	45.6	-432.1	Cash limit increased due to roll forwards approved from 2007/08	Underspend of £56k used to offset the overspend in Improving Information Management; £60k slippage on Ashford Water Works; £157k held pending Guru Nanak overspend; underspend of £91k against the General pot and £68k on various other projects			

**Capital Budget Out-turn 2008/09**

	Director	2008/09 Spend				Principal reasons for Cash Limits changing	Principal reasons for variances	Total Scheme Cost		
		Original Budget £000s	Approved Cash Limit £000s	Final Outturn £000s	Variance from Cash Limit			Approved Cash Limit £000s	Forecast Spending £000s	Variance from Cash Limit
IT Infrastructure Grant			362.0	362.0	0.0	Social Care IT Infrastructure Grant from the Department of Health			1,164.0	
<b><u>Active Care/Active Lives</u></b>	OM									
Bower Mount		1,046.0	100.0	1.9	-98.1	Budget greatly reduced due to the RSL now taking forward/funding the majority of the project.	Requested rephasing of budget to 2009/10		100.0	
<b><u>Developing Innovative &amp; Modernising Services</u></b>	OM									
Pagoda		96.0	0.0	0.0	0.0	Project completed so budget recycled for Modernisation of Learning Disability services in 2010/11			654.0	
MH Single Capital Pot		391.0	335.5	164.4	-171.1	£285k was rolled forward from 2007/08; £341k rephased to future years	£73k to fund Improving Information Management overspend; £50k Dover Mental Health flats slippage; £62k held for Improving Information; small overspend of £13k on various projects		1,174.0	

**Capital Budget Out-turn 2008/09**

	Director	2008/09 Spend				Principal reasons for Cash Limits changing	Principal reasons for variances	Total Scheme Cost		
		Original Budget £000s	Approved Cash Limit £000s	Final Outturn £000s	Variance from Cash Limit			Approved Cash Limit £000s	Forecast Spending £000s	Variance from Cash Limit
FAME		2,124.0	874.0	250.0	-624.0	Rephased pending ongoing discussions around the capital/revenue	Budget held pending resolution of costs between capital and revenue		2,750.0	
North West Kent Modernisation of Day Services			242.0	133.5	-108.5	Funding approved via PEF2	Requested rephasing of budget to 2009/10		375.0	
Wood N Ware			1.4	0.0	-1.4				0.0	
Edenbridge & Community Leisure Centre			80.0	63.8	-16.2	Funding approved via PEF2	Requested rephasing of budget to 2009/10		289.0	
<b>Improvements to Servcies for LD &amp; Leaving Care clients</b>	OM									
Crispe House		433.0	566.0	410.6	-155.4	Cash limit was increased by £160k due to roll forwards approved from 2007/08; £27k reduction relates to other adjustments	Requested rephasing of budget to 2009/10		653.0	
<b>Total-Schemes with Approval to Spend</b>		<b>4,821.0</b>	<b>3,742.0</b>	<b>2,693.1</b>	<b>-1,048.9</b>					
<b>Schemes with Approval to Plan</b>	OM									
Thameside-The Bridge		32.0	32.0	0.0	-32.0		Requested rephasing of budget to 2009/10		32.0	
Dartford Town Centre		1,210.0	34.3	44.6	10.2	Rephased budget to 2009/10 due to slippage in the project			5,545.0	

**Capital Budget Out-turn 2008/09**

	Director	2008/09 Spend				Principal reasons for Cash Limits changing	Principal reasons for variances	Total Scheme Cost		
		Original Budget £000s	Approved Cash Limit £000s	Final Outturn £000s	Variance from Cash Limit			Approved Cash Limit £000s	Forecast Spending £000s	Variance from Cash Limit
Princess Christian Farm		622.0	2.9	2.2	-0.8	Reduced budget due to slippage into 2009/10		625.0		
<b>Total Schemes with Approval to Plan</b>		<b>1,864.0</b>	<b>69.3</b>	<b>46.8</b>	<b>-22.5</b>					
<b>Overall Total</b>		<b>8,769.0</b>	<b>6,127.8</b>	<b>4,135.8</b>	<b>-1,992.0</b>			<b>49,946.6</b>		
Should be:		60,587.0	57,945.8	4,135.8						
Difference		51,818.0	51,818.0	0.0						
PFI Better Homes Active Lives - development of new Social Housing for vulnerable people in Kent *		51,818.0	51,818.0	0.0						
* As per Corporate requirements the PFI is excluded from the position as this is reported centrally										

By: Graham Gibbens, Cabinet Member Adult Social Services  
Oliver Mills, Managing Director Kent Adult Social Services

To: Adult Social Services Policy Overview Committee –15 July 2009

Subject: **ADULT SERVICES INITIAL BUDGET OUT-TURN EXCEPTION REPORT 2009/10**

Classification: Unrestricted

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Summary: A report on the initial budget out-turn exception report for Kent Adult Social Services.

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### Introduction

1. (1) This is the first report for 2009-10 to this Committee on the forecast outturn against budget for the Adult Social Services Department.

### Background

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

a) **Budget Monitoring reports**

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

b) **Performance data**

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

c) **Outturn report**

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

(2) Informed by these reports, the POCs will be in a stronger position to question and comment on the future budget and medium term proposals, as they will be asked to do at the November and January meetings.

## Initial Budget Out-turn Exception report

3. (1) The revenue monitoring exception report for Adult Services as presented to Cabinet on 13 July is attached at Appendix 1 and this indicates an overall revenue pressure of £0.508m. Appropriate 'Guidelines for Good Financial Practice' will be implemented to ensure that the Directorate achieves a balanced position by the end of the year.

(2) The main areas to note within the latest position are:

- All savings identified within the Medium Term Plan will be achieved.
- The Directorate is reviewing all cash limits and affordable levels of activity in light of the 2008/09 out-turn and any changing trends in activity that have become apparent since the budget was set. Any requests for virement or other changes to cash limits will be submitted to Cabinet in September.
- Older People is forecasting a net underspend of £1.188m. Within this is a net underspend of £0.925m against residential care which assumes a reduction in the number of clients based on trends. The number of clients in permanent residential care reduced from 2,832 in March to 2,817 in April. Nursing care is forecasting a net pressure of £0.592m as the number of clients with dementia is expected to increase even though the number of older People who are frail is expected to remain fairly stable. The Directorate will review the level of cash limits for both residential and nursing care as part of the exercise referred to above. Domiciliary care remains the most volatile and difficult to forecast with great accuracy. This line is reporting a net underspend of £0.667m as the number of clients continues to fall, with the April figure of 6,457 showing a drop of 33 clients since March. Again there may be a need to review the cash limit against this line if the reduction in clients continues.
- Services for People with a Learning Difficulty is showing an overall pressure of £0.790m as both demographic and price placement pressures continue. These primarily relate to young adults with very complex needs transferring from Children's Services, clients with ageing parents cared for at home but requiring more support, and the numbers of people placed by other authorities but being classed as 'ordinarily resident' (deemed as living in the county rather than in a residential placement) and therefore our responsibility. The number of residential placements has increased from 640 in March to 645 in April. The forecast assumes that, where appropriate, clients transfer to supported accommodation as the Directorate tries to support clients within the community.
- Services for People with a Physical Disability have similar pressures to Services for People with a Learning Difficulty and as a result the overall position is a pressure of £0.727m. However the number of residential placements has reduced from 222 in March to 217 in April. It should be noted that the budgets were realigned in

2008-09 to reflect the changed priorities in the Directorate to support clients, wherever possible, within a community based setting such as supported accommodation or via direct payments, rather than residential care, however this change has not happened as quickly as anticipated. Again the Directorate is reviewing these assumptions for the first full monitoring report to Cabinet in September where requests for virement or realignment of gross and income cash limits may be submitted.

- The position for Mental Health is a pressure of £0.309m. Within this is a pressure of £0.305m against residential care as the number of clients is expected to remain above the level afforded in the budget. It should be noted that the budgets were realigned in 2008-09 to reflect the changed priorities in the Directorate to keep clients, wherever possible, within a community based setting such as supported accommodation or via direct payments, rather than residential care, however this change has not happened as quickly as anticipated. The other significant pressure within Mental Health is against Other Services. The £0.262m reported primarily results from the need to set up a provision for a potential future liability.
- (3) The underspend of £1.213m against the capital programme assumes that the expected roll-forwards from 2008/09 are approved. Rephasing of the budget for two projects will also be requested - the extension at Broadmeadow, the start of which has been delayed to November 2009; and Princess Christian Farm, which will now not begin until 2010/11. There will also be an adjustment to the FaME programme to reflect the transfer of costs to revenue.

## **Recommendations**

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

Michelle Goldsmith  
Directorate Finance Manager  
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To: CABINET – 13 July 2009  
 By: John Simmonds, Cabinet Member – Finance  
 Lynda McMullan, Director of Finance

## REVENUE & CAPITAL BUDGET MONITORING EXCEPTION REPORT

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### 2. 2009-10 REVENUE MONITORING POSITION BY PORTFOLIO

#### 2.2 Kent Adult Social Services portfolio:

2.2.1 The initial forecast indicates a pressure of £0.508m. It should be noted that detailed forecasts are currently being worked on, in order that the report to be Cabinet in September is more firmly based. Over the forthcoming weeks, the KASS SMT will be working to ensure that appropriate Guidelines for Good Financial Practice are in place to reduce the pressure in order to achieve a balanced position by the end of the financial year. KASS are also in the process of reviewing all cash limits and affordable levels of activity in the light of the 2008-09 outturn and any changing trends in activity that have become apparent since the budget was set. Requests for virement or for realignment of gross and income cash limits will be submitted as part of the full monitoring report to Cabinet in September.

This forecast pressure assumes that all savings identified within the Medium Term Plan will be achieved. Work is on-going with Areas to identify methods of accurately tracking progress against each saving on a monthly basis.

The main reasons for the £0.508m pressure are detailed below:

2.2.2 **-£0.925m Older People Residential Care** – this forecast assumes a continued reduction in the number of people in permanent residential care based on known trends. The number of clients has dropped from 2,832 in March to 2,817 in April. The Directorate will review the level of cash limit against this heading in light of the continued reduction in placements and the budget pressure against nursing care.

2.2.3 **+£0.592m Older People Nursing Care** – although numbers of Older People who are frail and in a nursing placement are expected to remain fairly stable, it is assumed that the number of clients with dementia will increase. The overall number of nursing placements in April was 1,333, which is an increase of one from March. It should be noted that the budgets were realigned in 2008-09 to reflect the changed priorities in the Directorate to keep clients, wherever possible, within a community based setting and to reflect changing trends in activity. The Directorate is reviewing these assumptions for the first full monitoring report to Cabinet in September where requests for virement or realignment of gross and income cash limits may be submitted.

2.2.4 **-£0.667m Older People Domiciliary Care** – this budget remains very difficult to forecast with great accuracy at this early stage, as it is the most volatile activity line within the directorate. The number of clients has reduced from 6,490 in March to 6,457 in April and if this reduction continues it may be necessary to review the cash limit against this line.

2.2.5 **+£0.618m Learning Disability Residential** – this includes estimates of costs for clients known to be coming into residential placements during the year ahead. Alongside demographic growth within this client group, there is increasing pressure relating to new and existing clients whose needs are becoming more complex. This is particularly true for those clients coming through transition from childhood. The forecast assumes that a number of clients will be transferred into Supported Accommodation placements during the year and the success of this will have to be closely monitored. The number of clients has increased from 640 in March to 645 in April. It should be noted that the budgets were realigned in 2008-09 to reflect the changed priorities in the Directorate to keep clients, wherever possible, within a community based setting such as supported accommodation or via direct payments, rather than residential care, however this change has not happened as quickly as anticipated. The Directorate is reviewing these assumptions for the first full monitoring report to Cabinet in September where requests for virement or realignment of gross and income cash limits may be submitted.

- 2.2.6 **+£0.974m Physical Disability Residential Care** – this results from similar pressures seen within Learning Disability residential. Although the number of clients has reduced from 222 in March to 217 in April, this level remains significantly higher than the affordable level. It should be noted that as with Learning Disability Residential, the budgets were realigned in 2008-09 to reflect the changed priorities in the Directorate to keep clients, wherever possible, within a community based setting such as supported accommodation or via direct payments, rather than residential care, however this change has not happened as quickly as anticipated. Again the directorate is reviewing these assumptions for the first full monitoring report to Cabinet in September where requests for virement or realignment of gross and income cash limits may be submitted.
- 2.2.7 **+£0.305m Mental Health Residential** – the number of clients expected to remain within a residential placement is above the level afforded in the budget. The affordable level was reduced as a result of the decision in 2008-09 to realign budgets to reflect the changed priorities in the Directorate to keep clients, wherever possible, within a community based setting such as supported accommodation or via direct payments, rather than residential care, however this change has not happened as quickly as anticipated. These community based lines are forecasting a combined underspend of **-£0.165m** which helps to offset the pressure against residential.
- 2.2.8 **+£0.262m Mental Health Other Services** – this primarily results from the need to set up a provision for a potential future liability.
- 2.2.9 In addition to these variances, there are a number of other smaller variances, each below £0.1m, across all other services which make up a further £0.486m underspend, particularly within Physical Disability services.

### **3. 2009-10 CAPITAL MONITORING POSITION BY DIRECTORATE**

- 3.2 Although the capital monitoring returns from Directorates show significant variances from budget, most of this will be resolved once the roll forward of the capital re-phasing from 2008-09 is added to the cash limits. This will be done for the first full monitoring return of the year which will go to Cabinet in September. There are a few issues not related to roll forwards and these are detailed below.
- 3.4 Adult Social Services portfolio
- Broadmeadow extension re-phase -£825k – The re-phased forecast against the Broadmeadow extension project has come about as a result of building works delayed until the start of November 2009, with an eight months build timeline.
  - Princess Christian Farm -£614k - Princess Christian Farm has re-phased, the expected profile of this project is to start in 2010-11, reflecting ongoing negotiations with its future partner, Hadlow College.

By: Graham Gibbens, Cabinet Member Adult Social Services  
 Oliver Mills, Managing Director of Kent Adult Social Services

To: Adult Social Services Policy Overview Committee – 15 July 2009

Subject: **2009/ 2010 ANNUAL OPERATING BUSINESS PLANS**

Classification: Unrestricted

Summary: Following the KASS Business Plans being taken to County Council on 30 March 2009. All Directorates were asked to take their Business Plans to Overview Committees.

**Introduction**

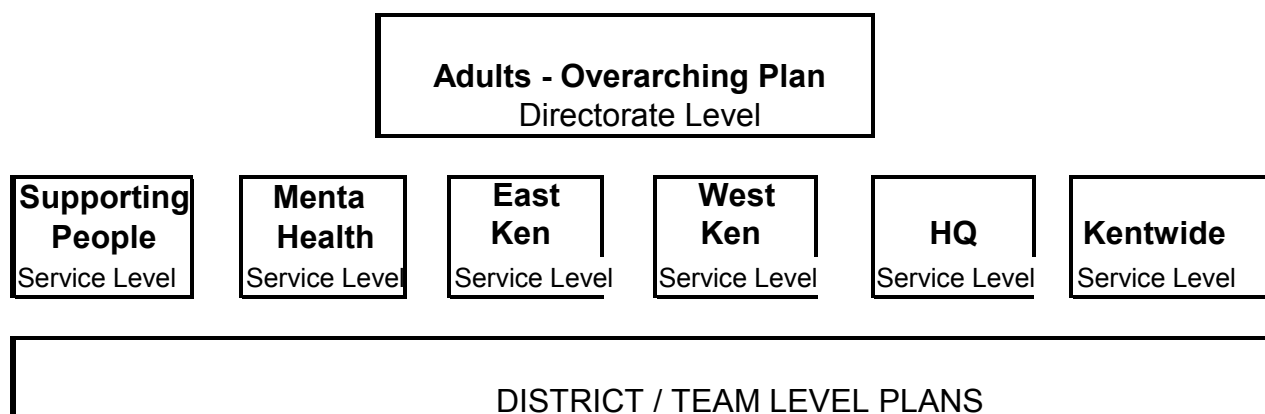
1. (1) The purpose of this paper is to present the Directorate annual operating business plans for 2009 / 2010. The Directorate level and all 6 service level plans are attached.

**Policy Content**

2. (1) The overall structure of the Business plans was amended this year to include a strategic Directorate level plan. The purpose of this plan was to capture all the Directorate’s overarching targets and direction of travel. By including all the overarching information in one plan it meant it did not need to be repeated across each of the service level plans.

(2) The structure of the directorate’s plans is shown in the diagram below:

**Fig. 1.1**



(3) Each of the Service level plans has information that is specific to that service, including focus on performance targets and activity.

The unit level plans focus on service delivery and service development. They feed directly into District plans, team plans and individual action plans.

(4) To get an overall understanding of the Directorate's work for this year the service level plans should be read in conjunction with the Directorate level plan.

(5) As the Directorate is still going through a reorganisation it is likely that the structure shown above will need to be reviewed in alignment with the new structure. This will be put in place for the 2010/ 2011 Business Plans.

### **Recommendations**

3. (1) Members of the Policy Overview Committee are asked to CONSIDER / DISCUSS the contents of the report.

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# **KENT ADULT SOCIAL SERVICES DIRECTORATE LEVEL BUSINESS PLAN 2009/10**

***MUST BE READ IN CONJUNCTION WITH  
THE RELEVANT SERVICE LEVEL BUSINESS PLANS.***

**KCC undertakes business planning in two tiers – directorate level and service level. For completeness, this directorate level business plan should be read in conjunction with the relevant service level business plans.**

## 1. INTRODUCTION TO THE DIRECTORATE

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### Overview of the Directorate – Managing Director’s Statement

The Cabinet member for Kent Adult Social Services has overseen the formulation in the Business plans and the priorities set out in the Medium Term Plan, and has played an active role in this process as outlined within the ‘Joint working framework between the Cabinet Member for Kent Adult Services and the Director of Adults Social Services’.

As outlined in Active Lives, the overall objective for Kent Adult Social Services (KASS) is **to help the people of Kent to live independent and fulfilled lives safely in their local communities.**

The major national driver has been the White paper ‘*Our Health, Our Care, Our Say (2006)*’, which heralded a major programme of change focused on independence, personalisation and partnership working particularly with the Health Service. This programme of change is now moving into a further phase following the recent publications of key documents including ‘*Putting People First*’, ‘*Transforming Social Care*’ and ‘*Valuing People Now*’. In Kent these drivers are given a local context through the priorities and targets set out in Vision for Kent, Kent Agreement 2, Towards 2010 and Active Lives. These are brought together in the Directorates ALfA (Active Lives for Adults) programme.

All are built upon a foundation of five core values:

#### Promoting Independence

*Safeguarding is a major priority. This work is supported through the multi-agency Adult Safeguarding Committee for Kent and Medway. This continues to be a major focus given the ‘Independence, wellbeing and choice service inspection undertaken by CSCI during March 2009.*

*PFI project - Better Homes and Active Lives project will be implemented over the next three years, this project will deliver 340 high quality apartments and communal facilities for vulnerable people across Kent. Making new and excellent homes for all.*

*Supporting People – this service continues to enable people to live independently. A key Kent Agreement 2 Target is the national performance indicator - NI141 ‘Number of vulnerable people achieving independent living’. The District Councils are key partners in this work.*

*Support for Carers – these are being enhanced including developing more flexible respite opportunities shaped around individual need. The Select Committee recommendations and the newly launched Carers’ Strategy support the promotion and development of services for carers which will be implemented through the ALfA programme.*

#### Personalisation

*Personal Budgets, an extension of Direct Payments, are an essential part of delivering greater personalisation. A Personal Budget is a clear allocation of funding and all new eligible KASS clients will have one from April 2009. This will enable them to have greater choice and control over the support they receive, so they can live their lives as they want. The Kent Card is a key tool which people will use to manage their Personal Budget.*

*‘Valuing People Now’ is a 3 year Strategy for people with Learning Disabilities. ‘The Strategy focuses on what needs to be done at all levels to deliver the vision of equality and transforming lives for everyone. It is rooted in the over-arching aim of designing and delivering public services and support that meet peoples’ individual needs. The transformation of public services*

*will be critical to the delivery of Valuing People Now<sup>1</sup>. Local Authorities nationally are leading on making the Valuing People Now a reality for all people with learning difficulties, including taking over responsibility for people currently placed in NHS units, along with the associated resources within Kent. The Directorate is determined that the principles of person centred planning will be paramount in meeting the needs of those people transferring from the NHS.*

*'Personalisation' continues to significantly drive the issues of equality and preventing discrimination. The Directorate will continue to contribute to the Council's target to achieve Level 5 of the Equalities framework for Local Government.*

### Prevention

*Delivery Outcomes across all client groups to enable people to stay at home with the use of Preventative Services continues to be a high priority, with Kent retaining eligibility criteria for access at the moderate level.*

*An example of this is the Brighter Futures Group (BFG) programme which has been operating across 5 districts of Kent since 2006. The programme was a joint initiative with Kent Adult Social Services as the lead organisation, Primary Care Trusts as partners, alongside many voluntary organisations.*

*The programme consists of a range of projects, delivered by voluntary organisations, which encourages active older people, as volunteers, to support less active older people to remain independent and reduce social isolation. A wide range of activities are provided by a number of projects:*

*\* Promoting healthy lifestyles \* Exercise and postural stability classes \* Assisted shopping / lunch service \* Befriending \* Telephone call checks \* Sign-posting / information / advice \* Social outings \* Simple practical tasks \* Pop-In Centres – including exercises, alternative therapies, lunch and socialising \* Transport service \* Encourage & assist with daily living tasks \* Computer classes \* Internet café \* Prompting for self-medication \**

*The programme was funded by the Treasury from an Invest to Save Budget; over £1 million was invested with the projects.*

*The funding ceased in October 2008 and due to the success of the programme all projects are continuing to operate, some part-funded through the Social Care Reform grant. Other districts in Kent are adopting some BFG type services.*

*Other projects such as the Older People Project – INVOKE. Kent has been successful in bidding for the £1.5 million Government funded Partnerships .This is a two-year joint project with the Eastern and Coastal Kent Primary Care Trust and the Voluntary Sector.*

### Partnership

*The relationship between Health and Adult Social Services continues to grow and develop (as demonstrated by target 54, Towards 2010). The Directorate and PCTs have now agreed joint priorities and joint commissioning arrangements in order to deliver the JSNA (Joint Strategic Needs Assessment). This joint partnership working is strengthening commissioning and service delivery ensuring better service outcomes and making more effective use of available resources across both organisations.*

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<sup>1</sup> Taken from HM Government Valuing People Now: a new three-year strategy for people with learning disabilities (19<sup>th</sup> January 2009). Page 2

*Regular meetings involving KASS, Public Health and Health senior management representatives take place six monthly. Also involved is the Lead Cabinet Member for KASS, Chief Executive and Lead Member for the Council. The meetings focus on setting joint priorities and discussing commissioning arrangements.*

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

*The Directorate has also strengthened partnership working with District and Borough Councils, particularly in relation to housing issues, planning future services and promoting social inclusion.*

### Performance Improvement

*The Directorate has implemented a new Performance Strategy that focuses on outcomes and embraces the new national performance framework.*

*Kent Adult Social Services was once again awarded three stars from the Commission for Social Care Inspection (CSCI)<sup>2</sup> in November 2008, demonstrating adult social care in Kent is among the very best in the country. One of only three of England's 150 local authorities to win three stars every year since the inspection system began in 2002.*

*Kent Adult Social Services was awarded "good" in terms of delivering outcomes with "excellent" capacity to improve. This supports the Directorate's focus on continuous improvement through modernisation and finding improved ways to deliver services including the support functions that underpin them.*

*CSCI singled out Kent Adult Social Services for:*

- innovative use of technology to help people live independently*
- understanding of the local social care market and innovative measures taken jointly with providers to meet the needs of both publicly-funded and self-funded individuals*
- strong partnerships with other bodies such as the NHS and voluntary organisations*
- Strong commitment to ensure that users and carers are given every opportunity to be actively involved in policy development and decision making.*

*CSCI also identified areas for improvement including developing employment opportunities for people with learning disabilities. CSCI recognised that Kent Adult Social Services, along with health colleagues, will face challenges in ensuring a smooth transfer of learning disability residential services from the NHS to Adult Social Services in line with the recent Government proposals.*

*Whilst the Directorate continues to strive annually to improve performance and service delivery, the standards required to maintain and improve on last year's star rating become harder.*

The Directorate is undergoing a total transformation in the way that services are provided and in its organisational arrangements. These changes reflect the Directorate's commitment to

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<sup>2</sup> CSCI (Commission for Social Care Inspection) changed its name from 1<sup>st</sup> April 2009 to QCC (Quality Care Commission) following the merger of: CSCI, the Healthcare Commission and the Mental Health Act Commission.

Self Directed Support (SDS) which underpins Active Lives for Adults (ALfA). ALfA is the modernisation programme that has been established in order to deliver the ten year vision. These changes have to be made to ensure we continue to meet our priorities in the future and are essential to the delivery of our five core values.

A number of key areas contribute to Delivering outcomes which is a priority:

#### Good Day Programme

The Good Day Programme is about ensuring better days for people with Learning Disabilities through personal choice and control in their activities to enable them to have a full a meaningful life.

#### Whole Systems Demonstrator

Whole Systems Demonstrator is the use of technologies such as Telehealth and Telecare, working with Health, to support people with long-term conditions by providing independence and reassurance. This project is an excellent example of integrated working with Health.

#### SDS (Self Directed Support)

Self Directed Support enables people to express the outcomes they wish to achieve to live life to the full and have more choice and control over how their assessed needs are met. They are able to have as little, or as much, support as they wish to do this. As part of this, there will be an increased focus on Enablement services. These are time limited services that support people to regain and maintain their skills to live independently.

## **Business Continuity and Emergency Planning**

The Directorate fully supports the County Council's statutory role in major emergencies, and has a particular role in helping with welfare issues arising from any significant incident, and, as necessary, providing rest centres for people who are unable to be in their own homes. At the same time, serious consideration is also given to business continuity of the services themselves, to ensure that services users continue to receive report at all times. During the year, work will be done to update the emergency and business continuity plans to ensure that they remain in step with the Directorate's changing organisational arrangements

## **Public Involvement**

The Directorate has continued its focus on involving Users and Carers in a broad range of service developments. Examples include the Later Life Strategy, the Good Day programme, KASS Core standards, Information, Advice Guidance Policy and staff recruitment.

There are also a number of projects which have required extensive user and carer involvement such as the Brighter Futures, INVOKE and Partnership with Older People projects.

The Directorate has also implemented a new Complaints process following being selected as a pilot Directorate. As new regulations will be issued shortly, we have linked directly with Health to create a joined up and productive process across the Health and Social Care field. (Making Experiences Count)

## Challenges

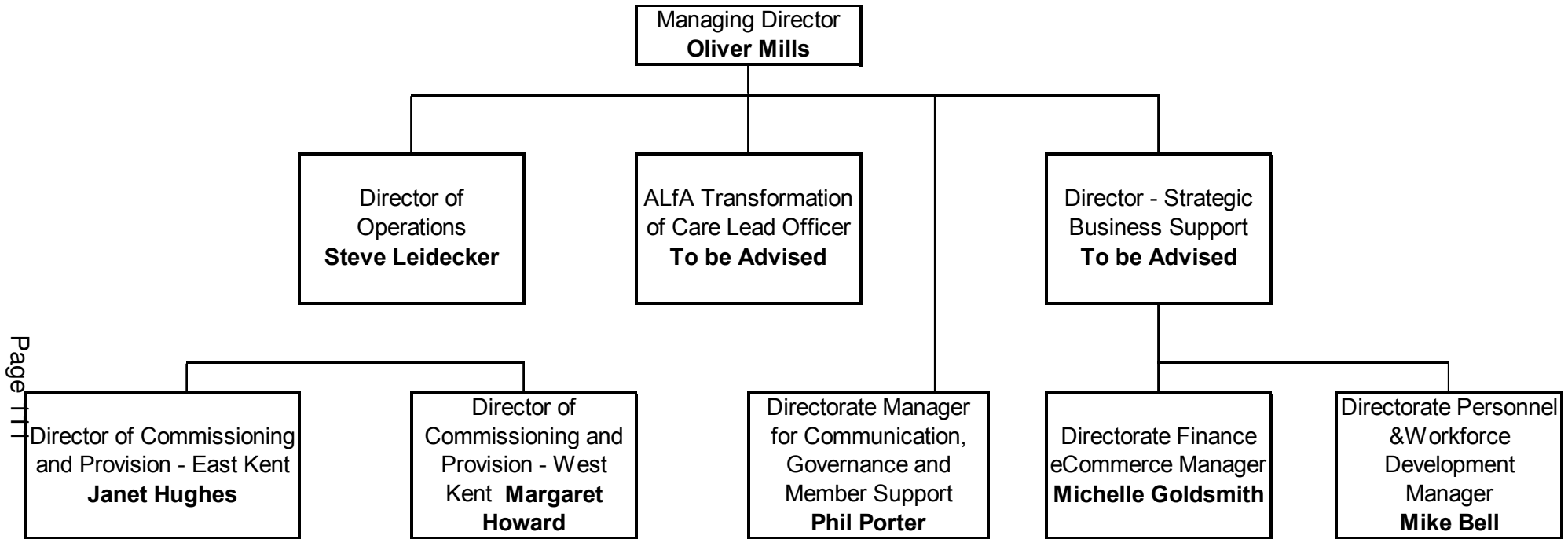
- The Independence Wellbeing and Choice Inspection undertaken during March 2009, by the Care Quality Commission (CQC). This Inspection focused on safeguarding and Preventative Services for Older People<sup>3</sup>. The Directorate will develop a plan to ensure that the learning from this leads to service improvements.
- Within the current budget, and without reducing the services available to those who are eligible for KASS funding, the Directorate needs to improve its universal offer, ensuring the service it offers to self funders is of a high standard across the County. In the short term this will benefit self funders and help them to live more independently, but in the long term it will benefit all as self funder who has better information and advice are able to make the right decisions about the support they pay for.
- The current economic recession with the impact of low interest rates and falling house prices means the time it takes to sell a property is considerably longer than in previous years. This will result in existing debt sitting with Kent Adult Social Services and people with properties are becoming eligible more quickly for KASS financial support.
- An increasing ageing population and people with disabilities living longer are to be celebrated. However, when combined with increasing expectation, the impact is profound with demand outstripping available resources.
- Information, Advice & Guidance and Enablement, Brokerage and Advocacy will be increasingly important and require more personalised and flexible services. This is being carefully planned and managed as it requires a range of different relationships, including contractual, with the private & voluntary sector to ensure there is a thriving and diverse market.
- Local Authorities nationally are taking the lead on Learning Disabilities, including the transfer of responsibility for people placed in NHS units and the resources needed to support them. Working with all public services so that people with learning disabilities can have the same inspirations and life choices as other people. This includes the transfer of support from the NHS to local government and the reprovision of support to those living in NHS campus accommodation in Kent.

**Oliver Mills**  
**Managing Director**

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<sup>3</sup> The Managing Director of Kent Adult Social Services chairs the multi-agency Safeguarding Adults Committee and the Executive Board. The safeguarding arrangements are implemented through a [structure](#) which has evolved over the past eight years to meet the challenges posed by the safeguarding agenda. Through Multi-Agency Public Protection Arrangements and the Multi-Agency Adult Safeguards Board, we have in place robust adult protection processes, which have given Kent a reputation for excellence in this area. Safeguarding adults features prominently in [Active Lives](#) and [Towards 2010](#). Active Lives is Kent Adult Social Service's ten year strategic vision for Adult Social Services. Towards 2010, sets out Kent County Council's priorities for the period 2006 – 2010.

**2. Structure chart**



Through the implementation of SDS there will be some changes made to the staffing structure. At SMT/ Director Level, the consultation has now ended. The current Director of Resources (Caroline Highwood) and Director of Policy, Performance and Quality Assurance (Pat Huntingford) posts will no longer exist in the new structure. Instead the posts will be combined to create a new post of Director of Strategic Business Support. A new post of ALfA Transforming Care Lead Officer has been created (this is time limited post funded by the Social Care reform grant).

The new structure is shown above.

## **Legislation**

The legislative framework under which Adults Services operates includes:

- The National Assistance Act 1948
- Caravan Sites and Control of Development Act, 1960
- The Chronically Sick and Disabled Persons Act 1970
- The Disabled Persons (Service, Consultation and Representation) Act 1986
- The NHS and Community Care Act 1990
- Criminal Justice and Public Order Act, 1994
- Disability Discrimination Act 1995
- The Protection from Harassment Act, 1997
- The Health Act 1999
- Human Rights Act 2000
- The Health & Social Care Act 2001
- Local Authority Circular (LAC) (2001)7: "Social Care for Deafblind children and adults"
- Race Relations Amendment Act 2000
- The Delayed Discharges Regulations 2003
- Housing Act, 2004
- Planning and Compulsory Purchase Acts, 2004
- Mental Capacity Act 2005 (including Deprivation of Liberty Safeguards)
- Planning Circular 01/2006
- The National Service Framework for Older People
- The National Service Framework for Long Term Conditions
- Fair Access to Care Services
- Charging for Residential Accommodation Guide
- Fairer Charging Guidance
- White Paper: "Our Health, Our Care, Our Say"
- Green Paper: "Independence, Choice and Wellbeing"
- Putting People First December 2007
- The Housing Grants Construction and Regeneration Act 1996
- Local Government Act 1999
- Human Rights Act 2000
- NHS Continuing Health Care Framework 2007
- NHS Act 2008 (this has superseded the Health Act 1999)
- Health and Social Care Act 2008
- No Secrets Guidance
- Joint Strategic Needs Assessment
- Carers Acts (1995, 2001, 2004)
- Children's Act 2004 (this introduced the statutory DASS role, separation between children and adult services).
- Carers Strategy

There is a raft of legislation that affects Adult Social Services as a whole, including the Mental Capacity Act 2005, but the following legislation pertains specifically to mental health:

- Mental Health Act 1983
- Mental Health (Patients in the Community) Act 1995
- Mental Capacity Act 2005
- Mental Health Act 2007

The recent Mental Health Act has new safeguarding arrangements for the Deprivation of Liberty which become operational in April 2009. The Deprivation of Liberty arrangements are wide ranging and will have an impact upon KASS as a whole. The Mental Health Act also changes the arrangements for ASW assessments. The Act introduces the role of Approved Mental Health Professionals. The new role requires extensive training for a section of Mental Health staff which will need to be undertaken from within existing resources.

### 3. BUDGET

#### Directorate Budget 2009/10

2008/09			2009/10									
FTE	CONTROLLABLE EXPENDITURE	ACTIVITY/BUDGET LINE	FTE	EMPLOYEE COSTS	RUNNING COSTS	CONTRACTS & PROJECTS	TRANSFER PAYMENTS & RECHARGES	GROSS EXPENDITURE	EXTERNAL INCOME	INTERNAL INCOME	CONTROLLABLE EXPENDITURE	CABINET MEMBER
	£'000			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
1222.79	147,853.0	EK	1251.22	39,737.50	5,928.30	150,836.00	-491.40	196,010.40	-42,626.90		153,383.50	G. Gibbens
878.45	123,238.00	WK	907.45	29,418.00	4,968.00	122,284.30	-595.60	156,074.70	-27,936.20		128,138.50	G. Gibbens
18.86	32,957.00	Supporting People	18.86	657.90	1,602.50	30,523.10	99.00	32,882.50	0.00		32,882.50	G. Gibbens
251.21	21,319.00	Mental Health	262.02	10,755.50	557.80	13,245.80	-6.30	24,552.80	-2,832.90		21,719.90	G. Gibbens
323.86	-7,349.00	HQ	323.36	17,948.50	3,789.20	15,317.80	7,851.30	44,906.80	-48,151.70		-3,244.90	G. Gibbens
132.9	5,785.00	Countywide Total	134.09	4,530.80	3,414.10	1,702.50	451.00	10,098.40	-2,059.60	0.00	8,038.80	G. Gibbens
2828.07	323,803.00	TOTALS	2897	103,048.20	20,259.90	333,909.50	7,308.00	464,525.60	-123,607.30		340,918.30	G. Gibbens
		Overheads		0.00	0.00	0.00	9,870.00	9,870.00	0.00	0.00	9,870.00	G. Gibbens

**Staffing Figures**

2008/2009 Total	2009/10 Total
2984.24 fte	2897.00 fte

*All figures include vacancies (active recruitment only)  
2009/10 figure agreed with finance for budget book – 12 Dec 2008*

**Comments:**

- Overall reduction of 87.24 fte
- Phase 1 of restructuring will reduce headcount by 32.00 fte
- Robust vacancy clearance process in place requiring all posts to be signed off by SMT member.
- Vacancy management process for all non-registered services.
- Continued management of vacancies through Directorate traffic light process.
- All recruitment activity monitored and tracked by P&D Forum fortnightly.
- Increase in the number of posts funded externally, e.g. PCTs

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**Grade Breakdown:**

2008/09		2009/10	
Grade J (KS13) and above	Below Grade J (KS13)	Grade J (KS13) and above	Below Grade J (KS13)
62.32 fte	2921.92 fte	48.85 fte	2848.15 fte

**Affordable Levels – Activity 2009/ 10**

<b>Code</b>	<b>Clients</b>
41B - OP resi	1572
41M - OP resi OPMHN	959
<b>OP Residential</b>	<b>2531</b>
41C - OP nursing	1056
41N - OP nurs OPMHN	243
<b>OP Nursing</b>	<b>1299</b>
45E - OP P&V domi	<b>6876</b>
45B - OP Dir Pay	<b>794</b>
42B - LD P&V resi	<b>610</b>
46E - LD P&V domi	<b>621</b>
46B - LD Di Pay	<b>609</b>
46W - LD Supp + Other	<b>230</b>
43B - PD P&V resi	<b>202</b>
47A - PD KHCS	
47K - PD KHCS	
47E = PD P&V domi	<b>946</b>
47B - PD Dir Pay	<b>687</b>

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**Affordable levels of activity shown above are based on specific budget lines**

#### 4. KEY PERFORMANCE INDICATORS & ACTIVITY DATA FOR BUSINESS PLAN MONITORING

##### Performance Management

Performance information shown below is KASS wide

Performance Measure or Activity	Accountable Manager	Monitoring Frequency	Target performance 2008/09	Estimated performance 2008/09	Target performance 2009/10	Link to strategic priority
T2010 – Target 52 Number of people supported by community based services provided by Kent Adult Social Services including through voluntary sector funding) to live independently.	Anne Tidmarsh, Chris Belton, Michael Thomas-Sam	Annually	N/A	33,718	34,027	T2010
T2010 – Target 53 Satisfaction measure being developed – based on user survey	Emma Hanson	Annually	To be set July 2009			T2010
T2010 – Target 56 Number of older people who are in receipt of/with underlying entitlement to Attendance Allowance	Chris Grosskopf	Annually	N/A	37,510	+5%	T2010
T2010 – Target 56 Number of older people who are in receipt of Pension Credit	Chris Grosskopf	Annually	N/A	70,980	+5%	T2010
T2010 – Target 56 Number of older people in receipt of council tax benefit	Chris Grosskopf	Annually	N/A	N/A	+5%	T2010
NI 130 Social Care clients receiving self directed support (Direct Payments and Individual Budgets)	SMT	Monthly	New Indicator for 08/09 therefore no target	184	It is not possible to give targets for 2009/10 until they are set in April 2009	National Indicator
NI 132 Timeliness of social care	SMT	Monthly	New Indicator	80	It is not	National

assessments (RAP)			for 08/09 therefore no target		possible to give targets for 2009/10 until they are set in April 2009	Indicator
NI 133 Timeliness of Social Care Packages (RAP)	SMT	Monthly	97%	97%	It is not possible to give targets for 2009/10 until they are set in April 2009	National Indicator
NI 135 Carers receiving needs assessment or review and a specific carer's service or advice and information	SMT	Monthly	29%	27%	It is not possible to give targets for 2009/10 until they are set in April 2009	National Indicator
NI 136 People supported to live independently through social services (all ages)	SMT	Monthly	N/A	27.3%	It is not possible to give targets for 2009/10 until they are set in April 2009	National Indicator
NI 125 Achieving Independence for Older People through rehabilitation/ intermediate care	SMT	Monthly	80%	76%	It is not possible to give targets for 2009/10 until they are set in April 2009	LAA/National Indicator
NI 141 Number of vulnerable people achieving independent living	SMT	Quarterly	66.7%	67%	68.2%	LAA2
C29 People with a Physical Disability helped to live at home per 1,000 population	Steph Abbott	Monthly	5.7	5.7	No target available until April 2009	National Indicator

KENT ADULT SOCIAL SERVICES DIRECTORATE LEVEL BUSINESS PLAN 2009/10

C30 People with a Learning Disability helped to live at home per 1,000 population	Steph Abbott	Monthly	3.3	3.3	No target available until April 2009	National Indicator
C32 People aged 65+ helped to live at home per 1,000 population	Steph Abbott	Monthly	78	78	No target available until April 2009	National Indicator

**High Risk, High Profile, High Impact New Projects & Activities**

The Managing Director is authorised to negotiate, settle the terms of, and enter the following agreements/projects. These projects and activities will be closely monitored, and a six-monthly report to the relevant Policy Overview Committee will inform members of progress against each of these targets.

Project/ development/ key action	Accountable Manager	Deliverables or Outcomes for 2008/09	Target date of delivery/ completion	Link to strategic priority
Fundamental review of domiciliary care contracts	SMT	ALfA / SDS – Self Directed Support. Complete transformation in how services are delivered. Directorate Restructure ongoing.	April 2009 – March 2010	Links to V4K, T2010 and LAA – Supporting people to maintain independence
Better Homes Active Lives Housing PFI – Procurement of contract for delivery of Care to 7 Extra Care Schemes	SMT	Procurement of a Care Provider	Delivery of Care by selected care provider	Links to V4K, T2010 and LAA – Supporting people to maintain independence
<p><u>AIS Procurement and Implementation</u>                      AIS (Adults Integrated Solution) is a new front-end to the directorate's SWIFT database which is based on eBase technology developed by Northgate Information Systems, the suppliers of SWIFT. KASS is now undertaking a thorough review of the AIS product from the technical and business perspective (which will include making site visits to authorities who have implemented AIS) and are in active negotiation with Northgate to procure AIS, subject to suitable terms being agreed.</p>	SMT	<p>Business and technical review of the AIS product</p> <p>Procurement of AIS Software and Hardware via appropriate procurement mechanisms (to be agreed)</p> <p>Agreed Implementation Project Management Arrangements</p> <p>Implementation Project Initiation Document and Project Plan, including phased roll-out, training and support plan</p> <p>Installation of AIS Hardware and Software</p> <p>Configured AIS system ,AIS Training Programme and Training Material</p>	Phased roll-out from March - June/July 2010 (subject to detailed planning and other directorate strategic priorities)	SDS, Personalisation, Links to V4K, T2010 and LAA – Supporting people to maintain independence

Developing the following services to support Self Directed Support: enablement; brokerage; advocacy; advice information and guidance.	SMT	ALfA / SDS – Self Directed Support. Complete transformation in how services are delivered. Directorate Restructure ongoing.	April 2009 – March 2010	Links to V4K, T2010 and LAA – Supporting people to maintain independence
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In line with financial regulations, any capital projects on this list will be subject to prior “gateway review” by the Project Advisory Group and in consultation with the Leader.

Risk Registers for these major projects are maintained. These are available on request.

**Benchmarking information - Performance information shown below for Kent is KASS wide**

Indicator	Kent	East Sussex	Hampshire	Hertfordshire	Suffolk	Oxfordshire
C72. Admissions of supported residents aged 65+ to residential/ nursing care per 10,000-population aged 65 and over	72.3	82.3	74.7	88.3	82.0	56.5
C73. Admissions of supported residents aged 18-64 to residential/ nursing care per 10,000-population aged 65 and over	1.5	2.3	1.5	1.8	1.7	1.0
C31 People with Mental Health needs helped to live at home per 1000 population aged 18-64.	3.8	2.0	12.5	4.1	1.8	3.1
D41 Delayed transfers of care	39.0	34.0	28.1	40.9	25.0	65.0
D55 Timeliness of social care assessment (65+)	90.9%	81.1%	92.8%	86.7%	92.6%	85.2%
D56 Timeliness of social care packages following assessment	97.1%	90.2%	89.2%	92.1%	93.4%	91.0%
C62 Carers receiving needs assessment or review and a specific carer's service, or advice and information	27.2%	12.2%	15.6%	10.8%	17.0%	13.5%

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- C72 and C73 - Success in promoting independence means that fewer people are admitted to permanent residential care. A lower number per 10,000 populations indicates better performance.
- Helped to live at home indicators: These indicators are supposed to represent how many people are being supported to live in their own homes. Clearly a good performance would be a high performance. However, the definition does not include support from the voluntary sector and this does affect the older person indicator, in particular.
- D55 and D56 - it is critical that we respond to vulnerable people as quickly as possible. A good performance for these indicators is represented by a high percentage.
- C62 - Support to carers is critical as it provides people with additional support to enable them to live at home. A good result is a high result
- The indicators are the same set in our plans because they are the published set of information and the only basis on which we can compare with other local authorities.

## 5. MEDIUM TERM PLAN, PRIORITIES & KEY CHALLENGES

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The Directorate's priorities and challenges are:

- Promoting Independence
- Performance Improvement
- Prevention
- Partnership
- Personalisation

**These key 5 themes have been discussed in detail in the Directorate Introduction/ Managing Directors Statement. For more in depth information see the Directorate Introduction/ Managing Directors Statement**

The Medium Term Priorities for KASS are core to the delivery of Active Lives for Adults (ALFA) - Self Directed Support

ALFA is a programme of total transformation for all of Kent Adult Social Services whether directly provided or commissioned from other agencies. It will deliver a culture that supports people to develop their own solutions to meet their needs, from an increasingly responsive and diverse market place.

Fundamental to this is self-directed support, whereby people can self manage their support or, if they choose to, have somebody else (including KASS) to manage it for them. SDS will be incrementally implemented from April 2009 and will be the biggest change for the Directorate since the introduction of Care Management. These changes have to be made to ensure we continue to meet our priorities in the future and are essential to the future delivery of our five core values.

The five core values are explored in detail in the Directors Statement/ Introduction, see pages 2-3.

They link to the Directorate targets in promoting and supporting independence for example:

- Towards 2010 – Target 52 - Increase the number of people supported to live independently in their own homes. Many people want to choose to stay in their own homes and receive support to enable this to happen. The Government has awarded Kent £5.1m, for a Whole Systems Demonstrator (WSD) to enable Health and Social Services to make new technologies available for more people to live independently. This project will demonstrate integrated working with Health and seek to evidence the benefits of using technologies such as Telehealth and Telecare to enable people with long term conditions to increase their ability to self manage their conditions in their own homes.  
Supporting People - continue to enable people to live independently. A key Kent Agreement 2 Target is the national performance indicator - NI141 'Number of vulnerable people achieving independent living'. The District Councils are a key partner in this work.
- Towards 2010 –Target 53 - Carers. Services for Carers - are being enhanced including developing more flexible respite opportunities shaped around individual need. The recent Select Committee recommendations and the newly launched Carers Strategy support the promotion and development of services for carers.

- Towards 2010 (jointly with CFE) – Target 55 –Transition. Good transitional planning is a key element ensuring independence and personalisation and is a key issue in ‘Valuing People Now’. Implementing the recommendations the recent Select Committee will be a major driver. New protocols have just been launched which will improve the transitional arrangements in place for young people.

The Directorate was inspected during March 2009. The Independence Wellbeing and Choice Inspection undertaken by CSCI. This Inspection focused on safeguarding and prevention. Safeguarding is across all client groups and preventative is focused to older people only. Every Local Authority with Adult Social Services is currently being inspected. The Directorate will receive the findings of the Inspection during the 2009/10; the findings will be used to inform service development and improvement. They will also link into the 2009/10 Corporate Area Assessment (CAA).

The role of the Cabinet Member is summarised in the ‘Joint working framework between the Cabinet Member for Kent Adult Services and the Director of Adults Social Services’. The Cabinet member for Kent Adult Services and the Director of Adult Social Services respectively provide a political and professional focused for safeguarding vulnerable adults, ensuring that there is a clear strategy for improving outcomes for vulnerable adults within the Kent County Council area. In other words the Cabinet Member role mirrors the Director of Adult Services role at the political level. The Cabinet Member has a political accountability for the effectiveness of the safeguarding arrangements in Kent.

A major challenge is the new performance framework, overseen by the newly created Care Quality Commission. This will stretch beyond the new 198 national indicators and Health’s ‘Vital Signs’ to focus jointly on Health and social care. Annual Assessments will continue to be a key feature and these will feed directly into the new CAA.

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

The development of the workforce is vital to the continued improvement of social care in Kent. This challenge is being met by:

- Implementing of a workforce strategy for KASS staff, underpinned by initiatives such as the staff care package, training and Investors in People.
- Promoting training throughout the social care sector through the Social Care workforce training contract – ‘Training 4 Care’.
- Working closely with Skills for Care through the sub regional board.

## **DIRECTORATE APPROACH TO THE FOLLOWING KEY CORPORATE OBJECTIVES**

### **Customer Insight & Community Engagement**

We continue our commitment to actively involve current and potential service users and carers in the planning, delivery and monitoring of our services to ensure that services best fit the needs of those people using them.

Not only are lessons learned from complaints that directly feedback into services thereby improving the experiences for other users, but we are also constantly gaining feedback from complainants on the complaints process itself, as a mechanism for continual evaluation and improvement of the process.

Questionnaires have recently been developed to gain feedback from managers, service users/carers and the successful candidate on the User Involvement in Recruitment process. The outcome of this data will be fed directly into the process as a means of continual improvement of the process.

There is a clear focus on ensuring the public (including current and future service users) make a difference to services by providing them with opportunities to influence and change current and future services. This is achieved in a number of ways and can be illustrated in the following examples:

- Partnership Boards which engage users of Learning Disability services at a District and Strategic Level. These are particularly successful forums for engaging Learning Disability service users in the running of the service. Other Forums include older people; disability; deaf; carers; mental health.
- Lessons learned from complaints are fed into services development and into business planning processes
- Service user groups – including county wide OT users groups; Learning Disability Partnership Groups
- Policy Development – services users have been heavily involved in the development of the ‘User Involvement in Recruitment’ and Information Advice and Guidance’ policies’
- Recruitment – service users/carers are involved in recruitment process for staff, i.e. shortlisting, formal panel, workshop
- Training – service users and carers deliver training to staff
- Development and monitoring of the Disability Equality Scheme
- Development of ‘social marketing’ and initiatives such as ‘Activemobs’ (communities developing their own activities)
- Regular meetings are co-ordinated with the public, our Cabinet Member and our Managing Director
- Strategy development and workshops – Later Life, Active Lives
- We have regular Telehealth and Telecare user groups
- Quality Service Awards seek direct nominations from service users and carers
- Full Equality Impact Assessments have been undertaken of several HQ policies including charging for domiciliary care (which in itself involved a major consultation exercise).
- Kent Partnership Board (KPB) which currently meets bi-monthly (Jan, Mar, May, Jul, Sep, Nov) and these are booked up to end of the year.

- District Partnership Groups (DPGs) there are 12 groups which meet around 2-3 monthly
- There are various 'Speaking Up' groups too which meet locally.
- Carers Implementation Group that meets and has regular meetings and annual workshops.
- Areas and individual teams are proactive in engaging with current service users and potential future users of services.

In addition, there are many consultations/conferences and workshops that take place on a regular basis and feed into business planning and service development."

There have also been some elements of user involvement in SDS. Examples include:

Actual:

Service users + public have been involved in various workstream group meetings. i.e. Brokerage and User Led Organisations Sounding Board; Single Assessment Process Group. Presentations to various groups + ongoing Carers involved in Carer Assessment consultation process. Carers Reference Group and Carers Advisory Groups set up. Service users and carers involved in developing Information, Advice and Guidance Policy. Learning through Experience workshops [ongoing] (made up of 2/3 staff and 1/3 service users/carers) Service users/carers involved in Business Process Quality Review Provider visits

Planned:

Public involvement for evaluation of enablement tenders. Service user/carer reference group to be set up to develop Positive Risk Management Policy. SDS Information events - March 09 Provider Conference

**Each of the Service Level Plans lists the planned events specific to the service. See Service Level Plans for more information.**

**Environmental Performance & Climate Change Adaptation**

	<b>Objective</b>
<b>1</b>	Develop a plan of energy and water efficiency measures and/or projects to reduce energy and water consumption across the Directorate estate
<b>2</b>	Set clear responsibilities for energy and water efficiency within key roles across the Directorate(competence/training focused)
<b>3</b>	Set a target to reduce carbon emissions arising from business travel and fleet mileage delivered through smarter ways of working
<b>4</b>	Implement actions to reduce waste, in particular set a target to reduce paper use(based on 07-08 consumption levels)
<b>5</b>	Increase the proportion of waste recycled through adoption of the KFM waste contract or equivalent local arrangements.
<b>6</b>	Support implementation of the KCC Biodiversity Strategy
<b>7</b>	Exploring the issues around extending carbon monitoring to outsourced Social Care services
<b>8</b>	Deliver a staff engagement plan to : <ul style="list-style-type: none"> <li>• Promote the adoption of environmental best practice and behaviours and recruit Green Guardian resources across all key locations.</li> <li>• Raise awareness of the impacts of Climate Change.</li> </ul>
<b>9</b>	Participate in online adaptation workshops with a view to developing a comprehensive climate change adaptation strategy to be completed within 09/10

These objectives underpin the delivery of the KCC Environment policy and corporate targets for reducing carbon emissions, water and waste within the ISO 14001 management system framework.

CEPG/Climate Change team will provide guidance to the KASS Environment Board in delivering these objectives.

This plan will be monitored by the KASS Environment Board with progress reported to KASS SMT on a 6 monthly basis. CEPG will provide evidence from environmental audits to support the monitoring process.

CEPG/Climate Change team will provide management briefings, training and awareness raising materials and co-ordinate the Green Guardian network to support the staff engagement plan.

Specialist advice on energy and water efficiency projects is available through the LASER energy managers

**Transforming Our Estate** – we will seek to integrate energy and carbon reduction into all key programmes and look to ‘climate-proof’ decisions to prepare for the impacts and opportunities of climate change

### **Reframing the Asset Management Programme**

We will seek to **invest-to-save** in further carbon-saving and water-saving measures across the Directorate, including use of the Energy Loan Fund and Energy Performance of Buildings certification,

### **Smarter Working**

We will encourage and enable staff to adopt smarter ways of working by providing technology to support flexible and mobile working, promoting and utilising technology to reduce the need to travel and transforming our service delivery to better meet local needs.

### **Training, Capacity Building and Behaviour Change**

We will engage staff at all levels to contribute to our environmental performance.

### **Carbon Budgeting**

We will further develop our understanding of the impacts of the Carbon Reduction Commitment on the Directorate. Once set, we will utilise carbon budgets to monitor our progress in achieving carbon savings and to help engage staff in seeking further reductions.

### **ISO 14001**

We will utilise the ISO 14001 framework to deliver an annual plan of environmental improvements, monitor our progress and engage our staff.

### **Adapting to Climate Change**

We will raise awareness of the impacts of climate change on the Directorate and participate in online adaptation workshops with a view to develop a climate change adaptation strategy to be completed within 09/10

**Equality & Diversity**

Name of Objective	Start Date	Feedback Date	Brief Summary	Outcome	Contact Name, Email and Phone Number
Review & update Kent Equalities Strategy	1.3.09	1.10.09	Involve service users and stakeholder groups in reviewing and refreshing KCC's statutory Equality schemes for race, disability & gender also to compile evidence of good practice around issues of age, sexuality, religion & belief, social inclusion.	Stakeholders are actively engaged in shaping services that are appropriate and accessible in meeting their needs.	Emkay Magba-Kamara (KCC) Emkay.Magba-Kamara@kent.gov.uk (01622) 221851
Equality Impact Assessments	1.3.09	1.10.09	Continue to conduct EIAs on new KASS policies, practices & procedures. Contribute to KCC's development of enhanced external scrutiny of EIAs	All policies are fit for purpose and are appropriate to the needs of diversity groups.	Keith Wyncoll (KASS) Keith.Wyncoll@kent.gov.uk (01622) 694920
Capacity building with BME groups	1.4.09	1.10.09	Capacity building with key BME groups, with longer term aim of developing "critical friend" scrutiny partnerships - for the development of appropriate, accessible and inclusive services, and strengthening Equality Impact Assessments.	Continue work with 10 BME groups to assist Ashford International Association and develop Community lunches. Support Diversity House, Sitingbourne with a funding workshop and to build a relationship with PCTs and KASS	Keith Wyncoll & EK/ WK Equalities Groups (KASS) Keith.Wyncoll@kent.gov.uk (01622) 694920
Dignity & Respect at Work	Ongoing	1.10.09	Directorate dissemination of corporate policy & help line. Development of 'buddy' system, in particular for members of diversity groups. Promotion and support for diversity	That staff who may face discrimination feel supported and valued.	Nicola Lodemore Nicola.Lodemore@kent.gov.uk (01622) 694418 Julie Cudmore

			staff groups.		julie.cudmore@kent.gov.uk
Mapping and outreach to and with BME communities	1.4.09	Oct 2009/ March 2010	BME needs better reflected in Business Plans /Locality Plans	Locality Managers map and start to engage with BME community groups in their area in liaison with Health, District Councils, etc.	Janet Hughes Janet.Hughes@kent.gov.uk Margaret Howard Margaret.Howard@kent.gov.uk
Diversity in Care	Jan 2009	1.10.09	Pilot NVQ2 in Care training for members of Chinese & Nepalese communities (follows successful Equal Care Project)	Will increase nos. of care workers with community languages and cultural understanding. Helps strengthen relationships with those community groups. Contributes to KCC aim to have workforce reflecting communities we serve. Improvement in recruitment & retention of disabled staff	Keith Wyncoll (KASS) Keith.Wyncoll@kent.gov.uk (01622) 694920 Andrea Cahill Andrea.Cahill@kent.gov.uk (01622) 221870
“Unlocking potential of disabled people” Action for Employment	Current	Oct 2009	Comprehensive action plan: - work experience, simplifying recruitment practices, buddying, training for managers, use of appraisals to identify needs		Julie Cudmore julie.cudmore@kent.gov.uk Kathy Melling Kathy.Melling@kent.gov.uk

## **Section 17**

### **(Section 17 of the Crime & Disorder Act 1998 requires responsible authorities to consider crime and disorder reduction)**

In the exercising of all its duties the Directorate takes seriously it's responsibilities under the Crime and Disorder Act. Many of the people who use our services are vulnerable to some of the consequences of crime and disorder.

Enabling people with complex needs to live independently and to have choice and control over the services they receive inevitably means the management of greater risk. Through MAPPA (Multi- Agency Public Protection Arrangements) and the Multi Agency Adult Safeguards Board, we have robust adult protection processes in place. Together with our partners we have given Kent a reputation of excellence in this area.

The Directorate plays an active part in the Crime and Disorder Partnerships and the Community Safety Board.

An area of current concern is the level of hate crime people with Learning Disabilities have experienced. We are currently working with the Partnership Board, District Partnership Groups, Focus Groups and other key agencies to look at ways to address this issue. In terms of the Focus Group, it's not "user involvement" it's a partnership. And in terms of local initiatives, many are "user led".

Examples of how the Directorate directly contributes to reducing crime and disorder:

- Providing housing related support to people who are likely to lose their tenancies because of antisocial behaviour.
- Providing supported accommodation and then later floating support to offenders and those at risk of offending, particularly upon release from prison and thereby reducing the likelihood of further criminality, including to young offenders
- Providing supported accommodation and then later floating support to people with drug and/or alcohol problems and thereby reducing the likelihood of criminality and antisocial behaviour, including to young people at risk
- Funding floating support to those at risk of domestic violence and refuges to women fleeing domestic abuse
- Providing outreach support to street homeless, with a view to accommodating from the streets and reducing the likelihood of them being perpetrators and or victims of criminal behaviour.

## **Capacity, Skills & Development Planning**

In comparison with many Adult Social Services, the Directorate continues to have good rates of recruitment retention and low sickness levels. In achieving this, the staff care policies, Investors in People, good training and career development opportunities have contributed to this. However, the Directorate recognises that it needs to continue to develop strategies to meet future challenges if it is to maintain this record and to ensure continuous improvement.

The Directorate is currently updating its Workforce Plan and it's wider Workforce Strategy with the private and voluntary sector in Kent and PCTs.

For example:

FaME is a project which aims to enable staff to work in increasingly flexible and mobile ways. This initiative will mean staff are supported by technology to work in the communities they support and to engage with more clients. It will also allow the Directorate to look at rationalising its office portfolio.

Flexible and mobile working will help people strike a greater work life balance which has positive effects on recruitment and retention, motivation and attendance

During the last year, the Directorate has continued to develop capacity and skills across the adult social care sector. Our approach is outlined in the Kent Adult Social Care Recruitment Strategy. Significant developments to highlight are:

- \* Establishment of a Kent Adult Social Care Workforce Strategy Board which is chaired by the managing Director of KCC Adult Social Services and includes members from the private and voluntary sector, health and service users.
- \* Development of an adult social care recruitment website for the P&V sector and recruitment resource pack.
- \* Extending the Care Ambassador Scheme to promote social care jobs and careers across the County.
- \* Provider events and conferences to support the transformation agenda and focus on workforce issues.
- \* Continued investment and development of training and development for the Private and Voluntary sector through the Training4Care contract.

Active Lives for Adults – This is a major cultural change, which will see a shift in emphasis away from 'managing care packages' and towards personalisation - supporting people in identifying how best to meet their own needs. It will transform all front line services. It has major implications for future staff mix and skills and therefore this is a major work stream for the project.

The Workforce Plan gives in depth analysis and direction for the future workforce planning, aligned to our key priorities.

# **SERVICE LEVEL BUSINESS PLAN 2009/10 FOR East Kent**

## **EXECUTIVE SUMMARY**

The gross expenditure for the service(s) included in this business plan is:  
**£196.010m** (see page 8)

Which will fund the following:

- Kent Contract and Assessment Service (KCAS)
  - Assessment and Enablement
    - Careline
    - Kent Sensory Service
  - East Kent Provision for LD, PD and OP
  - Community based Preventative Service
    - Self Directed Support
      - OT
  - Strategic Commissioning Unit

And will be staffed by  
**1251 FTE**

**KCC undertakes business planning in two tiers – directorate level and service level. For completeness, this service level business plan should be read in conjunction with the KASS Directorate Level Business Plan.**

## **Core Purpose and Key Responsibilities of the Service**

Kent Adult Social Services (KASS) faces a major programme of modernisation in order to deliver adult social care in the future, against significant demographic pressures, along with the public's increasing expectation of the personalisation of their social care.

People have told us that they would like to have greater choice and control over how they live their lives. This doesn't mean that everyone wants the responsibility of employing staff or managing the money, but it does mean that people want to be able to identify, choose and control the support they need to live their lives. It also means that people may not want to choose traditional social care services.

Within this context, KASS has set out its vision for the total transformation of adult social care, Active Lives for Adults (ALfA), to ensure people are empowered to identify, choose and control the support or care they want through the implementation of a model of Self Directed Support (SDS). The whole experience for people contacting KASS will be better, because access will be easier, assessment will become proportionate, and individual need will be met earlier.

The Self Directed Support project is designed to ensure that people:

- Have better access to information, advice and guidance to support them in finding their own solutions, whatever they may be
- Are able to self assess with as much or as little support as they need. The assessment will follow the principles of single assessment, 'do once and share'
- Have an opportunity to take part in short term enablement programmes designed to promote independence
- Who are eligible for public support, (after a needs and financial assessment) will have a Personal Budget, so they know what money they have to plan their support
- Will have control over the way the money is spent, so they can plan their own lives and get the services/support they want
- Can get as much or as little help in directing their own support and managing the money as they want

We are committed to ensuring that service users are placed at the heart of the transformation of services and that Kent's excellent front line services are maintained to this quality and standard. The involvement of service users in our recruitment and selection of staff is proving to be extremely valuable in this process. At the same time we will continue to seek to safeguard the people of Kent from abuse or neglect and continue to address issues of quality of care.

KASS will be reorganising the Directorate to deliver the transformation agenda within available resources and will be doing this over the first half of the financial year 2009 – 2010. We will work hard to make sure this re-organisation is completed successfully and with minimal disruption to service users, services and our staff.

In order to help us deliver this significant agenda we need to continue to work in partnership with colleagues in the Eastern and Coastal Kent Primary Care Trust, Borough, City and District Councils and the voluntary and private sector. This year will see the introduction of the new performance monitoring framework which places greater emphasis of joint working to achieve targets.

Groups such as the Adult Strategic Partnerships or their equivalent will continue to develop. Links with the Health & Well-Being subgroups of the Local Strategic Partnerships will be strengthened. Pensioner forums are now active across the Area as well as the learning disability District Partnership Groups. Work is underway with Black and Minority Ethnic and 'hard to engage' groups within the community, initially as a pilot project and will be developed across the area as appropriate.

All of this has to be achieved against a demanding economic climate. I am committed to using our resources as effectively as possible to provide high quality services to the people of East Kent who need our support.

***Janet Hughes***  
***Director - Commissioning and Provision, East***

## Purpose of the Service

The overall purpose of Adult Social Services is:

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

Our key objectives are to support people with particular needs to:

- Maintain personal dignity and self-respect.
- Choose and control how they live their lives.
- Feel part of their local community and make a positive contribution.
- Access advice, information and services easily.
- Improve their health and quality of life.
- Be free from discrimination or harassment.
- Maximise their economic wellbeing.

We will achieve this through:

- Putting people and their needs first.
- Ensuring the availability of high quality services.
- Valuing, developing and supporting the social care work force.
- Working in partnership with individuals, families and other organisations.
- Making the best use of our resources
- Creating the conditions, with others, for equality of opportunity.
- Constantly striving to improve.

The way in which we will do this will see significant change. There will be three main elements to how we will support people in future:

- **Kent Contact and Assessment Service (KCAS)**– this is the initial point of contact with KASS and is one part of ensuring people have as much choice as possible over how they make a first contact, e.g. telephone, post, fax, SMS, on-line self assessment, on-line self referral, at a Gateway or visits to Locality Offices. KCAS will carry out contact assessments. From December 2008, it has been providing access to some equipment and adaptation services. KCAS will also be able to access enablement services and some short term services. Whilst KCAS will cover the whole of Kent, it will be hosted by East Kent.
- **Assessment and Enablement teams** – will ensure that people get a quick and effective assessment; excellent access to enablement services and where they need longer term support are allocated a Personal Budget.

Enablement will become a mainstream service, to be considered at all stages of the client journey. Enablement is part of the assessment process and is an intensive, short term service of four to six weeks designed to offer support to people, who by reason of injury, frailty or illness wish to regain or extend their independent living skills.

It will be available in-house through the Assessment and Enablement teams and from July 2009, from within the private and voluntary sector.

From April 2009, all new people with long term support needs will have a personal budget. They will have more choice and control over the support they receive, and can choose to spend the personal budget on non-traditional services / support, if they wish and so long as their personal outcomes will be achieved.

- **Co-ordination Teams** – will provide people with as much or as little support as they need to find the solutions they want to enable them to live their lives. The Co-ordination Teams will focus on supporting people to develop and implement their support plans, dealing with day to day issues related to the implementation of support plans and carrying out financial reviews and reviews of support plans.

Co-ordination will be a key element in ensuring that people have choice and control through:

- encouraging self-determination
- providing quality advice, information and guidance
- assisting people to develop, write, cost and implement their support plan
- assisting people to navigate the system.

The functions of “Assessment and Enablement” and “Co-ordination” will have teams managed by a Head of Service within three localities of Ashford / Shepway; Canterbury / Swale; and Dover / Thanet. The teams will be in place from October 2009, although the management arrangements will run through an interim period from June to October 2009.

In addition there will be an Area wide post dealing with strategic management for learning disability services with three learning disability locality teams and three Provision Managers.

### **East Kent Provision (Learning Disability / Physical Disability / Older People)**

East Kent Adult Service Provision is responsible for providing a range of services including residential, short break, supported living and day services. They work with individuals to promote their independence and ensure they have more fulfilled lives.

### **Kent Sensory Service**

Provides services to people who are d/Deaf, deafblind, blind or have a visual impairment. This is a county-wide service hosted by East Kent and will report into the Head of Service Ashford & Shepway locality.

### **Careline**

Careline will continue delivering the out of hours domiciliary care service. This is a county-wide service hosted by East Kent and will report into the Head of Service Ashford & Shepway locality.

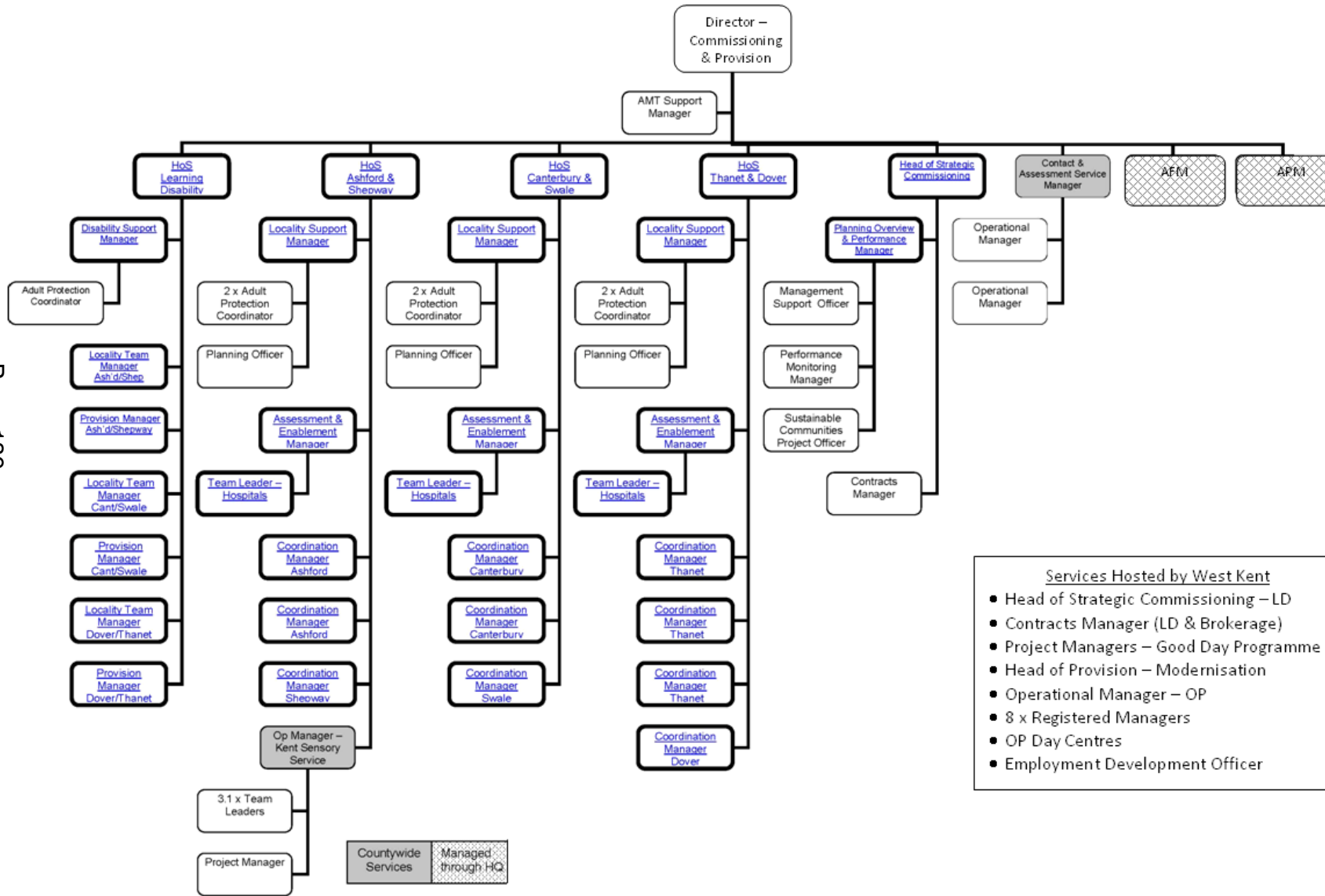
### **Strategic Commissioning Unit**

This Unit's aim will be to take overall strategic commissioning responsibility to:

- Match provision to individual needs, enabling the private and voluntary sector markets to develop provision in response to user and carer choice, ensuring that users and carers are at the centre in shaping such provision.

- Facilitate integrated commissioning with the Eastern and Coastal Kent Primary Care Trust.
- Enhance effective performance management information.
- Ensure effective commissioning, support and guidance is delivered through contracting facilities management and planning.
- Co-ordinate the complaints process and public involvement

### EAST KENT AREA STRUCTURE



- Services Hosted by West Kent**
- Head of Strategic Commissioning – LD
  - Contracts Manager (LD & Brokerage)
  - Project Managers – Good Day Programme
  - Head of Provision – Modernisation
  - Operational Manager – OP
  - 8 x Registered Managers
  - OP Day Centres
  - Employment Development Officer

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1 Please note – Director of Commissioning and Provision for East Kent is Janet Hughes

# 1. RESOURCES

## Service Budget 2009/10

2008/09		ACTIVITY/BUDGET LINE	2009/10								CABINET MEMBER	
FTE	CONTROLLABLE EXPENDITURE		FTE	EMPLOYEE COSTS	RUNNING COSTS	CONTRACTS & PROJECTS	TRANSFER PAYMENTS & RECHARGES	GROSS EXPENDITURE	EXTERNAL INCOME	INTERNAL INCOME		CONTROLLABLE EXPENDITURE
	£'000		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		£'000
		<b>Older People</b>										
	36,607.9	Residential Care	9,795.40	1,618.60	46,276.80	0.00	<b>57,690.80</b>	-21,304.20			36,386.60	
	10,511.2	Nursing Care	0.00	0.00	15,811.60	0.00	<b>15,811.60</b>	-5,286.40			10,525.20	
	19,964.8	Domiciliary Care	3,251.20	14.00	23,613.30	0.00	<b>26,878.50</b>	-6,602.70			20,275.80	
	2,037.7	Direct Payments	0.00	0.00	2,520.60	0.00	<b>2,520.60</b>	-229.40			2,291.20	
	7,145.2	Other Services	970.70	675.90	6,896.30	0.00	<b>8,542.90</b>	-790.60			7,752.30	
	<b>76,266.8</b>	<b>Total Older People</b>	<b>14,017.30</b>	<b>2,308.50</b>	<b>95,118.60</b>	<b>0.00</b>	<b>111,444.40</b>	<b>-34,213.30</b>	<b>0.00</b>		<b>77,231.10</b>	<b>GG</b>
		<b>Learning Disability</b>									0.00	
	22,564.5	Residential Care	0.00	0.00	27,066.40	0.00	<b>27,066.40</b>	-4,644.20			22,422.20	
	1,955.8	Domiciliary Care	1,557.30	-407.90	1,474.30	0.00	<b>2,623.70</b>	-509.80			2,113.90	
	2,458.4	Direct Payments	0.00	0.00	4,405.50	0.00	<b>4,405.50</b>	-42.80			4,362.70	
	3,371.3	Supported Accomodation	79.80	1.10	5,557.80	0.00	<b>5,638.70</b>	-712.00			4,926.70	
	7,535.3	Other Services	4,268.60	1,563.10	1,921.90	0.00	<b>7,753.60</b>	-151.50			7,602.10	
	<b>37,885.3</b>	<b>Total Learning Disability</b>	<b>5,905.70</b>	<b>1,156.30</b>	<b>40,425.90</b>	<b>0.00</b>	<b>47,487.90</b>	<b>-6,060.30</b>	<b>0.00</b>		<b>41,427.60</b>	<b>GG</b>
		<b>Physical Disability</b>										
	4,440.5	Residential Care	0.00	0.00	5,860.80	0.00	<b>5,860.80</b>	-788.90			5,071.90	
	4,293.5	Domiciliary Care	395.20	-5.90	3,835.80	0.00	<b>4,225.10</b>	-317.60			3,907.50	
	3,598.9	Direct Payments	0.00	0.00	4,600.10	0.00	<b>4,600.10</b>	-166.50			4,433.60	
	537.8	Supported Accomodation	0.00	0.00	292.10	0.00	<b>292.10</b>	0.00			292.10	
	1,171.6	Other Services	194.00	330.70	696.90	0.00	<b>1,221.60</b>	-11.00			1,210.60	
	<b>14,042.3</b>	<b>Total Physical Disability</b>	<b>589.20</b>	<b>324.80</b>	<b>15,285.70</b>	<b>0.00</b>	<b>16,199.70</b>	<b>-1,284.00</b>	<b>0.00</b>		<b>14,915.70</b>	<b>GG</b>
	<b>16,081.1</b>	<b>A&amp;R</b>	<b>16,553.40</b>	<b>741.90</b>	<b>0.00</b>	<b>0.00</b>	<b>17,295.30</b>	<b>-1,025.70</b>			<b>16,269.60</b>	<b>GG</b>
	<b>196.3</b>	<b>Strategic Management</b>	<b>192.70</b>	<b>6.00</b>	<b>0.00</b>	<b>0.00</b>	<b>198.70</b>	<b>0.00</b>			<b>198.70</b>	
	1,703.3	PPQA	1,547.40	70.00	1.40	0.00	<b>1,618.80</b>	-0.20			1,618.60	
	1,677.6	Resources	931.80	1,320.80	4.40	-491.40	<b>1,765.60</b>	-43.40			1,722.20	
	<b>3,380.9</b>	<b>Strategic Business Support</b>	<b>2,479.20</b>	<b>1,390.80</b>	<b>5.80</b>	<b>-491.40</b>	<b>3,384.40</b>	<b>-43.60</b>	<b>0.00</b>		<b>3,340.80</b>	<b>GG</b>
<b>1222.79</b>	<b>147,852.70</b>	<b>TOTALS</b>	<b>1251.22</b>	<b>39,737.50</b>	<b>5,928.30</b>	<b>150,836.00</b>	<b>-491.40</b>	<b>196,010.40</b>	<b>-42,626.90</b>	<b>0.00</b>	<b>153,383.50</b>	<b>GG</b>

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**Staffing**

	<b>2008/09</b>	<b>2009/10</b>
Grade KS 13 (or equivalent) and above	16	8
Grade KS 12 (or equivalent) and below	1206.79	1243.22
<b>TOTAL</b>	<b>1222.79</b>	<b>1251.22</b>
Of the above total, the estimated FTE which are externally funded	30.70	

## 2. DELIVERY OF CHANGE IN PRIORITIES

Amount £'000	Explanation of Addition/saving	What will be delivered as a result?
+3,187	Increased demand for services	Demand for services is increasing primarily because of an ageing population with increased rates of dementia, and clients with a Learning Disability who have complex needs.
-1,710	Income Generation	Additional income resulting from the annual increase in benefits and pensions together with uplifts in recharges to Health and other bodies in line with our own increase in prices.
-292	Investment in Technology – reduction in Older People Residential Services	It is anticipated that with the continual investment in such technologies as Telecare that this should impact and reduce the admissions into residential care. The achievement of Kent being successful in it's Whole Systems Demonstrator bid has means that we can roll out Telecare and TeleHealth across additional districts over the next two years.
-299	Transfer of Learning Disability Residential to Supported Accommodation	Invest to save plans are in place for 2008-09 to target a number of clients who are in residential type placements with a view to move them into independent living arrangements. This saving represents the full year effect of what is anticipated to be the saving of moving and diverting clients from residential care into supported living type arrangements.

### **Changes to services in current/future years**

For specific changes to service in East Kent see service plan introduction.

For KASS overarching changes to service see the Managing Director's introduction to the Directorate level plan.

### **Impact of directorate strategy over MTP period on the service**

**The Directorate's priorities and challenges are:**

- **Promoting Independence**
- **Performance Improvement**
- **Prevention**
- **Partnership**
- **Personalisation**

**These key 5 themes have been discussed in detail in the Directorate Introduction/ Managing Directors Statement. For more in depth information see the Directorate Introduction/ Managing Directors Statement**

The Medium Term Priorities for KASS core to the delivery of Active Lives for Adults (ALFA) - Self Directed Support

ALFA is a programme of total transformation for all of Kent Adult Social Services whether directly provided or commissioned from other agencies. It will deliver a culture that supports people to develop their own solutions to meet their needs, from an increasingly responsive and diverse market place.

Fundamental to this is self-directed support, whereby people can self manage their support or, if they choose to, have somebody else (including KASS) to manage it for them. SDS will be incrementally implemented from April 2009 and will be the biggest change for the Directorate since the introduction of Care Management. These changes have to be made to ensure we continue to meet our priorities in the future and are essential to the future delivery of our five core values.

The Service Level Unit will be affected through the implementation of SDS in the following ways:

1. Staffing restructure
2. Implementation a change in ethos of how services are delivered
3. Creation of new County Duty Service – KCAS
4. Financial Pressures from current economic climate
5. Communication of new approach to service delivery to existing users, carers and members of the public.

### 3. KEY PERFORMANCE INDICATORS & ACTIVITY DATA FOR BUSINESS PLAN MONITORING

The targets, activity and projects set out in the tables below will be used to formally track the business plan at mid-term and end of year monitoring.

Performance information shown below is KASS wide

#### Performance Management

Performance Measure or Activity	Accountable Manager	Monitoring Frequency	Target performance 2008/09	Estimated performance 2008/09	Target performance 2009/10	Link to strategic priority
PAF C72. Admissions of supported residents aged 65+ to residential/ nursing care per 10,000-population aged 65 and over	Steph Abbott	Monthly	71	78	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
PAF C73. Admissions of supported residents aged 18-64 to residential/ nursing care per 10,000-population aged 65 and over	Steph Abbott	Monthly	1.5	1.5	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
NI 125 – Achieving independence for older people through rehabilitation/intermediate care	Steph Abbott	Monthly	80	76	It is not possible to give targets for 2009/10 as they will not be set until April 2009	LAA/ National Indicator
NI 130 Social Care clients receiving Self Directed Support per 100,000 population	Steph Abbott	Monthly	New Indicator Definition for 2008/09, therefore no target performance for 2008/09 was set in the previous year	184	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator

NI 131 Delayed transfers of care	Steph Abbott	Quarterly	39	35	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
NI 132 Timeliness of social care assessment (all adults)	Steph Abbott	Monthly	New Indicator Definition for 2008/09, therefore no target performance for 2008/09 was set in the previous year	80	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
NI 133 Timeliness of social care packages following assessment	Steph Abbott	Monthly	97	97	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information	Steph Abbott	Monthly	29	27	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator

NI 136 People supported to live independently through social services (all adults)	Steph Abbott	Monthly		27.3	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
NI 145 Adults with learning disabilities in settled accommodation	Steph Abbott	Quarterly	New Indicator for 2008/09, therefore no target performance for 2008/09 was set in the previous year	New Indicator requires 6 months of data for 2008/2009. No data available until March 09	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
NI 146 Adults with learning disabilities in employment	Steph Abbott	Quarterly	New Indicator for 2008/09, therefore no target performance for 2008/09 was set in the previous year	New Indicator requires 6 months of data for 2008/2009. No data available until March 09	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
C29 People with a Physical Disability helped to live at home per 1,000 population	Steph Abbott	Monthly	5.7	5.7	No target available until April 2009	National Indicator
C30 People with a Learning Disability helped to live at home per 1,000 population	Steph Abbott	Monthly	3.3	3.3	No target available until April 2009	National Indicator
C32 People aged 65+ helped to live at home per 1,000 population	Steph Abbott	Monthly	78	78	No target available until April 2009	National Indicator

**High Risk, High Profile, High Impact New Projects & Activities**

The Managing Director is authorised to negotiate, settle the terms of, and enter the following agreements/projects. These projects and activities will be closely monitored, and a six-monthly report to the relevant Policy Overview Committee will inform members of progress against each of these targets.

<b>Project/ development/ key action</b>	<b>Accountable Manager</b>	<b>Deliverables or Outcomes for 2009/10</b>	<b>Target date of delivery/ completion</b>	<b>Link to strategic priority</b>
<b>Active Lives for Adults - Self Directed Support</b>				
1. Embed the transformation of social care, including cultural change and new ways of working, across the area and to successfully implement roles and structures of staff to respond to this challenge	AMT	A new configuration of Management structures and front line services in place for the benefit of service users and the people of East Kent. To communicate the impact of transformation with the wider social care workforce	By October 2009	Transforming Social Care, Active Lives, Towards 2010, Kent Agreement
2. Implementation of Personal Budgets within the Self Directed Support programme	Heads of Service	All new people with long term support needs to receive a personal budget	April 2009	Active Lives Towards 2010
3. Effective use of Social Care Reform Grant	AMT	To ensure that projects to be funded by the social care reform grant are effectively managed to support the transformation of social care	March 2010	Transforming Social Care, Active Lives, Towards 2010
4. Market Development	Head of Strategic Commissioning	To work with independent and voluntary sector providers to encourage new innovative services that directly correspond to service user need, preference and design	March 2010	Active Lives Towards 2010
<b>Ensuring the availability of high quality services</b>				
5. Modernising service delivery. Developing early intervention and enablement services to support Self Directed Support	Heads of Service	Review of existing services to ensure compatibility and modernise where appropriate and to develop business cases on a project by project basis.	March 2010	Active Lives, Towards 2010, District plans, Kent Agreement

<p>6. Continue to modernise services for people with a learning disability to promote independence and employment as part of the Good Day Programme and to include, if necessary, existing respite care provision</p>	<p>Heads of Service</p>	<p>To offer flexible and localised services maximising social inclusion and employment opportunities. Day services modernised and provided in accessible community settings</p>	<p>Phase 1 Ashford and Canterbury completion March 2010 Phase 2 commencing June 2009</p>	<p>Active Lives, Towards 2010, Valuing People Now, District Plans, Kent Agreement</p>
<p><b>Valuing, developing and supporting the social care workforce</b></p>				
<p>7. Developing a flexible and mobile workforce to seek efficiencies and service benefits to the organisation via new connectivity (A2K and other mobile devices) to respond to the FAME programme to rationalise the paper driven process to achieve 'one and done'</p>	<p>AMT</p>	<p>Use of new SMART technology to enable staff to work in partnership with the NHS and district councils to work more effectively from a range of locations, including touch downs, Gateways etc to capture data electronically and reduce paper flow. Training of staff in different ways of working to maximise the benefits that technology offers and managing a flexible workforce through the use of technology (Electronic Calendars)</p>	<p>March 2010</p>	<p>Active Lives, Towards 2010, Kent Agreement, Office Modernisation strategy</p>
<p><b>Making best use of resources</b></p>				
<p>8. Identify impact of all new housing growth being planned across East Kent in partnership with Borough, City and District Councils</p>	<p>AMT</p>	<p>To ensure that supporting infrastructure is secured to promote sustainable communities</p>	<p>March 2010</p>	<p>Active Lives, Towards 2010, District Plans, Kent Agreement</p>
<p>9. Work in partnership with the voluntary sector and the PCT to promote services and support for carers</p>	<p>Head of Strategic Commissioning &amp; Heads of Service</p>	<p>To ensure that the voluntary sectors use of the Carers Grant delivers effective support and training that Carers require</p>	<p>March 2010</p>	<p>Active Lives Towards 2010 Valuing People Now</p>

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10. Continue to invest in the INVOKE project and those services developed in Ashford/Shepway under the Brighter Futures Group using social care reform grant	Heads of Service	Maintain effective preventative services within the community	September 2009	Active Lives
11. Work with Age Concerns across East Kent to achieve service benefits through collaboration of Age Concern committees	Head of Strategic Commissioning	To reduce back office and overhead costs and to look toward investment in new SDS type models of service including brokerage, information and guidance.	March 2010	Active Lives Towards 2010
12. Stabilise and progressively reduce our environmental footprint by working towards ISO 14001	AMT	<p><b>Workforce:</b> Ensure every personal action plan includes a target relating to the KCC Environmental Policy</p> <p><b>Travel &amp; transport:</b> Reduce the need to travel excessively through use of teleconferencing, touch downs, Gateways and effective use of technology.</p> <p><b>Waste &amp; Energy:</b> Usage levels continually reviewed to achieve reductions.</p> <p><b>Communication:</b> Raising staff awareness, number of Green Guardians increased.</p>	March 2010	KCC Environmental Policy Towards 2010
<b>Working in Partnership</b>				
13. Prepare to update joint commissioning Dementia Care Strategy with the PCT to reflect the JSNA (Dementia) and the National Dementia Care Strategy	Strategic Commissioner & Heads of Service	Determine programme for review of existing services and identify joint initiatives with PCT for service development	December 2009	Active Lives, Towards 2010, National Dementia Care Strategy, Kent Agreement

<p>14. Successfully implement PFI housing schemes for older people and people with a learning disability</p>	<p>Heads of Service</p>	<p>To ensure services are in place within the new PFI builds as they are handed over</p>	<p><b>April 2009</b> Canterbury <b>June 2009</b> Canterbury, Shepway <b>Aug 2009</b> Swale <b>Oct 2009</b> Ashford Dover Thanet Oct 2009</p>	<p>Active Lives, Towards 2010, District Plans, Kent Agreement</p>
<p>15. In partnership with District Councils, housing providers and the care home sector to develop supported housing and accommodation for adults with physical and/or learning disabilities with specialist housing need.</p>	<p>Heads of Service</p>	<p>To create a range of housing options across East Kent where required with flexible community based support focussing on developing independence skills</p>	<p>March 2010</p>	<p>Active Lives, Towards 2010, District Plans, Kent Agreement Valuing People Now</p>
<p>16. Work in partnership with Children's Services and Housing Providers to take forward the Aiming Higher Short Breaks to Independence Transformation Programme</p>	<p>Heads of Service</p>	<p>Develop a range of services for young people in transition so that skills for independence are maximised and supported living options are secured. Pilots already underway in Ashford and Dover</p>	<p>March 2010</p>	<p>Active Lives, Valuing People Now District Plans Towards 2010</p>
<p>17. Develop effective communication with the Health and Well-Being Groups of the Local Strategic Partnerships</p>	<p>Heads of Service</p>	<p>To consider any views and recommendations of the health &amp; well-being groups and to support the implementation of agreed projects</p>	<p>March 2010</p>	<p>Active Lives Towards 2010</p>

18. Continue to develop accessible services within the community within a multi agency environment	Heads of Service	In conjunction with a range of partners develop community bases such as <i>Gateways</i> where people can easily access information, advice and guidance	March 2010	Active Lives Towards 2010
19. Work with key infrastructure voluntary organisations to ensure that the 3 <sup>rd</sup> sector is 'fit for purpose'	Head of Strategic Commissioning	To develop a stronger and sustainable support structure for the voluntary and community sector	March 2010	Kent Infrastructure Development Plan
20. Work in partnership with the PCT, Borough, City and District Councils over the NHS re-provision of services for people with a learning disability	Head of Service Learning Disability	To ensure the effective transfer from NHS provision of people with a learning disability to KASS	September 2009	Active Lives Towards 2010
21. Work in partnership with the PCT to deliver an integrated commissioning framework	Head of Strategic Commissioning & Heads of Service	To create a joint world class commissioning system using pooled resources for the people of East Kent	March 2010	Active Lives Towards 2010
22. Commence Implementation of Transforming Community Equipment Services with Health Partners by appointment of Project Manager and development of retail model.	Heads of Service	Improved Access for disabled people by introduction of prescriptions for equipment through the retail model.	March 2010	Active Lives, Towards 2010

In line with financial regulations, any capital projects on this list will be subject to prior "gateway review" by the Project Advisory Group and in consultation with the Leader.

Risk Registers for these major projects are maintained. These are available on request.

**Benchmarking information - Performance information shown below for Kent is KASS wide**

<b>Indicator</b>	<b>Kent</b>	<b>East Sussex</b>	<b>Hampshire</b>	<b>Hertfordshire</b>	<b>Suffolk</b>	<b>Oxfordshire</b>
C72. Admissions of supported residents aged 65+ to residential/ nursing care per 10,000-population aged 65 and over	72.3	82.3	74.7	88.3	82.0	56.5
C73. Admissions of supported residents aged 18-64 to residential/ nursing care per 10,000-population aged 65 and over	1.5	2.3	1.5	1.8	1.7	1.0
C31 People with Mental Health needs helped to live at home per 1000 population aged 18-64.	3.8	2.0	12.5	4.1	1.8	3.1
D41 Delayed transfers of care	39.0	34.0	28.1	40.9	25.0	65.0
D55 Timeliness of social care assessment (65+)	90.9%	81.1%	92.8%	86.7%	92.6%	85.2%
D56 Timeliness of social care packages following assessment	97.1%	90.2%	89.2%	92.1%	93.4%	91.0%
C62 Carers receiving needs assessment or review and a specific carer's service, or advice and information	27.2%	12.2%	15.6%	10.8%	17.0%	13.5%

- C72 and C73 - Success in promoting independence means that fewer people are admitted to permanent residential care. A lower number per 10,000 populations indicates better performance.
- Helped to live at home indicators: These indicators are supposed to represent how many people are being supported to live in their own homes. Clearly a good performance would be a high performance. However, the definition does not include support from the voluntary sector and this does affect the older person indicator, in particular.
- D55 and D56 - it is critical that we respond to vulnerable people as quickly as possible. A good performance for these indicators is represented by a high percentage.
- C62 - Support to carers is critical as it provides people with additional support to enable them to live at home. A good result is a high result
- The indicators are the same set in our plans because they are the published set of information and the only basis on which we can compare with other local authorities.

**User/Resident Involvement Planned for 2009/10**

Name	Start Date/ End Date	Feedback Date	Target Group	Target Area	Brief Summary	What we want to find out & how it will be used	Statutory?	Consultation type (*)	Contact Name, email & phone no
Public Involvement	1/2/09 to 31/05/09	July 2009	Service users, Carers and general public	East Kent	Focus Group and example designs to be presented to participants for feedback	Ideal design for public involvement participation group sign up form and 'poster' to recruit more participants	No	Business	Kirstie Amos <a href="mailto:Kirstie.amos@kent.gov.uk">Kirstie.amos@kent.gov.uk</a> 01227 598850
Survey on public perceptions	1/6/09 to 31/8/09	Sept 2009	Service users and carers	East Kent	Surveys with public involvement participants to establish their perceptions of Adult Social services	To identify whether KASS is meeting Core Standards	No	Business	Kirstie Amos <a href="mailto:Kirstie.amos@kent.gov.uk">Kirstie.amos@kent.gov.uk</a> 01227 598850
Learning from experience	1/3/09 to 31/5/09	July 2009	Former complainants	East Kent	Focus Group sessions and surveys	Consult on new Single Complaints Process and create internal processes and complaints leaflets accordingly	No	Business	Kirstie Amos <a href="mailto:Kirstie.amos@kent.gov.uk">Kirstie.amos@kent.gov.uk</a> 01227 598850

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Communication	1/4/09 to 31/3/10	April 2010	Service user and carer representatives	East Kent	Engagement and Scrutiny Group	To ensure communication strategies have input from Scrutiny Group of users and carers	No	Business	Mags Harrison <a href="mailto:Mags.harrison@kent.gov.uk">Mags.harrison@kent.gov.uk</a>  Kirstie Amos <a href="mailto:Kirstie.amos@kent.gov.uk">Kirstie.amos@kent.gov.uk</a> 01227 598850
East Kent Learning Through Experience Group	April 2009-March 2010	Regularly - every 2 months from April 2009	Current users and carers	East Kent	SDS involvement group – shaping the personalisation modernisation programme	The Group will ensure that the SDS model continually improves by collating the experiences learnt from the implementation of Self Directed Support (SDS) and disseminating the information to the members of the Group and upwards in the governance structure.	No	Social Care	Holly Strang <a href="mailto:Holly.strang@kent.gov.uk">Holly.strang@kent.gov.uk</a> 07826 868042

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(\*) Consultation type could be: Business, Council, Environment, Social, Community, Education, Leisure or Transport

# **SERVICE LEVEL BUSINESS PLAN 2009/10 FOR West Kent**

## **EXECUTIVE SUMMARY**

The gross expenditure for the service(s) included in this business plan is:  
**£156.075m** (see page 6)

Which will fund the following:

- Assessment and Enablement
  - Careline
  - Kent Sensory Service
- West Kent Provision for LD, PD and OP
- Community based Preventative Service
  - Self Directed Support
    - OT
- Strategic Commissioning Unit
  - Supported Employment

And will be staffed by  
**907 FTE**

**KCC undertakes business planning in two tiers – directorate level and service level. For completeness, this service level business plan should be read in conjunction with the KASS Directorate Level Business Plan.**

## **Core Purpose and Key Responsibilities of the Service**

Kent Adult Social Services (KASS) faces a major programme of modernisation in order to deliver adult social care in the future, against significant demographic pressures, along with the public's increasing expectation of the personalisation of their social care.

People have told us that they would like to have greater choice and control over how they live their lives. This doesn't mean that everyone wants the responsibility of employing staff or managing the money, but it does mean that people want to be able to identify, choose and control the support they need to live their lives. It also means that people may not want to choose traditional social services.

The Self Directed Support project will transform KASS so that everyone will have more choice and control over the way they live their lives. The project is designed to ensure that people:

- Have better access to information, advice and guidance to support them in finding their own solutions, whatever they may be
- Are able to self assess with as much or as little support as they need. The assessment, will follow the principles of single assessment, 'do once and share'
- Have an opportunity to take part in short term enablement programmes designed to promote independence.
- Who are eligible for public support (after a needs and financial assessment) will have a Personal Budget, so they know what money they have to plan their support
- Will have control over the way the money is spent, so they can plan their own lives and get the services/support they want
- Can get as much or as little help in directing their own support and managing the money as they want.

We are committed to ensuring that service users are placed at the heart of the transformation of services, and that Kent's excellent front line services are maintained to this quality and standard.

We have decided to reorganise the Directorate to better deliver the transformation agenda within our available resources and will be doing this over the first half year of 09-10. We will work hard to make sure this re-organisation is completed successfully and with minimal disruption to service users, services and our staff.

In order to help us deliver this significant agenda we need to continue to work in partnership with colleagues in the Primary Care Trust, District and Borough Councils and the voluntary and private sector. This year will see the introduction of the new performance monitoring framework which places greater emphasis of joint working to achieve targets.

All of this has to be achieved against a demanding economic climate. I am committed to using our resources as effectively as possible to provide high quality services to the people of West Kent who need our support.

***Margaret Howard***  
***Director - Commissioning and Provision, West***

## **PURPOSE OF THE SERVICE**

The overall purpose of Adult Social Services is:

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

The core business objectives are:

- Development of community based preventative services
- Continued reduction in the rate of adults being placed in residential and nursing care
- Increase in the number of people using direct payments
- Reduction in the number of delayed discharges from hospital

We achieve these through supporting older people, people with physical or sensory impairments, people with a learning disability and people with mental health problems. The way in which we will do this will see significant change. There are 3 main elements to how we will support people in future;

1. **Kent Contact and Assessment Service** - this is the initial point of contact with KASS.
2. **Assessment and Enablement teams** - will ensure that people get a quick and effective assessment, excellent access to enablement services and where they need longer term support are allocated a Personal Budget.
3. **Co-ordination Teams** - will provide the people with as much or little support as they need to find the solutions they want. It will be focused on supporting people to develop and implement their support plans, dealing with day to day issues related to the implementation of support plans and carrying out financial reviews and reviews of support plans.

## **West Kent Provision (Learning Disability/Older People)**

West Kent Adult Service Provision is responsible for providing a range of services including residential, short break, supported living and day services. They work with individuals to promote their independence and ensure they have more fulfilled lives.

## **Supporting Employment Unit**

The Supporting Employment Unit consists of Kent Supported Employment (further details are in the Kent-wide Services Plan) and 5 work-based projects for people with learning disabilities to support people to move closer to the world of work. These projects are: Yeoman's Grounds Maintenance (Dartford), Branches Out (Dartford), Freeways Catering (Gravesend), Tabletalk (Maidstone), and Spectrum Pottery (Maidstone). In line with Active Lives, we are exploring how these projects can be developed into businesses as Social Enterprises to provide meaningful paid employment for learning disabled people.

The Good Day Programme is a county wide change programme hosted for KASS by West Kent. The programme looks to change the commissioning and delivery of services for people with learning disabilities in the day, evening and weekends. Although the programme is hosted and sponsored by KASS, the outcomes from the programme involve cultural change across the whole local authority. The programme is planned to run across the next 4 business years

2008 - 2012 and is closely linked to the implementation of ALfA and Self Directed Support as well as the residential change programme.

### **Strategic Commissioning Unit**

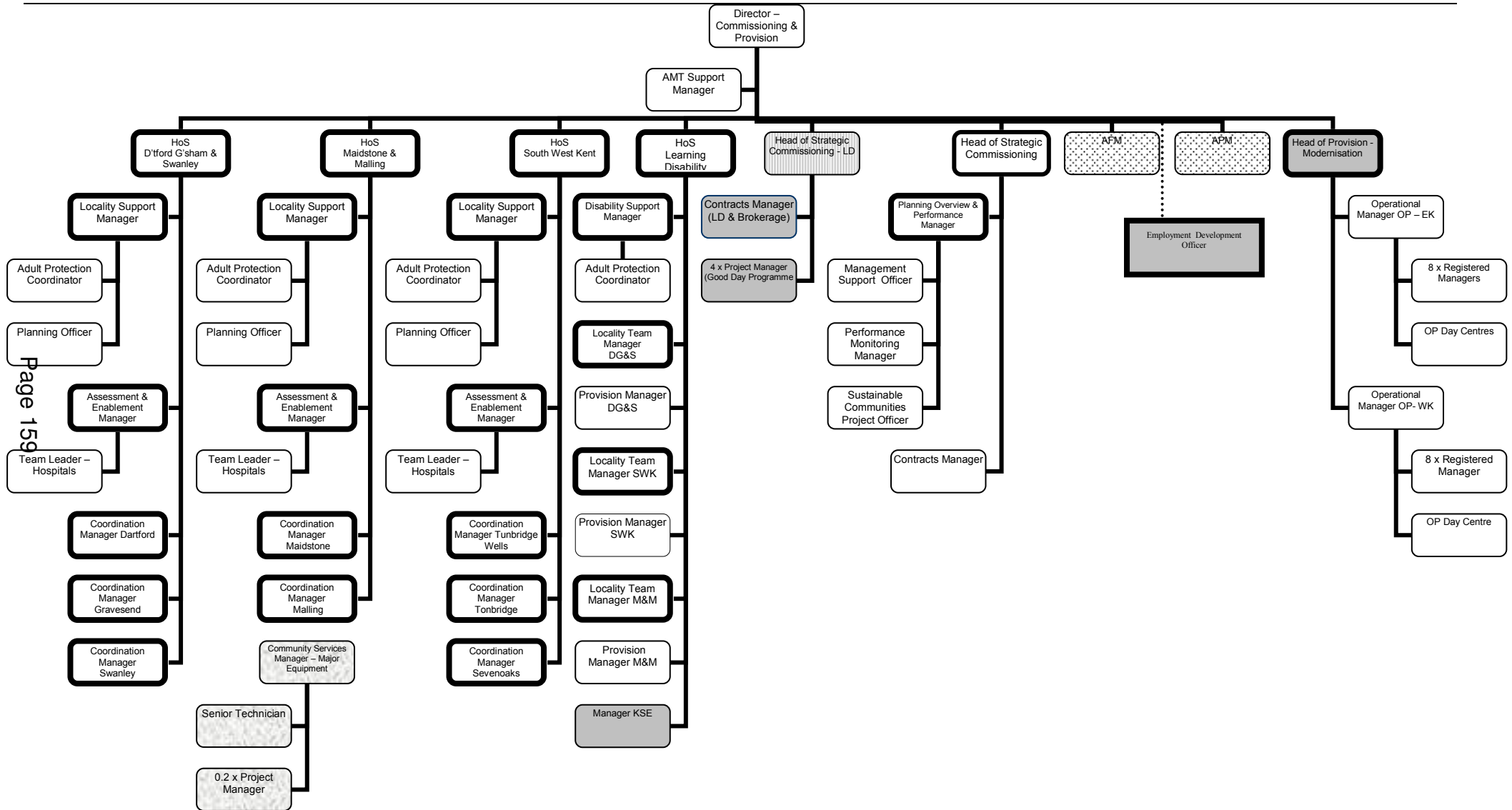
This Unit includes Performance Management, Planning, Contracting, Management Support, Customer Care and Complaints. The Unit provides critical business support functions, which serve Heads of Services and Locality Managers, but also delivers the organisational objectives of challenge and performance management.

### **Community Services Team**

The role of this County wide Team is in managing the County wide Technician Service that provides equipment/minor adaptations to the homes of service users enabling them to remain living at home independently & safely. Integrating the Community Equipment Services (ICES) with Health, overseeing the County wide Blue Badge Service and working closely with the Voluntary Sector e.g. Hi Kent, KAB & Kent's Home Improvement Agencies to ensure they support physically & sensory disabled service users.

This service is managed from the West Kent Area. Further details are included in the Kent-wide Services Plan.

# 1. STRUCTURE



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Please note the Director of Commissioning and Provision for West Kent is Margaret Howard

**2. RESOURCES****Service Budget 2009/10**

2008/09		ACTIVITY/BUDGET LINE	2009/10								CABINET MEMBER	
FTE	CONTROLLABLE EXPENDITURE		FTE	EMPLOYEE COSTS	RUNNING COSTS	CONTRACTS & PROJECTS	TRANSFER PAYMENTS & RECHARGES	GROSS EXTERNAL EXPENDITURE	INTERNAL INCOME	CONTROLLABLE EXPENDITURE		
	£'000			£'000	£'000	£'000	£'000	£'000	£'000	£'000		
		<b>Older People</b>										
	22,356.4	Residential Care	5,237.50	687.10	24,601.30	0.00	<b>30,525.90</b>	-9,274.60		21,251.30		
	13,371.2	Nursing Care	0.00	0.00	18,765.80	0.00	<b>18,765.80</b>	-5,953.00		12,812.80		
	13,331.3	Domiciliary Care	3,507.10	-10.80	15,957.60	20.80	<b>19,474.70</b>	-3,713.70		15,761.00		
	969.5	Direct Payments	0.00	0.00	1,740.80	0.00	<b>1,740.80</b>	-200.50		1,540.30		
	5,252.0	Other Services	845.30	442.00	4,904.50	0.00	<b>6,191.80</b>	-608.60		5,583.20		
	<b>55,280.4</b>	<b>Total Older People</b>	<b>9,589.90</b>	<b>1,118.30</b>	<b>65,970.00</b>	<b>20.80</b>	<b>76,699.00</b>	<b>-19,750.40</b>	<b>0.00</b>	<b>56,948.60</b>	<b>GG</b>	
		<b>Learning Disability</b>								0.00		
	30,834.7	Residential Care	2,250.20	295.70	35,446.80	0.00	<b>37,992.70</b>	-6,007.00		31,985.70		
	2,020.7	Domiciliary Care	953.90	-365.50	2,637.70	11.80	<b>3,237.90</b>	-140.70		3,097.20		
	999.3	Direct Payments	0.00	0.00	1,401.70	0.00	<b>1,401.70</b>	-33.00		1,368.70		
	1,971.5	Supported Accomodation	316.10	-178.90	2,399.60	0.00	<b>2,536.80</b>	-280.90		2,255.90		
	6,534.5	Other Services	3,005.10	1,666.50	2,153.90	0.00	<b>6,825.50</b>	-289.90		6,535.60		
	<b>42,360.7</b>	<b>Total Learning Disability</b>	<b>6,525.30</b>	<b>1,417.80</b>	<b>44,039.70</b>	<b>11.80</b>	<b>51,994.60</b>	<b>-6,751.50</b>	<b>0.00</b>	<b>45,243.10</b>	<b>GG</b>	
		<b>Physical Disability</b>										
	4,680.7	Residential Care	0.00	0.00	5,310.30	0.00	<b>5,310.30</b>	-765.00		4,545.30		
	3,167.1	Domiciliary Care	295.80	10.30	3,201.60	0.00	<b>3,507.70</b>	-191.80		3,315.90		
	1,999.0	Direct Payments	0.00	0.00	2,240.80	0.00	<b>2,240.80</b>	-83.20		2,157.60		
		Supported Accomodation	0.00	0.00	66.00	0.00	<b>66.00</b>	-3.00		63.00		
	1,481.5	Other Services	0.00	292.80	1,233.90	0.00	<b>1,526.70</b>	-48.30		1,478.40		
	<b>11,328.3</b>	<b>Total Physical Disability</b>	<b>295.80</b>	<b>303.10</b>	<b>12,052.60</b>	<b>0.00</b>	<b>12,651.50</b>	<b>-1,091.30</b>	<b>0.00</b>	<b>11,560.20</b>	<b>GG</b>	
	<b>11,225.0</b>	<b>A&amp;R</b>	<b>10,703.80</b>	<b>645.40</b>	<b>222.00</b>	<b>-39.80</b>	<b>11,531.40</b>	<b>-257.40</b>		<b>11,274.00</b>	<b>GG</b>	
	<b>163.3</b>	<b>Strategic Management</b>	<b>164.10</b>	<b>1.20</b>	<b>0.00</b>	<b>0.00</b>	<b>165.30</b>	<b>0.00</b>		<b>165.30</b>		
	1,271.3	PPQA	1,227.50	56.10	0.00	0.00	<b>1,283.60</b>	-0.10		1,283.50		
	1,609.2	Resources	911.60	1,426.10	0.00	-588.40	<b>1,749.30</b>	-85.50		1,663.80		
	<b>2,880.5</b>	<b>Strategic Business Support</b>	<b>2,139.10</b>	<b>1,482.20</b>	<b>0.00</b>	<b>-588.40</b>	<b>3,032.90</b>	<b>-85.60</b>	<b>0.00</b>	<b>2,947.30</b>	<b>GG</b>	
<b>878.45</b>	<b>123,238.20</b>	<b>TOTALS</b>	<b>907.45</b>	<b>29,418.00</b>	<b>4,968.00</b>	<b>122,284.30</b>	<b>-595.60</b>	<b>156,074.70</b>	<b>-27,936.20</b>	<b>0.00</b>	<b>128,138.50</b>	<b>GG</b>

**Staffing**

	<b>2008/09</b>	<b>2009/10</b>
Grade KS 13 (or equivalent) and above	15.80	6.61
Grade KS 12 (or equivalent) and below	862.66	900.84
<b>TOTAL</b>	<b>878.45</b>	<b>907.45</b>
Of the above total, the estimated FTE which are externally funded	9.50	

### 3. DELIVERY OF CHANGE IN PRIORITIES

Amount £'000	Explanation of Addition/saving	What will be delivered as a result?
+2,783	Increased demand for services	Demand for services is increasing primarily because of an ageing population with increased rates of dementia, and clients with a Learning Disability who have complex needs.
-1,181	Income Generation	Additional income resulting from the annual increase in benefits and pensions together with uplifts in recharges to Health and other bodies in line with our own increase in prices.
-158	Investment in Technology – reduction in Older People Residential Services	It is anticipated that with the continual investment in such technologies as Telecare that this should impact and reduce the admissions into residential care. The achievement of Kent being successful in it's Whole Systems Demonstrator bid has means that we can roll out Telecare and TeleHealth across additional districts over the next two years.
-245	Transfer of Learning Disability Residential to Supported Accommodation	Invest to save plans are in place for 2008-09 to target a number of clients who are in residential type placements with a view to move them into independent living arrangements. This saving represents the full year effect of what is anticipated to be the saving of moving and diverting clients from residential care into supported living type arrangements.

#### **Changes to services in current/future years**

For specific changes to service for West Kent, see the service plan introduction.

For KASS overarching changes to service see the Managing Director's statement in the Directorate level plan.

#### **Impact of directorate strategy over MTP period on the service**

The Directorate's priorities and challenges are:

- Promoting Independence
- Performance Improvement
- Prevention

- **Partnership**
- **Personalisation**

**These key 5 themes have been discussed in detail in the Directorate Introduction/ Managing Directors Statement. For more in depth information see the Directorate Introduction/ Managing Directors Statement**

The Medium Term Priorities for KASS core to the delivery of Active Lives for Adults (ALFA) - Self Directed Support

ALfA is a programme of total transformation for all of Kent Adult Social Services whether directly provided or commissioned from other agencies. It will deliver a culture that supports people to develop their own solutions to meet their needs, from an increasingly responsive and diverse market place.

Fundamental to this is self-directed support, whereby people can self manage their support or, if they choose to, have somebody else (including KASS) to manage it for them. SDS will be incrementally implemented from April 2009 and will be the biggest change for the Directorate since the introduction of Care Management. These changes have to be made to ensure we continue to meet our priorities in the future and are essential to the future delivery of our five core values.

The Service Level Unit will be affected through the implementation of SDS in the following ways:

1. Staffing restructure
2. Implementation a change in ethos of how services are delivered
3. Creation of new County Duty Service – KCAS
4. Financial Pressures from current economic climate
5. Communication of new approach to service delivery to existing users, carers and members of the public.

#### 4. KEY PERFORMANCE INDICATORS & ACTIVITY DATA FOR BUSINESS PLAN MONITORING

The targets, activity and projects set out in the tables below will be used to formally track the business plan at mid-term and end of year monitoring.

Performance Information shown below is KASS wide

##### Performance Management

Performance Measure or Activity	Accountable Manager	Monitoring Frequency	Target performance 2008/09	Estimated performance 2008/09	Target performance 2009/10	Link to strategic priority
PAF C72. Admissions of supported residents aged 65+ to residential/nursing care per 10,000-population aged 65 and over	Steph Abbott	Monthly	71	78	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
PAF C73. Admissions of supported residents aged 18-64 to residential/nursing care per 10,000-population aged 65 and over	Steph Abbott	Monthly	1.5	1.5	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
NI 125 – Achieving independence for older people through rehabilitation/intermediate care	Steph Abbott	Monthly	80	76	It is not possible to give targets for 2009/10 as they will not be set until April 2009	LAA/ National Indicator
NI 130 Social Care clients receiving Self Directed Support per 100,000 population	Steph Abbott	Monthly	New Indicator Definition for 2008/09, therefore no target	184	It is not possible to give targets for 2009/10 as they will not be	National Indicator

			performance for 2008/09 was set in the previous year		set until April 2009	
NI 131 Delayed transfers of care	Steph Abbott	Quarterly	39	35	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
NI 132 Timeliness of social care assessment (all adults)	Steph Abbott	Monthly	New Indicator Definition for 2008/09, therefore no target performance for 2008/09 was set in the previous year	80	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
NI 133 Timeliness of social care packages following assessment	Steph Abbott	Monthly	97	97	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information	Steph Abbott	Monthly	29	27	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator

NI 136 People supported to live independently through social services (all adults)	Steph Abbott	Monthly		27.3	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
NI 145 Adults with learning disabilities in settled accommodation	Steph Abbott	Quarterly	New Indicator for 2008/09, therefore no target performance for 2008/09 was set in the previous year	New Indicator requires 6 months of data for 2008/2009. No data available until March 09	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
NI 146 Adults with learning disabilities in employment	Steph Abbott	Quarterly	New Indicator for 2008/09, therefore no target performance for 2008/09 was set in the previous year	New Indicator requires 6 months of data for 2008/2009. No data available until March 09	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
C29 People with a Physical Disability helped to live at home per 1,000 population	Steph Abbott	Monthly	5.7	5.7	No target available until April 2009	National Indicator
C30 People with a Learning Disability helped to live at home per 1,000 population	Steph Abbott	Monthly	3.3	3.3	No target available until April 2009	National Indicator
C32 People aged 65+ helped to live at home per 1,000 population	Steph Abbott	Monthly	78	78	No target available until April 2009	National Indicator

**High Risk, High Profile, High Impact New Projects & Activities**

The Managing Director is authorised to negotiate, settle the terms of, and enter the following agreements/projects. These projects and activities will be closely monitored, and a six-monthly report to the relevant Policy Overview Committee will inform members of progress against each of these targets.

	<b>Project/ Development</b>	<b>Accountable Manager</b>	<b>Deliverables or Outcome</b>	<b>Target date</b>	<b>Links to strategic priority</b>
<b>Putting people first</b>					
1.	Modernising service delivery. Developing early intervention and preventative services to support SDS. E.g. tendering for Brokerage services	Heads of Service, Head of Strategic Commissioning	Co-ordination of the existing services to provide an even availability of the full range of services in the locality. Business cases developed as needed on a project by project basis. Services modernised and provided in accessible multi-functional centres.	Services modernised and provided in accessible multi-functional centres. Centres due to come on line during 2009/10	Active Lives, Towards 2010, District plans, Kent Agreement, NI 139, NI 141
2.	Modernise services and structure for people with a learning disability to promote independence and employment as part of the Good Day Programme. E.g Yew Tree and Kent Supported Employment	Head of Service (LD)	The Good Day Programme will lead to real change to days, evenings and weekends for people with learning disabilities. Implementation of Self directed support and Percent Centred Planning for people with a learning disability to ensure people have choice and the right flexible support to enable them to take part in local community activities. Increasing employment opportunities is also included. Services modernised and provided in accessible multi-functional centres.	Some services to become operation on 2009/10. Programme to run until 2012	Better Days for People with LD. Active Lives, Towards 2010, District plans, Kent Agreement, Valuing People Now, NI 146

<b>Ensuring the availability of high quality services</b>					
3.	To identify potential local resources to create centres of excellence for dementia day and residential care.	Heads of Service and Head of Provision	Provision of a centre of excellence to support respite and residential needs and encourage the delivery of outreach by voluntary organisations	Location for centres to be identified during 2009/10	Active Lives, Towards 2010, District plans, Kent Agreement, OP Modernisation Strategy
4.	Review and modernise the services provided in in-house Registered Care Centres	Head of Service and Head of Provision	Successfully implement PFI housing schemes for older people and people with a learning disability. Services modernised in line with SDS	Feasibility studies and business cases developed on a project by project basis.	Active Lives, Towards 2010, Modernisation Strategy
<b>Working in partnership</b>					
5	Working in partnership with housing organisations utilising assistive technology in the development of Extra Care sheltered housing.	Heads of Service	Support more elderly frail people to remain living independently in the community by enabling an innovative and effective range of services to be delivered	Ongoing	Active Lives, Towards 2010, District plans, Kent Agreement
6.	Joint working with health on intermediate care, dementia care and services for older people.	Heads of Service	JSNA and Dementia Strategy developed. Integrated pathways and service delivery	Ongoing	Active Lives, Towards 2010, JSNA, Kent Agreement,
7.	Collaborating with local leisure centre providers to ensure services are accessible and appropriate for older and disabled people.	Heads of Service	More facilities in the community that are accessible to all members of the community, including people with disabilities	Ongoing	Active Lives, Towards 2010, District plans, Kent Agreement, Capital Strategy

<b>Valuing, developing and supporting the social care workforce</b>					
8.	Developing a flexible and mobile workforce	AMT	Use of new technology to enable staff to work from a variety of bases.	Ongoing	Active Lives, Towards 2010, District plans, Kent Agreement, Better Workplaces
9.	A new configuration of Management structures and front line services in place for the benefit of service users and the people of East Kent	AMT	.transformation of social care embedded across the area and to successfully implement roles and structures of staff to respond to this challenge	September 2009	Transforming Social Care, Active Lives, Towards 2010, Kent Agreement
<b>Making best use of resources</b>					
10	Create a way for Kent Supported Employment to function as an independent Social Enterprise	Head of Service, Employability Manager	Kent Supported Employment operates as a Social Enterprise either on a stand alone basis or as part of a large Social enterprise Organisation	Jan 2010	Active Lives, Towards 2010, Kent Agreement, Innovation for Life challenge
11	Identify impact of all new housing growth being planned and ensure appropriate infrastructure services are secured by accessing developer contributions and other appropriate funding streams.	Heads of Service, Head of Strategic Commissioning	Improve capital infrastructure of the district to meet demographic changes and maintain focus on personalisation and inclusivity	Ongoing	Active Lives, Towards 2010, District plans, Kent Agreement, Capital Strategy
12	In partnership with District and Borough Councils and housing providers develop a range of supported	Heads of Service, Head of Strategic Commissioning	A range of housing models with flexible community based support focussing on the needs of those returning from residential settings.	Ongoing	Active Lives, Towards 2010, District plans, Kent Agreement, District Plans

	housing / accommodation adults with physical and/or learning disabilities with specialist housing need in order to offer a more appropriate response within the community.	ng			
13	To explore co-location of some KASS services with Health and District Council Partners.	AMT	Establishment of back office provision and contact points with relevant colleagues to maximise efficiencies in property and support costs.	Ongoing	Active Lives, Towards 2010, District plans, Kent Agreement, Better Workplaces, Gateway

In line with financial regulations, any capital projects on this list will be subject to prior “gateway review” by the Project Advisory Group and in consultation with the Leader.

Risk Registers for these major projects are maintained. These are available on request.

**Benchmarking information** Performance Information shown below for Kent is KASS wide

Indicator	Kent	East Sussex	Hampshire	Hertfordshire	Suffolk	Oxfordshire
C72. Admissions of supported residents aged 65+ to residential/ nursing care per 10,000-population aged 65 and over	72.3	82.3	74.7	88.3	82.0	56.5
C73. Admissions of supported residents aged 18-64 to residential/ nursing care per 10,000-population aged 65 and over	1.5	2.3	1.5	1.8	1.7	1.0
C31 People with Mental Health needs helped to live at home per 1000 population aged 18-64.	3.8	2.0	12.5	4.1	1.8	3.1
D41 Delayed transfers of care	39.0	34.0	28.1	40.9	25.0	65.0
D55 Timeliness of social care assessment (65+)	90.9%	81.1%	92.8%	86.7%	92.6%	85.2%
D56 Timeliness of social care packages following assessment	97.1%	90.2%	89.2%	92.1%	93.4%	91.0%
C62 Carers receiving needs assessment or review and a specific carer's service, or advice and information	27.2%	12.2%	15.6%	10.8%	17.0%	13.5%

- C72 and C73 - Success in promoting independence means that fewer people are admitted to permanent residential care. A lower number per 10,000 populations indicates better performance.
- Helped to live at home indicators: These indicators are supposed to represent how many people are being supported to live in their own homes. Clearly a good performance would be a high performance. However, the definition does not include support from the voluntary sector and this does affect the older person indicator, in particular.
- D55 and D56 - it is critical that we respond to vulnerable people as quickly as possible. A good performance for these indicators is represented by a high percentage.
- C62 - Support to carers is critical as it provides people with additional support to enable them to live at home. A good result is a high result
- The indicators are the same set in our plans because they are the published set of information and the only basis on which we can compare with other local authorities.

**User/Resident Involvement Planned for 2009/10**

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Name	Start Date/ End Date	Feedback Date	Target Group	Target Area	Brief Summary	What we want to find out & how it will be used	Statutory?	Consultation type (*)	Contact Name, email & phone no
Culturally appropriate services	01/04/09-1/03/10	31/03/10	Representatives from the BME community who use the Guru Nanak and Milan centres	Gravesend and Dartford	Consultation with elders and community leaders	Consultation with service users and members of the BME community about modernisation of services in line with Alfa.	No	Social	Vinay Sangar <a href="mailto:vinay.sangar@kent.gov.uk">vinay.sangar@kent.gov.uk</a> 01474 544418  Mark Walker <a href="mailto:mark.walker@kent.gov.uk">mark.walker@kent.gov.uk</a> 01322 421346
LD day opportunities	01/04/09-1/03/10	31/03/10	Service users and carers	West Kent	Modernising services is part of the ongoing programme to promote independence, choice and employment opportunities	As services are modernised service users will be involved to find out what services they would like, how and where they should be provided	No	Social	Simone Bullen <a href="mailto:simone.bullen@kent.gov.uk">simone.bullen@kent.gov.uk</a> 01732 525729  Sue McGibbon <a href="mailto:sue.mcgibbon@kent.gov.uk">sue.mcgibbon@kent.gov.uk</a> 01732 525275
Older Persons Modernisation	01/04/09-1/03/10	31/03/10	Service users and carers, staff		Modernising services is part of the ongoing programme to promote independence,	Consultation with all stakeholders to inform the modernisation of services in Dartford locality.		Social	Jane Barnes <a href="mailto:Jane.barnes1@kent.gov.uk">Jane.barnes1@kent.gov.uk</a> 01732 525230

					choice	Other district/localities will be undertaken on a phased basis.			
<i>WK Learning Through Experience Group</i>	<i>April 2009-March 2010</i>	<i>Regularly - every 2 months from April 2009</i>	<i>Current users and carers</i>	<i>WK</i>	<i>SDS involvement group – shaping the personalisation modernisation programme</i>	<i>The Group will ensure that the SDS model continually improves by collating the experiences learnt from the implementation of Self Directed Support (SDS) and disseminating the information to the members of The Group and upwards in the governance structure.</i>	<i>No</i>	<i>Social Care</i>	<i>John Lee <a href="mailto:John.lee@kent.gov.uk">John.lee@kent.gov.uk</a> 07826 86801</i>

**(\*) Consultation type could be: Business, Council, Environment, Social, Community, Education, Leisure or Transport**

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# **SERVICE LEVEL BUSINESS PLAN 2009/10 FOR Head Quarters**

## **EXECUTIVE SUMMARY**

The gross expenditure for the service(s) included in this business plan is:  
**£44.907m** (see pages 7-8)

Which will fund the following:

- Finance
- Personnel and training
- Planning and Public Involvement
- Performance and Information Management
  - Private and Public Projects
  - Information Systems Strategy
    - Operational Policy
      - Equalities
      - Modernisation
      - Safeguarding
      - Governance
      - Demographics
      - Procurement
  - Self Directed Support

And will be staffed by  
**323 FTE**

**KCC undertakes business planning in two tiers – directorate level and service level. For completeness, this service level business plan should be read in conjunction with the KASS Directorate Level Business Plan.**

## **Core Purpose and Key Responsibilities of the Service**

### **PURPOSE OF THE SERVICE**

Strategic Headquarters sets the overall direction of Kent Adult Social Services and supports the Areas in delivering the Directorate's objectives. This plan brings together all aspects of the KASS Headquarters activity and budget.

### **OPERATING CONTEXT**

HQ is required to:

- Work with Members to set strategic direction, vision and policy for Kent Adult Social Services and to ensure this is communicated to, and implemented by, all managers and staff. This includes strategic budget management and the Medium-Term Financial Plan
- Support and encourage continuous performance improvement to sustain the Directorate's current 3 Star performance by using robust, meaningful information and research, and delivering statutory and corporate monitoring requirements
- Seek to stabilise the care market through the contracting and commissioning processes to ensure continuity and development of service provision for the future
- Work with central government to inform and influence future policy development and legislation
- Help ensure that the Directorate collaborates with other Directorates within KCC to meet County Council Targets and Objectives
- Ensure through our Public Involvement Strategy that:
  - the Directorate puts service users and carers first
  - service users and carers have an active role in monitoring services provided
  - service users and carers receive high standards of customer care
- Support the sustainable communities agenda, particularly in relation to securing developer contributions for community infrastructure, and support community regeneration initiatives, particularly those geared towards vulnerable people or areas of deprivation
- Optimise use of External Funding in partnership with the voluntary and community sector
- Make best use of Directorate's property portfolio and assist in its modernisation, including the securing of alternative funds (including PFI) when appropriate
- Promote compliance with Data Protection, Human Rights, Freedom of Information and Equalities legislation
- Deliver the Directorate's active commitment to inclusive and accessible services and staffing policies
- Oversee and drive the modernisation agenda, including ALfA (Active Lives for Adults, the Directorate's transformational programme), the developing Capital Strategy, modernisation of in house Older People's residential care, capital elements of the "What Makes a Good Day" project for Learning Disability services and the maintenance/upgrade of ICT systems and websites to support these.
- Develop and implement workforce planning, to ensure that we continue to deploy a competent, professional and appropriately skilled workforce over the medium to long term as needs evolve. This includes partnership work with the independent sector, as well as looking at our own workforce.
- Take the lead on identifying and proposing responses to all of the Directorate's risks, and leading on planning for and implementation of appropriate emergency planning and business continuity planning arrangements. This includes the strategic lead role for Health and Safety.
- Develop the Office Strategy and mobile working as part of the way we do business.

## **Services**

The Director of Resources and Director of Policy, Performance and Quality Assurance manage the services and functions that operate at Headquarters. These services and functions have been listed and outlined below.

### **Director of Resources**

The Resources Team assists the Director in managing resources in the most effective way by:

- Co-ordinating the property portfolio for Kent Adult Social Services
- Facilitating the review and modernisation of capital assets and providing direct support to major capital projects
- Liaising with the Personnel and Finance Teams within the corporate function
- Ensuring resources are managed effectively (budgets, staff, information technology, property)
- Ensuring Personnel (Directorate Business Support), Finance, Property and IS support is provided to all managers to acceptable levels
- Leading and co-ordinating the Directorate's management of Health and Safety Issues
- Advising and supporting the Directorate on all Emergency Planning and Business Continuity issues
- Project managing major projects including PFI and Capital developments that are key to the Modernisation Programme
- Leading and developing the Directorate's medium term financial planning
- Managing the Electronic Services Programme Unit, including SWIFT
- Co-ordinating and prioritising the use of information systems requirements
- Maintaining and developing a range of interactive websites
- Promoting e-Government and the use of technology
- Managing the Training and Development agenda to ensure the cost effective future provision of a skilled, knowledgeable workforce required helping the people of Kent to live safely and independently in their local communities by:
  - Ensuring that funds for training for the social care sector are spent wisely and creatively
  - Commissioning and monitoring the quality of training within the framework of the Directorate Training Plan

### **Director of Policy, Performance and Quality Assurance**

The PPQA Team sets the strategic direction for the Directorate by:

- Ensuring the Directorate develops sound strategic and operational policies, involving the public, service users and carers, to deliver high quality social care services for all adults and their carers in line with national policies and County Council priorities.
- Developing practice guidance and procedures for Kent Adult Social Services and providing advice to managers and practitioners to ensure consistent interpretation and implementation and to promote better practice
- Designing and carrying out quality audits to ensure that practice is consistently applied in line with policies and procedures and is of high quality
- Leading the development of multi-agency commissioning frameworks which are informed by the information developed through the Joint Strategic Needs Assessment process
- Ensuring that sound policies and procedures are in place to make sure that vulnerable adults are safeguarded

- Co-ordinating responses to corporate and national policy makers, influencing the future shape of policies, and supporting the Strategic Management Team through forward intelligence, interpretation and dissemination of policy
- Ensuring that the statutory returns and internal management information reports are delivered on time and with high quality
- Managing and co-ordinating the Annual Review Process with the Commission for Social Care Inspection (CSCI)<sup>1</sup>, which determines the Directorate's 'star rating'
- Managing and co-ordinating the business planning process for the Directorate, the monitoring of targets (including business planning, Towards 2010 and Kent Agreement 2) and the Risk Management process.
- Promoting the "sustainable communities" agenda within the Directorate, and ensuring that Kent Adult Social Services influences the corporate agenda on this
- Providing analysis and support in relation to partnerships and inter-agency planning, performance management and performance information, health scrutiny and governance
- Supporting community development and community regeneration initiatives
- Securing external funding to support the Directorate's objectives, and supporting the development of the voluntary sector and its access to external funding
- Supporting the development of Private and voluntary sector and community relationships, Best Value plans, policy and reviews and PSA/ LAA monitoring within Kent Adult Social Services & providing ways to support the independent sector in responding to new service requirement.
- Co-ordinating the research and information services through the Library and Research Centre. Ensuring research is at the forefront of our activity and informs future developments.
- International affairs and activity to inform best practice, Policy and service development.
- Leading on public involvement, including user and carer involvement, customer care and complaints, internal and external communication, public information.
- Managing privacy, confidentiality, data security, consent, disclosure and access to records through Information Governance. With training and performance management the IG team aims to ensure that KASS and our partner agencies continue to move towards full legal and ethical compliance with the way information is obtained, recorded, held, used, shared and destroyed.
- Continue to oversee the Directorate's decision making processes and ensure they connect seamlessly with County Council decision making processes and ensure Members are well briefed on all issues relating to KASS.
- Fostering and developing strategic relationships with a range of stakeholders including the health economy (SHA, PCTs, Trusts) Central Government and the independent and voluntary sectors
- Delivering contracting policy and tools that continuously ensure the Directorate has access to social care in line with commissioning needs and provides value for money. Specifically:
  - Providing strategic framework in which the Directorate procures contracts and services from the market ensuring quality of good standards.
  - Secure supply of Adult Services standard core care services through developing and implementing contracting strategies in line with service needs and financial constraints

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<sup>1</sup> CSCI (Commission for Social Care Inspection) will change its name from 1<sup>st</sup> April 2009 to QCC (Quality Care Commission) this will involve a merge three current commissions, these are: CSCI, Healthcare Commission and the Mental Health Act Commission.

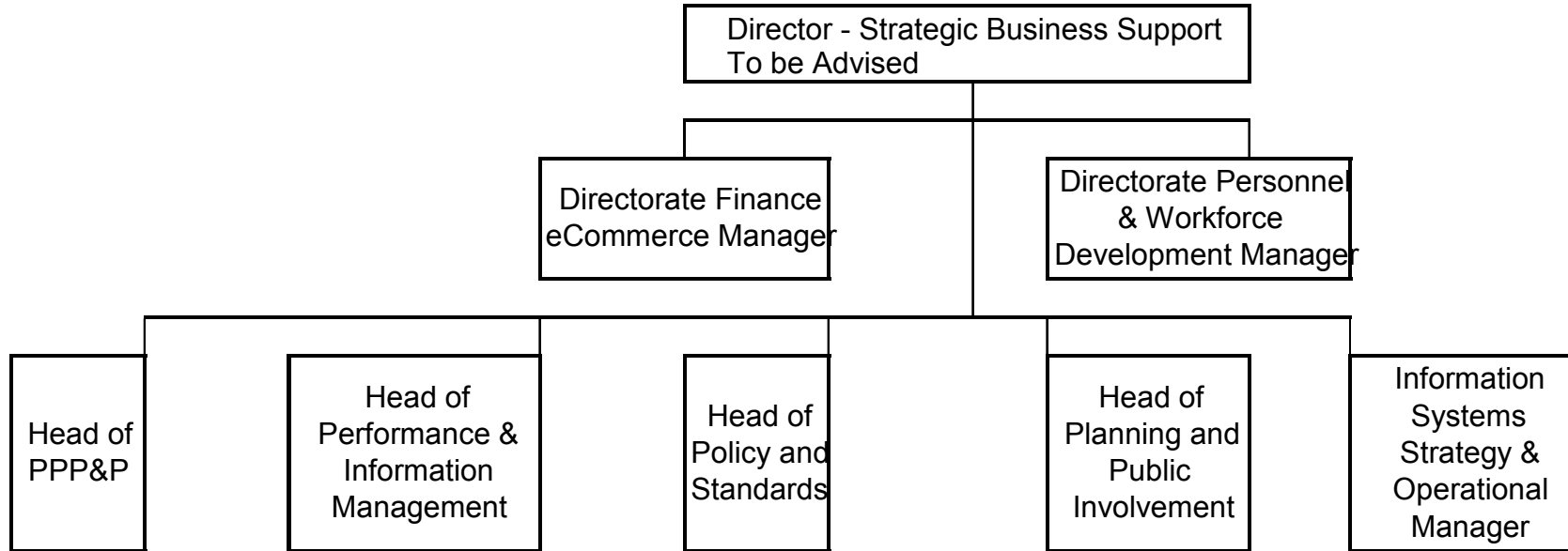
- Retain an overall understanding of the social care market in Kent, including price and supply pressures; in order to inform decision making and future developments
- Retain a countywide framework for social care contract development and monitoring and ensure compliance
- Maintain and develop strategic relations with CSCI, social care trade associations in Kent, providers and commissioners to ensure a joint approach and focus on delivery of quality social care services
- Provide an effective Head of Profession role to order to promote and support the efficient and effective use of social care contracting in the Directorate
- Recommend annual fees increase strategies that develop the social care sector in line with overall commissioning and local needs
- Supporting the delivery of the Directorate's Equalities Work Programme and Health impact assessments.
- Ensuring that physical and communication access to services is maintained and developed
- Ensuring that Directorate communications are as inclusively accessible as is possible or that interpretation (BSL, linguistic etc) is made available to service users or staff as necessary
- Ensuring that service planning is informed by the changing nature of Kent's population and that our services outreach to those who are 'hardly reached'

As outlined in the Directorate level plan, the Directorate is facing a huge change in direction with the implementation of Self Directed Support (SDS) as part of the Active Lives for Adults (ALfA) project.

## 2. STRUCTURE

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### Structure chart



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### Structure changes

Due to the implementation of SDS there will be some changes made in the staffing structure. At SMT/ Director Level, the consultation has now ended. The current Director of Resources and Director of Policy, Performance and Quality Assurance posts will no longer exist in the new structure. Instead the posts will be combined to create a new post of Director of Strategic Business Support.

The new structure is shown above, which has now been agreed.

### 3. RESOURCES

#### Service Budget 2009/10

2008/09		ACTIVITY/BUDGET LINE	2009/10								CABINET MEMBER	
FTE	CONTROLLABLE EXPENDITURE		FTE	EMPLOYEE COSTS	RUNNING COSTS	CONTRACTS & PROJECTS	TRANSFER PAYMENTS & RECHARGES	GROSS EXPENDITURE	EXTERNAL INCOME	INTERNAL INCOME		CONTROLLABLE EXPENDITURE
	£'000			£'000	£'000	£'000	£'000	£'000	£'000	£'000		£'000
		<b>Older People</b>										
	-848.8	Residential Care		-325.10	-108.10	-3,599.50	0.00	-4,032.70	1,249.10			-2,783.60
	1,178.4	Nursing Care		0.00	0.00	8,426.90	0.00	8,426.90	-7,937.00			489.90
	553.9	Domiciliary Care		-11.60	-2.10	2,199.40	0.00	2,185.70	509.60			2,695.30
	699.3	Direct Payments		0.00	0.00	110.00	0.00	110.00	-25.00			85.00
	3,044.7	Other Services (Exc 45J, 55E,F,H,G)		433.60	840.30	1,807.00	0.00	3,080.90	-978.80			2,102.10
	<b>4,627.5</b>	<b>Total Older People</b>		<b>96.90</b>	<b>730.10</b>	<b>8,943.80</b>	<b>0.00</b>	<b>9,770.80</b>	<b>-7,182.10</b>	<b>0.00</b>		<b>2,588.70</b>
		<b>Learning Disability</b>										0.00
	-1,994.1	Residential Care		-3.90	0.00	1,260.70	0.00	1,256.80	-324.40			932.40
	732.8	Domiciliary Care		-4.60	-1.50	1,500.00	0.00	1,493.90	-200.00			1,293.90
	303.3	Direct Payments		0.00	0.00	205.00	0.00	205.00	-46.00			159.00
	-273.8	Supported Accomodation		-0.60	-0.10	-627.50	0.00	-628.20	-50.80			-679.00
	2,399.6	Other Services (Exc 56H)		491.40	435.80	2,115.00	2.80	3,045.00	-262.20			2,782.80
	<b>1,167.8</b>	<b>Total Learning Disability</b>		<b>482.30</b>	<b>434.20</b>	<b>4,453.20</b>	<b>2.80</b>	<b>5,372.50</b>	<b>-883.40</b>	<b>0.00</b>		<b>4,489.10</b>
		<b>Physical Disability</b>										
	522.6	Residential Care		0.00	0.00	1,329.90	0.00	1,329.90	-468.40			861.50
	124.0	Domiciliary Care		-1.20	0.00	-163.30	0.00	-164.50	50.00			-114.50
	43.6	Direct Payments		0.00	0.00	-440.00	0.00	-440.00	-30.00			-470.00
	-251.3	Supported Accomodation		0.00	0.00	60.00	0.00	60.00	-10.00			50.00
	551.4	Other Services		143.60	268.30	104.20	0.00	516.10	-414.20			101.90
	<b>990.3</b>	<b>Total Physical Disability</b>		<b>142.40</b>	<b>268.30</b>	<b>890.80</b>	<b>0.00</b>	<b>1,301.50</b>	<b>-872.60</b>	<b>0.00</b>		<b>428.90</b>
	<b>3,985.9</b>	<b>A&amp;R</b>		<b>3,920.20</b>	<b>484.80</b>	<b>200.60</b>	<b>-71.30</b>	<b>4,534.30</b>	<b>-187.40</b>			<b>4,346.90</b>
	<b>100.0</b>	<b>No Recourse to Public Funds</b>		<b>0.00</b>	<b>100.00</b>	<b>0.00</b>	<b>0.00</b>	<b>100.00</b>	<b>0.00</b>			<b>100.00</b>
	<b>967.4</b>	<b>Strategic Management HQ &amp; Cont</b>		<b>833.30</b>	<b>101.80</b>	<b>3.60</b>	<b>0.00</b>	<b>938.70</b>	<b>0.00</b>			<b>938.70</b>

HEADQUARTERS SERVICE LEVEL BUSINESS PLAN 2009/10

	3,530.4	PPQA		2,761.60	500.10	609.90	10.40	<b>3,882.00</b>	-109.50		3,772.50	
	11,468.2	Resources		9,711.80	1,169.90	215.90	447.40	<b>11,545.00</b>	-279.70		11,265.30	
	<b>14,998.6</b>	<b>Strategic Business Support HQ &amp; Cont</b>		<b>12,473.40</b>	<b>1,670.00</b>	<b>825.80</b>	<b>457.80</b>	<b>15,427.00</b>	<b>-389.20</b>	<b>0.00</b>	<b>15,037.80</b>	
		<b>Support Services Purchased from CED HQ &amp; Cont</b>		0.00	0.00	0.00	7,462.00	<b>7,462.00</b>	0.00		7,462.00	
	<b>-34,187.0</b>	<b>Specific Grants</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>-38,637.00</b>		<b>-38,637.00</b>	
<b>323.86</b>	<b>-7,349.50</b>	<b>TOTALS</b>	<b>323.36</b>	<b>17,948.50</b>	<b>3,789.20</b>	<b>15,317.80</b>	<b>7,851.30</b>	<b>44,906.80</b>	<b>-48,151.70</b>	<b>0.00</b>	<b>-3,244.90</b>	<b>GG</b>

**Staffing**

	<b>2008/09</b>	<b>2009/10</b>
Grade KS 13 (or equivalent) and above	32.73	24.92
Grade KS 12 (or equivalent) and below	291.13	298.44
<b>TOTAL</b>	<b>323.86</b>	<b>323.36</b>
Of the above total, the estimated FTE which are externally funded		30.62

#### 4. DELIVERY OF CHANGE IN PRIORITIES

Amount £'000	Explanation of Addition/saving	What will be delivered as a result?
+1,256	Funding of underlying pressure	Underlying pressure in 2008/09 is suppressed by release of one-off funding.
+1,499	Increased demand for services	Demand for services is increasing primarily because of an ageing population with increased rates of dementia, and clients with a Learning Disability who have complex needs.
-31	Income Generation	Additional income resulting from the annual increase in benefits and pensions together with uplifts in recharges to Health and other bodies in line with our own increase in prices.
250	Additional funding for Citizens Advice Bureaux	This one off funding will be used to extend the support offered by the Citizens Advice Bureaux in these difficult economic times.
-500	Saving through the modernisation of in-house Older People Residential Services	This saving is based on securing best value from in-house residential services. Currently there is under utilisation of some bed spaces and day care places in a number of units across Kent and through more rigorous commissioning we intend in 09/10 to de-commission where appropriate and also ensure that units are as efficient as possible for example in reducing expenditure on more expensive agency staff in order to ensure value for money. This is against a back drop of more people opting for care closer to home rather than residential care and more services some joint with the PCT geared towards this.
-500	Extra Care Sheltered Housing saving	Eight extra care sheltered housing schemes are due to open during 2009-10. The savings will result from the diversion of clients from being placed in residential placements into these more community type living arrangements.
-56	Transfer of Learning Disability Residential to Supported Accommodation	Invest to save plans are in place for 2008-09 to target a number of clients who are in residential type placements with a view to move them into independent living arrangements. This saving represents the full year effect of what is anticipated to be the saving of moving and diverting clients from residential care into supported living type arrangements.
-1,700	Review of Management and Support Structures	The Directorate will complete a fundamental restructure which will deliver services based on personalisation, choice and control. Efficiencies and reduced management/overhead costs will be secured whilst maintaining front line services. The changes will place the Directorate in a more sustainable position to deliver excellent services in the context of continuing demographic growth and increased demand.

### **Changes to services in current/future years**

For KASS overarching changes to service see the Managing Director's statement in the Directorate level plan.

### **Impact of directorate strategy over MTP period on the service**

The Directorate's priorities and challenges are:

- Promoting Independence
- Performance Improvement
- Prevention
- Partnership
- Personalisation

**These key 5 themes have been discussed in detail in the Directorate Introduction/ Managing Directors Statement. For more in depth information see the Directorate Introduction/ Managing Directors Statement**

The Medium Term Priorities for KASS core to the delivery of Active Lives for Adults (ALFA) - Self Directed Support

ALFA is a programme of total transformation for all of Kent Adult Social Services whether directly provided or commissioned from other agencies. It will deliver a culture that supports people to develop their own solutions to meet their needs, from an increasingly responsive and diverse market place.

Fundamental to this is self-directed support, whereby people can self manage their support or, if they choose to, have somebody else (including KASS) to manage it for them. SDS will be incrementally implemented from April 2009 and will be the biggest change for the Directorate since the introduction of Care Management. These changes have to be made to ensure we continue to meet our priorities in the future and are essential to the future delivery of our five core values.

The Service Level Unit will be affected through the implementation of SDS in the following ways:

1. Staffing restructure
2. Implementation a change in ethos of how services are delivered
3. Creation of new County Duty Service – KCAS
4. Financial Pressures from current economic climate
5. Communication of new approach to service delivery to existing users, carers and members of the public.

## 5. KEY PERFORMANCE INDICATORS & ACTIVITY DATA FOR BUSINESS PLAN MONITORING

KCC's 'Data Quality Policy' on key performance indicators should be adhered to and promoted.

The targets, activity and projects set out in the tables below will be used to formally track the business plan at mid-term and end of year monitoring.

**Performance Information shown below is KASS wide**

### Performance Management

Performance Measure or Activity	Accountable Manager	Monitoring Frequency	Target performance 2008/09	Estimated performance 2008/09	Target performance 2009/10	Link to strategic priority
PAF C72. Admissions of supported residents aged 65+ to residential/nursing care per 10,000-population aged 65 and over	Steph Abbott	Monthly	71	78	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
PAF C73. Admissions of supported residents aged 18-64 to residential/nursing care per 10,000-population aged 65 and over	Steph Abbott	Monthly	1.5	1.5	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
NI 125 – Achieving independence for older people through rehabilitation/intermediate care	Steph Abbott	Monthly	80	76	It is not possible to give targets for 2009/10 as they will not be set until April 2009	LAA/ National Indicator
NI 130 Social Care clients receiving Self Directed Support per 100,000 population	Steph Abbott	Monthly	New Indicator Definition for 2008/09, therefore	184	It is not possible to give targets for 2009/10 as	National Indicator

			no target performance for 2008/09 was set in the previous year		they will not be set until April 2009	
NI 131 Delayed transfers of care	Steph Abbott	Quarterly	39	35	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
NI 132 Timeliness of social care assessment (all adults)	Steph Abbott	Monthly	New Indicator Definition for 2008/09, therefore no target performance for 2008/09 was set in the previous year	80	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
NI 133 Timeliness of social care packages following assessment	Steph Abbott	Monthly	97	97	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information	Steph Abbott	Monthly	29	27	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator

NI 136 People supported to live independently through social services (all adults)	Steph Abbott	Monthly		27.3	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
NI 145 Adults with learning disabilities in settled accommodation	Steph Abbott	Quarterly	New Indicator for 2008/09, therefore no target performance for 2008/09 was set in the previous year	New Indicator requires 6 months of data for 2008/2009. No data available until March 09	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
NI 146 Adults with learning disabilities in employment	Steph Abbott	Quarterly	New Indicator for 2008/09, therefore no target performance for 2008/09 was set in the previous year	New Indicator requires 6 months of data for 2008/2009. No data available until March 09	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
C29 People with a Physical Disability helped to live at home per 1,000 population	Steph Abbott	Monthly	5.7	5.7	No target available until April 2009	National Indicator
C30 People with a Learning Disability helped to live at home per 1,000 population	Steph Abbott	Monthly	3.3	3.3	No target available until April 2009	National Indicator
C32 People aged 65+ helped to live at home per 1,000 population	Steph Abbott	Monthly	78	78	No target available until April 2009	National Indicator

**High Risk, High Profile, High Impact New Projects & Activities**

The Managing Director is authorised to negotiate, settle the terms of, and enter the following agreements/projects. These projects and activities will be closely monitored, and a six-monthly report to the relevant Policy Overview Committee will inform members of progress against each of these targets.

Project/ development/ key action	Accountable Manager	Deliverables or Outcomes for 2008/09	Target date of delivery/ completion	Link to strategic priority
Implementation of ALfA/ SDS	SMT	Complete change in direction in how services are commissioned and delivered	2009/2010	Leads Directorate priorities across T2010, LAA, V4K.

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In line with financial regulations, any capital projects on this list will be subject to prior “gateway review” by the Project Advisory Group and in consultation with the Leader.

Risk Registers for these major projects are maintained. These are available on request.

**Benchmarking information - Performance information shown below for Kent is KASS wide**

<b>Indicator</b>	<b>Kent</b>	<b>East Sussex</b>	<b>Hampshire</b>	<b>Hertfordshire</b>	<b>Suffolk</b>	<b>Oxfordshire</b>
C72. Admissions of supported residents aged 65+ to residential/ nursing care per 10,000-population aged 65 and over	72.3	82.3	74.7	88.3	82.0	56.5
C73. Admissions of supported residents aged 18-64 to residential/ nursing care per 10,000-population aged 65 and over	1.5	2.3	1.5	1.8	1.7	1.0
C31 People with Mental Health needs helped to live at home per 1000 population aged 18-64.	3.8	2.0	12.5	4.1	1.8	3.1
D41 Delayed transfers of care	39.0	34.0	28.1	40.9	25.0	65.0
D55 Timeliness of social care assessment (65+)	90.9%	81.1%	92.8%	86.7%	92.6%	85.2%
D56 Timeliness of social care packages following assessment	97.1%	90.2%	89.2%	92.1%	93.4%	91.0%
C62 Carers receiving needs assessment or review and a specific carer's service, or advice and information	27.2%	12.2%	15.6%	10.8%	17.0%	13.5%

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- C72 and C73 - Success in promoting independence means that fewer people are admitted to permanent residential care. A lower number per 10,000 populations indicates better performance.
- Helped to live at home indicators: These indicators are supposed to represent how many people are being supported to live in their own homes. Clearly a good performance would be a high performance. However, the definition does not include support from the voluntary sector and this does affect the older person indicator, in particular.
- D55 and D56 - it is critical that we respond to vulnerable people as quickly as possible. A good performance for these indicators is represented by a high percentage.
- C62 - Support to carers is critical as it provides people with additional support to enable them to live at home. A good result is a high result
- The indicators are the same set in our plans because they are the published set of information and the only basis on which we can compare with other local authorities.

**User/Resident Involvement Planned for 2009/10**

Name	Start Date/ End Date	Feedback Date	Target Group	Target Area	Brief Summary	What we want to find out & how it will be used	Statutory?	Consultation type (*)	Contact Name, email & phone no
Carers Survey	01/10/09-30/11/09	March 2010	Carers (Kent)	Kent	DoH Carers Survey	Links to National Targets on Carers and T2010	Yes	Social	Sue Williams (01622) 69 6620
Homecare Survey	01/02/09 - 01/05/09	March 2010	Clients who receive a homecare service (Kent)	Kent	DoH survey to measure the experience of those people receiving a home care service	The performance of those receiving a good and satisfactory service, but also the negative views to highlight area for service development.	Yes	Social	Sue Williams (01622) 69 6620
Community Equipment	01/02/10 – 05/2010	Nov 2010	Clients who receive community equipment (Kent)	Kent	DoH survey of people in receipt of community equipment	The performance of those receiving a good and satisfactory service, but also the negative views to highlight area for service development.	Yes	Social	Sue Williams (01622) 69 6620

(\*) Consultation type could be: Business, Council, Environment, Social, Community, Education, Leisure or Transport

# **SERVICE LEVEL BUSINESS PLAN 2009/10 FOR Kent Wide**

## **EXECUTIVE SUMMARY**

The gross expenditure for the service(s) included in this business plan is:  
**£10.098m** (see pages 5-6)

Which will fund the following:

- County Duty Service
  - Kent Sensory
  - Gypsy and Traveller
- Community Services Team
- Kent Supported Employment

And will be staffed by  
**134 FTE**

**KCC undertakes business planning in two tiers – directorate level and service level. For completeness, this service level business plan should be read in conjunction with the KASS Directorate Level Business Plan.**

## **Core Purpose and Key Responsibilities of the Service**

### **PURPOSE OF THE SERVICE**

**This plan brings together services provided on a county-wide basis. They are:**

- **County Duty Service** - provides the people of Kent with a single point of access to services with regard to new contacts and new referrals.
- **Kent Sensory Services** - provides services to people who are d/Deaf, deafblind, blind or have a visual impairment.
- **Gypsy and Traveller Unit** – promotes and supports independence and fair treatment through managing eight public sites, managing unauthorized encampments on KCC's land and supporting other councils to have enough sites.
- **Community Services Team** - manages the countywide Community Integrated Equipment service, which includes the Technician Service that provides equipment / minor adaptations to the homes of service users. It also manages the Blue Badge service.
- **Kent Supported Employment** - aims to ensure disadvantaged people are proportionately represented in the workforce in Kent.

**The core purpose of these services is to support the people of Kent to live independent and fulfilled lives, free from discrimination or harassment.**

### **OPERATING CONTEXT**

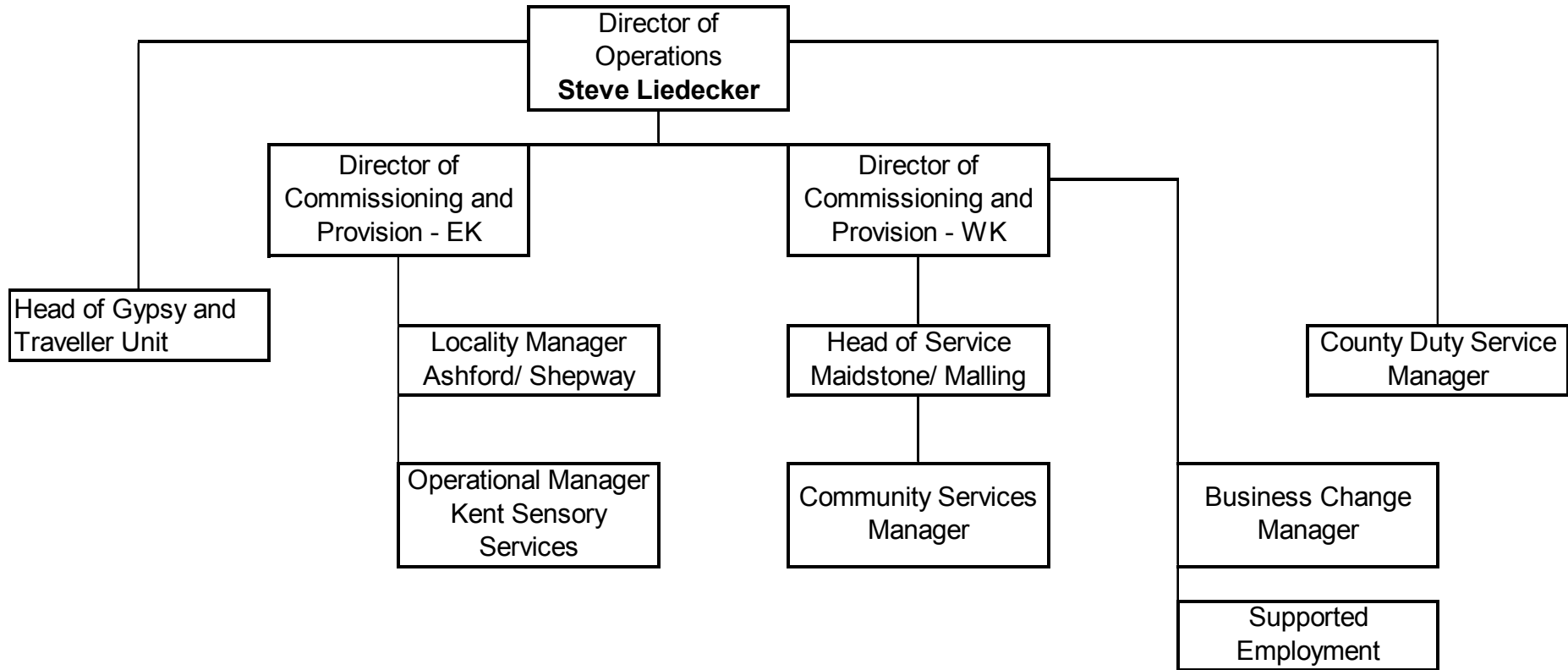
*'Putting People First – A shared vision and commitment to the transformation of adult social care'* (2007), the government's commitment to independent living, heralds the development of personalised services for all adults. The policy focuses on high quality prevention, early intervention and enablement services to reduce hospital admissions and demand for residential care. In addition, it emphasizes the need to develop systems to achieve these goals while continuing to minimise, the risks of abuse and neglect of vulnerable adults. Self Directed Support (SDS) where people are provided with Personal Budgets or Direct Payments to purchase the services they require is the means by which Kent Adult Social Services (KASS) will enable people to exercise choice and control over the outcomes they seek. To support this policy the directorate is putting in place a new structure which will transform the means by which its business is carried out. Kent-wide Services will continue to focus on its core purpose, which is consistent with that of the directorate, while meeting the inevitable challenges associated with change.

The combination of an ageing population and greater emphasis on equal access to ensure support for people from harder to reach groups, (for example, deafblind, learning disabled) has placed greater demand on the resources of Kent-wide Services, resulting in greater financial pressure worsened by the current downturn in the economy.

The particular lack of suitable accommodation for some groups of people such as Gypsies and Travellers is a constraint on people's independence and wellbeing. With increased knowledge of their rights people are getting more involved in helping to design or modify systems by which services are delivered. Kent-wide Services will continue to consult and involve people to help drive up the overall quality of the services.

Kent-wide Services will continue to ensure that the Directorate's standards and internal/external Performance Indicators are met through effective use of its staff, changing their roles and practices where appropriate and by working with our partners in Health, District and Borough Councils and the Voluntary Sector to achieve desired outcomes.

**2. STRUCTURE**



### 3. RESOURCES

#### Service Budget 2009/10

2008/09		ACTIVITY/BUDGET LINE	2009/10								CABINET MEMBER
FTE	CONTROLLABLE EXPENDITURE		FTE	EMPLOYEE COSTS	RUNNING COSTS	CONTRACTS & PROJECTS	TRANSFER PAYMENTS & RECHARGES	GROSS EXTERNAL EXPENDITURE	INTERNAL INCOME	CONTROLLABLE EXPENDITURE	
	£'000		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
		<b>SENSORY SERVICES</b>									
	1,253.4	Other Services	93.30	80.10	1,188.70	0.00	1,362.10	-9.70	0.00	1,352.40	
	<b>1,253.4</b>	<b>Total Physical Disability</b>	<b>93.30</b>	<b>80.10</b>	<b>1,188.70</b>	<b>0.00</b>	<b>1,362.10</b>	<b>-9.70</b>	<b>0.00</b>	<b>1,352.40</b>	
	675.1	A&R	710.40	116.20	0.00	0.00	826.60	-145.00	0.00	681.60	
	<b>1,928.50</b>	<b>TOTALS - SENSORY SERVICES</b>	<b>803.70</b>	<b>196.30</b>	<b>1,188.70</b>	<b>0.00</b>	<b>2,188.70</b>	<b>-154.70</b>	<b>0.00</b>	<b>2,034.00</b>	
		<b>COMMUNITY SERVICES</b>									
	370.9	Other Services	27.00	2,145.60	18.00	0.00	2,190.60	-648.70	0.00	1,541.90	
	<b>370.9</b>	<b>Total Older People</b>	<b>27.00</b>	<b>2,145.60</b>	<b>18.00</b>	<b>0.00</b>	<b>2,190.60</b>	<b>-648.70</b>	<b>0.00</b>	<b>1,541.90</b>	
		<b>Learning Disability</b>								0.00	
		Other Services	0.00	8.40	0.00	0.00	8.40	-8.40	0.00	0.00	
		<b>Total Learning Disability</b>	<b>0.00</b>	<b>8.40</b>	<b>0.00</b>	<b>0.00</b>	<b>8.40</b>	<b>-8.40</b>	<b>0.00</b>	<b>0.00</b>	
		<b>Physical Disability</b>								0.00	
	288.1	Other Services	0.00	907.40	109.90	0.00	1,017.30	-257.80	0.00	759.50	
	<b>288.1</b>	<b>Total Physical Disability</b>	<b>0.00</b>	<b>907.40</b>	<b>109.90</b>	<b>0.00</b>	<b>1,017.30</b>	<b>-257.80</b>	<b>0.00</b>	<b>759.50</b>	
	54.8	A&R	466.30	45.90	0.00	0.00	512.20	-55.00	0.00	457.20	
	<b>713.80</b>	<b>TOTALS - COMMUNITY SERVICES</b>	<b>493.30</b>	<b>3,107.30</b>	<b>127.90</b>	<b>0.00</b>	<b>3,728.50</b>	<b>-969.90</b>	<b>0.00</b>	<b>2,758.60</b>	
		<b>SUPPORTED EMPLOYMENT</b>									
		<b>Learning Disability</b>								0.00	
	1,117.5	Other Services	1,813.00	32.60	33.10	-18.40	1,860.30	-643.80	0.00	1,216.50	
	<b>1,117.5</b>	<b>Total Learning Disability</b>	<b>1,813.00</b>	<b>32.60</b>	<b>33.10</b>	<b>-18.40</b>	<b>1,860.30</b>	<b>-643.80</b>	<b>0.00</b>	<b>1,216.50</b>	
		<b>Mental Health</b>									
	300.8	Other Services	220.30	43.20	43.00	0.00	306.50	-2.50	0.00	304.00	
	<b>300.8</b>	<b>Total Mental Health</b>	<b>220.30</b>	<b>43.20</b>	<b>43.00</b>	<b>0.00</b>	<b>306.50</b>	<b>-2.50</b>	<b>0.00</b>	<b>304.00</b>	

	1,418.30	<b>TOTALS - SUPPORTED EMPLOYMENT</b>	2,033.30	75.80	76.10	-18.40	2,166.80	-646.30	0.00	1,520.50		
<b>GYPSY &amp; TRAVELLER UNIT</b>												
	349.0	Gypsy & Traveller Unit	282.90	31.50	309.80	6.00	630.20	-288.70	0.00	341.50		
	349.00	<b>TOTALS - GYPSY &amp; TRAVELLER UNIT</b>	282.90	31.50	309.80	6.00	630.20	-288.70	0.00	341.50		
<b>COUNTY DUTY SERVICE</b>												
	1,375.1	A&R	917.60	3.20	0.00	463.40	1,384.20	0.00	0.00	1,384.20		
	1,375.10	<b>TOTALS - COUNTY DUTY SERVICE</b>	917.60	3.20	0.00	463.40	1,384.20	0.00	0.00	1,384.20		
132.9	5,784.70	<b>TOTALS - COUNTY WIDE</b>	134.09	4,530.80	3,414.10	1,702.50	451.00	10,098.40	-2,059.60	0.00	8,038.80	GG

**Staffing**

	2008/09	2009/10
Grade KS 13 (or equivalent) and above	3.00	2.00
Grade KS 12 (or equivalent) and below	129.90	132.09
<b>TOTAL</b>	<b>132.90</b>	<b>134.09</b>
Of the above total, the estimated FTE which are externally funded		3.00

## 4. DELIVERY OF CHANGE IN PRIORITIES

---

Amount £'000	Explanation of Addition/saving	What will be delivered as a result?
-44	Income Generation	Additional income resulting from the annual increase in benefits and pensions together with uplifts in recharges to Health and other bodies in line with our own increase in prices.

### Changes to services in current/future years

For service level specific changes to service, see service plan introduction.

For overarching changes in services, see the Managing Director's Introduction in the Directorate level plan.

### Impact of directorate strategy over MTP period on the service

The Directorate's priorities and challenges are:

- Promoting Independence
- Performance Improvement
- Prevention
- Partnership
- Personalisation

**These key 5 themes have been discussed in detail in the Directorate Introduction/ Managing Directors Statement. For more in depth information see the Directorate Introduction/ Managing Directors Statement**

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Fundamental to this is self-directed support, whereby people can self manage their support or, if they choose to, have somebody else (including KASS) to manage it for them. SDS will be incrementally implemented from April 2009 and will be the biggest change for the Directorate since the introduction of Care Management. These changes have to be made to ensure we continue to meet our priorities in the future and are essential to the future delivery of our five core values.

The Service Level Unit will be affected through the implementation of SDS in the following ways:

1. Staffing restructure

2. Implementation a change in ethos of how services are delivered
3. Creation of new County Duty Service – KCAS
4. Financial Pressures from current economic climate
5. Communication of new approach to service delivery to existing users, carers and the public.

## 5. KEY PERFORMANCE INDICATORS & ACTIVITY DATA FOR BUSINESS PLAN MONITORING

The targets, activity and projects set out in the tables below will be used to formally track the business plan at mid-term and end of year monitoring

Performance Information shown below is KASS wide

Performance Measure or Activity	Accountable Manager	Monitoring Frequency	Target performance 2008/09	Estimated performance 2008/09	Target performance 2009/10	Link to strategic priority
<b>County Duty Service</b>						
Number of new contacts/referrals received and addressed at first point of contact	Keith Lyon	Monthly	94,000	100,000	110,000	Active Lives
<b>Kent Sensory Services Community Services Team</b>						
PAF C72. Admissions of supported residents aged 65+ to residential/nursing care per 10,000-population aged 65 and over	Steph Abbott	Monthly	71	78	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
PAF C72. Admissions of supported residents aged 65+ to residential/nursing care per 10,000-population aged 65 and over	Steph Abbott	Monthly	71	78	It is not possible to give targets for 2009/10 as they will not be set until April	National Indicator

						2009
<b>Gypsy and Travellers Unit</b>						
Occupancy Rate	<i>Gary Franklin</i>	<i>Monthly</i>	98%	98%	100%	
Rent Return on Occupied Plots	<i>Gary Franklin</i>	<i>Monthly</i>	97%	95%	98%	
Rent Arrears	<i>Gary Franklin</i>	<i>Monthly</i>	3%	4%	2%	
Keeping Essential Services Running/Repaired Within 24 Hours		<i>Monthly</i>	99%	100%	N/A (indicator discontinued)	
Plots Vacant and Available for Letting	<i>Gary Franklin</i>	<i>Monthly</i>	2%	2%	2%	
Turnover of Plots	<i>Gary Franklin</i>	<i>Monthly</i>	3%	5%	5%	
Re-let Times for Plots	<i>Gary Franklin</i>	<i>Monthly</i>	2 WEEKS	2 WEEKS	1 WEEK	
Total Plots from which there has been an eviction.	<i>Gary Franklin</i>	<i>Monthly</i>	1%	1%	1%	

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<b>Performance Measure or Activity</b>	<b>Accountable Manager</b>	<b>Monitoring Frequency</b>	<b>Target performance 2008/09</b>	<b>Estimated performance 2008/09</b>	<b>Target performance 2009/10</b>	<b>Link to strategic priority</b>
NI 125 – Achieving independence for older people through rehabilitation/intermediate care	Steph Abbott	Monthly	80	76	It is not possible to give targets for 2009/10 as they will not be set until April 2009	LAA/ National Indicator
NI 130 Social Care clients receiving Self Directed Support per 100,000 population	Steph Abbott	Monthly	New Indicator Definition for 2008/09, therefore no target performance for 2008/09 was set in the previous year	184	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
NI 131 Delayed transfers of care		Quarterly	39	35	It is not possible	National

	Steph Abbott				to give targets for 2009/10 as they will not be set until April 2009	Indicator
NI 132 Timeliness of social care assessment (all adults)	Steph Abbott	Monthly	New Indicator Definition for 2008/09, therefore no target performance for 2008/09 was set in the previous year	80	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
NI 133 Timeliness of social care packages following assessment	Steph Abbott	Monthly	97	97	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information	Steph Abbott	Monthly	29	27	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator

NI 136 People supported to live independently through social services (all adults)	Steph Abbott	Monthly		27.3	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
NI 145 Adults with learning disabilities in settled accommodation	Steph Abbott	Quarterly	New Indicator for 2008/09, therefore no target performance for 2008/09 was set in the previous year	New Indicator requires 6 months of data for 2008/2009. No data available until March 09	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
NI 146 Adults with learning disabilities in employment	Steph Abbott	Quarterly	New Indicator for 2008/09, therefore no target performance for 2008/09 was set in the previous year	New Indicator requires 6 months of data for 2008/2009. No data available until March 09	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
C29 People with a Physical Disability helped to live at home per 1,000 population	Steph Abbott	Monthly	5.7	5.7	No target available until April 2009	National Indicator
C30 People with a Learning Disability helped to live at home per 1,000 population	Steph Abbott	Monthly	3.3	3.3	No target available until April 2009	National Indicator
C32 People aged 65+ helped to live at home per 1,000 population	Steph Abbott	Monthly	78	78	No target available until April 2009	National Indicator

**High Risk, High Profile, High Impact New Projects & Activities**

The Managing Director is authorised to negotiate, settle the terms of, and enter the following agreements/projects. These projects and activities will be closely monitored, and a six-monthly report to the relevant Policy Overview Committee will inform members of progress against each of these targets.

**County Duty Service**

<b>Project/ development/ key action</b>	<b>Accountable Manager</b>	<b>Deliverables or Outcomes for 2009/10</b>	<b>Target date of delivery/ completion</b>	<b>Link to strategic priority</b>
Embed new Adult and Children case recording systems within the service	Keith Lyon	<ul style="list-style-type: none"> <li>• Systems successfully embedded.</li> <li>• Continuous enhancements is part of daily business</li> </ul>	Mar 2010	Active Lives Vision for Kent:
Extended Occupational Therapy assessment and equipment provision countywide, with accompanying new business processes and protocols.	Keith Lyon	<ul style="list-style-type: none"> <li>• A more responsible and consistent equipment service, countywide</li> </ul>	April 2009	Active Lives Vision for Kent:
Absorb extended role and responsibilities for Information, Advice and Guidance, Enablement Services and Urgent Care provision.	Keith Lyon	<ul style="list-style-type: none"> <li>• People better able to choose the support they need.</li> <li>• Greater focus on enablement and prevention services resulting in reduced hospital admissions and demand for residential care.</li> </ul>	April 2009	Active Lives Vision for Kent:
Consolidate and extend involvement of County Duty Service with future Gateways programme.	Keith Lyon	<ul style="list-style-type: none"> <li>• Increase front line social services presence in current Gateways</li> <li>• Introduce service to new and developing Gateways.</li> </ul>	March 2010	Active Lives Vision for Kent:

### Kent Sensory Services

Project/ development/ key action	Accountable Manager	Deliverables or Outcomes for 2009/10	Target date of delivery/ completion	Link to strategic priority
Implement deafblind strategy	Lenise Moth	<ul style="list-style-type: none"> <li>• new services, systems and processes established</li> <li>• improved outcomes for deafblind people</li> </ul>	Mar 2010	Active Lives Vision for Kent:
Establish Kent wide sign language interpreting service	Jo Frazer	<ul style="list-style-type: none"> <li>• New service set up.</li> <li>• Quality Assurance mechanisms established</li> </ul>	July 2009	Active Lives Vision for Kent:
Carryout Learning Disability Sensory Mapping exercise	Lenise Moth	<ul style="list-style-type: none"> <li>• Report produced with recommendations for service improvement.</li> </ul>	Mar 2010	Active Lives Vision for Kent:
Modernisation of sensory services in line with SDS developments	Beryl Palmer	<ul style="list-style-type: none"> <li>• Implementation of SDS Sensory Project Plan</li> </ul>	Mar 2010	Active Lives Vision for Kent:

## Gypsy and Traveller Unit

Project/ development/ key action	Accountable Manager	Deliverables or Outcomes for 2009/10	Target date of delivery/ completion	Link to strategic priority
Support Kent Districts, Medway Council and South East Regional Assembly (SEERA) regarding future Gypsy and Traveller accommodation provision.	Bill Forrester	<ul style="list-style-type: none"> <li>• Revised South East Plan in place and approved by the Secretary of State.</li> </ul>	March 2010	SEERA's partial review of South East Plan, Active Lives, Vision for Kent:
Support Swale Borough Council in meeting overall accommodation needs, particularly the public site needs.	Bill Forrester/Project Manager	<ul style="list-style-type: none"> <li>• Land acquired</li> <li>• Public consultation carried out</li> <li>• Funding bid made</li> </ul>	March 2010	South East Plan / Local Development
Support Tonbridge and Malling Borough Council with redevelopment of the Coldharbour site	Bill Forrester/Project Manager	<ul style="list-style-type: none"> <li>• Land acquired</li> <li>• Public consultation carried out</li> <li>• Funding bid made</li> </ul>	Dec 2009	South East Plan / Local Development Framework, Active Lives, Vision for Kent:
Implement changes from current licence agreements to new pitch agreements under Mobile Homes Act 1983 and review allocations policy and leaflets.	Gary Franklin	<ul style="list-style-type: none"> <li>• Work with CLG to achieve national model pitch agreement</li> <li>• Kent and Medway site Residents being consulted (joint work with other authorities)</li> <li>• Carry out additional consultation events for residents</li> </ul>	Dec 2009	Active Lives Vision for Kent:

<p>Promote closer engagement with Gypsy and Traveller Communities and them with other communities, using the network of public agencies links.</p>	<p>Gary Franklin, lead manager</p>	<ul style="list-style-type: none"> <li>• Social inclusion leading to greater community cohesion</li> <li>• Gypsies and Travellers on the Citizens' panel</li> <li>• Close links with NHS, Kent Links and other vehicles for community cohesion</li> </ul>	<p>March 2010</p>	<p>Equalities work programme</p> <p>Active Lives</p> <p>Vision for Kent:</p>
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### Community Services Team

Project/ development/ key action	Accountable Manager	Deliverables or Outcomes for 2009/10	Target date of delivery/ completion	Link to strategic priority
<p>Continue to support &amp; integrate ICES (Integrating Community Equipment Services) stores &amp; pooled arrangements with Health &amp; third sector.</p>	<p>Mark Hogan</p>	<ul style="list-style-type: none"> <li>• Balanced budgets and service continuity</li> </ul>	<p>Mar 2010</p>	<p>Active Lives</p> <p>Vision for Kent:</p>
<p>Realign current ICES and Technician Service operations to support Directorate restructure plans &amp; SDS agenda.</p>	<p>Mark Hogan / Vincent Wilson</p>	<ul style="list-style-type: none"> <li>• Fast track provision service in place countywide through Kent Adult Social Services Contact Assessment Team (KASSCAT)</li> </ul>	<p>Mar 2010</p>	<p>Active Lives</p> <p>Vision for Kent:</p>
<p>Streamline County Technician Services to work closely with in house &amp; external agencies as appropriate.</p>	<p>Mark Hogan / Vincent Wilson</p>	<ul style="list-style-type: none"> <li>• Flexible and Mobile Working solutions</li> </ul>	<p>Mar 2010</p>	<p>Active Lives</p> <p>Vision for Kent:</p>
<p>Continue to support Transforming Community Equipment Services in line with ICES Partnership Board requirements.</p>	<p>Mark Hogan</p>	<ul style="list-style-type: none"> <li>• Project resource established as required</li> </ul>	<p>Sept 2010</p>	<p>Active Lives</p> <p>Vision for Kent:</p>

## Supported Employment

Project/ development/ key action	Accountable Manager	Deliverables or Outcomes for 2009/10	Target date of delivery/ completion	Link to strategic priority
Remodel Kent Supported Employment to create a social enterprise	Dee Watson/Kathy Melling	<ul style="list-style-type: none"> <li>• Social enterprise solution identified and key decision made</li> <li>• Staff consultation carried out</li> <li>• Implementation plan in place</li> </ul>	Sept 09	Active Lives Vision for Kent: PSA16 NI 146 NI 150
Measure outcomes from Service Level Agreement consistent with the objectives of Self Directed Support (SDS)	Chris Grogan	<ul style="list-style-type: none"> <li>• Template produced and agreed by Commissioning Body</li> <li>• System for measuring outcomes introduced</li> </ul>	Dec 09	Active Lives Vision for Kent: PSA16 NI 146 NI 150
Demonstrate clear outcomes against government targets for people with a learning disability and those with mental health conditions	Chris Grogan	<ul style="list-style-type: none"> <li>• Monthly outcome targets produced</li> </ul>	Oct 09	Active Lives Vision for Kent: PSA16 NI 146 NI 150

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In line with financial regulations, any capital projects on this list will be subject to prior “gateway review” by the Project Advisory Group and in consultation with the Leader.

Risk Registers for these major projects are maintained. These are available on request.

**Benchmarking information - Performance Information shown below for Kent is KASS wide**

Indicator	Kent	East Sussex	Hampshire	Hertfordshire	Suffolk	Oxfordshire
C72. Admissions of supported residents aged 65+ to residential/ nursing care per 10,000-population aged 65 and over	72.3	82.3	74.7	88.3	82.0	56.5
C73. Admissions of supported residents aged 18-64 to residential/ nursing care per 10,000-population aged 65 and over	1.5	2.3	1.5	1.8	1.7	1.0
C31 People with Mental Health needs helped to live at home per 1000 population aged 18-64.	3.8	2.0	12.5	4.1	1.8	3.1
D41 Delayed transfers of care	39.0	34.0	28.1	40.9	25.0	65.0
D55 Timeliness of social care assessment (65+)	90.9%	81.1%	92.8%	86.7%	92.6%	85.2%
D56 Timeliness of social care packages following assessment	97.1%	90.2%	89.2%	92.1%	93.4%	91.0%
C62 Carers receiving needs assessment or review and a specific carer's service, or advice and information	27.2%	12.2%	15.6%	10.8%	17.0%	13.5%

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- C72 and C73 - Success in promoting independence means that fewer people are admitted to permanent residential care. A lower number per 10,000 populations indicates better performance.
- Helped to live at home indicators: These indicators are supposed to represent how many people are being supported to live in their own homes. Clearly a good performance would be a high performance. However, the definition does not include support from the voluntary sector and this does affect the older person indicator, in particular.
- D55 and D56 - it is critical that we respond to vulnerable people as quickly as possible. A good performance for these indicators is represented by a high percentage.
- C62 - Support to carers is critical as it provides people with additional support to enable them to live at home. A good result is a high result
- The indicators are the same set in our plans because they are the published set of information and the only basis on which we can compare with other local authorities.

**User/Resident Involvement Planned for 2009/10**

Name	Start Date/ End Date	Feedback Date	Target Group	Target Area	Brief Summary	What we want to find out & how it will be used	Statutory?	Consultation type (*)	Contact Name, email & phone no
TEA project	01/04/09 - 31/03/10		Deaf /deafblind service users with mental health needs	countywide	Ongoing involvement to inform PCT on how to implement DH report	<ul style="list-style-type: none"> <li>• Comment on recommendations</li> <li>• inform action plan</li> </ul>	No		Jo Frazer  Jo.Frazer@kent.gov.uk
Deafblind Project	01/04/09 - 31/03/11		Deafblind service users	countywide	Implementation of deafblind strategy	<ul style="list-style-type: none"> <li>• obtain feedback on current services</li> <li>• inform further development</li> </ul>	No		Lenise Moth  Lenise.moth@kent.gov.uk
Interpreting Project	01/04/09 - 31/3/10		Deaf and deafblind people	countywide	Development of sign language interpreting service	<ul style="list-style-type: none"> <li>• establish new service and quality assurance framework</li> </ul>	No		Jo Frazer  Jo.frazer@kent.gov.uk

User involvement strategy	1 day event tbc		d/Deaf, deafblind people	countywide	one day conference	<ul style="list-style-type: none"> <li>• identify key issues in accessing services.</li> <li>• develop user involvement strategy for d/Deaf, deafblind people.</li> </ul>			<p>Jo Frazer/Beryl Palmer</p> <p><a href="mailto:Jo.frazer@kent.gov.uk">Jo.frazer@kent.gov.uk</a></p> <p>Beryl.palmer@kent.gov.uk</p>
Lift Maintenance User experience survey	01/03/10 – 31/03/10	30/04/10	sample of Kent's residents	countywide	lift maintenance & repair services	<ul style="list-style-type: none"> <li>• determine satisfaction levels to inform service development</li> </ul>	No		<p>Mark.Hogan</p> <p><a href="mailto:mark.hogan@kent.gov.uk">mark.hogan@kent.gov.uk</a></p> <p>01622 221827</p>

(\*) Consultation type could be: Business, Council, Environment, Social, Community, Education, Leisure or Transport

# **SERVICE LEVEL BUSINESS PLAN 2009/10 FOR Mental Health**

## **EXECUTIVE SUMMARY**

The gross expenditure for the service(s) included in this business plan is:  
**£24.523m** (see page 8)

Which will fund the following:

- Mental Health Assessment
  - Mental Health Advice
  - Mental Health Treatment
- Opportunities to positive life experiences
- Joint Commissioning and priorities with NHS

And will be staffed by  
**262 FTE**

**KCC undertakes business planning in two tiers – directorate level and service level. For completeness, this service level business plan should be read in conjunction with the KASS Directorate Level Business Plan.**

## **Core Purpose and Key Responsibilities of the Service**

One in four people will suffer from a mental health issue in their lifetime, from conditions such as depression through to schizophrenia. Most people with mental health problems are cared for by their GP, but some 9% are referred on to specialist services for assessment, advice and sometimes treatment, and this is provided by the Adult Mental Health Service. The service also has a role in ensuring that opportunities are provided for people with mental health problems to gain access to positive life experiences (e.g. decent accommodation, valued work and real friends)

### **Background**

The Adult Mental Health Service provides fully integrated (between the NHS and Adult Social Services) mental health services ranging from in-patient care, residential care, recovery-based services in the community, and preventative services. The Kent and Medway NHS and Social Care Partnership Trust ('the Trust') is the service provider.

Kent and Medway NHS and Social Care Partnership Trust were formed in April 2006 following the merger of East Kent NHS and Social Care Partnership Trust and West Kent NHS and Social Care Trust. The Trust provides mental health, learning disability, substance misuse and other specialist services for 1.6 million people across Kent and Medway from 260 sites. The Trust has in the last two years overcome the challenges of merging two organisations and has built on the strengths of each to bring all areas up to the best and consistent standards.

### **Context**

This Unit Plan focuses on the resources - staff and money - contributed by KCC, but it must be appreciated that this is only a fraction (roughly a fifth) of the whole integrated service. Services are jointly commissioned in partnership with the two Primary Care Trusts for the population of Kent in accordance with the National Service Framework for Mental Health.

The KCC Mental Health Commissioning Team works in partnership with Medway PCT which is the lead PCT for Mental Health Commissioning across Kent. In addition, the KCC Mental Health Commissioning Team is closely integrated with the Public Health and Mental Health Promotion agendas across Kent in order to promote the links between good physical and mental health

People with mental health problems often become disconnected from social activities, such as meaningful employment, somewhere decent to live and supportive social networks. The Mental Health Commissioning and Contracting Team work with a range of providers to put these essentials back into people's lives and help them back to good mental health. The team commission employment projects to help people with severe mental health problems find a way back to work. The team also work with Housing Associations to develop improved independent living situations so people are in control of their tenancies and get the support they need to sustain their independence. Most of the services are delivered via service agreements with voluntary organisations and resource centres which support people with mental health problems to make use of community resources and get back into an active role in society. There is a raft of legislation that affects Adult Social Services as a whole as shown in the Directorate Level Plan. The recent Mental Health Act has new safeguarding arrangements for the Deprivation of Liberty which become operational in April 2009. The Deprivation of Liberty arrangements are wide ranging and will have an impact upon KASS as a whole.

The Mental Health Act also changes the arrangements for ASW assessments. The Act introduces the role of Approved Mental Health Professionals. The new role requires extensive training for a section of Mental Health staff which will need to be undertaken from within existing resources.

### **Foundation Trust Status**

The Kent and Medway NHS and Social Care Partnership Trust are applying for Foundation Trust (FT) status. The application process has already strengthened the role and composition of the Board, a review and changes in the governance systems and a forward looking ethos to work with the local community through the members and governors to help further develop the strategic direction of the Trust.

The demanding FT application process has also required the Trust to strengthen its financial structures in readiness to be an FT. The FT process has initiated the development of service line reporting and management which is seen as a key component in the ability to deliver high quality, high performing, value for money services that make the Trust the 'best in class'. The Trust is clear and determined that it will deliver financial surpluses as an FT. The ability to support under invested or inconsistent service delivery by using the surplus or borrowing capital more readily will enable the Trust to deliver more equitable services across its catchment area. The move to FT status will constitute a key decision for the County Council who will be consulted on the application during the course of 09/10.

### **Key Developments for 2009/10**

The Key challenges and areas for development for Mental Health Services for 2009/10 are;

- Personalisation
- Prevention
- Performance
- Partnership
- Promoting Independence

### **Personalisation**

- The Government agenda of providing greater Personalisation in Mental Health Social Care provides significant challenges for the commissioning of appropriate Vocational Support services, Informal Day Services and self directed support within allocated budget. KCC has successfully developed the Individual Placement Model for Vocational Support across the county. The Commissioning and Contracting team focus on learning from the national pilot sites for Individual Budgets and reviewing the contracts with support providers, including KMPT, to ensure they can respond changes to the personalisation agenda.
- Demand for Direct Payments continues to rise albeit slowly. Initial reviews of the system indicate service users applying for Direct Payments are often people who may not otherwise have requested a service. This in turn leads to an additional financial cost pressure.
- KMPT is a national pilot site for the In Control Programme designed to promote the benefits of personalised care to staff and service users.
- The Staying in Control programme is specifically aimed at extending this progress into the NHS, particularly in relation to mental health and long-term conditions. KMPT is participating in the programme in partnership with Kent Adult Social services and the PCT, and will be linking its work to promote self directed support with the underlying principles established by 'In Control' and the initiatives around Recovery.
- In 2009/10 KMPT aim to have lead "champion" for personalisation in each community mental health team

## **Prevention**

- During 2008 KCC and Medway PCT (The lead commissioning body for MH) commissioned and Kent and Medway Mental Health Joint Strategic Needs Assessment. The Needs assessment, to be completed early in 2009, will underpin the Joint MH Commissioning Strategy which will be published later in the same year.
- Mental health services are increasingly targeted at supporting people with presenting mental health conditions in primary care. 2009/10 will see key developments by KCC, Medway PCT and KMPT in support of this agenda.
- The Development of Secondary Care Liaison Services by KMPT
- A Primary Care Carers Support in Swale
- The Launch of a Primary Carer Social Inclusion and Wellbeing pilot in Thanet.
- The role out of the Improving Access to Psychological Therapies Programme.
- Review voluntary sector contribution to prevention agenda and links to primary care.
- East Kent PCT leading on Mental Health training for all clinical staff
- Commission Mental Health Informal Day Service for Thanet

## **Promoting Independence**

- The Mental health services have continued to support the objective to promote independence set out by KCC in towards 2010. The Thanet Horizons intensive supported accommodation scheme opened on schedule in November 2008 offering 7 units of accommodation to Mental Health Service users. In 2009 we will see an expansion of the Horizons service and a further 8 units delivered in the Swale area. Further horizons projects will be delivered over the next two years across East Kent.
- The Mental Health Matters Helpline hours have been extended to support mental health service users during evenings and weekends, and the Crisis Home Resolution Treatment team in east Kent piloted a self referral system for service users already known to the Community Mental Health Teams.
- In addition KCC secured funding to ensure Mental Health Carers Assessment and Support Services were adequately and equitably resourced across the county.

## **Performance**

The mental health services continue to work in partnership to improve service delivery and the outcomes for users and carers who require support. Services commissioned by KCC from the independent and voluntary sector are performance managed by the Commissioning and Contracting Team. Services provided by KMPT are performance managed via Joint Performance Review Groups with the Medway PCT.

Key Changes to performance management in 2009/10 include;

- Introduce reward/ incentive clauses for excellent service providers
- Improve outcomes on the Health Care Commission Patient survey in relation to carers support and CPA reviews
- Improve data quality for Key Social Care performance indicator.

For many years we have operated a number of service agreements with the voluntary sector for mental health services that are part of our overall commissioning strategy. These are grants paid under section 65 of the Health Services and Public Health Act 1968 and range from some small, but important, local providers (for example, for informal day services) to some quite large agreements with national organisations. We have also a number of small grants (under £5,000 p.a.) that we

have paid historically to small local organizations and we are currently conducting a review of these to see which ones still fit with our commissioning objectives.

During 2009/2010 we will be working to rationalise these agreements. Those with smaller organisations will remain as service agreements, as we believe this is the best way of procuring services from small organisations that have a vocational ethos and depend a lot on volunteers. Any of the small grants that we decide to retain will also become service agreements.

However, where we spend larger amounts of money with regional and national based organisations, we will seek to convert these into contracts for services. This will allow us to explore more flexible forms of procurement to enable direct payments, as part of the personalisation agenda, to become part of payments for these services.

We will continue to review and monitor our supported accommodation providers and residential care providers to ensure best value. Work will continue to look for opportunities in conjunction with our local authority housing partners to modernize our existing supported accommodation provision so it is fit for the 21<sup>st</sup> century.

### **Partnership**

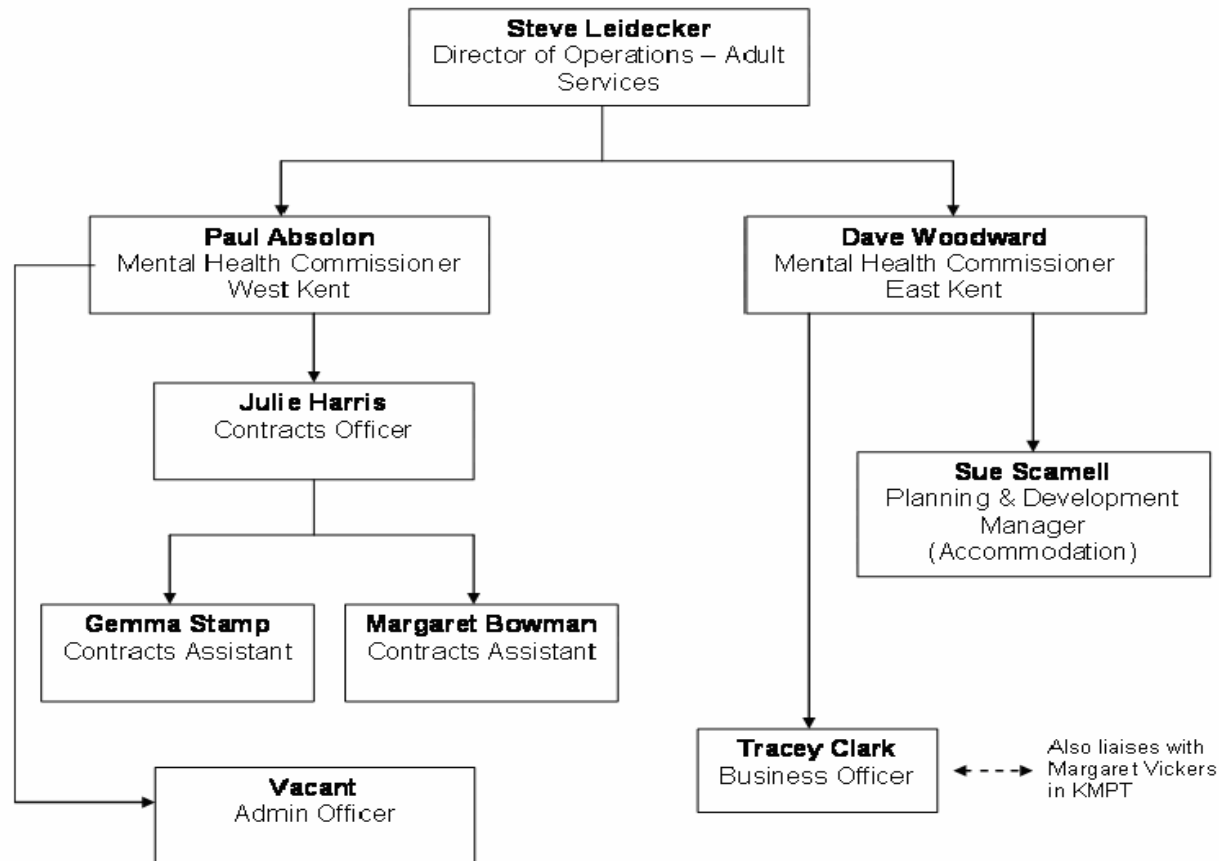
KCC Mental Health Services have strong partnerships for the delivery of services across the county. Joint commissioning arrangements with PCTs ensure an integrated approach to service delivery across the statutory, independent and voluntary sectors. Approximately £4m of KCC funded mental health services are provided by the independent and voluntary sector. These services provide evidence excellent outcomes for service users/ cares and value for money.

Service users and carers are involved at all levels of planning and development of new Mental Health Services. KCC has a strategy to commission service user forums which ensures service users and carers are represented on the East and West Local Implementation Teams, as well as Local Planning and Monitoring Groups across the county.

Key objectives for partnership for 2009/10 include;

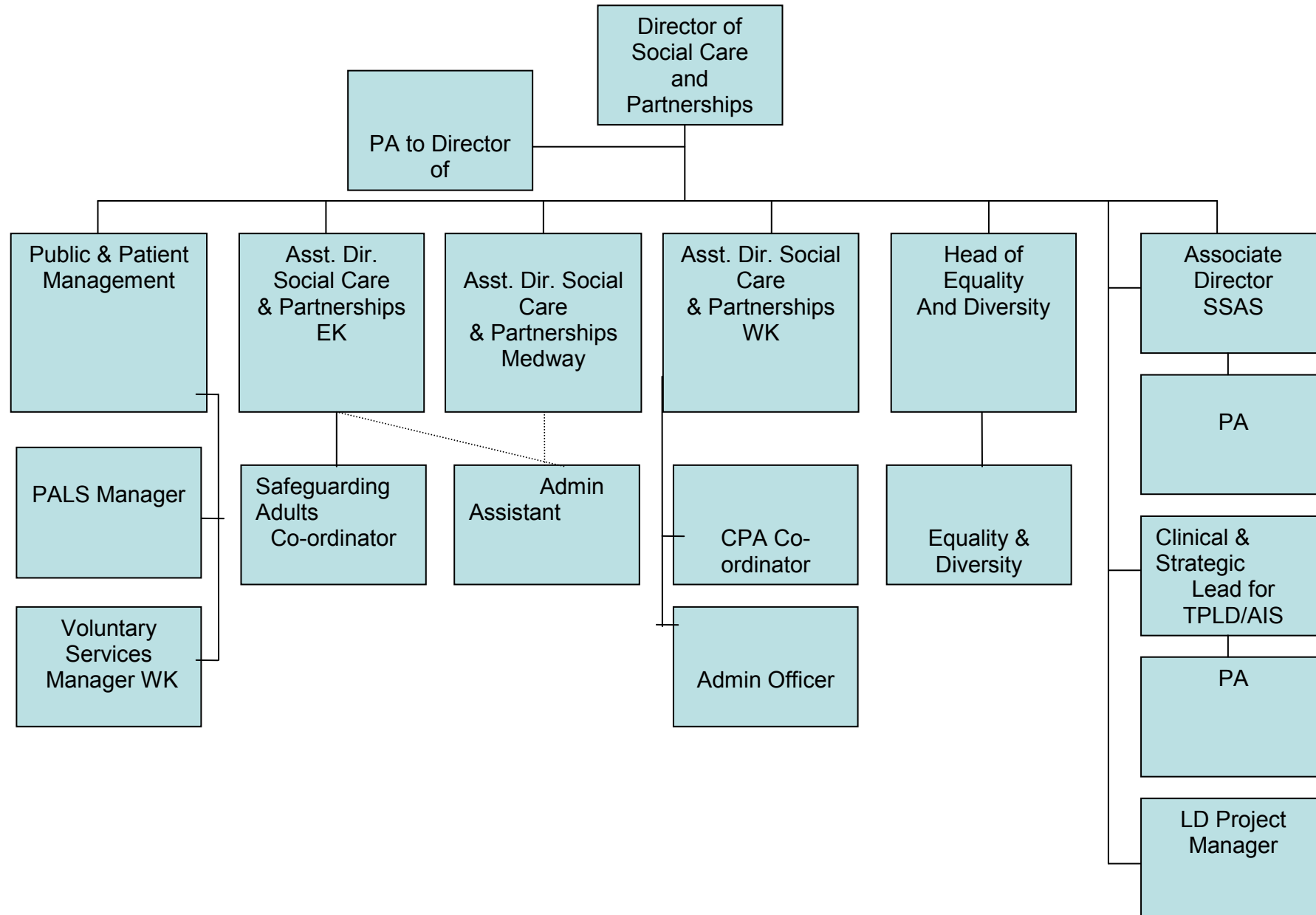
- Reviewing Safeguarding arrangements for Vulnerable Adults and Children with KMPT.
- Continue regular meeting between KCC and KMPT
- Review joint Service User and Carer Strategy
- Commissioners to link with Local Strategic Partnerships in order to embed Mental Health and Wellbeing Agenda at local partnership level.
- Review KMPT partnership and establish formal contract with Medway PCT.

## 1. STRUCTURE



There are two structure charts included for this service level plan because Mental Health is a joint integrated service between Adult Social Services and the NHS. The first structure chart shows how mental health services are integrated within KASS. The second structure chart shows how the mental health services are provided by the NHS. The lead officer shown as the Director of Social Care and Partnerships (James Sinclair) on the second structure chart has a dotted line in terms of line management to the lead officer within KASS who is the Director of Operations, Steve Leidecker.

**Social Care Structure with Lead Responsibilities**



### 3.RESOURCES

#### Service Budget 2009/10

FTE	CONTROLLABLE EXPENDITURE	ACTIVITY/BUDGET LINE	FTE	EMPLOYEE COSTS	RUNNING COSTS	CONTRACTS & PROJECTS	TRANSFER PAYMENTS & RECHARGES	GROSS EXTERNAL EXPENDITURE	EXTERNAL INCOME	INTERNAL INCOME	CONTROLLABLE EXPENDITURE	CABINET MEMBER
	£'000			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
		<b>Mental Health</b>										
	6,067.0	Residential Care		0.00	0.00	6,610.60	0.00	<b>6,610.60</b>	-992.30		5,618.30	
	913.0	Domiciliary Care		0.00	-254.40	1,157.60	0.00	<b>903.20</b>	0.00		903.20	
	321.0	Direct Payments		0.00	0.00	385.80	0.00	<b>385.80</b>	0.00		385.80	
	51.0	Supported Accommodation		0.00	0.00	354.70	0.00	<b>354.70</b>	-63.00		291.70	
	5,258.2	Other Services		1,366.50	135.10	4,737.10	0.00	<b>6,238.70</b>	-901.90		5,336.80	
	8,709.0	MH A&R		9,389.00	677.10	0.00	-6.30	<b>10,059.80</b>	-875.70		9,184.10	
	<b>21,319.2</b>	<b>Total Mental Health</b>		<b>10,755.50</b>	<b>557.80</b>	<b>13,245.80</b>	<b>-6.30</b>	<b>24,552.80</b>	<b>-2,832.90</b>	<b>0.00</b>	<b>21,719.90</b>	<b>GG</b>
<b>251.21</b>	<b>21,319.20</b>	<b>TOTALS</b>	<b>262.02</b>	<b>10,755.50</b>	<b>557.80</b>	<b>13,245.80</b>	<b>-6.30</b>	<b>24,552.80</b>	<b>-2,832.90</b>	<b>0.00</b>	<b>21,719.90</b>	<b>GG</b>

#### Staffing

	2008/09	2009/10
Grade KS 13 (or equivalent) and above	8.51	6.32
Grade KS 12 (or equivalent) and below	242.70	255.70
<b>TOTAL</b>	<b>251.21</b>	<b>262.02</b>
Of the above total, the estimated FTE which are externally funded		26.40

## 2. DELIVERY OF CHANGE IN PRIORITIES

Amount £'000	Explanation of Addition/saving	What will be delivered as a result?
-91	Income Generation	Additional income resulting from the annual increase in benefits and pensions together with uplifts in recharges to Health and other bodies in line with our own increase in prices.

### Changes to services in current/future years

- The recent Mental Health Act has new safeguarding arrangements for the Deprivation of Liberty which become operational in April 2009. The Deprivation of Liberty arrangements are wide ranging and will have an impact upon KASS as a whole. The Mental Health Act also changes the arrangements for ASW assessments. The Act introduces the role of Approved Mental Health Professionals. The new role requires extensive training for a section of Mental Health staff which will need to be undertaken from within existing resources.
- The County Duty Service (CDS) is the main access point for people wanting to contact social services (children's and adults). It handles nearly 100,000 calls a year. But the County Duty Service is changing as part of SDS. Over the next 6 months CDS will be expanding the services it offers and will become the Kent Contact and Assessment Service (KCAS). KCAS has replaced KASSCAT as the name for this new service to recognise the significant amount of work the service will continue to do for Children's Social Services. CDS already provides fast track access to equipment and minor adaptations across the whole County, but it will also provide:
  - Direct access to in-house enablement services in four Districts (Tonbridge and Malling, Gravesend, Thanet and Ashford) from April 2009
  - Direct access to in-house and external enablement services across the County from July 2009
  - Direct access to short term urgent interventions from July 2009.

The development of KCAS over the next six months is a crucial part of SDS; ensuring people get a proportionate service as quickly as possible. This will free up capacity in the rest of the Directorate for people who do not want or cannot be helped by KCAS.

**For Overarching changes in service see the Managing Director's Statement in the Directorate Level Plan.**

## **Impact of directorate strategy over MTP period on the service**

**The Directorate's priorities and challenges are:**

- **Promoting Independence**
- **Performance Improvement**
- **Prevention**
- **Partnership**
- **Personalisation**

**These key 5 themes have been discussed in detail in the Directorate Introduction/ Managing Directors Statement. For more in depth information see the Directorate Introduction/ Managing Directors Statement.**

The Medium Term Priorities for KASS core to the delivery of Active Lives for Adults (ALFA) - Self Directed Support

ALfA is a programme of total transformation for all of Kent Adult Social Services whether directly provided or commissioned from other agencies. It will deliver a culture that supports people to develop their own solutions to meet their needs, from an increasingly responsive and diverse market place.

Fundamental to this is self-directed support, whereby people can self manage their support or, if they choose to, have somebody else (including KASS) to manage it for them. SDS will be incrementally implemented from April 2009 and will be the biggest change for the Directorate since the introduction of Care Management. These changes have to be made to ensure we continue to meet our priorities in the future and are essential to the future delivery of our five core values.

The Service Level Unit will be affected through the implementation of SDS in the following ways:

1. Staffing restructure
2. Implementation a change in ethos of how services are delivered
3. Creation of new County Duty Service – KCAS
4. Financial Pressures from current economic climate
5. Communication of new approach to service delivery to existing users, carers and members of the public.

### 3. KEY PERFORMANCE INDICATORS & ACTIVITY DATA FOR BUSINESS PLAN MONITORING

The targets, activity and projects set out in the tables below will be used to formally track the business plan at mid-term and end of year monitoring.

**Performance Information shown below is KASS wide**

#### Performance Management

Performance Measure or Activity	Accountable Manager	Monitoring Frequency	Target performance 2008/09	Estimated performance 2008/09	Target performance 2009/10	Link to strategic priority
PAF C72. Admissions of supported residents aged 65+ to residential/nursing care per 10,000-population aged 65 and over	Steph Abbott	Monthly	71	78	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
PAF C73. Admissions of supported residents aged 18-64 to residential/nursing care per 10,000-population aged 65 and over	Steph Abbott	Monthly	1.5	1.5	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
NI 125 – Achieving independence for older people through rehabilitation/intermediate care	Steph Abbott	Monthly	80	76	It is not possible to give targets for 2009/10 as they will not be set until April 2009	LAA/ National Indicator
NI 130 Social Care clients receiving Self Directed Support per 100,000 population	Steph Abbott	Monthly	New Indicator Definition for 2008/09, therefore no target performance for	184	It is not possible to give targets for 2009/10 as they will not be set until April	National Indicator

			2008/09 was set in the previous year		2009	
NI 131 Delayed transfers of care	Steph Abbott	Quarterly	39	35	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
NI 132 Timeliness of social care assessment (all adults)	Steph Abbott	Monthly	New Indicator Definition for 2008/09, therefore no target performance for 2008/09 was set in the previous year	80	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
NI 133 Timeliness of social care packages following assessment	Steph Abbott	Monthly	97	97	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information	Steph Abbott	Monthly	29	27	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator

NI 136 People supported to live independently through social services (all adults)	Steph Abbott	Monthly		27.3	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
NI 145 Adults with learning disabilities in settled accommodation	Steph Abbott	Quarterly	New Indicator for 2008/09, therefore no target performance for 2008/09 was set in the previous year	New Indicator requires 6 months of data for 2008/2009. No data available until March 09	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
NI 146 Adults with learning disabilities in employment	Steph Abbott	Quarterly	New Indicator for 2008/09, therefore no target performance for 2008/09 was set in the previous year	New Indicator requires 6 months of data for 2008/2009. No data available until March 09	It is not possible to give targets for 2009/10 as they will not be set until April 2009	National Indicator
PAF C31 People with Mental Health needs helped to live at home per 1000 population aged 18-64.	Steph Abbott	Monthly	3.9	3.5	No target available until April 2009	MH Specific
Number of supported residents with mental health problems in residential/ nursing care	Steph Abbott	Monthly	194	194	No target available until April 2009	MH Specific

Number of service users in receipt of domiciliary care as at 31 <sup>st</sup> March	Steph Abbott	Monthly	632	551	No target available until April 2009	MH Specific
Number of service users receiving a Direct Payments as at 31 <sup>st</sup> March	Steph Abbott	Monthly	150	110	No target available until April 2009	MH Specific

**High Risk, High Profile, High Impact New Projects & Activities**

The Managing Director is authorised to negotiate, settle the terms of, and enter the following agreements/projects. These projects and activities will be closely monitored, and a six-monthly report to the relevant Policy Overview Committee will inform members of progress against each of these targets.

<b>Project/ development/ key action</b>	<b>Accountable Manager</b>	<b>Deliverables or Outcomes for 2008/09</b>	<b>Target date of delivery/ completion</b>	<b>Link to strategic priority</b>
Mental Health Personalisation Development Project	Paul Absolon	Care pathway developed for personalised care in MH Social Care	Feb 2010	T52/NI130
Swale Horizons Project completed	Sue Scamell	8 units of MH supported Housing in Partnership with SBC	June 2009	NI 149
Reprovision of informal day services in Thanet	D. Woodward	Socially Inclusive Service for MH Service users.	June 2009	NI 124/142 T52/53
Develop Personalisation In Primary Care with PCT partners	Paul Absolon	Joint arrangements for delivering personalised MH social care in Primary Care Settings.	March 2010	T52/53 NI 124
Review Safeguarding Arrangements for MH Social Care Service Users for Adults and Children.	D.Woodward/ Derek Seymour.	Improved Awareness of Safeguarding Procedures for KMPT staff	Dec 2009	NI 140/NI142
Joint Training Project for MH Employment Support Services in East Kent.	D.Woodward	All Key Staff Trained in Individual Placement Support Model	Feb 2009	NI 150
Roll Out of Improving Access To Psychological Services Programme	L.kavanagh	Increased Access To Counselling in Primary Care	Mar 2010	T52/53
Review Contractual arrangements with the Voluntary Sector in line with modern Practices	P. Absolon	Revised Contracts with Major Vol Sector providers	Mar 2010	NI 136
Complete Joint Mental health Commissioning Strategy with PCT	L.Kavanagh	Effective, Targeted , MH Provision across Kent and Medway	Nov2009	NI 130/1

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In line with financial regulations, any capital projects on this list will be subject to prior “gateway review” by the Project Advisory Group and in consultation with the Leader.

Risk Registers for these major projects are maintained. These are available on request.

**Benchmarking information - Performance information shown below for Kent is KASS wide**

<b>Indicator</b>	<b>Kent</b>	<b>East Sussex</b>	<b>Hampshire</b>	<b>Hertfordshire</b>	<b>Suffolk</b>	<b>Oxfordshire</b>
C72. Admissions of supported residents aged 65+ to residential/nursing care per 10,000-population aged 65 and over	72.3	82.3	74.7	88.3	82.0	56.5
C73. Admissions of supported residents aged 18-64 to residential/nursing care per 10,000-population aged 65 and over	1.5	2.3	1.5	1.8	1.7	1.0
C31 People with Mental Health needs helped to live at home per 1000 population aged 18-64.	3.8	2.0	12.5	4.1	1.8	3.1
D41 Delayed transfers of care	39.0	34.0	28.1	40.9	25.0	65.0
D55 Timeliness of social care assessment (65+)	90.9%	81.1%	92.8%	86.7%	92.6%	85.2%
D56 Timeliness of social care packages following assessment	97.1%	90.2%	89.2%	92.1%	93.4%	91.0%
C62 Carers receiving needs assessment or review and a specific carer's service, or advice and information	27.2%	12.2%	15.6%	10.8%	17.0%	13.5%

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- C72 and C73 - Success in promoting independence means that fewer people are admitted to permanent residential care. A lower number per 10,000 populations indicates better performance.
- Helped to live at home indicators: These indicators are supposed to represent how many people are being supported to live in their own homes. Clearly a good performance would be a high performance. However, the definition does not include support from the voluntary sector and this does affect the older person indicator, in particular.
- D55 and D56 - it is critical that we respond to vulnerable people as quickly as possible. A good performance for these indicators is represented by a high percentage.
- C62 - Support to carers is critical as it provides people with additional support to enable them to live at home. A good result is a high result

- The indicators are the same set in our plans because they are the published set of information and the only basis on which we can compare with other local authorities.

**User/Resident Involvement Planned for 2008/09**

Name	Start Date/ End Date	Feedback Date	Target Group	Target Area	Brief Summary	What we want to find out & how it will be used	Statutory?	Consultation type (*)	Contact Name, email & phone no
Informal Day service Re-provision	Jan 09	May 09	MH Service users	Thanet	Service user evaluation of Tenders for service	Service user choice in new provider of service	no	Social	dave.woodward@kent.gov.uk
Review of Service user and carers role in Joint Commissioning Boards	May 09	Feb 2010	MH Service users and Carers	Kent Wide	Reivew process for engaging Service users and carers in Commissioning process	Wider representation of Carers and Service users in design of services.	yes	Social	Paul.absolon@kent.gov.uk
MH Deaf Services	Dec 09		MH Service users	Kent Wide	Set up focus group for deaf MH Service users	Better Designed more tailored service.	Yes	Social	Paul.Absolon@Kent.gov.uk

(\*) Consultation type could be: Business, Council, Environment, Social, Community, Education, Leisure or Transport

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# **SERVICE LEVEL BUSINESS PLAN 2009/10 FOR Supporting People**

## **EXECUTIVE SUMMARY**

The gross expenditure for the service(s) included in this business plan is:  
**£32.883m** (see page 5)

Which will fund the following:

- Contracting
- Financial Issues
- Monitoring
- Performance Review
- Policy and Strategy
- Setting of Eligibility Criteria

And will be staffed by  
**19 FTE**

**KCC undertakes business planning in two tiers – directorate level and service level. For completeness, this service level business plan should be read in conjunction with the KASS Directorate Level Business Plan.**

## **Core Purpose and Key Responsibilities of the Service**

The Supporting People (SP) Programme is a grant-funded government initiative, which aims to provide a better quality of life for vulnerable people and enable them to develop and sustain their capacity to maintain their housing situations. In providing such welfare services, the Programme seeks to prevent the problems that can lead to hospitalisation, institutional care and homelessness. As such, the Programme contributes to the overall objective of the Kent Adult Social Services Directorate of the County Council which is “to help the people of Kent to live safely and independently in their local communities”. It contributes to the ten year vision for Kent Adult Social Services, Active Lives, and is aligned with the Kent Adult Social Services policy framework, “Our Care, Our Health, Our Say”, and Kent County Council’s overarching Social Independence Programme.

The Supporting People Team is responsible for the implementation of the Programme, in accordance with the directions of the Commissioning Body. Its operational functions include contracting, paying for and monitoring housing related support services, the performance review and reporting of the programme and the production and co-ordination of policy and strategy as it pertains to the programme. The setting of eligibility criteria, which does not include personal care or domiciliary care which is funded through mainstream Kent Adult Social Services budgets, is a responsibility of the Team.

As the Administering Authority of the Programme, the Council contracts with service providers to deliver housing related support to vulnerable people in a variety of provision across the County. The provision includes Home Improvement Agencies, Supported Housing, Community Alarms and Floating Support. As at February 2009, the Kent Programme is delivering over 300 services, following capping and merging of contracts to improve efficiency and derive better Value for Money. These services support over 22,000 people equating to over £32 million in budget activity for 2009/10.

Although not directly responsible for the delivery of services, the Team is additionally responsible for management of the referral system for all Floating Support services delivered in the County.

A Commissioning Body sits above the Administering Authority and is the entity responsible for the delivery of the Programme locally and the production of a Five Year Strategy. In Kent, this Body is a partnership of Elected Members, nominated officers from the twelve District and Borough Councils, Probation, Health, Communities Directorate, Children Families and Education Directorate and statutory Adult Social Services. The Core Strategy Development Group is an advisory group, also representative of these parties and includes Provider representation. The Group has responsibility for giving the Commissioning Body a strategic steer in the management of the Programme. The Unit Business plan has been written with reference to this strategy.

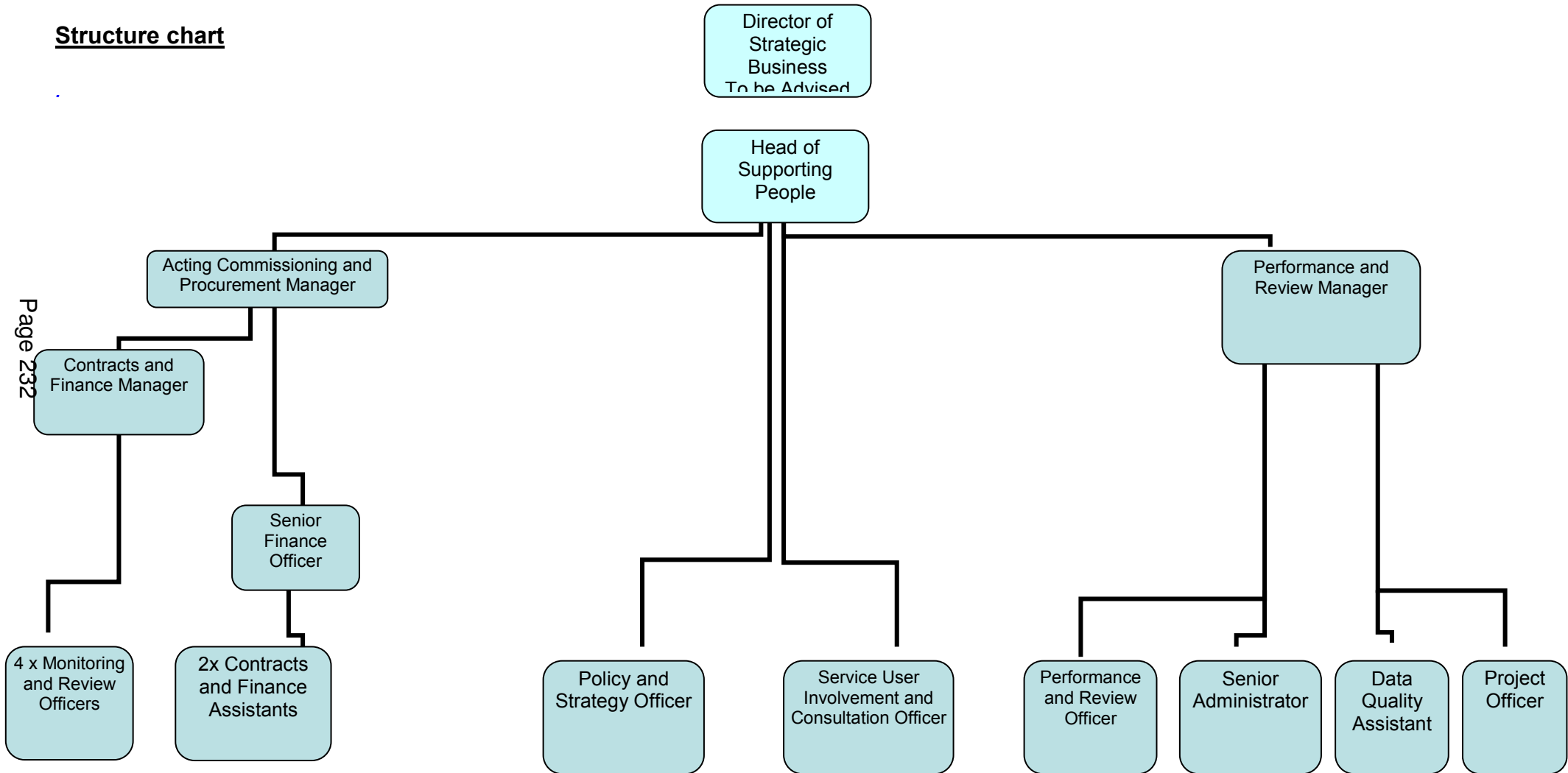
## **Purpose of Service**

The Supporting People (SP) Programme is a grant-funded government initiative, enacted through Section 93(1) of the Local Government Act 2000.

Nationally, programme is the responsibility of Communities and Local Government (CLG). The CLG allocates grant funding to, and monitors the performance of Administering Authorities such as Kent County Council (KCC) who deliver the Programme locally. In turn, the Council contracts with service providers to deliver housing related support to vulnerable people in a variety of provision across the County which aims to provide a better quality of life for vulnerable people and enable them to develop and sustain their capacity to maintain their housing situations. The Programme seeks to prevent the problems that can lead to hospitalisation, institutional care and homelessness and contribute to the overall objective of the Kent Adult Social Services Directorate of the County Council which is “to help the people of Kent to live safely and independently in their local communities”.

# 1. STRUCTURE

## Structure chart



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## 2. RESOURCES

### Service Budget 2009/10

2008/09		ACTIVITY/BUDGET LINE	2009/10									CABINET MEMBER
FTE	CONTROLLABLE EXPENDITURE		FTE	EMPLOYEE COSTS	RUNNING COSTS	CONTRACTS & PROJECTS	TRANSFER PAYMENTS & RECHARGES	GROSS EXPENDITURE	EXTERNAL INCOME	INTERNAL INCOME	CONTROLLABLE EXPENDITURE	
	£'000			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
	32,957.0	Supporting People HQ & Cont		657.90	1,602.50	30,523.10	99.00	32,882.50	0.00		32,882.50	
18.86	32,957.00	<b>TOTALS</b>	18.86	657.90	1,602.50	30,523.10	99.00	32,882.50	0.00	0.00	32,882.50	GG

### Staffing

	2008/09	2009/10
Grade KS 13 (or equivalent) and above	1.0	1.0
Grade KS 12 (or equivalent) and below	17.86	17.86
<b>TOTAL</b>	<b>18.86</b>	<b>18.86</b>
Of the above total, the estimated FTE which are externally funded		18.86

### **3. DELIVERY OF CHANGE IN PRIORITIES**

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To be advised

#### **Changes to services in current/future years**

In accordance with grant conditions, the programme has a five-year strategy 2005-10. A new strategy will be drafted in 2009/10 and widely consulted upon. The strategy will include a strategic review of investment within the programme across the county and will highlight any future areas of reduced or increased expenditure and will take into account performance and outcomes of the services the programme currently funds.

For Overarching changes in service see the Managing Director's Statement in the Directorate Level Plan.

#### **Impact of directorate strategy over MTP period on the service**

In support of the Directorate's policy of Self Directed Support, the programme will identify a small number of long-term services in which to pilot such a scheme in this year. The discussions regarding the pilot at not at sufficient level to identify financial impact at the time of writing.

The programme will ensure full consultation with service users.

#### **The Directorate's priorities and challenges are:**

- **Promoting Independence**
- **Performance Improvement**
- **Prevention**
- **Partnership**
- **Personalisation**

**These key 5 themes have been discussed in detail in the Directorate Introduction/ Managing Directors Statement. For more in depth information see the Directorate Introduction/ Managing Directors Statement**

The Medium Term Priorities for KASS core to the delivery of Active Lives for Adults (ALFA) - Self Directed Support

ALFA is a programme of total transformation for all of Kent Adult Social Services whether directly provided or commissioned from other agencies. It will deliver a culture that supports people to develop their own solutions to meet their needs, from an increasingly responsive and diverse market place.

Fundamental to this is self-directed support, whereby people can self manage their support or, if they choose to, have somebody else (including KASS) to manage it for them. SDS will be incrementally implemented from April 2009 and will be the biggest change for the Directorate since the introduction of Care Management. These changes

have to be made to ensure we continue to meet our priorities in the future and are essential to the future delivery of our five core values.

The Service Level Unit will be affected through the implementation of SDS in the following ways:

1. Staffing restructure
2. Implementation a change in ethos of how services are delivered
3. Creation of new County Duty Service – KCAS
4. Financial Pressures from current economic climate
5. Communication of new approach to service delivery to existing users, carers and members of the public.

#### 4. KEY PERFORMANCE INDICATORS & ACTIVITY DATA FOR BUSINESS PLAN MONITORING

The targets, activity and projects set out in the tables below will be used to formally track the business plan at mid-term and end of year monitoring.

Performance Information shown below is KASS wide

##### Performance Management

Performance Measure or Activity	Accountable Manager	Monitoring Frequency	Target performance 2008/09	Estimated performance 2008/09	Target performance 2009/10	Link to strategic priority
National Indicator 141	Mel Anthony	Quarterly.	66.7%	67%	68.2%	LAA2
Key Performance Indicator 1	Mel Anthony	Quarterly	98%	99.3%*	98%	T2010
Workbook returns received by deadline	Mel Anthony	Quarterly	-	90%	92%	LAA2
Percentage short term outcome returns made	Mel Anthony	Quarterly	-	40%*	60%	LAA2
Percentage long term outcomes returns made	Mel Anthony	Quarterly	-	30%*	60%	LAA2
C29 People with a Physical Disability helped to live at home per 1,000 population	Steph Abbott	Monthly	5.7	5.7	No target available until April 2009	National Indicator
C30 People with a Learning Disability helped to live at home per 1,000 population	Steph Abbott	Monthly	3.3	3.3	No target available until April 2009	National Indicator
C32 People aged 65+ helped to live at home per 1,000 population	Steph Abbott	Monthly	78	78	No target available until April 2009	National Indicator

\*Only 2 quarters published at time of writing.

**High Risk, High Profile, High Impact New Projects & Activities**

The Managing Director is authorised to negotiate, settle the terms of, and enter the following agreements/projects. These projects and activities will be closely monitored, and a six-monthly report to the relevant Policy Overview Committee will inform members of progress against each of these targets.

<b>Project/ development/ key action</b>	<b>Accountable Manager</b>	<b>Deliverables or Outcomes for 2008/09</b>	<b>Target date of delivery/ completion</b>	<b>Link to strategic priority</b>
Self directed support pilot	Kevin Prior	<ul style="list-style-type: none"> <li>A pilot of self directed support will be undertaken to examine the impact of SDS in Supporting People Grant-funded schemes</li> </ul>	March 2010	T2010
Strategic Review of Investment	Kevin Prior	<ul style="list-style-type: none"> <li>Full Market Analysis</li> <li>Review of performance</li> </ul>	Dec 09	Eg. Support to NI 141
Implementation of strategic review of long term accommodation based schemes.	Claire martin (Ute Vann)	<ul style="list-style-type: none"> <li>Deliver recommendations of the review following Commissioning Body's agreement</li> </ul>	March 2010	T2010
Benchmark Housing Related Support	Kevin Prior	<ul style="list-style-type: none"> <li>A benchmarked cost for the delivery of housing related support will be derived to be applied across relevant services</li> </ul>	March 2010	T2010
Move On Strategy	Claire Martin (Ute Vann)	<ul style="list-style-type: none"> <li>A strategy will be agreed with partners to ensure that services are accessible to those who need them</li> <li>Monitoring arrangements will be agreed</li> <li>Data will be made available to test the effectiveness of the strategy</li> </ul>	December 2010	LAA2
Five-Year Strategy 2010-15	Claire Martin (Ute Vann)	<ul style="list-style-type: none"> <li>A Five-Year strategy will be produced, informed by the strategic review of investment, to show the priorities and future direction of the</li> </ul>	March 2010	LAA2

		<p>programme in Kent</p> <ul style="list-style-type: none"> <li>• A wide variety of consultations with stakeholders, including users, will support the production of the strategy</li> </ul>		
Growth Bid procedure	Claire Martin (Ute Vann)	The current growth bid process will be revised, and will reflect the approach of the new five year strategy. New commissioning will be outcomes based.	December 2009	Five Year strategy
Preparation for new Key Lines of Enquiry	Mel Anthony	<ul style="list-style-type: none"> <li>• An action plan will be produced to ensure that the programme is fit for purpose against the KLOE</li> <li>• progress made to be monitored quarterly</li> </ul>	June 2009	
Risk based contract monitoring	Kevin Prior	The contract monitoring process will be revised and will include an examination of performance in each service	June 2009	Five Year Strategy 2005-2010

In line with financial regulations, any capital projects on this list will be subject to prior “gateway review” by the Project Advisory Group and in consultation with the Leader.

Risk Registers for these major projects are maintained. These are available on request.

### **Benchmarking information**

The programme was inspected in Autumn 2007 and found to be “good with promising prospects” . The programme participates in a regional benchmarking club for NI 141. Annual benchmarking against other authorities in the South East takes place in addition to quarterly comparison of practice.

It has been noted during these exercises Kent data for both expenditure and performance returns to the CLG are refined in comparison to other authorities which does make direct comparison of price and performance more difficult.

Benchmarking has lead to the establishment of accurate contract prices, particularly in older peoples’ services.

**User/Resident Involvement Planned for 2009/10**

<b>Name</b>	<b>Start Date/ End Date</b>	<b>Feedback Date</b>	<b>Target Group</b>	<b>Target Area</b>	<b>Brief Summary</b>	<b>What we want to find out &amp; how it will be used</b>	<b>Statutory?</b>	<b>Consultation type (*)</b>	<b>Contact Name, email &amp; phone no</b>
Strategy 2010-2015	01/03/09 – 30/09/09	18/12/09	Cross section of service users by client group and service type	Kent	Public consultation with service users on current and future service levels	How do service users feel about current service levels, ease of access, quality, outcomes, and performance	No	Wide range of methods to be employed including use of existing focus groups/tenants meetings etc	<a href="mailto:Ute.vann@kent.gov.uk">Ute.vann@kent.gov.uk</a> Tel 01622 694607
Service User Charter and stratgey	01/03/09– 30/09/09	18/12/09	Cross section of service users by client group and service type	Kent	Consultation of draft charter	Consultation to revise and produce a charter for users	No	Wide range of methods to be employed including use of existing focus groups/tenants meetings etc	Dawn.Apcar@kent.gov.uk

(\*) Consultation type could be: **Business, Council, Environment, Social, Community, Education, Leisure or Transport**

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By: Angela Slaven, Director of Youth Services and KDAAT  
To: Adult Social Services POC, 15 July 2009  
Subject: An Alcohol Strategy for Kent

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**Purpose:** To set out the development of the Alcohol Strategy for Kent

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**Summary:** The Alcohol Strategy for Kent sets out the way forward for agencies across Kent to work in partnership to prevent the harm caused by alcohol misuse. It aims to provide a structure for the development of treatment programmes, a preventative strategy for adults and young people and a community approach to issues such as policing, licensing and trading standards. It sets in context the current resources allocation and the necessary improvements to ensure that the County of Kent has in place an effective and responsive system.

**Classification:** Unrestricted

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## 1. Introduction

- 1.1 The National Treatment Agency was established in 1988 and the principal focus of its work has been tackling drug misuse. In 2007 the Government published Safe, Sensible, Social to address alcohol misuse, an update of the 2004 National Harm Reduction Strategy. This is supplemented by a series of other strategies including those within the Public Health realm and significantly the Licensing Act of 2003. All the strategies bring alcohol misuse into much sharper focus and a requirement for the public sector to work in partnership with the alcohol industry at both production and retail levels.
- 1.2 In 2007 Kent County Council convened a Select Committee to review the health aspects of alcohol misuse. This focussed upon treatment provision, preventative services and in particular the impact of patterns of alcohol consumption by young people. The Committee received evidence from a wide body, including treatment providers, the health service, young people and the police. The review concluded with a report detailing some 28 recommendations and this report provided a very useful foundation for the development of an alcohol strategy for Kent.

## 2. An Alcohol Strategy for Kent

- 2.1 The Strategy has been developed using the framework recommended by the National Treatment Agency and has been supported by Alcohol Concern, agencies from across Kent County Council, Police and Health Services. It reflects the national evidence base of the harm caused by alcohol to health, employment/industry and criminal justice and makes local comparators from which to build and develop service responses.

- 2.2 It sets out Kent's position in respect of treatment for young people and adults and the activity being undertaken to address the community safety concerns and the mechanisms for managing the impact of alcohol misuse within the public realm.
- 2.3 Alongside this work, in 2008 an increasing focus on what is called Hidden Harm has emerged and this has been brought into very significant attention following the tragic death of Baby P and safeguarding practice. The strategy will incorporate work being undertaken to ensure that Kent is addressing issues relating to families and the welfare of children and young people.
- 2.4 The strategy identifies the priorities for action which include:
- a. Communication: how to convey important public health messages without alienating the general public, ensuring that key professionals have a understanding of alcohol misuse, it's symptoms and outcomes, and seeking to have an informed employer group that can support and manage workplace issues
  - b. Treatment: improving the current level of treatment provision across a range of needs from prevention, early diagnosis to acute care
  - c. Community Safety: working with the Police and other Criminal Justice agencies to develop responses that minimise the impact of alcohol misuse and within, for example the prison system, that education programmes are developed alongside treatment
  - d. Licensing: working within a partnership arrangement to ensure the intentions of the Licensing Act 2003 are achieved and fulfilling the 2010 Strategy to work with off-licenses and other trade organisations
  - e. Children & Young People: working with education, schools and colleges to provide evidence based programmes about alcohol and where necessary providing the appropriate level of treatment interventions
  - f. Hidden Harm: as outlined above

### **3. Financial Implications**

- 3.1 The Strategy highlights the need for a coherent and rigorous analysis of expenditure relating to alcohol. Kent has used national data to achieve an estimate of the impact of alcohol misuse across the county and we are currently commissioning the Public Health Resource Unit (PHRU) to give a more in depth assessment of investment against outcomes.
- 3.2 The key funding providers will remain Health and Social Care in particular for those people where alcohol misuse has reached a chronic state. The Police and other emergency services make a considerable investment when responding to disorder, road accidents and injury and fires within the home, all of which will continue to arise unless the messages contained within this strategy are achieved.
- 3.3 Through the KDAAT partnership some £1,772k is currently invested in treatment, KCC £121k, PCT £1,622, and Probation £29k. Supporting People funding supports a wide range of clients needs including alcohol. Within the annual funding of £542k, £95k is specifically allocated for the provision of a floating alcohol support service.

- 3.4 Investment in 2009/10 will increase a further £390k with much of this coming from Health, Supporting People, and Probation to support improved and targeted community alcohol service provision.

#### **4. Consultation**

- 4.1 The consultation period commenced on 19 June and will finish on 19 September. Bodies that are being consulted include:

- Kent MPs
- KCC Members
- KDAAT
- Kent Criminal Justice Board
- Safer Stronger Communities Group
- Children's Trust Board
- Provider services
- PCTs
- Kent Youth Council
- Borough and districts (including Licensing)
- CDRPs
- Service users
- Carers
- Kent Police Authority

#### **5. Conclusions**

- 5.1 The Alcohol Strategy for Kent is a partnership strategy that aims to address alcohol misuse, provide improved information, advice and guidance and combat the negative outcomes within our communities when the consumption of alcohol leads to disorder or other injury. It is a strategy that will be progressed as new information comes forward, treatment services improve and our response via policing or other emergency services are developed. The Strategy is a significant Partnership agreement that will lead to enhanced service provision and a better understanding of the impact of alcohol misuse in our communities and how best to promote safe, sensible and social drinking.

#### **6. Recommendations:**

- 6.1 Members are asked to note the contents of this report and the accompanying Strategy and Delivery Plan
- 6.2 Members are asked to comment on the strategy and delivery plan via the consultation process.

*Name of Officer:* Angela Slaven  
*Title of Officer:* Director, Youth Services and KDAAT  
*Date of Report:* 25.06.09

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# **Kent Alcohol Strategy**

**DRAFT v6**

## **Executive Summary**

*To be completed once strategy agreed*

## **1. Foreword**

Alcohol within our society is seen by many people as a source of pleasure and enjoyment and a part of social gatherings such as weddings, birthdays or other celebratory events. Many of us will share stories about fun and occasionally bad times that have involved the consumption of alcohol. Some sections of our society, be it for religious or other belief systems, exclude alcohol from their daily life. This statement I trust paints a picture of our varying and sometimes problematic relationship to alcohol. For some people alcohol misuse becomes a significant problem and this is demonstrated through increasing difficulties within families, at work, and their own relationship with the world.

This alcohol strategy aims to set out our response to the management of alcohol by promoting attitudes and behaviours that allow the majority of people, for whom alcohol does not present a problem, to continue to enjoy the benefits of social drinking and associated pleasures while ensuring that if necessary, others can access advice, help and support if required. The strategy recognises that access to information for individuals in difficulty is important and where the problems are chronic, access to treatment services should be made available.

The alcohol trade works within a regulated framework and the strategy seeks opportunities to improve and support the responsibilities of those working within the license trade. This includes areas such as underage sales, alcohol sales promotions, and the responsibility for managing licensed premises in cooperation with the police and local authorities.

To deliver the strategy effectively we must continue to work in partnership with a range of organisations and agencies. These include the police and emergency services, mental and public health sectors, voluntary agencies and other excellent treatment programmes that currently contribute substantially to our aims and objectives. As a County Council we have a responsibility to work and support the efforts of all those engaged in this work. This strategy sets out the principles we aim to implement and we trust that it provides a backdrop for Kent's residents to enjoy life to the full and adopt a relationship to alcohol that avoids harm and promotes safe, sensible and social living conditions.

## **2. Aim**

Excessive consumption of alcohol is a growing problem in both Kent and the UK. Yet, alcohol also gives much pleasure and is a significant and traditional part of the local economy. Kent is a safe place in which to live and socialise but it is important to address the problems which inevitably arise from alcohol misuse. The intention of this strategy is to attempt to balance these costs and benefits. This strategy is not trying to "ban" alcohol, instead its aim is:

- "To reduce the harms associated with alcohol, in order to ensure that alcohol can be enjoyed safely and responsibly, as part of a vibrant and inclusive community".

## **3. Objectives**

The objectives of this strategy are:

- To prevent alcohol related harm by increasing public awareness and understanding of the impact of alcohol misuse;
- To promote community safety and create a safer environment by reducing alcohol-related violent crime, criminal damage and anti-social behaviour and by enabling offenders to access appropriate interventions and treatment throughout the criminal justice system;

- To ensure swift and easy access to services for individuals seeking information, guidance and treatment;
- To encourage responsible practices in the licensed trade by ensuring that those involved in the production and sale of alcoholic drinks act within the law and with an appropriate sense of social responsibility;
- To prevent children and young people developing alcohol related problems through a programme of education and, where necessary, law enforcement; and
- To set a robust strategic framework which is based on partnership working.

#### **4. A Partnership Approach**

A partnership approach is essential to ensure an effective response to alcohol. This strategy will engage a range of organisations so that there is:

- A shared understanding of the issues to be addressed and the outcomes achieved;
- Appropriate sharing of information;
- Cooperation and coordination between statutory, voluntary and community organisations as well as the licensed trade;
- A consistent approach to reducing the harm caused by alcohol;
- Consistent messages to the public and to people needing or seeking help;
- Appropriate arrangements to ensure that any work on alcohol links in to the plans of the Local Strategic Partnership and the Local Area Agreement.

Service users and carers, voluntary and community organisations will be involved and consulted at every level of the strategic process.

#### **5. Key Strategic Links**

This strategy must link with other national and local strategies. At the national level it links to the following:

- *Safe Sensible Social* - the 2007 update on the National Alcohol Harm Reduction Strategy originally published in 2004.<sup>1</sup>
- *Choosing Health* - the public health strategy - which has alcohol harm reduction as a major theme and identifies a number of 'big wins' related to combating alcohol misuse<sup>2,3</sup>.
- *Models of Care for Alcohol Misuse* – which sets the framework for the development and delivery of alcohol treatment services
- Legislation linked to alcohol enforcement such as the *Licensing Act 2003* which governs the management and control of licensed premises and the *Violent Crime Reduction Act 2006*
- *New GP contract 2004* – which identifies a Nationally Enhanced Service for alcohol
- *Alcohol Misusing Offenders – A Strategy for Delivery 2006* - National Probation Service – a strategy for addressing alcohol misuse for offenders.
- *Youth Alcohol Action Plan 2008* – which set out particular steps to tackle alcohol misuse among young people.

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<sup>1</sup> Safe.Sensible. Social: The next steps in the National Alcohol Strategy, Department of Health, Home Office, Department for Education and Skills, Department for Culture, Media and Sport, 2007.

<sup>2</sup> Choosing Health: making healthier choices easier. 2004, Department of Health.

<sup>3</sup> Delivering Choosing Health: making healthier choices easier. 2005, Department of Health.

- *Youth Matters* – A Government White Paper which sets out the vision for empowering young people, giving them somewhere to go, something to do and someone to talk to.

A particular priority is to ensure that the delivery plan links to the Home Office's Public Service Agreement (PSA) priorities as set out in the new National Indicator Set. The Kent Local Area Agreement (LAA) already includes targets and objectives aimed at dealing with alcohol-related problems. For example, it endeavours to reduce alcohol abuse (Outcome 16), to reduce the overall level of crime (Outcome 10), and to increase the proportion of people who believe Kent is a Safer County (Outcome 9).

In addition PSA 25: "Reduce the harm caused by alcohol and drugs" sets a target of reducing *Alcohol-harm related hospital admission rates*. PSA 14 refers to the need to reduce the proportion of young people frequently using illicit drugs, alcohol or volatile substances. These targets are mirrored in *Vital Signs* the indicator set for the NHS.

This strategy also links to other local strategies, of which the key ones are:

- Borough and District Crime and Disorder Reduction Partnerships' (CDRPs) Community Safety Strategies
- Primary Care Trust (PCT) Delivery Plans
- Borough and District Council Statements of Licensing Policy 2008-2011
- Domestic violence strategies.
- Kent Police's Drug and Alcohol Strategy
- Children and Young People's Plan (outcome 2 - reducing risk taking behaviour)

## **6. Stakeholder Consultation**

This strategy builds on the Report of Kent County Council's (KCC) Select Committee on Alcohol Misuse. That report was built on an extensive consultation with key stakeholders including service user representation, local councils, service providers and national experts.

In July 2008 the county launched the Select Committee report with an event which included an opportunity to propose ideas for further developing the response to alcohol misuse.

## **7. The Impact of Alcohol: National Evidence**

Nationally, the annual human and financial costs of alcohol misuse include:

- 22,000 preventable deaths per year which are associated in some way with alcohol misuse.
- Around half of all violent crimes (1.2 million) and a third of all reported incidents of domestic abuse (360,000)
- £7.3 billion spent tackling alcohol related crime and public disorder.
- Up to 70% of A&E admissions at peak times.
- £95 million spent each year on specialist alcohol treatment.
- Over 126,000 admissions to hospital for mental and behavioural disorders resulting from alcohol misuse – a rise of 75% over the past ten years.
- Up to 1.3 million children affected by parental alcohol problems.
- More than one in five men, one in six women and one in seven 16-24 year olds have admitted to having had unsafe sex after drinking too much alcohol, increasing their risk of pregnancy and disease.

## 8. The Impact of Alcohol: Local Evidence

The majority of Kent's population are either low risk or non-drinkers. However, patterns of problematic drinking are emerging in Kent, especially among women and young people. The proportion of adults in the South East binge drinking at least one day a week has reached about 20% for men and about 9% for women. In Kent 11% of males and 5.5% of females exceed the weekly recommended amounts. These rates are lower than in most other regions, but are higher than those of London and the East of England.

These drinkers can be divided into three categories<sup>4</sup>:

- Hazardous drinkers - women drinking more than 14 units and up to 35 units of alcohol per week and men drinking more than 21 units and up to 50 units of alcohol per week, These drinkers may have avoided significant alcohol-related problems so far but they will still benefit from brief advice about their alcohol use.
- Harmful drinkers - women drinking over 35 units and men drinking over 50 units of alcohol per week who show clear evidence of some alcohol-related harm, which may be physical or mental.
- Dependent drinkers - have a definite problem with drinking and in severe cases may be physically dependent.

In Kent there are about 200,000 hazardous and harmful drinkers and 30,000 dependent drinkers.<sup>5</sup>

Sir Liam Donaldson, the Chief Medical Officer for England and the UK Chief Medical Advisor released guidance on young people's alcohol for consultation in January 2009<sup>6</sup>. The consultation focuses on how the information is communicated to children, young people and their parents and whether the advice provided is practical.

The guidance states that a childhood free from alcohol is the healthiest and best option. It acknowledges that some parents may choose to allow their children alcohol. In those cases, it alcohol should never be consumed by those under 15. It goes on to say that those aged 15 – 17 should never exceed 2-3 units for young women and 3-4 units for young men. Also, 15-17 year olds should not consume alcohol more than once a week and their consumption should be supervised. The guidance emphasises the role of parents in influencing and educating their children on the use of alcohol.

The Government sponsored North West Public Health Observatory<sup>7</sup> provides seventeen statistical indicators of alcohol related harm broken down by local authority area. Most areas of Kent are around the national average for the health indicators with the exception of Thanet which has above average levels of alcohol related hospital admissions for both adults and young people. Shepway has above average levels of alcohol related hospital admissions for young people.

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<sup>4</sup> Drummond et al, Alcohol Needs Assessment Research Project (ANARP): the 2004 National Alcohol Needs Assessment for England, Department of Health, 2005.

<sup>5</sup> Drummond et al, Alcohol Needs Assessment Research Project (ANARP): the 2004 National Alcohol Needs Assessment for England, Department of Health, 2005.

<sup>6</sup> Young People and Alcohol Guidance Consultation 2009: [www.dcsf.gov.uk/consultations](http://www.dcsf.gov.uk/consultations)

<sup>7</sup> [www.nwpho.org](http://www.nwpho.org)

Other data indicates that

- In 2005 about 4,400 people in Kent, diagnosed with “alcoholism”, claimed incapacity benefits or severe disablement allowances.
- Alcohol-related crime and violent crime in Kent is below the national average. However, the level of crime attributable to alcohol is above average in three Kent districts (Dartford, Gravesham and Thanet) and higher than the South East average in four districts (Dartford, Gravesham, Swale and Thanet).
- Alcohol-related violent crime is higher than the national average in three districts (Dartford, Gravesham and Thanet) and is higher than the South East average in five districts (Dartford, Gravesham, Shepway, Swale and Thanet).
- The rate of sexual offences attributable to alcohol is the same as, or higher than, both the national and regional average in seven districts (Ashford, Dartford, Gravesham, Maidstone, Shepway, Swale and Thanet).
- The number of adults in Kent undergoing treatment for alcohol misuse more than doubled from 2005-6 to 2006-7. In the same period the number of young people in treatment increased from 115 to 271.
- The number of alcohol-specific hospital admissions in Kent has almost doubled from 885 admissions in 1997-8 to 1,454 in 2006-7.
- In Kent, the number of adult arrests for drink offences increased from 5,732 in 2005-6 to 5,950 in 2006-7. The number of young people arrested has increased, from 278 in 2005-2006 to 403 in 2006-7.
- In Kent, it has been estimated that substance misuse (both for alcohol and drugs misuse) is a parental characteristic of over half the approximately 800 children (56.1%) on the child protection register.
- In Kent the number of young people arrested for alcohol related offences increased from 278 in 2005/6 to 403 in 2005/6.
- It is estimated that the number of children with alcohol dependent parents in Kent could be in the region of 23,000.

It is also known that, although overall fewer young people are drinking alcohol, those who do are using more and those who do are starting alcohol use at an earlier stage. These trajectories are of great concern.

## **9. What Is Currently Happening**

Much work has been undertaken in Kent to tackle alcohol misuse, but more needs to be done. This section sets out what is already happening and section 10 identifies key gaps and how they will be tackled.

### **9.1 What Is Currently Happening – Communication**

Target 50 of *Towards 2010* recommends the introduction of a hard-hitting public health campaign targeted at young people in order to increase their awareness of, amongst other things, the effects of alcohol misuse. One example of this is the House campaign that moves round the districts month by month providing a centrally located meeting place for young people combined with public health messages. It targets young people who may be outside mainstream provision and potentially most vulnerable to substance misuse. House is supported by the Youth Service and will be evaluated during 2009. Consideration will be given towards the development of a model of Youth Service provision to reflect young people’s interest and needs, and expand upon the concept of town centre locations and multi disciplinary support teams.

The Kent Healthy Schools Programme promotes the health and well being of children and young people through a well planned school curriculum that encourages learning and healthy lifestyles choices. In order to gain healthy school status, schools have to

demonstrate, amongst other objectives, that they are delivering effective Personal, Social and Health Education (PSHE), alcohol education is one of the subjects of the PSHE programme

## **9.2 What Is Currently Happening – Adult Treatment Services**

The Kent Drug and Alcohol Action Team (KDAAT) is the agency responsible for the specific management and commissioning of alcohol and drug-related treatment services across the County.

KDAAT commissions a variety of statutory and voluntary organisations to provide a range of treatment services across the whole of Kent. Agencies include: KCA, Turning Point, Action for Change, The Kenward Trust and The East Kent Community Alcohol Service.

One of the strands of the KCC Supporting Independence Programme is dedicated to helping people with alcohol or substance addiction to move out of dependency and achieve greater independence.

## **9.4 What Is Currently Happening – Community Safety**

The commitment of Kent County Council to deal with alcohol-fuelled offences is reflected in the *Towards 2010* strategy. Target 57 aims to support Kent Police and to work with CDRPs to strengthen the police presence in problem areas. Target 60 requires the council to support young people in order to reduce the risk of them offending. The county also has the Kent Community Alcohol Partnership: a multi-agency initiative to reduce under age sales and offending (see box below).

A number of specific initiatives reflect the commitment of local partner agencies such as Trading Standards and Kent Police to reducing alcohol related harm. These include:

- The use of Penalty Notices for Disorder (PNDs) to individuals exhibiting disruptive behaviour.
- The use of alcohol enforcement areas which have been adopted by most CDRPs in Kent.
- “Conditional Cautioning” referral schemes which aim to provide an alternative to prosecution where offenders must attend sessions to learn about the consequences of alcohol misuse.
- “Meet and greet” tactics in which officers patrol targeted night-time “hot spots” to provide reassurance for the public and to deter crime.
- The “Three Strikes” scheme in Dover which involves penalties such as issuing Anti-Social Behaviour Orders (ASBOs) after a third arrest for alcohol-related offences.
- Anti-Social Behaviour Act (2003) powers which enable local authorities and the police to disperse disruptive individuals and send home young people under the age of 16.
- The designation of anti-social behaviour areas.
- Establishing alcohol free areas in Broadstairs Harbour and Canterbury.

## **9.5 What Is Currently Happening – Licensing**

Kent has approximately 6,500 premises licensed to sell or supply alcohol. 57 of these open 24 hours a day, comprising 35 supermarkets and stores, 14 hotels and 8 late night venues. A number of initiatives are in place to promote responsible trading:

- Last year Kent Trading Standards performed 151 test purchases, and found that in about a third of them alcohol was sold to underage people.

- Many licensed premises in Kent have joined the “Safer Socialising” scheme which awards certificates to those businesses selling alcohol in the night-time economy that demonstrate high standards of management and operation.
- Both the Kent-based company Shepherd Neame and the Wetherspoon pub chain, amongst other schemes aimed at promoting sensible drinking, make use of mystery shoppers to test socially responsible behaviour of the staff in its pubs.
- “Pub Watch” schemes have been developed which involve the exchange of intelligence between businesses, the police and other agencies in order to identify “hot spots”.

**Example of action - Kent Community Alcohol Partnership**

KCAP is based on a project first run in St Neots which engaged the licensed trade. There was a press launch by the Chief Executive, Chief Constable and licensed trade in November 2008 at Sainsbury’s Maidstone.

On the ground it consists of a host of small initiatives, e.g. supporting shops not to be intimidated, dealing with proxy purchasing in a better fashion and multi-agency patrols. There will be three 6 month pilot sites in Canterbury, Thanet and Edenbridge to see how it operates in different environments.

**9.6 What Is Currently Happening – Young People**

Kent schools have a programme of Personal, Social and Health Education (PSHE) which includes education about alcohol misuse. It has been announced recently that PSHE will become part of the National Curriculum. A number of other initiatives target young people. These include:

- A strategy on PSHE for all Kent schools produced in 2008 – this aims for uniform practice with sufficient resources and support to deliver high quality PSHE to all young people.
- In West Kent, Targeted Prevention services are working with partners in education and health to understand substance misuse needs among school populations and to develop an integrated and coordinated approach to meeting those needs.
- The Alcohol Intervention Support Programme (delivered by the Kenward Trust), aims to divert young people from substance misuse through education and awareness. This programme will be rolled out across all of Kent from March 2009.
- A Hidden Harm working group has been established to look at the needs of young people with substance misusing parents.
- Kent Safeguarding Children Board provides multi agency training to raise awareness and improve responses to parental alcohol misuse
- The substance misusing parents project in Thanet and Dover fast tracks substance misusing parents – drugs and alcohol – into treatment and ensure joint work between Children and Families teams and the drug and alcohol service.
- The Sunlight Project (run by KCA) in Thanet, Canterbury, Dover and Swale provides group work for children 7-13 whose parents abuse drugs and/or alcohol.
- Early Intervention which targets vulnerable groups of young people and focuses on making contact with young offenders, looked after young people, those young people who are not in mainstream schools, refugees and asylum seekers.

- An intensive multi component intervention is being developed which is working to reduce alcohol and drug use in addition to other risky behaviours with a view to building young people's resilience.
- DUST training is a programme of training for the children and young people's workforce in drugs and alcohol awareness, assessing problematic use and interventions for those who are not problematic.
- Specialist young people's community treatment provides one to one interventions for young people who are assessed as problem users. This includes specific drug and alcohol work with young offenders to impact positively on offending.<sup>8</sup>

A booklet has been published by the Kent Children's Safeguarding Board for parents of teenaged children that provides helpful advice and guidance as well as contact numbers. Further information can be found on the Kent Resource Directory website.

### **9.7 What Is Currently Happening – Hidden Harm**

Alcohol misuse affects not just the drinker, but the family around them. Many children can just about cope, but for others, a parent's drinking can lead to feelings of isolation, guilt and poor performance at school. Children of problem drinkers can experience long-term psychological damage into adulthood. Services to support both young carers and chronic-drinking parents are too scarce.

In some cases where a parent's drinking has become so debilitating, their children have been forced into caring roles. This group of young carers looking after a parent with an alcohol problem is both hidden and particularly vulnerable. Most young carers in this situation simply never get support, with too many ending up in care when families reach crisis point.

## **10 Priorities for Action**

### **10.1 Priorities for Action - Strategy**

A strategic priority will be to collect and share data about alcohol misuse. This will ensure that there is robust baseline data available for planning. Information is needed from A&E to pinpoint problems with licensed premises. Better data on alcohol related offending will also be important.

### **10.2 Priorities for Action - Communication**

A co-ordinated approach is required to improve education and communications on alcohol related issues, by ensuring consistent methods and messages are used to create maximum impact. Campaigns should adopt a social marketing approach to achieving positive behavioural goals in the target audience.

Communications activities will be developed to support all the strategic objectives set out elsewhere in this Strategy, as well as to deliver the following specific objectives:

- To prevent alcohol related harm by increasing public awareness and understanding of the impact of alcohol misuse;
- To prevent children and young people developing alcohol related problems through a programme of targeted interventions including social marketing.

Communications will adopt the partnership approach underpinning an effective response to alcohol in Kent. A Communications Sub-Group (of the Kent Action on

Alcohol Steering Group) will co-ordinate communications activity across the county and also commission research, campaigns and other related activity needed to help fulfil the strategy's objectives.

The sub-group will:

- Develop a Kent Action on Alcohol Communications Strategy and Action plan, drawing on partners' work as well as its own commissioned activities, to include all relevant activities, campaigns and social marketing interventions;
- Ensure that young people and their families are being targeted with appropriate educational information;
- Establish an annual county budget to support alcohol communications work with contributions from a range of agencies and sectors;
- Continuously monitor and evaluate the impact of activity across the county.

Other related communications work will also take place including the development and updating of content on partners' websites, the creation of an "alcohol services" directory and working with local employers to encourage the adoption of workplace alcohol policies and employee access to information and treatment services.

### **10.3 Priorities for Action - Adult Treatment**

It is recognised that there is an under-provision of treatment services in the county. It is estimated that if a minimal level of access was provided (10%) 18,000 individuals would be helped each year. A good level of service (20%) would provide treatment to 36,000 people. Government data suggests that the level of access in the region is currently only 5%. A sustained programme of increasing the resources going into alcohol services will be put in place.

A key priority is the introduction of screening and brief interventions for hazardous and harmful drinkers in non-alcohol-specialist setting e.g. primary care, A & E and criminal justice settings.

At the other end of the process there is an identified need for better aftercare, including wraparound services such as employment and training support or financial advice. A specific route into treatment is needed for people with a dual diagnosis of alcohol misuse and mental disorder. Clarity is required on who is responsible for people who have alcohol-related brain-damage.

Services also need to be developed for particular groups. Appropriate services will need to be offered to people who are homeless or require better housing. Additional temporary sheltered housing will be facilitated by KCC for individuals recovering from alcohol addiction, particularly those discharged from hospitals, prisons and residential alcohol treatment, in order to prevent relapse.

Approximately 40-60% of clients who enter alcohol treatment services will drop out within after as few as a couple of sessions. These difficult to engage clients may be far riskier and more vulnerable than those in treatment. This is an important group of clients and a care pathway will be developed to address their needs.

Treatment services will need to be developed within the context of a system of outcome measures and with the application of a performance management system.

### **10.4 Priorities for Action - Community Safety**

It is a priority to tackle crime and anti-social behaviour linked to alcohol. This will require a number of developments.

A priority is a focus on ensuring that there are pathways from the criminal justice system to treatment services for both persistent drunken offenders and those who are first experiencing problems due to alcohol. This will include the use of Alcohol Treatment Requirements, Conditional Cautioning, Arrest Referral and the provision of alcohol interventions to people in the Multi-Agency Public Protection Arrangements and Prolific and Priority Offender systems or on Acceptable Behaviour Contracts or Anti-Social Behaviour Orders.

Local people with alcohol problems who are in the prison system will be targeted with advice and interventions and must be able to move into treatment immediately on leaving prison. Peer education in prisons will be considered as an approach.

Alcohol is a contributory factor to a significant proportion of domestic violence: however, local data on this is poor and will be improved. Those working with problem drinkers will be made aware of domestic violence and, where appropriate, alcohol interventions will be part of any programme targeting perpetrators and possibly victims of domestic violence. The alcohol strategy will link in to the local domestic violence strategies.

An ongoing priority will be to manage alcohol misuse effectively within the night time economy (NTE) and to ensure the development of a planned and balanced NTE.

### **10.5 Priorities for Action - Licensing**

The application of the Licensing Act 2003 should be monitored. In particular are members of the public being encouraged to make representations and seek reviews of problem premises and are more socially deprived communities making as much use of these rights as more affluent communities?

The *Towards 2010* strategy requires the County Council to work with off-licences, pubs and clubs to reduce alcohol-related crime and antisocial behaviour. A key element will be to seek to discourage the practice of discounting alcoholic drinks, charging high prices for soft drinks and other strategies that could promote irresponsible drinking.

Where necessary, use of appropriate legislation will be considered to reduce alcohol-related crime and disorder, for example licence reviews, dispersal powers and designated public place orders.

As a last resort, when all other practical attempts have been unsuccessful, consideration can be given to the establishment of alcohol free areas and Alcohol Disorder Zones, which can require premises failing to implement actions to reduce alcohol-related anti-social behaviour in their vicinity to contribute towards the cost of necessary additional policing.

Trading Standards and partner agencies should increase their efforts to identify retailers who supply alcohol to under age persons and ensure that penalties are applied.

### **10.6 Priorities for Action - Children and Young People**

Ensuring that all young people receive appropriate, evidence based, education about alcohol is vital. In particular, awareness will be raised about safe and sensible alcohol consumption. Personal Social and Health Education (PSHE) lessons in school are the core of this and it is important to ensure that these inputs are fit for

purpose. PSHE accreditation for both teachers and school nurses will be supported. Peer education will also be considered as an approach.

Such work also needs to focus attention on young people living in deprived communities who have particular risk factors. However such interventions should not be offered in isolation and should be offered at universal, targeted and specialist level. The national Every Child Matters Change process requires health and wellbeing issues to be tackled in an holistic manner,

Specialist treatment interventions will recognise that such young people often have multiple needs which require ongoing support and coordination in their communities. As a result effective Youth Inclusion and Support Panels are key to success.

The national Common Assessment Framework (CAF) will provide an assessment tool for all young people with identified needs. It will be necessary to ensure that the CAF identifies difficulties related to alcohol and leads to appropriate responses such as Targeted Youth Support.

It is important to tackle underage sales through regular campaigns of test purchasing and to tackle underage drinking in public places. This will be accompanied by efforts to provide alternative activities to divert young people from drinking on the streets, as well as efforts to prevent the parental supply of alcohol or young people taking drink from home.

Systems will be in place to identify children and young people at risk of harm from alcohol misuse and refer them to relevant bodies which will provide support and treatment. Services will also target parents whose drinking is putting the wellbeing of children at risk.

These activities require that staff working with children and young people are educated about alcohol interventions and can refer to services or seek other help to safeguard child health and wellbeing.

The Youth Alcohol Action Plan refers to a range of criminal justice interventions designed to stop young people from using alcohol in public places. This provides an opportunity for interventions to be provided to young people and it is important to ensure that young people do not enter the criminal justice system as a result of this. The aim is to complement this activity with a health based intervention and work is underway to develop this.

Successful initiatives dealing with other related health issues, such as drug misuse, drink driving and sexual health, will be explored for adaptation to the theme of alcohol misuse.

Help also needs to be offered to parents in Kent. Local research indicates that parents want more information about alcohol. Parents need to be able to give their children and young people good information and be good role models. It will be important to draw in both parents and those professionals who work with parents.

A particular concern is the transition from young people's services to adult services. Although 11-18 year olds are identified as being in contact with drug and alcohol services, there is a dip in the numbers attending adult treatment services in their early twenties. This gap will have to be addressed by further research into the blockages and gaps in the system and the best ways of addressing them.

### 10.7 Priorities for Action - Hidden Harm

In Kent, it has been estimated that substance misuse (both alcohol and drug misuse) is a parental characteristic of over half the approximately 800 children (56.1%) on the child protection register. Nationally, alcohol policies have barely begun to address this issue and treatment services must now have better support and funding to help both parents and their children recover from alcohol problems. There is also a real need to ensure that those working in the wider social care and education system are equipped to identify cases where parental misuse is affecting the quality of family life and that there are clearer protocols in place to help them co-ordinate support with the alcohol treatment sector where that is appropriate.

The young carers' services need the training and resources to reach these families while every adult alcohol service should routinely ask clients "Are you a parent? Can we help you in your parenting role?"

A new Public Service Agreement could be established to increase the health and wellbeing of children affected by parental alcohol misuse. There could be a target to reduce the number of children placed in care as a result of their parents' drinking.

The Local Safeguarding Children Board could identify an 'Alcohol Champion' to lead locally on family alcohol misuse issues and link alcohol and families targets into other local plans, such as Local Strategic Plans, Local Area Agreements and Alcohol and Drug Treatment Plans. Joint Strategic Needs Assessments could include an audit of parental alcohol misuse and services for both alcohol misusing parents and their children.

Links between domestic violence services and children's and young people's support services could also be strengthened.

### 11. Governance Arrangements

The delivery plan identifies how each target will be managed: the actions to be achieved, the agency responsible and the timescale. However, all these actions will be overseen and coordinated in a wider framework.

Several forms of multi-component collaboration aimed at dealing with alcohol misuse in Kent already exist. For example, Crime and Disorder Reduction Partnerships, including members from the Police, local authorities, the Probation Service, health authorities and the voluntary sector, are already working to deal with, amongst other aspects, alcohol-related crime and anti-social behaviour.

A multi-agency Kent Action on Alcohol Steering Group has been established which will meet on a bi-monthly basis and will receive progress reports on the action plan targets, identify resources and help overcome problems in meeting the targets.

This group will have membership from:

• Kent DAAT	• Kent County Council
• The county's two PCTs	• HM Prison Service
• Kent Police	• Kent Probation

This group will report to the Kent Public Health Board and the KDAAT Board.

## **12. Outcome measures**

This strategy recognises the need to develop good indicators of its success. This will require outcome measures e.g. is there less crime, is health improving or are children safer? At the moment the baseline data does not exist on which to build such measures. Nor is it clear which indicators are the most effective measures of the impact of alcohol.

One of the key processes for the ongoing alcohol strategy group will be to develop a set of outcome measures across health, community well-being, child safety and licensing which will enable the impact of this strategy to be measured effectively. These will include tools such as TellUs and the Kent Pupil Survey which will be used to measure PSA 14.

## **13. Resources**

This strategy has been developed to reflect growing national and local concerns of the harm caused by alcohol misuse. Alcohol has been the hidden relative within the substance misuse agenda for many years and gaining an accurate picture of the cost of services that either directly supports individuals or the consequences of alcohol misuse such as anti-social or violent behaviour provided via policing and health, or the hidden cost arising from absenteeism from work, is problematic. This strategy recognises the complexity of the cost analysis that is needed and pinpoints this as a critical area for development.

In 2008/09 Kent's Health services made substantial new investment into services that support prevention measures and treatment facilities. This has contributed to better assessment, access to information and the coordination of services within communities that offer opportunities for support at the preventative end and also serves to meet the need at the "chronic" end where for some people their life has become chaotic and destructive. In 2009/10 direct investment in these services will equal £2,027k.

As this strategy develops the recognition of the contributing role of wrap around services to support alcohol interventions will be essential to sustain change in behaviour and improve outcomes. Further investment will be necessary but this is likely to be achieved within the existing main stream budgets and delivered by a reshaping of the services as an extension of their roles and responsibilities. The principle support for housing is delivered via Supporting People and the current investment in "floating support" is £95k.

The strategy will contribute to the effort to counter the extreme levels of anti social behaviour and criminal damage associated within the night time economy. A reduction in ambulance responses, demands upon Accident and Emergency and hospital alcohol related admissions should follow.

What lies at the root of the strategy is a coordinated partnership approach building on existing investment and sharing the benefits of reductions elsewhere in the system. Kent Action on Alcohol will work to support the health, community and personal safety and education agenda.

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## **KENT ACTION ON ALCOHOL STEERING GROUP**

### **The Alcohol Strategy for Kent Delivery Plan**

The Kent Action on Alcohol Steering Group (KAASG) has been developed to steer the Alcohol Strategy for Kent and to deliver the recommendations of the KCC Alcohol Select Committee. The strategy sets out the key principals and core values for achieving the outcomes of Safe, Sensible Social the National Alcohol Strategy but wishes to build on local knowledge and best practice and improve opportunities where gaps either in service provision have been identified or failings have been identified.

The strategy aims to ensure that systems and structures are in place to influence behaviours and attitudes and address the needs of communities and individuals when issues that arise from problematic alcohol consumption are prevalent.

The strategy is broad reaching aiming to capture the work that will reduce the harm from the misuse of alcohol, recognise the disproportionate impact that this has on some communities and seek to achieve a partnership approach to services, support mechanisms and information. The key partners within this strategy are the Kent County Council including the breadth of services from education and children's service to trading standards and community safety, the Public Health and Primary Care services, the Police and other criminal justice agencies and the Voluntary Sector.

The Delivery Plan sets out the first steps towards meeting the priorities of the Alcohol Strategy. It highlights immediate actions that need to be taken and will be reviewed and evaluated as progress is made.

- 1. Communication:** how to convey important public health messages without alienating the general public, ensuring that key professionals have a understanding of alcohol misuse, it's symptoms and outcomes, and seeking to have an informed employer group that can support and manage workplace issues

Aim	Objective	Priority Actions	Outcomes	Resources	Lead Agency	Status
<p><b>To maintain a Communication Strategy that responds to the emerging evidence on the misuse of alcohol.</b></p>	<p>To ensure the provision of timely and accurate information and advice for the public.</p>		<ol style="list-style-type: none"> <li>1. An informed community that is aware of the issues relating to alcohol use and misuse.</li> <li>2. A prevention agenda that ensures the public access information and advice at the point of need.</li> <li>3. A coherent and pragmatic message to the public that is understood and can evidence change in behaviours and attitudes.</li> <li>4. A reduction in the cost and impact of alcohol related</li> </ol>			

			<p>illnesses and other factors e.g. health services and absence from work.</p>			
	<p>To develop materials that target age specific, gender and other groups e.g. parents and sectors of the community.</p>		<ol style="list-style-type: none"> <li>1. The distribution of materials, information and advice to priority target groups.</li> <li>2. Information and advice reaching the groups and communities within priority areas that reflects local need.</li> <li>3. Publicity materials that ensure the active participation and contribution of priority target groups.</li> <li>4. Improved health outcomes across all sectors and communities.</li> <li>5. Reduction in alcohol related crime e.g. assault and ASB.</li> <li>6. Reduction in A &amp;</li> </ol>			

			E admissions for alcohol related injuries.			
	To use a range of media tools and opportunities to ensure that a positive message is conveyed to the widest possible audience.		<ol style="list-style-type: none"> <li>1. An informed public with a level of awareness of how, when and where to access support, advice and /or treatment.</li> <li>2. The support of public and private media groups in campaigns to deliver the overall alcohol Strategy message.</li> <li>3. A media campaign that can be modified and adapted as new and emerging evidence is available.</li> </ol>			
	To work with Partners in the development of key messages that cover criminal justice, trading standards, retailing, health and education.		<ol style="list-style-type: none"> <li>1. An informed public with a level of awareness of how, when and where to access support, advice and /or treatment.</li> <li>2. A coherent</li> </ol>			

			<p>response from partners and priority resources to tackle alcohol related issues.</p> <p>3. Tangible evidence of a change in behaviour and attitudes to alcohol misuse and alcohol related disorder.</p>			
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2. **Treatment:** improving the current level of treatment provision across a range of needs from prevention, early diagnosis to acute care

Aim	Objective	Priority Actions	Outcomes	Resources	Lead Agency	Status
<p><b>The provision of alcohol treatment services at point of need, including advice and guidance at primary care level.</b></p>	<p>To ensure the commissioning of treatment services reflect local need and are available at first point of contact.</p>		<ol style="list-style-type: none"> <li>1. Improved early identification and assessment and referral on as required.</li> <li>2. Improved partnership working and investment in services.</li> <li>3. Reduction in acute / chronic alcohol problems.</li> </ol>			
	<p>To ensure the training and development of Primary Care workers, including GPs, in the identification, assessment and treatment of alcohol related health issues including issues relating to young and</p>		<ol style="list-style-type: none"> <li>1. Improved early identification and assessment and referral on as required.</li> <li>2. Improved awareness in older people population of alcohol related issues.</li> <li>3. Improved access</li> </ol>			

	older people.		for young people to information and referral.			
	To ensure that a comprehensive needs assessment is produced annually and that commissioned services reflect identified need.		1. The provision of services that reflect known local need.			
	To target resources to areas of priority need including the acute end of treatment.		1. Improved health outcomes within areas identified as high priority.			
	To divert resources from acute end services to prevention as and when the evidence emerges of a reduction in acute episodes.		1. Reduction in cost of alcohol treatment services making savings available for distribution elsewhere in health service. 2. Improved access to prevention and Brief Intervention therapies.			
	To ensure the development of age		1. A reduction in the number of young			

	appropriate services within CAMHS and other treatment facilities.		<p>people accessing acute treatment services.</p> <ol style="list-style-type: none"> <li>2. Improved partnerships with schools and colleges to ensure easy access.</li> <li>3. Improved awareness amongst young people of the risk associated with alcohol misuse.</li> </ol>			
	To work with organisations that support older people to ensure the issues relating to alcohol misuse are understood and developed.		<ol style="list-style-type: none"> <li>1. Reduction in alcohol related injury to older people.</li> <li>2. Improved support to carers of older people with alcohol related dependency.</li> <li>3. Swifter identification of the symptoms and access to appropriate services.</li> </ol>			

**3. Community Safety:** working with the Police and other Criminal Justice agencies to develop responses that minimise the impact of alcohol misuse and within, for example the prison system, that education programmes are developed alongside treatment

Aim	Objective	Priority Actions	Outcomes	Resources	Lead Agency	Status
<p><b>To reduce the negative impact of alcohol misuse within our communities.</b></p>	<p>To work with and across the alcohol industry to improve the understanding of the impact of alcohol misuse within communities and neighbourhoods.</p>		<ol style="list-style-type: none"> <li>1. A reduction in alcohol related disorder.</li> <li>2. Improved licensing management and greater social responsibility by alcohol industry.</li> </ol>			
	<p>To work with the treatment providers to ensure information and signposting to assessment routes is available and understood by frontline staff.</p>		<ol style="list-style-type: none"> <li>1. Early identification of emerging problems and swifter responses to prevent escalation of problems.</li> <li>2. Greater community ownership of the issues relating to alcohol related crime.</li> </ol>			
	<p>To prioritise work with domestic abuse and</p>		<ol style="list-style-type: none"> <li>1. Reduction in alcohol related</li> </ol>			

	<p>ensure that frontline staff has an understanding of alcohol related issues – leading to accurate recording of incidents.</p>		<p>domestic abuse.</p> <ol style="list-style-type: none"> <li>2. Referral routes known to and used by victims and perpetrators of abuse.</li> <li>3. Linkages to Hidden Harm noted and acted upon – Safeguarding is prioritised.</li> <li>4. Treatment agencies are central to solutions.</li> <li>5. Improved sharing of information and intelligence.</li> </ol>			
	<p>To develop coordinated responses to alcohol misuse within community and custodial criminal justice settings.</p>		<ol style="list-style-type: none"> <li>1. Reduction in alcohol related offending.</li> <li>2. Improved treatment services for offenders within community and prison.</li> <li>3. Improved identification of alcohol related issues and referral into high quality service provision.</li> </ol>			

	<p>To develop effective programmes that work with young people within the community and divert them from alcohol related crime.</p>		<ol style="list-style-type: none"><li>1. Improved partnership working across the police, youth and youth offending and treatment agencies within communities.</li><li>2. Reduction in the number of young people entering treatment services.</li><li>3. Improved school attendance and achievement.</li></ol>			

4. **Licensing:** working within a partnership arrangement to ensure the intentions of the Licensing Act 2003 are achieved and fulfilling the 2010 Strategy to work with off-licenses and other trade organisations

Aim	Objective	Priority Actions	Outcomes	Resources	Lead Agency	Status
<p><b>To ensure the Licensing Act is understood and works to best effect within the communities of Kent.</b></p>	<p>To ensure that the Licensing Act enables the delivery of an effective framework for the enjoyment of alcohol within Kent's communities.</p>		<ol style="list-style-type: none"> <li>1. A safe environment in which communities and individuals can enjoy alcohol and reduce the negative impact of alcohol misuse.</li> <li>2. An informed public where active participation in decisions relating to alcohol licensing is apparent.</li> </ol>			
	<p>To provide effective Trading Standards support to the communities of Kent in tackling alcohol related misdemeanours.</p>		<ol style="list-style-type: none"> <li>1. Increased prosecutions where breaches of the law in respect of licensing are evidenced.</li> <li>2. A reduction in the</li> </ol>			

			number of sales of alcohol to under age consumers. 3. Reduction in alcohol related ASB.			
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**5. Children & Young People:** working with education, schools and colleges to provide evidence based programmes about alcohol and where necessary providing the appropriate level of treatment interventions

Aim	Objective	Priority Actions	Outcomes	Resources	Lead Agency	Status
<p><b>To reduce the risk to children and young people of the negative impact of alcohol misuse.</b></p>	<p>To ensure children and young people have access to accurate and appropriate information, advice and guidance in respect of personal and family alcohol use / misuse.</p>		<ol style="list-style-type: none"> <li>1. Informed children and young people with the understanding to avoid problems and the knowledge to access support if necessary.</li> <li>2. Effective services that address hidden harm agenda.</li> <li>3. Support to parents and carers.</li> <li>4. Support to education staff with knowledge to refer on where necessary.</li> </ol>			
	<p>To deliver age appropriate services</p>		<ol style="list-style-type: none"> <li>1. High quality service to meet</li> </ol>			

	to children and young people.		the needs of children and young people. 2. Reduction in the number of young people accessing acute services. 3. Reduction in alcohol related offending by young people.			
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6. **Hidden Harm:** to ensure that Kent is addressing issues relating to families and the welfare of children and young people

Aim	Objective	Priority Actions	Outcomes	Resources	Lead Agency	Status
<p><b>To provide services that ensure the identification of children and young people who may be at risk from the impact of alcohol related misuse.</b></p>	<p>To ensure that children and young people do not come to harm as a result of the alcohol misuse within their family or community.</p>		<ol style="list-style-type: none"> <li>1. Improved access to services that enable children and young people to live at home.</li> <li>2. Treatment and support services provided to parents and carers reducing the risk of harm to children and young people.</li> <li>3. Improved working across agencies and improved sharing of information and intelligence to ensure children and young people are safe at home.</li> </ol>			
	<p>To work in support of the Kent Children Safeguarding Board in the delivery of effective assessment</p>		<ol style="list-style-type: none"> <li>1. Treatment services work in alongside children social services to support the</li> </ol>			

	and treatment services to reduce the harm caused by the alcohol misuse.		<p>continuation of children and young people living at home.</p> <p>2. Assessment of risk is clearly understood and mitigated via the delivery of effective services for treatment, information and support.</p>			
	The development of a framework for effective work with children and young people living with alcohol misuse within a family or community setting.		<p>1. Improved access to support and guidance for professionals working with families where alcohol misuse is prevalent.</p>			
	The development of wrap around services that ensure Think Family is at the heart of any intervention in work with children and young people and reducing the impact of alcohol misuse.		<p>1. The establishment of a treatment Pathway for families with alcohol misuse as a priority issue.</p>			

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**By:** Graham Gibbens, Cabinet Member Adult Social Services  
Oliver Mills, Managing Director Kent Adult Social Services

**To:** Adult Social Services Policy Overview Committee –  
15 July 2009

**Subject:** **KENT'S POLICY FRAMEWORK FOR LATER LIFE**

**Classification:** Unrestricted

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**Summary** To ask the Adult Social Services Policy Overview Committee (ASSPOC) to consider Kent's Policy Framework for Later Life – '*Living Later Life to the Full*' and identify the strategic actions to be taken to deliver the aspirations.

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## 1. Introduction

- 1.1 The Vision for Kent identifies seven key challenges, of which the ageing population is one. Demographic changes in Kent (and most of Western Europe) bring enormous opportunities as well as significant challenges. Older people are often the volunteers, carers, mentors and activists that provide the backbone of communities and Kent will benefit from having proportionately more of these people. In late 2007 Kent County Council ran a series of workshops with older citizens and partners to establish what people thought were the key issues and concerns relating to later life which needed action. This resulted in an embryonic Strategy for Later Life (February 2008) which has been further consulted upon. ASSPOC has taken the lead within the County Council on this work although the issues are far broader than social care and health, encompassing transport, leisure, housing, community safety and community planning and design.
- 1.2 Although KCC has initiated and driven this work, only by working in partnership across organisations in Kent can real improvements be made to the lives of older people. From the start, therefore, the Later Life work has been undertaken in partnership. Within the Kent Partnership, the Public Health Board agreed to take the lead, but recognised that the issues relating to older people cut across all the Kent Partnership Boards.
- 1.3 The attached document (which will continue to evolve) is the result of these discussions and conferences – including the successful conference in the Council Chamber in May last year. It represents the aspirations set out by those older people who contributed to the consultation, and the representatives of partner organisations, as well as KCC Members. On 10 February the Kent Partnership endorsed the Policy Framework, subject to it being considered by individual organisations, and asked that reports should be brought back in a year on the action that would be taken to achieve the

aspirations set out in the Framework. Cabinet endorsed the Framework on 30 March and asked that all the July Policy Overview Committees consider what they will do to deliver this.

## **2. Kent's Policy Framework for Later Life – Living Later Life to the Full**

- 2.1 This sets out the strategic priorities and high-level targets that older people themselves, along with KCC and its partners, have identified. It has been a collectively shaped and developed document, focussing on the cross-cutting issues facing older people in order to focus attention on the challenges and opportunities the ageing population brings. Annex 1 summarises the priorities, and the full document is set out in Annex 2.
- 2.2 The Framework looks at how older people want to live their lives, and is deliberately aspirational and positive, emphasising the benefits that the ageing population brings, and promoting a positive image of old age because this was an important message from the consultation. Transport was the biggest concern for those who no longer drove cars. Access to good quality health and social care was very important, but so was access to a wide variety of social and leisure activities. Employment of older people has taken on even more significance since the depth of the recession has become apparent, and will be an essential component of our strategy to respond to the changing age profile of the workforce. Planning for the future – in terms of living healthy lifestyles, financial planning and living in an age-friendly home and community – was another key issue, which applies to people of all ages. The role of older people within families, and the importance of inter-generational activities also came through strongly. Community Safety and protection of more vulnerable older people was another key theme. The issues raised thus cut across all aspects of County Council service delivery and that of our partners.
- 2.3 The Policy Framework document sets out the overarching ambitions that KCC and its partners have in improving the quality of life for older people. It will play an important role in ensuring that there is an ongoing focus on preventative activities that will enable people to live their later lives to the full. Work is now going on across KCC directorates with Districts & Boroughs, Health, Police and Fire & Rescue and the voluntary sector to map out activities already underway which support these priorities and targets. This will enable us to more effectively publicise the examples of excellence already underway, or planned, of which people may not be aware. This process will also enable us to see if there are any gaps in current service provision and decide whether further action should be taken.
- 2.4 The Regeneration Framework has a chapter entitled 'Embracing a Growing and Ageing Population' which identifies a number of actions that KCC wish to promote. These all fall within the strategic framework set out within the Policy Framework for Later Life. The ensuing mapping exercise and action plan will therefore provide a vehicle for taking this element of the Regeneration Framework forwards, and producing a KCC Strategy for Later Life that sits beneath the over-arching Policy Framework.

- 2.5 It is important that by creating a Policy Framework for Later Life we do not establish a new 'silo' for older people but build consideration of older people's interests into the planning of existing services, organisations and partnerships. All aspects of public service and policy development should take account of the interests of older people as well as younger people. It is also important that we prepare younger people for their futures and encourage people to plan for their later lives at a much younger age.

### **3. What is already happening as a result of the Policy Framework?**

- 3.1 The process of consulting on and developing this document has already started to drive changes in how organisations approach older people's issues. It has placed the ageing population higher on different agenda and sparked interesting debate about the challenges and potential solutions. Central to driving this process forward has been the success we have had in engaging with all the Kent Districts, Borough and City Councils as well as Health, Police and Fire and Rescue.
- 3.2 Some of the early successes have included:
- 3.2.1 Raising the profile of Older People's Champions. Regular meetings are now being held between the Older People's Champion (Mike Angell) and representatives of older people (e.g. the chairs of pensioner's forums). Issues important to older people can be formally logged with the Older People's Champion and then passed on to the relevant officers or committee. An Older People's Champion Board is also being established.
  - 3.2.2 Older people's forums are being encouraged to develop in areas where there is currently little take up. In East Kent there is already a strong network of formally constituted forums, and much work is being done in West Kent to set up forums in those areas where they do not already exist.
  - 3.2.3 Districts and KCC representatives are making more connections with one another, which has stimulated some specific, local actions. Some districts have been particularly keen to 'sign-up' to the KCC Policy Framework, and produce their own action plan to sit beneath it to avoid having to produce their own strategy documents. This avoids duplication.
  - 3.2.4 Within KCC at officer level an Older People's Strategic Network has been created to discuss the cross-cutting issues and drive the Policy Framework forwards.
  - 3.2.5 There has been a focus on intergenerational cohesion, with the extended schools service looking to embrace the challenges of social cohesion. A number of interesting projects and approaches are being taken by schools working on community cohesion priorities. A seminar was organised in Brussels for the end of March to discuss the issue of intergenerational cohesion. This is in partnership with the University of Kent and will seek to tap into European funding in this area. A stimulating discussion was also held with the Kent Youth County

Council, where younger people proved very interested in the issues of planning for later life and intergenerational cohesion.

- 3.2.6 Within KASS, of course, there have been innumerable examples of innovative action to promote a better quality of life for older people ranging from the Brighter Futures Group (facilitating 'younger older people' volunteering to provide befriending and practical support to older people), the INVOKE project in East Kent, Supporting People's funding of Home Improvement Agencies and HandyPersons, enabling elderly, disabled and vulnerable residents to remain in their own homes, improving their quality of life and reducing health and social care costs, and so on. Europe's biggest 'Whole Systems Demonstrator' project is underway in Kent offering personalised care and support options using telehealth and telecare, through integrated partnership working. KASS are also part-funding a West Kent Older Persons Handbook, collating useful information and advice into one document with signposts detailing who to contact. This will be made available in a variety of venues including Gateways, Libraries and GP Surgeries.

#### **4. Connections between the Policy Framework for Later Life and KASS Services**

4.1 At Annex 3 is the KCC action plan which maps out actions already underway and identifies aspirations for the future. Similar action plans are being produced by Districts, Health, Police and Fire & Rescue, to evidence how each organisation is supporting the Later Life agenda. The whole KCC action plan is included in Annex 3 to give Members a comprehensive overview, and the action plan elements which KASS is delivering are highlighted.

4.2 KASS POC Members are asked to use the action plan at Annex 3 as a basis for considering whether there are further strategic actions that KASS Directorate should take in order to support the delivery of the priorities set out in Annex 1.

#### **5. Recommendations**

Members of the Adult Social Services Policy Overview Committee are asked to:

- (i) Comment on and endorse Kent's Policy Framework for Later Life
- (ii) Give views on strategic actions to be taken to deliver the aspirations set out within the Framework

**Debra Exall**  
Head of Strategic Policy  
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**Nick Sherlock**  
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Ext 4814

**1) To ensure communities are designed to be ‘age proof’, stronger, safer and sustainable, by:**

- Working with developers to make sure that new developments are designed to be sustainable and age-proof.
- Actively tackling housing disrepair and supporting older people in maintaining and adapting their own homes.
- Developing and designing existing communities to be more “age friendly”, in respect both of physical infrastructure and social inclusion
- Helping older people feel safe and secure within their own homes and community
- Preparing for changes in the environment and climate-proofing communities to make them sustainable for the future

**2) To improve transport and accessibility, by:**

- Increasing transport options for older people, including services for those who are disabled or live in rural areas.
- Making people more aware of the transport options already available to them

**3) To enable older people to lead healthier lives and have better access to healthcare, by:**

- Focussing on the prevention of health problems
- Enabling the older people of Kent to participate in regular exercise and live an active life
- Developing better integrated health and social care services
- Assisting people to manage their own health and independence in order to keep living in the community for as long as possible

**4) To support older people’s citizenship, learning and participation in community life, by:**

- Encouraging older people’s participation and inclusion in community activity, raising social capital
- Ensuring older people have a voice and are able to exert their influence over policy making
- Enabling older people to have the opportunity and ability to participate in life-long learning
- Making sure older people in Kent have employment opportunities if they want them.
- Helping older people have access to new technology as well as the ability to use it

**5) To ensure those older people who need support to live independently have choice, control and good quality care, by:**

- Ensuring service provision is based upon a person centred approach
- Working to remove the barriers that can impair the quality of older people’s lives

- Making sure individuals have access to 'joined up' information when they need it
- Supporting carers in having a life apart from caring

**6) To encourage people to plan for a secure later life, by:**

- Making older people in Kent more aware of the services and support available including access to financial information and advice.
- Reducing fuel poverty by increasing the take-up of energy saving initiatives and increasing awareness of affordable warmth.
- Improving the economic well-being of older people within Kent

**7) To promote a positive image of later life and dignity and respect for older people, by:**

- Promoting the value of later life and changing attitudes towards older members of society
- Encouraging inter-generational activities and community cohesion

# **Living Later Life to the Full**

## **A Policy Framework for Later Life**

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## Introduction

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The people of Kent are living longer, healthier lives than ever before. This brings huge opportunities because it is often in people's later years that they have the time to get involved in community life. This is also a time when they have built up a wealth of knowledge and life-experience from which younger people can benefit. We need to design Kent's communities and service provision in a way that encourages social interaction both within and between the generations, enables people to lead the lives they want as well as make a full contribution to society.

This Policy Framework, *Living Later Life to the Full*, sets out how people in Kent want to live their later lives and what they want from public and community services and facilities. It is based upon widespread consultation over 18 months, involving discussions with Kent residents, the voluntary and community sector, representatives of black and minority ethnic communities, residential and domiciliary care providers, Health, Police, Fire and local government. People were asked what they wanted to see in a Strategy for Later Life and what they think currently works well. The Policy Framework has built on the Vision for Kent (Kent's Community Strategy), taking the themes identified there and scrutinising them from the perspective of older people. It is also informed by research from elsewhere, including the World Health Organisation's work on Global Age-friendly Cities, and the work of the Better Government for Older People Network.

In writing this Policy Framework, we have struggled with the definition of an "older person" for two reasons. Firstly, identifying when someone becomes "old" is highly subjective. The concept of age is very tricky; some people will never feel old, to others an older person is always someone 20 years older than they are now, and others will feel 'old' relatively early in life. Secondly, in this country there are negative connotations to being an "old person" (frail, dependent, out of touch) rather than the much more positive view taken in some cultures of their "elders" (wise, experienced, balanced). We want this Policy Framework to celebrate the virtues of old age, as well as acknowledging the challenges and losses that it brings, and to promote a positive image of older people. There was no consensus in the consultation over the best way to describe older people, and for the most part we all concluded that it was better to talk about "people". The Government focuses on the 50+ population in its guidance for older people's strategies, because of the importance of preparing for later life, so the statistical analysis upon which some of the Policy Framework is based looks at population data from age 50. But only the very young would regard people in their 50's as being "older people", so we have tried to avoid using chronological age where we can. After all, apart from when people are very ill, their fundamental interests and desires don't actually change that much as they grow older. People enjoy doing the same sort of things, within reason, throughout their lives if they can. Generally, it is only in the last 18 months or so of life that people need very intensive support and care, and it is vital that, collectively, we organise services so that this is provided in a way that best meets people's needs at that critical time. This Strategy does cover such issues, but it mostly focuses on how to make people's later lives happy, fulfilled and productive.

People said to us that they didn't think another detailed strategy document was needed, and indeed we have many plans in Kent already, some of them specifically targeted at

older people. This Policy Framework is therefore an over-arching summary of the strategic issues that are important to Kent residents, developed collectively. From the themes identified in the consultations, seven key priorities have been developed to reflect the issues and concerns that are important to the older people of Kent. These are numbered for easy reference, but the order is not significant – all are important:

- 1. To ensure communities are designed to be “age proof”, stronger, safer and sustainable**
- 2. To improve transport and accessibility**
- 3. To enable people to lead healthier lives and have better access to healthcare.**
- 4. To support people’s citizenship, learning and participation in community life.**
- 5. To ensure those people who need support to live independently have choice, control and good quality care**
- 6. To encourage people to plan for a secure later life.**
- 7. To promote a positive image of later life and dignity and respect for older people.**

Key strategic targets have been drawn up under each of these priorities, and are set out in this Policy Framework. A mapping process is now underway to identify and collate all the action public services in Kent are undertaking and planning for older people. This will publicise the excellent projects already in existence which people may not be aware of, and will also highlight key areas that require strategic and collective actions for the future. A detailed collective action plan will be drawn up, based on the mapping, and will be publicly available in June 2009. This action plan will enable residents to hold agencies to account for delivering improvements in relation to the issues they have highlighted, and ensure that the ambitions in this Policy Framework get translated into outcomes.

Another significant change since the consultation began is that the formal mechanisms for feeding people’s views into the decision-making processes have been strengthened through raising the profile and influence of Older People’s Champions.

Throughout the consultation, officers were clear that there would not be additional resources available to implement this strategy, and the economic climate may well result in an overall reduction of resources to the public sector as a whole over the medium term. But the public sector will still control vast sums of money and the Policy Framework is about ensuring that older people’s needs and views influence how resources are utilised. Also, of course, not all the changes people want to see will require money. The action plan resulting from the mapping exercise will set out planned changes and the timescale within which they will happen. The actions will also vary across Kent according to local circumstances, needs and priorities.

The aim of Kent's Policy Framework for Later Life is therefore to focus attention on the strategic objectives which will enable us as a county to embrace the demographic changes we face, make the most of the opportunities which this brings, and be prepared to address the challenges too. Much of what is contained in this document is already well understood, and much is already happening, but this is the first time that public services in Kent have combined to agree the strategic action needed in relation to older people. The priorities and strategic objectives have been designed for and developed by older people in Kent and provide a framework against which we, collectively, will shape the future of public services.

We are very keen to continue the discussion with Kent residents about priorities, strategic targets and specific actions. If you want to comment on this document or contribute to the development of the action plan, contact details are provided on page 33.

### **A Special Thanks...**

We would like to use this opportunity to thank everyone who has contributed to and continues to contribute to the work we are doing. We value the time and effort you have invested in helping us take this policy framework forward and the ideas and suggestions you have given us. We would particularly like to thank members of the editorial panel, consultation groups, older people's forums and the officers who have put so much work into this strategy.

## **Priority 1: To ensure communities are designed to be “age proof”, stronger, safer and sustainable**

Towns and cities should be designed with all residents in mind. There is much to learn from the World Health Organisation and those other countries, particularly Scandinavia and the USA, who are ahead of the UK on this. Improving community well being and the quality of living is a key theme in the ‘Vision for Kent’. Making sure our communities are stronger and safer benefits everyone; however, it is particularly important for older and more vulnerable adults.

*"Design for the young and you exclude the old; design for the old and you include the young."* Bernard Isaacs, founding Director of the Birmingham Centre for Applied Gerontology

### **Decent Homes**

Planning for future housing needs is particularly important in view of the ageing population. For frail older people, the nature of their housing can have a significant impact on their degree of independence and therefore quality of life. In particular, there is a strong link between poor housing condition and poor health. Tackling housing issues can therefore have a dramatic impact on people’s health and well-being. Adapting a person’s existing property to make it more suitable for them can be hugely expensive, both for the individual and for the state. Planning ahead and making sure that a substantial proportion of new housing is built to ‘lifetime homes’ standard is therefore very important.

It is also important that there is a range of housing options that older people can select from as their circumstances change. The five year aim of the national report, ‘Lifetime homes, Lifetime Neighbourhoods’ is that “there will be more mainstream and specialist homes of the right type in the right location’ for older people”. A key issue is to ensure that older people have choice. This includes the choice to move into extra-care housing. Many older people may end up on their own in a large property much too big for their needs, leading to high heating and maintenance costs, which they may not be able to afford. While many older people want to remain in a home that contains memories and has room for friends and relatives to visit, they need to be made aware that there are other options available. For older people who are asset rich, but cash poor, it is also essential we help find solutions, such as equity release, that benefit the individual.

### **Home Improvement Agencies**

The role of Home Improvement Agencies (HIAs) is vital. People generally wish to stay in their own homes as they get older but often need help to repair or adapt it in their later life. In the consultation, home owners discussed concerns about ‘cowboy’ builders and rogue traders carrying out home maintenance. While Trading Standards have an important role in tackling rogue traders, people also wanted more information about accredited companies and better awareness of the schemes promoted by the Kent Housing Group which include the ten HIAs across the county. HIAs offer practical support and advice to enable older people to make necessary adaptations and modifications to their homes that they might not otherwise have been able to make without assistance. Through improving people’s living conditions, HIA’s help to enhance quality of life and enable people to remain in their own home in greater comfort and security as part of the local community.

### **Safe Homes**

The Kent Handyvan scheme is greatly valued by residents of Kent; people made the connection between such services and feeling safer in their own homes both in terms of accidents and crime. The Handyvan Scheme aims to reduce the risk of burglary by fitting security equipment such as door chains and viewers, window locks and safety features such as smoke and carbon monoxide detectors. Even by making small improvements such as these, quality of life for people can be much improved. The Police and Fire and Rescue Service are also very active in helping people feel safe and secure in their homes. The Fire service offer free home fire safety checks, and the installation of smoke detectors if required. They have also made older people a priority in their service delivery. Kent Police run a number of initiatives to help older people feel safe and secure. This includes 'nominated neighbour' and 'rogue trader' schemes to help prevent distraction burglary and 'Senior Watch' an initiative that makes sure messages from the police and others get to those who need to know. It is important that older people are aware that there is free help available when looking to make their homes safer. We should look to build on and publicise the good work the Police and Fire and Rescue Service are already doing.

### **Perceptions of crime**

Older people in Kent as a group are less worried about crime and less likely to be victims of crime than younger age groups, and crime was not a major theme to emerge during the consultation. However, some people were scared to leave the house after dark, and had experienced anti-social behaviour which had a devastating impact on them. We know from national and local research that fear of crime can prevent people from accessing social activities and can contribute towards the creation of social isolation and loneliness. It is crucial that we prevent this from happening and promote initiatives to make people feel safe and secure in their own homes and communities. The role of community wardens and neighbourhood policing is important here as they do much to help people feel safe in the community. Each neighbourhood now has named police community support officers to report to on a very local level, and who work closely with community wardens. We should be supportive of community policing programmes that help to reduce fear and reduce anti-social behaviour.

### **Age-friendly Communities**

Whole communities, not just the homes in which older people live, must be age-friendly. This includes making sure that pavements are accessible and free from trip hazards, that there are dropped kerbs to allow the use of mobility scooters, there are places for older people to rest and that there is a pleasant and clean environment. For older people, the fear of falling is a major concern and if the neighbourhood is perceived to be hazardous, this may lead to social isolation. Roads should also have adequate pedestrian crossings with enough time for people to cross. Many older people expressed concerns that 'green man' controlled crossings often did not give them enough time to cross the road, and that drivers were too keen to drive through on an amber light, which suggests a need to improve some drivers' road safety awareness.

A key concern expressed was that of the need for better access to public toilets. Incontinence can be a real problem and many people do not go out simply because there are no public toilets in their local area. A report by Help the Aged, entitled 'Nowhere to go'

calls on local government to develop a toilet strategy to improve older people's dignity, health and well-being. It highlighted examples of older people who said that they simply didn't drink so that they would not need the toilet, or carried a jug out with them, just in case. During the consultation for this Strategy, many said that disabled toilet access was also a problem for them. While many shops and cafes now provide for disabled access, often their toilets are not disability friendly, which makes the whole place inaccessible. Action needs to be taken to ensure that there are more public toilets across Kent. These should also provide disability access, with large cubicles and doors that are easy to open to make it easier for older people to get out and about.

### **A broad range of activities geared for older people**

To increase people's participation in community life, social inclusion and the contribution they make to society, communities need to have a broad range of activities geared towards older people. It is essential that future participants are involved in the planning of such activities. In some cases, older people themselves run activities specifically for older people, for example, over 50s clubs, Pensioner Forums, the Active Retirement Association, and so on. The World Health Organization's work on Age-friendly Cities has emphasised the importance of older people meeting with their peers and supporting each other. But in addition to this, people also want to mix with different generations and have social activities that are geared to all age groups. We must ensure that older people shape and influence the development of community activities in general or there is a danger that their particular interests, needs and expertise could be overlooked.

### **Growing old in a changing climate**

When looking to 'age-proof' communities for the future, it is vital to examine what impact changes in the climate could have for future generations. It is widely accepted that climate change will lead to hotter, drier summers and stormier, wetter winters and this will have a bigger impact on the more vulnerable members of our community. We should plan ahead to keep people warm in the winter, and cool in the summer. This includes planning for plenty of shady areas, good ventilation in homes and energy efficiency.

### **Key strategic targets**

We will ensure that communities are 'age proof', stronger, safer and sustainable by;

- Working with architects, designers and developers to make sure that new developments are designed to be sustainable and age-proof.
- Actively tackling housing disrepair and supporting older people in maintaining and adapting their own homes.
- Developing and designing existing communities to be more "age friendly", in respect both of physical infrastructure and social inclusion
- Helping older people feel safe and secure within their own homes and community
- Preparing for changes in the environment and climate-proofing communities to make them sustainable for the future

## What is already being done to...

**...ensure communities are designed to be “age proof”, stronger, safer and sustainable**

### HandyVan

The Handyvan scheme was set up to help older and vulnerable people feel safer in their own homes.

Many older people are concerned about crime, burglary and anti-social behaviour. As a response to this concern, KCC in partnership with Help the Aged, Kent Fire and Rescue Service and Kent Police, launched the HandyVan service in 2001. The scheme was initially aimed at the over 60's on low income to help them feel safer in their own homes by installing safety and security products free of charge. The service operates on a referral basis, with requests coming from the Crime and Disorder Reduction Partnerships, the voluntary sector and clients themselves.



*“We are writing to say how pleased we are with the work done by the Handyvan fitter. It has given us peace of mind to know that our home is really secure, both when we are at home and when we go out. We also have two new smoke alarms and everything was carefully explained to us.”*

### Community Wardens

The Kent community Warden Scheme began with a band of 12 wardens in May 2002 as part of a three-year pilot scheme. It delivered such early successes that numbers were increased within six months and in March 2005, a new training centre – the first of its kind in the UK – as opened to help bring the team of wardens up to 100. Community wardens aim to help the people of Kent to live safely and independently in their neighbourhoods and communities. They provide a visible uniformed presence to tackle anti-social behaviour. Many wardens are regarded as the focal point for the communities they serve and their mobile telephone number is accessible to them all. To date they have been involved in over 38,000 activities, incidents, queries or interactions with the public, spend 71.3% of their time providing advice, reassurance, visits, surgeries or a visible presence in their communities and were engaged with 28,986 instances of partnership working. 90% of those surveyed who had dealings with a KCC community warden were satisfied with the assistance they received.

*“They are a trusted friend to our community” – Kent resident*

## Case Study: Staying Put, Swale's Home Improvement Agency

Mrs C was a 75-year-old lady living on her own. She was admitted to hospital after a heart attack and prior to her discharge, her son had visited her property and realised the terrible conditions Mrs C was living in. He contacted the Staying Put scheme for help.



Mrs C had lived in the property for 75 years and had inherited it from her parents. As she only received a small weekly pension, she found it very hard to keep the house maintained and as a result it had become unfit for human habitation. In recent years, the family had only been in the front room and had not realised the deteriorating condition of the property. The electrics were no longer working, there was no bathroom, the property had considerable damp, the roof was leaking and doors and windows were all rotten. Mrs C's son decided she would live with him until he could ensure her house was comfortable for her to live in.

Staying Put visited with a Technical Officer and a schedule of works was prepared. Despite having had a heart attack, Mrs C was a very fit lady and could cope with stairs, so it was decided that the bathroom would be relocated upstairs to replace the back bedroom. Discussions were held with Mrs C to agree the work to be done, and decide (after receiving estimates) on the contractor. Mrs C was very excited about the prospect of Staying Put helping her with the repairs and even tried to save money out of her pension to buy other items to help. During the work, several other issues were discovered. The back wall of the property was only four and half-inch brick so had to be upgraded, ceilings and floors had to be repaired and the drains had to be renewed. The family got together and helped her with decorating the property.

When the work was completed Mrs C moved back into her property and was extremely pleased with what had been done. She is now taking great pride in her home and her health has much improved. We hope she will continue enjoy her home for many years to come.



## Priority 2: To improve transport and accessibility

Transport and accessibility have a huge impact on people's lives. Throughout the consultations transport issues were consistently highlighted as a major concern. More broadly, many non-drivers spoke eloquently about how difficult it was to access the leisure and social activities that they wanted to, let alone visit someone in hospital. With the trend towards out of town shopping centres and more emphasis on internet based communication, there is a danger that some older and more vulnerable individuals can become socially isolated. There should be a focus on providing safe, reliable and affordable transport options that are easily accessible for all. People acknowledged that this would not be easy, but felt very strongly that improvement was needed in Kent.

*"There's no point in having a bus pass if you don't have access to a bus"* Kent Resident

### Transport

The accessibility and availability of public transport is critically important as many older people are more reliant than the majority of working-age people on public transport. Indeed, 67.9% of those over 85 do not have a car. Local authorities are required by the Transport Act 2000 to produce a Local Transport Plan considering how the transport needs of various groups will be addressed. The current Local Transport Plan (2006-2011) addresses the issue of accessibility and particularly social exclusion and its impact on quality of life.

Approximately 80% of bus services in Kent are provided by private, commercial bus companies, for example Arriva and Stagecoach. Kent County Council spends around £7 million a year from the transport budget to offer the remaining 20% of bus services that are not "commercially viable", in other words, services where the running costs are more than the money received from passengers fares. These resources pay for rural bus services in Kent, which provide links to villages and country areas. This budget also provides journeys that are early morning, late evening and at weekends. Priority for funding 'socially necessary' bus services in Kent is based upon the Government's social inclusion model using access to health care, food shopping, learning and employment as the key considerations.

### Access to Healthcare

A number of people in the consultations explained that transport after hospital discharge is a particular issue. It is hugely important that people have good access to healthcare if they are to stay fit and healthy. This is not just about access to hospitals but also to GP surgeries and pharmacies. People should also be able to visit friends and relatives in hospital; something which current transport service provision often does not allow for. Public services in Kent have a role, collectively, to ensure that people have adequate and equitable access to healthcare.

### Transport Options and Accessibility

It was also highlighted by many people we spoke to that more flexible approaches to transport are needed. This includes more choice about the type of transport available and greater access to dial-a-ride schemes and taxi vouchers. There is also a need to make

sure that taxis themselves are accessible, with drivers sympathetic to those with mobility problems. It was also felt that the timings of buses and trains made it difficult for people to engage in social activity. The reliability and frequency of public transport is important for those who are dependent upon it to travel. For many older people, particularly in rural areas, there may only be one bus a day, meaning that opportunities for socialising and shopping are severely limited. Older people should be able to visit their local town to complete their shopping as well as spend time meeting friends. However, bus times can often restrict this and force a choice between one and the other. Often the destinations to which transport options travel are also limiting, taking choice and control away from the individual. Some older people also expressed concern that they found using buses difficult. They explained that buses would pull away before they had time to find a seat, causing them to fall or trip. This is an issue that can easily be resolved through better education and training of drivers to make them sympathetic to the issues facing older people. Additionally, there were worries about the reliability of buses, particular when there is only one or two a day. If a bus does not turn up or is very late, this can cause people to be left stranded.

There are a number of alternatives for those who have no public transport links, or have mobility problems. The Kent Karrier scheme is one such example; however, it is currently limited in what it can offer as a solution. Journeys are restricted within district boundaries, and the service only operates at a specific time on a specific day of the week. By far the most successful solution to the transport issues has been volunteer driver initiatives led by the voluntary sector. These allow much greater flexibility in journey time, and provide a far wider choice of destination to the individual. Often volunteer drivers are older people themselves, and this offers a great opportunity for social interaction. Such initiatives do much to tackle isolation and help older people to access services and facilities that they might not otherwise have been able to. Across Kent there are 35 volunteer car schemes, ranging in size from 2 to 50 volunteer drivers. Most schemes need more drivers or larger vehicles to meet demand. We should support the voluntary sector in providing services such as these, and help to expand them as far as possible. For example, by supplying vehicles that can be used to provide the service and adequate insurance.

### **Disabled Access**

Only 17% of disabled people are born with a disability, therefore the majority of people develop a disability later on in life. Accessibility is therefore a key issue when considering the needs of older people. Of course this is a requirement under the Disability Discrimination Acts 1995 and 2005 - local authorities, shops, cafes and leisure centres have a duty not to discriminate against disabled people. Where physical features make it impossible or unreasonably difficult for disabled people to make use of a service, the service provider must either remove the feature or alter it so that the disabled person can make use of it. Examples might be ticket machines at stations, a step leading up to a shop or a toilet that isn't wide enough to manoeuvre a wheelchair into. Such changes are part of the physical infrastructure covered in Priority 1.

Transport providers such as those who run buses and trains are also required to ensure that they do not discriminate against disabled people. This could be by ensuring staff are trained in disability awareness, ensuring that new vehicles are made fully accessible, and

that existing vehicles are amended to ensure they are accessible for disabled people. Making a vehicle accessible means things like step free access, colour contrast within the vehicle and audible/visual information systems. These facilities can assist many older people who might not be registered disabled but nonetheless have restricted mobility or sight and hearing difficulties. Whilst work is already underway to improve disabled access by transport providers, people felt it should be given a higher priority than it currently has.

### **Information**

As for most priorities within this Strategy, providing better information is key to improving use of transport and increasing accessibility. Within the consultations, older people felt that better access to bus timetables was needed. It was also suggested that timetables should show where disabled bus access is available to make it easier for those with disabilities to travel. Many simply wanted to be better informed about what transport options are available to them.

### **Key strategic targets:**

We will improve transport and accessibility by:

- Increasing transport options, including services for those who are disabled or live in rural areas
- Making people more aware of the transport options already available to them

### **Priority 3: To enable people to lead healthier lives and have better access to healthcare.**

To 'live later life to the full', it is vital that people of all ages take action to keep fit and healthy as far as possible. Health is crucial to people's quality of life and without it participation and engagement in society can be inhibited. Keeping fit requires active exercise which can become increasingly difficult to achieve as people get older. It is vital that barriers to accessing leisure facilities, such as transport and financial difficulties, are removed or minimised so that all older people have the ability to be active.

#### **Good health**

During the consultation, the majority of people commented on how important it was to have good health. Whilst some poor health cannot be avoided, there is a lot that individuals can do themselves to stay healthy. Health promotion was therefore seen as very important, as was access to healthy activities such as sports facilities, walking, dancing and so on. Few older people are actively engaged in sport and so initiatives are needed to encourage this. It was also seen as important to provide support and services for people that prevent further deterioration of existing conditions, and enable them to remain independent for longer.

#### **Prevention**

The drive to promote good health as a way to prevent avoidable ill health problems in later life needs to be a major priority. As they say, 'prevention is better than the cure'. We need to build upon and use the experiences of successful smoking cessation initiatives to begin tackling other issues such as obesity and diabetes. People should be encouraged to take charge of their own health, going for regular check-ups and eating healthily. It is important that people understand that the things they do and choices they make can impact on their ability to live a full later life. Particularly in youth, people feel that they are invincible. It is vital that we educate people to take good care of themselves and make sure that they are aware of the consequences if they do not. This is not just about younger people, though. For those who have unhealthy lifestyles, it is never too late to get fitter. Improving diet and exercise, stopping drinking too much, and stopping smoking will have a positive impact at any age. There are many health and lifestyle benefits of physical activity for older people. People with an active lifestyle feel healthier and have an improved sense of wellbeing. Physical activity also reduces the risk of heart disease, stroke diabetes and high blood pressure. Staying mentally active is also vital to help prevent the onset of mental health problems.

#### **Maintaining health and Independence**

As far as possible, older people should be assisted in managing their health problems so that they are able to remain in their own homes and communities for as long as possible. It is vital that we develop services in the community and at home to enable this to happen and to assist early discharge back home for those that are admitted to hospital or care. We also need to ensure that those people who do have long term conditions are prevented from being admitted to hospital or residential care unnecessarily. For example, harnessing the benefits of new technology to support people in their homes is increasing through such schemes as Tele-health and Tele-care. Priority 5 goes into more detail on this.

### **Healthcare Improvement**

The Kent Public Health Strategy sets out priorities for improving public health and the Annual Public Health Report has a specific chapter relating to older people, with priorities for action. Older people living in the poorer areas of Kent may suffer from significant inequalities in health that require targeted actions to address. In the consultation, people felt that there should be better integrated health and social care with more of a 'seamless' service. Better communication between KCC, NHS, District and Borough Councils and other agencies is needed to make this a reality.

One of the key targets in Kent's Public Health Strategy is 'more adults living healthier lives and preventing more disease'. A key principle for caring for frail older people is timely intervention. This will be achieved through 'joined up care', allowing early identification of problems, and early treatment. This will prevent crisis and avoid emergency hospital admissions. Helping people achieve good health is the responsibility of the whole community. It is vital that different agencies work in partnership with one another if good quality integrated services are to be provided.

#### **Key strategic targets;**

We will enable people to live healthier lives and have better access to healthcare by;

- Focussing on the prevention of health problems
- Enabling older residents to participate in regular exercise and live an active life
- Developing better integrated health and social care services
- Addressing health inequalities for older people
- Assisting people to manage their own health and independence in order to keep living in the community for a long as possible

## What is already being done to...

....enable people to lead healthier lives and have better access to healthcare

### Brighter Futures Group & INVOKE



The **Brighter Futures Group** is a partnership between KCC, Primary Care Trusts, and voluntary and community organisations. It aims to increase the independence of older people, by supporting people aged 75 and over who are living in poor housing and on a low income. By providing a range of community services, mainly delivered by volunteers, the programme helps people stay independent in the community and reduces avoidable admissions into hospitals and care homes. As some of the projects have evolved,

they have expanded to include internet cafes, exercise classes and healthy lifestyle sessions. The programme runs in the Ashford, Maidstone, Tunbridge Wells, Tonbridge & Malling and Sevenoaks areas.

**INVOKE** is a project running in East Kent that is designed to give older people independence through the delivery of local services to the community and increasing choice and control. It supports older people in their own homes by increasing community services and aims to reduce the number of emergency hospital admissions. The three services provided are Community Matron Support Workers, Community Information and Liaison Assistants and Care Navigators.

### Fit as a Fiddle

Fit as a fiddle is a major new programme funded by the Big Lottery Fund and delivered by Age Concern and its partners. It aims to make a difference to older people's health and wellbeing, by encouraging them to take more physical exercise and eat the right kinds of foods. Fit as a fiddle will help older people to access safe physical activity sessions designed to meet their needs. The programme provides a wide range of activities including nutritional advice targeted at older people to encourage them to eat a varied, balanced diet, community based initiatives to reduce isolation and social support for older people who have, or are at risk of developing mental health problems.



Most of the projects being developed will focus on engaging older people in activities that are fun and where they have the opportunity for social interaction. Many of the projects will be developed using trained older volunteers. Older people will be enhancing their cooking skills, doing yoga, line dancing, gardening, doing seated exercises, socialising with others and doing everything to enable them to be 'fit as fiddles!'

## The GRAND - Gravesham

The GRAND Project was set up in 2001 through a joint funded initiative that included the Health Action Gravesham Regeneration Partnership and the New Opportunities Fund (now known as the Big Lottery Fund). The project is based upon listening to what people want and developing and delivering health related programmes that meet these needs.

There are a number of services provide by the GRAND project, both in the community and at the GR@ND, a town-centre cyber-café. The GR@ND provides service such as;

- Fast public access to the Internet (free in many cases).
- Guided Internet access for people wanting to learn about how to get information from the World Wide Web.
- A healthy food café.
- A meeting space for community groups to use.
- Special programmes and activities for young people.
- Advice and information on a wide range of health issues for everyone

The GR@ND centre also delivers a Silver Surfers programme, which over 700 older people have attended since 2002.



The GRAND project supports other community-based activities for older people across Gravesham including weekly activity and exercise sessions for those in residential or sheltered accommodation. In addition, it also supports activities that help people identify how they can improve their health, including community cooking sessions to improve diet and nutrition and smoking cessation programmes.



## **Priority 4: To support people’s citizenship, learning and participation in community life.**

Learning is an essential part of adapting to the challenges that life brings at different stages. People need excellent information to enable them to stay healthy, be involved in community life and get the support they need. New technology can provide opportunities to increase information and awareness, but can also pose difficulties for those who struggle to keep up with the pace of new developments. To make sure older people are engaged in community life, it is vital they are aware of the opportunities available and that they are able to participate in lifelong learning.

*“The internet is becoming the town square for the global village of tomorrow”* Bill Gates

### **Volunteering**

Within Kent, a large number of older people are volunteers or care for people who need support. Voluntary work is important in its own right, providing community support and activities that would otherwise be unaffordable as well as enabling knowledge, experience and expertise to be put to good use. Older people often provide unpaid care, and Priority 5 includes consideration of carers’ needs. Unpaid care may involve looking after a spouse, family member or friend but can also be providing childcare for grandchildren. It is estimated that 60% of childcare across the country is provided by grandparents, saving the UK economy £4bn per year. In total, unpaid contributions in the form of both caring and volunteering are worth £24bn nationally. There are also benefits for the volunteers in terms of the “feel good” factor from contributing to community life, which brings good self-esteem and mental wellbeing. People should be encouraged to get involved in voluntary or community activity where possible, and it is vital there is a strategic relationship between the public and voluntary sector to achieve this.

In Kent we are fortunate to have a thriving voluntary and community sector. Central government and local public services alike see the need to expand and enhance the voluntary and community sector. Voluntary agencies were keen to emphasise that a strategic approach is needed to ensure their sustainability and to enable them to maintain their ethos, which is distinct from that of the public sector. Considerable action is already underway, reflected by the fact that the current Local Area Agreement includes a target to increase volunteering, and by the establishment of the Kent-wide Voluntary Sector Compact which sets out the relationship between the public and voluntary sectors in Kent.

### **Employment**

Increasingly, people are electing to carry on in paid work, sometimes on a part-time basis, beyond the traditional retirement age, and Government has introduced legislative changes to encourage this over time. The demographic changes mean that it is in our interests as a society for people to work for longer. Older workers may need upskilling and retraining, particularly in new technologies, but they bring continuity, knowledge and perspective to the workplace and can be invaluable mentors to younger staff members. Whilst the element of choice needs to remain for those people who are eager to retire, we will work with Kent employers across all sectors to identify any specific actions needed to increase employment of older people. This includes looking at flexible retirement options, such as a

gradual reduction in hours in a way that does not affect pensions, particularly for those on final salary pension schemes. We also need to be better at managing the transition from full time employment into retirement. Many people still wish to contribute to both the economy and society after they retire; we should make it easier for people to volunteer or embark on a second career.

### **Citizenship**

It is vitally important that people are involved in their local communities and are engaged in matters that affect them. This involves not just inclusion in community activity but also greater advocacy and influence over policy-making. To some extent people do already have a voice through pensioners' forums and similar groups. However, the links between these forums and the policymakers themselves need to be formalised. There also needs to be coverage across all of Kent, and this is now happening. Within communities, older people should be supported to develop the activities they themselves want. The Smarden Good Neighbours scheme and Aylesham Neighbourhood Project are excellent examples of community-led action that has widespread benefits and there are many other such projects taking place across the county. We should facilitate other local communities to adopt similar actions, and find new models to suit different kinds of communities.

### **Learning**

In the consultation, people were keen to embrace life-long learning and often for learning's sake alone. There is a key link between staying mentally active and reducing the risk of mental illnesses. However, many older people have very few formal qualifications and some lack the confidence to seek education later in life. Enrolment in adult education courses should be, and is, actively encouraged. The University of the Third Age is also a great opportunity for Older People, allowing those no longer in paid employment to share their knowledge, experience and skills with other members. Self managed learning should also be encouraged through local community groups. This can help people develop life skills including money and financial management that will help them prepare for a secure later life. Conversely, older people often have a wealth of knowledge and experience that they are able to share with others. This sharing of expertise should also be inter-generational to allow older and younger people to interact. This can have many spill-over benefits including greater respect between age groups. For the older people themselves, much can be learnt, with younger people teaching skills such as use of the internet and technology (for example, digital photography) in return.

### **Innovations**

The pace at which new ideas and technologies develop gets faster all the time. Some people in the consultations were anxious about new technology and felt left behind and excluded. A lot of people did not have internet access, and this is something we must address. Broadband is expensive for people on limited, fixed incomes and we must explore how it can be made more affordable for those who could most benefit. In terms of learning how to use computers, there are courses specifically targeted at older people but perhaps even more are needed. This is a potential virtuous circle because the more confident older people become with new technology, the easier it is for them to access information, support and social interaction, producing a positive impact on their health and wellbeing. Webcams, telecare and telehealth are not a complete substitute for personal

contact, but can be a tremendous supplement to it, enabling people to have virtual face-to-face contact with relatives, friends and professionals on a regular basis and as needed. Kent TV is another great source of information. A focus on the provision of access to new technology as well as the ability to use it would therefore have numerous spill-over benefits.

**Key strategic targets:**

We will support people's citizenship, learning and participation in community life by;

- Encouraging people's participation and inclusion in community activity, raising social capital
- Ensuring people are able to exert their influence over policy making
- Enabling people to have the opportunity and ability to participate in life-long learning
- Making sure older people in Kent have employment opportunities if they want them.
- Encouraging people to take part in voluntary activity
- Helping people have access to new technology as well as the ability to use it

## What is already being done to.....

....support people's citizenship, learning and participation in community life

### The Smarden Good Neighbour Scheme

The Smarden Good Neighbour Scheme is designed to support older people in the village of Smarden. It helps older members of the community to remain in their own homes and overcome the transport difficulties of rural isolation. The scheme provides;



- A volunteer car scheme to enable older people to get to the doctor, dentist and shops
- A 'Meals on Wheels' service from the village school and local pub
- Information on a range of services and facilities from health to social services in a 'red folder' available from the Post Office

Smarden is the 9<sup>th</sup> most isolated Parish in Kent with limited transport links. Previously many senior citizens had been forced to leave Smarden; however, the Good Neighbour Scheme is allowing many older residents to stay in their own homes. The Meals on Wheels service alone has enabled at least five people to stay in their own home when recovering from operations or growing frail and up to sixteen meals are delivered each day by volunteers. The scheme is not means tested as the service provides daily personal contact for older citizens who may be lonely or depressed.



The scheme also provides an Afternoon Club for people aged 50 and over. It offers activities, services and guest speakers and provides a channel through which residents can be consulted on developments within the village. The scheme focuses on involving older people in village life. Many use the IT Centre to develop new skills and the local school invites members of the Afternoon Club to join children for Christmas lunch.

Smarden was awarded first prize in the National Association of Local Council's Community Empowerment Awards Older People section in 2007 for the Good Neighbour Scheme and was judged Kent Village of the Year 2007-2008.

## The Aylesham Neighbourhood Project

The Aylesham Neighbourhood Project was established in 1997 as part of work to regenerate the former coalfield communities of East Kent. The project provides a wide range of services and support for the local community and is managed by local residents. It is an excellent example of a community led scheme that enables all members of the community to participate in community life.



As part of the project, the community has reclaimed and transformed the derelict school into a sustainable social enterprise including workspace and training facilities. The project also offers a valuable neighbourhood programme to support families through improving childcare, family support and adult education

Some of the services provided by the project include;

- **The Relativity Project**

This project aims to engage families from the Aylesham community in a variety of fun and creative activities. There is an emphasis on the enjoyment of shared learning and providing 'quality time' together to broaden skills and provide opportunities for all family members to be involved. The learning activities encourage children, parents, grandparents, carers, uncles and aunts to come together to engage in innovative activities and workshops

- **Café on the Square**

The Café provides a pleasant environment in which to meet with friends

- **Counselling**

The counselling service is subsidised for those on benefits or a low income, and appointments with childcare are available for parents with young children

- **Children's Centres**

- **Room Hire**

- **Young Chefs**

This scheme aims to get children interested in cooking, trying new foods and learning new skills

More information on the Aylesham Neighbourhood project can be found at;  
[www.aylesham-np.org.uk](http://www.aylesham-np.org.uk)

## CASE STUDY: Time2Give, Kent Libraries and Archives

Time2Give is an exciting volunteering programme managed by Community Service Volunteers (CSV) for Kent Libraries and Archives. It offers enjoyable and worthwhile volunteering opportunities across the county's libraries. Some of the more popular activities for Time2Give volunteers include;

- Computer buddies – helping customers who are using library based computers
- Researching, collating and indexing local studies resources
- Helping staff with activities to encourage family use of libraries like rhyme-time or study help.
- Assisting with functions and events including publicity and displays, or helping out in a practical way, such as the library garden
- Helping people across the community access library services, taking services into the community, such as delivering books to customers who are homebound.

There are a vast number of examples of brilliant individuals who give up their time to volunteer within the county's libraries. One of these is highlighted below;

### Time2Give Volunteer – Carol Johnson



Carol Johnson (centre) was Kent Libraries and Archive's Volunteer of the Year in 2008. A Baby Rhyme Time host at Ashford Library since 2005, she also helps with a wide variety of other library activities. Carol came to volunteering as part of her recovery following a stroke. Getting involved in a community activity was important to keep in touch with people.

"I get a tremendous buzz helping with Baby Rhyme Time. I enjoy the singing and the actions have health benefits for me too. Actions help me move my weaker arm, so it is good exercise for me singing 'Dingle Dangle Scarecrow' and the 'Grand Old Duke of York.'"

Ashford's Customer Services Officer Angie Van Zeller highlighted the benefits to the library and its customers. "Carol's contribution is exceptional. She is a lovely individual, reliable, steadfast and friendly.

She is always cheerful and helpful and knows the public she helps very well. She chats easily with parents, carers and children. She is brilliant!"

## **Priority 5: To ensure those people who need support to live independently have choice, control and good quality care**

People want to retain their independence for as long as possible, and need the community to support them in doing so. This is the major objective in 'Active Lives', KCC's ten year vision for adult social care, supported by the District and Borough Councils, Health, Police and Fire and Rescue Services, which sets out a number of commitments for public services to deliver.

*"The aim is to empower people to identify, choose and control the support or care they need to live life as they want."* Active Lives

Although this Strategy emphasises the positive aspects of the ageing population, there is no getting away from the fact that the demographic changes will result in more people with long-term conditions such as dementia, arthritis, cardio-vascular problems, or who have had strokes. Medical advances mean that people with some kinds of learning disabilities who in previous generations would have died young are now living long lives, so we are starting to see more older people with learning disabilities such as dementia, for example. We therefore need to plan to support more people with long-term conditions or disabilities in Kent, and much is happening on this front, underpinned by Kent's Joint Strategic Needs Assessment for Adults. It is also critically important to ensure that vulnerable older people are protected from abuse and neglect. Whilst the statutory services have a responsibility here, the community as a whole also has a role to play.

### **Person-centred approach**

Increasingly people have moved away from the 'one size fits all' model of service delivery. Today people rightly expect services to be flexible and targeted at their individual needs rather than expecting people to fit around the service. Over time this is becoming more of a reality through such mechanisms as:

- Direct control of resources – direct payments and individualised budgets
- Involving people directly in the planning and development of future services
- Planning support in a way which focuses on the needs of people

The challenge is to enable the person-centred approach to become universal, and to be applied across different agencies.

### **Reduce isolation**

The demographic projections for the future strongly indicate that there will be a far greater percentage of people living alone in Kent in later life than there has ever been in the past, and it is particularly important for people living alone to be involved in the local community. There is plenty of evidence to show that social isolation leads to poor mental health, physical deterioration and generally a poorer quality of life and prognosis for the future. People have a fundamental need to be engaged in society. It is important to look at what action can and should be taken to reduce social isolation. This is not just the responsibility of KCC and its partners; it is also a community responsibility.

There is a need for more attractive housing options for older people across all types of tenure, which better meet their needs and reduce social isolation (as covered in Priority 1). It is vital that we support people to live in their own homes, but there are ways of doing this that will allow the individual greater independence. For example, helping an older person find a ground floor flat or bungalow with easy access rather than having stairs to climb.

### **Choice and Control**

Having independence is about having choice and control. This also includes having access to 'joined' up information so that informed decisions can be made. People making use of services want to see a seamless provision. Often they are not concerned with who provides the service, but rather the quality of service they receive. It is vital therefore that KCC, its partners, District and Borough Councils, and the voluntary sector all work together to provide consistency in service and care.

It is also crucial to involve older people directly in the planning and development of future services through consultations and older people's forums, and this is happening more and more extensively. For many older people, a number of barriers exist that impair their quality of life. This can range from a simple lack of information through to disability or lack of support. It is vital that we work to remove any barriers that exist and help older people to help themselves. There will be a number of older people that do not want to have control over their own social care. Their choice would be to have KCC arrange things on their behalf. What is vital is that individuals are allowed this choice and therefore feel that they have control over matters affecting their lives.

Although in the consultation people agreed strongly with the principle of choice and control, there were very real fears about how this was being offered in practice in relation to social care. People were nervous that Kent Adult Social Services would relinquish responsibility and expect individuals to sort everything out themselves, which was not generally what older people wanted (and is not what is happening – people can choose for Kent Adult Social Services to organise things on their behalf). There were also concerns about the effectiveness of contract monitoring of service providers, and about service quality in some cases. Although Kent has operated for many years with a "mixed economy" of social care provision (i.e. mostly contracted out to private and voluntary providers, with only around 15% of the social care budget spent on local authority services), some people were still uncomfortable with private sector provision, feeling that it is not right to make a profit out of social care. "Active Lives" clearly sets a direction which strengthens the mixed economy, particularly in relation to the voluntary sector but also the private sector, because it should not matter who provides the service as long as the quality and value for money is good, and there are excellent private providers. There is clearly a need to communicate better the underpinning rationale for the way in which social care provision is evolving in Kent, and constantly ensure that people's anxieties about future changes do not come to pass.

### **Information**

Access to information was discussed as a key priority at all the workshops. People said that they do not know how to find information about services, facilities or support at the point they need it. This is disappointing, given the effort that has gone into improved

information provision. It is important that we enable people to be well informed without bombarding them with information when they do not need it, and much work has already been done but people did not seem to know about it. For example, Kent's Library Service is now so much broader than simply book lending. The "Ask a Kent Librarian" scheme is fantastic and could be more widely used. All static Kent Libraries have free internet access so people without their own computer can access the web from their library. It was suggested that information should be located at places where people regularly visit, for example GP surgeries and supermarkets. As more new Gateways open, based in retail centres where people frequently visit, they will be a valuable source of information. Kent TV also has a wealth of information for those who have access to the internet. Many parts of Kent also have booklets or guides full of useful contacts and information. Because access to information came out as such a high priority in the consultation, it is vital that the strategy seeks ways to improve this in all areas of service provision. Each of the Priorities in this Policy Framework in some way reflect the need to improve information on what services are provided and how people can access them. As a broader initiative, an Older People's Handbook will be produced to highlight what help and support is already available to older people.

### **Better support for carers**

At some point, in most people's lives, there will be a need to either give or receive care. Caring is something that touches all of us, and while most people would not deem themselves 'carers' in a formal sense, it is vital that we offer support to those who provide this essential role. The majority of community care is undertaken by carers who are relatives, friends or neighbours of the person in need. Many of these individuals will need to both work and care. It is important that carers gain the support of employers to give them the flexibility they need in order to provide care, and that we ensure carers are able to have a life apart from caring.

According to the 2001 census, there are already 127,848 carers in Kent, representing 12.6% of the population. As the population ages, this percentage will increase significantly, particularly given the focus on supporting people to live in their own homes for as long as possible. Many of the carers will be older people themselves, caring for partners, but some will be younger – children or even grandchildren. In view of this, Kent Adult Social Services and NHS are working together to develop a Kent Adult Carers Strategy which will ensure that there is multi-agency commitment and action to meet the needs of carers, including Young Carers.

### **End of Life Care**

This Policy Framework has emphasised that people are living longer, healthier lives. However, most people do need a great deal of medical and social care at the very end of their lives. With end of life care, as with other forms of support, it is essential that people are given choice about where they would like to live and die. The Government published an End of Life Care Strategy in July 2008, and we are working to implement this in Kent.

**Key strategic targets**

We will ensure those people who need support to live independently have choice, control and good quality care by:

- Ensuring service provision is based upon a person-centred approach
- Working to remove the barriers that can impair the quality of people's lives
- Making sure individuals have access to 'joined up' information when they need it
- Supporting carers in having a life apart from caring

## What is already being done to...

*...ensure those people who need support to live independently have choice, control and good quality care*

### Online Self Assessment

Kent Adult Social Services has developed a software platform that enables assessments for social care to be carried out online via the KCC website.

This service allows people to complete an assessment of their needs and find out immediately if they may be eligible for support. It is aimed at adults who are finding it difficult to manage everyday activities or for people who care for someone on a regular basis and want to find out what support KCC can provide for them as a carer.



This forms part of the 'Active Lives for Adults' programme that will help KASS change the way services are provided, placing greater choice and control in the hands of the people that use them.

### Kent Card

The Kent card is an innovative new payment method from KCC, which enables service users to have greater control over their own lives and make their own lifestyle choices.



Service users are offered cash, known as a direct payment, as an alternative to having services provided for them. This allows them to determine for themselves when they get assistance, how and from whom. The Kent Card allows payments to be paid directly to individuals without the need for a bank account or complicated record keeping. The card comes pre-loaded with the amount agreed to meet the service users need. Any additional top-up funding can also be loaded onto the card by the service user. The Kent card gives service users

choice and control over the services they receive. It also gives them flexibility when they need support at short notice as it allows them to arrange alternative agencies independently of Kent Adult Social Services.

## **Priority 6: To encourage people to plan for a secure later life.**

Preparing for later life needs to be a lifetime quest. However, it becomes particularly important for people in their middle years, or beyond, to plan for their future if they have not already started to do so.

*“It’s never too late to take charge of your finances - even if you’re in your 50s, and even if you’ve never got your head round them before. The older you are, the more important it is to start planning. And if you take action now, you’ll be well set up for the long life ahead of you”* Help the Aged, 2008

### **Financial Security**

A key consideration in planning for the future is financial security. Economic well-being was a major concern within the consultation groups despite the proportion of pensioners in poverty having fallen. Many thought there should be greater support and assistance to help them manage their finances. Others thought that there was not enough information on how to collect benefits to which they are entitled or services from which they can benefit. Fuel poverty, defined as a household in which greater than 10% of income is spent on warmth, is also a particular issue for many older people. There will always be people who do not earn enough to save or pay into a pension, and who will be reliant upon the State Pension. In the consultation, people felt strongly that the level of the State Pension needs to be sufficient to enable people to have a reasonable quality of life.

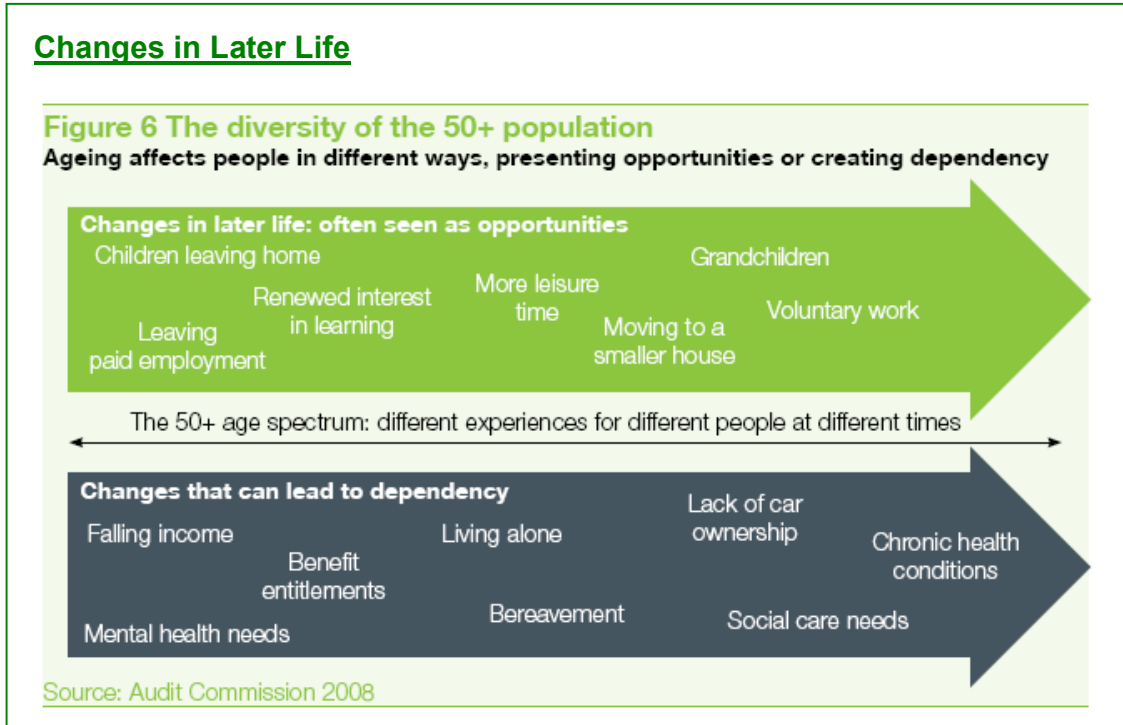
### **Information and advice**

A big issue emerging from the consultation was that some people do not know how to plan for financial security, and often leave it too late. They felt they needed more advice and support to plan for later life. This Policy Framework aims to encourage this forward planning. Through the provision of better quality information and advice as well as improving access to it, people will be better informed to make financial decisions. It is also important that we encourage people to start planning for their later life much earlier. We should help people understand the importance of entering a pension scheme or making sure they make financial preparations for when they retire. The increase in the number of Gateways will increase people’s ability to access joined up information, as will the Access Kent Project. Kent TV is another good information source and covers a variety of topics that can help people prepare for later life.

### **Preparing for Change**

There are a number of significant changes that happen in people’s lives as they enter retirement and beyond. These changes can often be confusing and difficult. Some of the changes are beneficial, for example, increased leisure time and having grandchildren. However, some changes will be negative. Most older people will face bereavement, and there can be losses associated with leaving paid employment. Some changes can lead to increased dependency, such as living alone and ill health. The diagram, below, produced by the Audit Commission highlights the key ways that ageing can affect people. For some, ageing will be a pleasant experience most of the time, but age does bring challenges for everyone and some people have particularly difficult circumstances to cope with. Different people will age at different times and at different rates. The Older People’s handbook will

seek to signpost people to help and advice that can guide them through the various stages of their later life.



**Key strategic targets**

We will encourage people to plan for a secure later life by:

- Making people in Kent more aware of the services and support available including access to financial information and advice.
- Reducing fuel poverty by increasing the take-up of energy saving initiatives and increasing awareness of affordable warmth.
- Improving the economic well-being of older people within Kent

## What is already being done to...

... Make people in Kent more aware of the services and support available, including access to financial information and advice.

### Gateways

The concept of Gateways is to provide 'council and community services under one roof'. Gateways offer a convenient public service point and are based in modern retail settings. Residents are able to physically access frontline customer advisors from a wide range of public services including KCC, borough and district councils, Kent Police, the voluntary sector and Health. Gateways unite services under a neutral brand, removing the confusion that having lots of public service organisations can bring, and are designed to meet the needs of the whole community.



Each Gateway offers the latest innovative technologies and a wide range of services, including;

- information and self help, including free internet, service directory, payment kiosk
- routine advice and transactions, including bus passes, refuse, parking, licensing
- surgeries by agencies such as Hi Kent, Connexions, NHS and registrars
- cross agency services, including council tax, benefits, planning, housing, library, adult education and occupational therapy

There are plans to extend services to include private sector partners such as pharmacies, to support the public health agenda. The focus is on shaping services to fit around customer need, providing face to face contact and joining up services.

*"Gateway is about creating a better experience for people and improving their quality of life by joining public services and making them more accessible in a friendly and attractive way."* Peter Gilroy, KCC Chief Executive



There are currently Gateways in Thanet, Maidstone, Tenterden, Ashford and Tunbridge Wells, along with a Mobile Gateway that operates from Ashford. A number of these Gateways incorporate library services and the Tenterden Gateway includes the local post office.

Gateways are an invaluable way for people to directly access services and to seek information on services and benefits to which they are entitled. The expansion and promotion of these will be key to ensuring older people have improved access to services.

## **Priority 7: To promote a positive image of later life and dignity and respect for older people.**

In the consultations many people raised the fact that old age is so often perceived very negatively. It was felt that too often older people are seen as a 'burden on society' particularly due to the changing demographics and the increasing pressures on services. It is crucial that this negative image is dispelled and a more balanced, realistic picture of older people is promoted. Taking positive actions to address this priority is harder than for the other priorities because of the "soft" nature of the issues concerned. However, these issues came out strongly in the consultations and it is important to discuss them even if the solutions are not straightforward.

*"The way older people are perceived needs to be altered so that they are seen not only as users of community services, but also as providers"* Kent Resident

### **Valuing Later life**

In the media, all too often old people are either invisible and overlooked, or portrayed negatively. Whilst old age can indeed bring disability, poverty and isolation, the balance needs to shift. Older people contribute a vast amount to the communities in Kent, indeed, most volunteering and unpaid caring is carried out by older people. Many people felt that in Kent we do not make the most of the wealth of experience and knowledge available amongst older people.

### **Respect**

Respect is a two-way process; people should have respect for each other and in this way will gain respect for themselves. Older people recognised that they needed to respect young people, but also felt that there was a lack of respect towards older people as a group. Part of respect is treating people as individuals, not a homogenous group, and this is an inherent part of treating people with dignity.

### **Towards a more caring and compassionate society**

People need companionship and friendship, and communities need to tackle social isolation which can affect all age groups, but particularly very old people. People need to be educated to look out for each other. They also need to be educated about ageing – if younger people had a better understanding of ageing perhaps they would be more tolerant, considerate and respectful of older people.

### **Key strategic targets;**

We will promote a positive image of later life and dignity and respect for older people by:

- Promoting the value of later life and changing attitudes towards older members of society
- Encouraging inter-generational activities and community cohesion

## What is already being done to...

.... *promote a positive image of later life and dignity and respect for older people*

### **Sing United!**



An established partnership with Kent County Council (KCC) has enabled another year of intergenerational arts projects that connect older people with younger members of their community. The projects, collectively entitled 'SingUnited', use a range of creative arts as a catalyst for meaningful and sustainable community engagement. SingUnited 2008 provided nine projects, involving over 200 primary and secondary aged children and more than 120 older people. The projects culminated in a exhibition and performing arts Festival.

Projects included:

- A textile curtain of over 100 hand painted panels each illustrating an element of healthy living, produced by children at Kingsdown Primary School and Sir Roger Manwood's School in collaboration with Kingsdown Women's Institute.
- In 'Colours of the Rainbow', children from Eastry Primary School and adult members of Canterbury's Rainbow Centre produced thirty beautifully composed poems and prose pieces which were musically and photographically illustrated.
- Children from Sandwich Primary School joined members of Deal Centre for Retired in drama workshops to write, produce and act in their own play, 'The Wedding'.
- Community members in Lydden, near Dover, and children from the local primary school produced a musical play centred entirely on the real-life experiences of older members of the community.
- Members of a number of dance clubs in Dover, Deal and Sandwich joined forces with children at Whitfield and Aspen Primary School for two events, 'Tea-time and Song', in which the children provided home-made sandwiches and cakes to accompany an afternoon of shared singing, and DanceUnited, in which children and adult dancers socialised, swapped dancing experiences and shared afternoon tea.

SingUnited 2009 is currently gathering pace with two dance projects connecting older and younger people, a music remix project involving the Deal Centre for the Retired choir and students from Castle Community College, a Tai Chi project and connected ambient music-writing music project for people with enduring mental health problems and children from local primary and secondary schools. A partnership with Kent County Council's Extended Schools, the Creative Foundation, Folkestone and Youth Music has enabled a new project, which is due to start in Shepway later this year.



For more information about this year's SingUnited or schools training programmes, please contact Trish at [musicdotcircus@care2.com](mailto:musicdotcircus@care2.com) or telephone 07790 263762.

## What is already being done to...

.... *promote a positive image of later life and dignity and respect for older people*

### Skills Swap

Health and Social Care students from the Marsh Academy together with the Shepway Extended Schools Team and volunteers from the Marsh Youth Support Network Group have been working together to develop a project which will integrate young people with the local retired community of the Romney Marsh, with an aim to set up a Skills Swapping Club.

On the 31st March local retired residents from across the Marsh were collected by minibus and welcomed into the School by the students to see how they can develop this idea further and discuss skills they feel they could learn from one another. As part of the morning the students and their guests watched a theatre performance on bogus callers and the impact this can have on people's lives. A representative from the local Police Neighbourhood Watch Team also joined us to answer any concerns raised about bogus callers and staying safe.



After the production the students and their retired guests exchanged stories and discussed skills. The students also gave demonstrations on the Wii and Wii fit, with many of the retired guests joining in and having a go for the first time. From their discussions, the following opportunities for inter-generational activity were identified:



- Computer Skills
- Knitting
- Lunch Club/Afternoon Tea
- Arts and Crafts/Card Making
- Tai Chi
- Cooking
- Playing Cards/Board Games
- Wii
- Drama Productions
- Reminiscing
- Film Club

From this event the Extended Schools team and the Marsh Academy will be working together to develop these ideas further and put them into practice.

## Have your say

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Do you agree or disagree with the priorities and strategic targets set out in this Strategy, or have further comments to make? Do you want to contribute to the development of the detailed action plan? If so, please contact Tim Woolmer on 01622 694027, **Tim.Woolmer@kent.gov.uk** or write to him at:

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Corporate Policy Unit  
Kent County Council  
G57 Sessions House  
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ME14 1XQ

## Who are the Older People of Kent?

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Government has suggested that older people's strategies should be targeted at those aged 50 and above because of the importance of planning for later life. However, in the consultation people felt that this was ridiculously young (it would encompass a third of the total Kent population) and the big challenges were generally faced by much older people. Also, chronological age is not very helpful in considering some of the issues as everyone's experience of old age is different and people vary hugely in their particular circumstances. So within this strategy we have done our best to avoid references to chronological age. However, if we are to provide statistical information about older people in Kent this does need to categorise people by age group.

### ....Some broad features of a diverse group

Below we set out some statistics drawn from 'The Older People of Kent'<sup>1</sup>. Whilst some of the statistics may not apply to all, they help to build up a picture of who the older people in Kent are.

#### I. Demographics

In 2007 there were 508,200 people aged 50 and over in Kent, accounting for 36% of the total population. Within the next 20 years this 50+ population is forecast to increase by 30.7%, meaning that by 2026, people aged 50+ will represent 44% of the population.

The older population is growing at a much greater rate than the "traditional working age" population. In 2001 there were 3.1 people of working age for every person of state pension age. By 2026 this will have fallen to 2, unless (and we anticipate that this is what will happen in practice) more people in their 60s and 70s carry on with some level of paid work.

The group of those aged 50 and above can be sub-divided as below;

Age Group	Number	Percentage	Percentage by 2026
50-64	266,100	52.4%	45.9%
65-74	123,900	24.4%	25.4%
75-84	84,600	16.6%	20.1%
85+	33,700	6.6%	8.6%

<sup>1</sup> The Older People of Kent report can be found at <http://www.kent.gov.uk/publications/community-and-living/the-older-people-of-kent-report.htm>

By region, Thanet has the highest proportion of 75-80 year olds at 19.1%. It also has the highest proportion of those aged 85 and above, at 8%.

At the time of the 2001 Census, 1.3% of all of those aged 50+ were categorised as Black or Minority Ethnic (BME). However, there are pockets of higher concentration, for example in Gravesham 5.4% of residents aged 50+ are BME.

## **II. Health**

Based upon data obtained from the 2001 Census, 49% of residents aged 50+ said they were in good health and 35% said they were in fairly good health. 16% said they were not in good health, which is better than the England and Wales average of 19%. Generally, health deteriorates with age, and 31.4% of those aged over 85 are not in good health compared to 11.9% of 50-64 year olds.

74.2% of those aged 85 and over identified themselves as having a limiting long-term illness, compared to 22.5% of 50-64 year olds. As the older population grows, the number of people with mental health problems such as dementia will also grow.

## **III. Housing**

52% of people in Kent aged over 85 live in owner occupied accommodation. This compares to 78% of Kent's 50+ population, suggesting that the percentage will rise over time.

22.5% of those aged over 50 live alone. Thanet has the largest proportion (27%).

According to the 2001 census, 9% of those aged over 85 lived in accommodation with no central heating. This decreases to 6.5% for those over 50.

## **IV. Economic Activity**

48% of 50-74 year olds are economically active and make up 27% of those who are economically active in Kent.

10% of 65-74 year olds continue to work.

18% of Kent's 60+ year olds are claiming some form of pension credit.

People aged 50+ account for approximately 1/3 of all people receiving carer's allowance.

## **V. Leisure and Learning**

Those aged 50 and above account for 42.1% of those enrolled on a course provided by the Kent Adult Education Service in 2007/08. Only 11% of this group were aged over 85.

16% of active library users are aged 60 and above, 9% of these rely on the mobile library service. 60+ year olds account for 30.3% of all mobile library users.

Of those aged 85+ only 12% have access to the internet. 91% of people under 50 have access to the internet compared to 50% of those aged 50 and above.

93.2% of those aged 50+ who use the internet access it from home.

68% of 50+ year olds are inactive (zero days of 30 minutes moderate participation in last 4 weeks). 12.8% are regularly active (3 days a week of 30 minute moderate participation).

The top sporting activities for 50+ year olds are walking, swimming and golf.

## **VI. Transport**

67.9% of people aged 85+ have no car compared to 9.5% of people aged 50-64.

13.4% of those aged 50+ in rural areas have no car compared to 24.5% in urban areas.

78.5% of people aged over 60 had a free bus pass up to Nov 2007, this equates to 260,000 bus passes. In April 2008, the local boundaries to travelling on a concessionary fare were removed, meaning over 60's could travel nationwide on their bus pass. This led to a further 21,569 residents of Kent applying for a bus pass between 01/04/08 and 20/06/2008.

## **VII. Communities**

31.5% of 75+ year olds and 25% of those aged 65-74 said that their fear of crime has a moderate to high impact on their quality of life. This is lower than the proportion of 36% for all adults.

56% of 75+ and 51% of 65-74 year olds felt that the local police are doing a good/excellent job, compared to 53% for all adults.

Only 4% of 75+ and 10% of 65-74 year olds have a high perception of anti-social behaviour, compared to 16% for all adults.

## Strategic Context

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### **Vision for Kent** (Kent Partnership, 2006)

Vision for Kent is the community strategy for the county. It sets the aims for all the key players working to improve the quality of life for everybody in Kent. The ageing population is identified as a priority within this document, as is promoting independence and engaging communities.

### **Towards 2010** (KCC, 2006)

Towards 2010 sets out how KCC plans to achieve its goals in 7 key areas. These are; increased prosperity for Kent through business growth and job creation; transformation in education; reduced traffic congestion; improved health and quality of life; quality homes in a well-managed environment; a safer Kent and continued improvements in services while keeping council tax down.

### **Kent Public Health Strategy** (Partnership Document, 2007)

This strategy brings together the public health plans and activities of Primary Care Trusts and Local Authorities and is a joint commitment from them to the public, to improve the health of Kent residents. It clarifies what is meant by public health, explains why it is so important to address health inequalities and identifies the top priorities.

### **Kent Health Inequalities Action Plan** (Partnership Document, 2008)

This details the many initiatives and activities being delivered by KCC and the District Councils of Kent to address Health Inequalities

### **Regeneration Framework** (KCC 2009)

This consultation document sets out KCC's view of the strategic issues which face Kent in relation to economic development and business, skills, the demographic changes, transport, strategic planning of housing and infrastructure, and climate change.

### **Joint Older People's Commissioning Strategy for Health and Social Care in West Kent (2009 – 2013)**

This is the first joint commissioning strategy for West Kent focused on older people. This sets out a vision and guiding principles for the next five years and aims to strengthen commissioning for health and well-being undertaken by Kent Adult Social Services and NHS West Kent.

### **Promoting Health and Active Living in Older Age in Eastern Coastal Kent** (Eastern and Coastal Kent Primary Care Trust, March 2008)

This strategy seeks to inform and influence both the public and also public, private and voluntary organisations that contribute whether directly or indirectly, to the promotion and maintenance of healthy living for older people in East Kent.

**Older People of Kent (KCC, 2008)**

The Older People of Kent is a statistical document that presents some of the key features of the older population in Kent. It is designed as a tool to aid policymakers in designing policy for the future.

**Active Lives, the 10 year vision for social care in Kent (KCC, 2007)**

Active Lives sets out the KCC's aspirations for social care in Kent, looking forward to 2016. It reflects the direction of travel set out in the Government White Paper 'Our Health, Our Care, Our Say'.

**Local Transport Plan (2006 – 2011) (KCC, 2006)**

This is the second Local Transport Plan (LTP) for Kent. It sets out the transport vision for the County for 2025 as developed with partners and the community during the last eighteen months and, in the shorter term, the Plan sets out a strategy to take the County towards this vision. This LTP also explains how KCC intends to invest the money the Government has indicated will be available for the period from 2006 to 2011 and how extra resources from KCC and its partners will be added to this to maximise the value of the overall investment.

**ASK - Accessibility Strategy in Kent (KCC, 2006-2011)**

Improving accessibility is recognised as an important issue at national and local levels and is amongst the shared priority objectives for Kent. Accessibility planning is designed to deliver benefits for all residents, although an emphasis is given to groups in the community which are socially excluded and need help to improve access to key life opportunities.

**Kent Supporting People Five Year Strategy 2005 – 2010**

The Supporting People Programme aims to improve the quality of life for vulnerable people by enabling them to live more independent lives in their communities, or maintaining their capacity to do so. The Five Year Strategy sets out the aspirations for the future of Kent's Supporting People programme.

**Cultural Development Strategy**

This aims to reap the benefits that arts can deliver in creating places in which people choose to live and want to visit, in building a modern, knowledge based economy, and in enriching the quality of everyday life for individuals and communities across Kent.

## **Local Context**

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**Ashford Housing, Care and Support Strategy** (2004 – 2014)

**Ashford Housing Strategy** (2008 – 2011)

**Canterbury Community Development Strategy** (2008 – 2012)

**Canterbury Housing Strategy** (2010 – 2015)

**Canterbury Corporate Plan** (2008 – 2012)

**Canterbury Strategy** (a vision for 2030)

**Dartford Housing Strategy** (Available September 2009)

**Dartford Older Person's Strategy** (Available May 2009)

**Gravesham Review of Social Housing Provision for Older People** (September 2008)

**Maidstone Housing Strategy (including Older People Supplement)** (2005 – 2009)

**Maidstone Sustainable Community Strategy** (2009 – 2013)

**Maidstone Homelessness Strategy** (2008 – 2013)

**Sevenoaks Sustainable Community Plan** (2007 – 2010)

**Sevenoaks Community Safety Strategy and Action Plan** (2008 – 2011)

**Tonbridge & Malling Sustainable Community Strategy** (2006 – 2009)

**Tunbridge Wells Sustainable Community Plan** (2007-2011)

**Tunbridge Wells Housing Strategy and sub-strategies (including Older People's Housing Strategy)** (2006-2011)

**Thanet Community Safety Partnership Plan** (2008 – 2011)

**Thanet District Council Housing Strategy** (2006 – 2010)

**Thanet Private Sector Housing Strategy** (2007 – 2011)

**Thanet District Council Travel Plan** (2005 – 2011)

**Background Papers**

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**A Sure Start to Later Life** (Dept Communities and Local Government, 2006)

**Our Health, Our Care, Our Say** (Dept Health, 2006)

**Travel, Access and Older People – A review of local transport accessibility planning**  
(Help the Aged, 2006)

**Lifetime Homes, Lifetime Neighbourhoods** (Dept Communities and Local Government, 2008)

**Global Age-friendly Cities: A Guide** (World Health Organization, 2007)

**‘Don’t Stop Me Now’ – Preparing for an Ageing Population** (Audit Commission, 2008)

**Voice – A Briefing Paper** (Help the Aged & ILC, 2008)

**Growing Old in a Changing Climate** (Stockholm Environment Institute, 2008)

**Travel, Access and Older People** (Help the Aged, 2006)

**Towards Lifetime Neighbourhoods** (ILC, November 2007)

**Nowhere to Go – Public Toilet Provision in the UK** (Help the Aged, 2007)

**Community Transport Provision in Rural Kent and Medway** (Action with Communities in Rural Kent)

## Glossary of Terms

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**Ask a Kent Librarian** – This service allows you to have your questions answered by a specialist team, without having to visit your local library. The service promises to answer or acknowledge queries within 48 hours and operates directly by phone, fax, mail, web form and email 6 days a week.

**Commissioning** – This is the means by which best value is secured for local people, by specifying and procuring services to meet their aspirations and needs.

**Extra Care Housing** - This is housing to rent or to buy, designed with the needs of frailer older people in mind and with varying levels of care and support available on site. People who live in extra care housing have their own self contained homes, their own front doors and a legal right to occupy the property.

**Gerontology** - is the study of the social, psychological and biological aspects of ageing

**Handyvan Service** – The Handyvan is a home support service for older people. Handyvan fitters work to ensure that people's homes are safe and secure. They aim to reduce the risk of burglary by fitting security equipment such as door chains and viewers, window locks and installing safety features such as smoke and carbon monoxide detectors.

**Home Improvement Agency** – Home Improvement Agencies (HIAs) help older and vulnerable people to maintain their independence. Their focus is to help repair and adapt a client's home to meet their individual need, and may also provide a range of services to support this, depending on local needs and circumstances

**Kent Partnership** – The Kent Partnership is the countywide local strategic partnership that was formed in 2002 as a result of the Local Government Act 2000. It is made up of representatives from the private, public, voluntary and community sectors and oversees the Kent Agreement.

**Lifetime Homes** – A lifetime home is the incorporation of 16 design features that create a flexible template for accessible and adaptable housing.

**Older People's Champion** – The role of an older people's champion is to represent the voice of older people within an organisation. They should ensure that older people are involved in developing services and should challenge age discrimination where it exists.

**University of the Third Age (U3A)** – this is a learning cooperative for people no longer in full time employment. It consists of local U3As all over the UK, which are charities in their own right and are run entirely by volunteers. Between them, U3As offer the chance to study over 300 different subjects. A typical U3A has about 250 members but could be as small as 12 and as large as 2000. The U3A approach to learning is learning for pleasure.

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## DRAFT ACTION PLAN FOR KENT’S POLICY FRAMEWORK FOR LATER LIFE ‘LIVING LATER LIFE TO THE FULL’

June 2009



**Mike Angell, KCC’s Older People’s Champion**

This draft Action Plan sets out what KCC is already doing to help achieve the strategic priorities established within ‘Living Later Life to the Full’ – Kent’s Policy Framework for Later Life. It is essentially a mapping exercise that captures what we are doing for older people at this snapshot in time. This process has been particularly important in raising awareness of the issues at stake and gathering evidence of the vast amounts of work we are doing to enable people to live later life as they would wish. In collecting these actions, and comparing them with those of our partner organisations, it has also been possible to evaluate where there may be gaps in addressing issues and what new actions need to be taken, collectively, in moving forwards. This draft action plan will be developed into a KCC Strategy for Later Life which will underpin the Kent Policy Framework and deliver the older people’s workstream within KCC’s Regeneration Framework.

This work demonstrates that KCC relies upon cross-directorate and indeed cross-agency working to address the issues important to Kent residents. Critically, though, this is about giving older residents a stronger voice in influencing strategic and local decision-making that impacts on their lives, and we will continue to work with them in developing and implementing future actions.

NB: KASS Actions highlighted in **bold**.

## KENT COUNTY COUNCIL

### Priority 1 – To ensure communities are designed to be “age proof”, stronger, safer and sustainable

Outcome	Actions that are being taken	Timescale/lead responsibility	Resource (if known)	Aspirations for the future?
<p>1A – Ensure all new developments are sustainable and age-proof</p>	<p>Influence new housing for older people through the planning process to aim to improve accessibility to transport/services.</p> <p>Aim to influence the implementation of a bespoke housing needs assessment for older people. Consider sheltered housing needs in negotiating provision of affordable housing.</p> <p><b>Provision of extra care Sheltered Housing Schemes specifically for older people to have alternative choice to residential care.</b></p> <p><b>Lifetime homes/Developer Contributions for Community Infrastructure and input to LDF process and community strategies. For all new housing developments Kent Adult Social Services (KASS) works with District Councils to promote the development of Lifetime homes and Wheelchair Accessible Housing. KASS also seek developer contributions to help provide facilities in the community that are fully accessible, e.g. Adult Changing Places.</b></p>	<p>KHS Richard Feasey</p> <p>Richard Feasey (Planning Policy team)</p> <p>2009 / 2010 David Weiss /</p> <p>Ongoing: East Kent: Maria Coates / Rocío Arias-Dumeige West Kent : Nicola McLeish (Sustainable Communities Project Officers)</p>	<p>PFI Orbit RSL</p> <p>Local Development Frameworks &amp; Core strategies</p>	<p>Purpose built to provide accommodation to enable vulnerable older people to live in their own homes as an alternative to residential / nursing care.</p> <p>Ensure new housing is adaptable in accordance with Lifetime Home standards.</p> <p>Ensure there is involvement of older people in the planning of future community facilities.</p>

Outcome	Actions that are being taken	Timescale/lead responsibility	Resource (if known)	Aspirations for the future?
	<p><b>In Partnership with Eastern and Coastal Kent PCT, KASS was successful in bidding for the Partnerships for Older People Project. Out of this has come the INVOKE (Independence through the Voluntary Action of Kent Elders) project. There are three significant strands to INVOKE; the care navigator service, Information and Liaison assistants and the Community Matron Support workers. The project is designed to give older people greater independence, enhance self-management through choice and control and reduce hospital admissions. INVOKE early intervention services support the location of information that is accessible to the community via selected ‘community hubs’ – areas that are established as accessible to the public. Provide a District specific Directory that enhances choice and control.</b></p> <p>Ensure that the Arts Development Unit services and operations are aligned with KCC’s Equalities and Diversities policy.</p> <p>Support key capital projects, to ensure the creation of new facilities and networks that can support accessible arts programming and audience development.</p>	<p>Contracted to March 2010- Dawn Woodward -Project Manager</p> <p>Sally Staples, Kent Arts Development Unit (KADU)</p> <p>Gail Brown, KADU</p>	<p>Staff time</p> <p>Staff time</p>	<p>Person centred planning that supports early intervention services to people who fall outside set KASS Eligibility criteria as well as ongoing clients.</p>
1B - Develop existing communities to make sure that they are age friendly	Collections of books and Audio Visual items delivered to residential and nursing homes, sheltered housing, day centres and hospitals. Poetry & Prose sessions for residents of the above are currently delivered by staff. Reading Group book boxes for Homes etc.	Sue Fordham, Open Access Manager		A volunteering role to deliver Poetry & Prose sessions is being considered. Longer term aim to offer Time2Give volunteering opportunities to manage collections and promote use in Homes.

Outcome	Actions that are being taken	Timescale/lead responsibility	Resource (if known)	Aspirations for the future?
	<p>Collections of materials for Reminiscence sessions.</p> <p>Local staff have made contact with some groups e.g. Maidstone, Stepping Out at Sevenoaks.</p> <p><b>Investment in voluntary and community sector to deliver range of preventative services; providing information, advice and guidance. Thanet Island Guide recently re-launched and West Kent Older Persons Handbook being developed.</b></p> <p><b>Voluntary &amp; Community Sector financial support/Transforming Social Care Grant money for early intervention and prevention services. Voluntary action assisted shopping, Age Concern Malling lunch club, Age Concern Sevenoaks postural stability classes.</b></p> <p>Develop Kent's national and international position as an innovative and pioneering platform for festivals and combined arts. KADU is assisting key independent arts festivals to work as a cluster in East Kent to widen audiences at local, regional and national level. The cluster will ensure more groups in Kent interact with each other through the arts, paying particular attention to young and older segments. The cluster's outreach programme in 2009 will cross fertilise audiences to start formulating a tailor-made events programme in 2010.</p>	<p>Tricia Fincher, Service Development librarian (Health &amp; Older People)</p> <p>2009 – 2010 KASS/PCTs/Districts</p> <p>Ongoing</p> <p>Gail Brown, Michael Sanchez, and Sarah Wren KADU</p>	<p>Base Budget - Grants</p> <p>Services funded by Direct Payments</p> <p>Staff time SEEDA cluster funding</p>	<p>Training in Reminiscence work for staff in Homes is being developed.</p> <p>Brighter Futures Group (BFG) is just starting so further opportunities to promote our services and develop partnerships with BFG groups.</p> <p>Increased community resources for older people.</p> <p>Increased community resources for older people to minimise social isolation.</p> <p>Enabling festivals to prosper by widening and increasing their consumer base. It is envisaged that hidden audiences like older groups will interact with other age groups throughout the programme. Festivals would aspire for older groups to be seen as pillars of local communities.</p>

Outcome	Actions that are being taken	Timescale/lead responsibility	Resource (if known)	Aspirations for the future?
	<p><b>INVOKE - Community Action Network Group created to support increased understanding of existing community networks includes mapping of communities within each of the EK Districts.</b></p> <p>Lead arts input on Folkestone Forward programme, supporting innovative ways for joined-up cultural services to have a positive impact on hard-to-reach groups.</p> <p><b>Pensioner Forums set up/being established (see outcome 4B for more details).</b></p>	<p>Ongoing - Dawn Woodward -Project Manager</p> <p>Sally Staples and Sarah Wren, KADU</p> <p>KASS supporting Age Concern on this.</p>	<p>Community Action Network Group-EK</p> <p>Staff time and KADU budget</p>	<p>Stronger voice for older people.</p>
<p>1C - Actively tackle housing disrepair and support older people in caring for their own homes.</p>	<p>Facilitate events such as Higham Community Day, publicising partners services including Kent Fire and Rescue Service, HandyPerson, Crime Prevention Bus, Police, PCSOs and Community Wardens.</p> <p><b>The Supporting People Programme is contributing £682,856 to Kent's Home Improvement Agencies, co-funded by Districts/Boroughs and Health. The Supporting People Programme is also contributing £447,572 towards HandyPerson services.</b></p> <p><b>The HandyVan service provides minor repairs and safety equipment to vulnerable people e.g. locks and smoke detectors, to ensure people feel safe in their own home. Community Technicians provide minor equipment to people e.g. grab rails and raised toilet seats and are also qualified assessors.</b></p>	<p>Sue Fordham / Christel Pobjee</p> <p>Kent Supporting People Claire Martin/Ute Vann</p> <p>Home Improvement Agencies/District Councils/Supporting People/KASS/PCTs</p>		<p>Use made of libraries and Home Library Service (HLS) volunteers (currently delivering sets of books to mainly older homebound people) to advertise/distribute relevant information.</p> <p>Sustainability of supporting people funding beyond the next Comprehensive spending review, and the introduction of area based grant from April 2010.</p> <p>Robust, viable services that can respond effectively to identified need.</p>

Outcome	Actions that are being taken	Timescale/lead responsibility	Resource (if known)	Aspirations for the future?
	<p><b>Expand the reach and remit of HandyVan and promote the service in partnership with KASS, KFRS, Help the Aged and Local Authority Community Safety Units in areas where historically uptake of the service has been limited.</b></p> <p><b>A Successful pilot project in Thanet to enable professionals visiting older people to log identifiable repairs on multi-agency referral form and sent to central location for action.</b></p>	<p>Stuart Beaumont</p> <p>Lesley Clay/Tanya Wenham Thanet District Council/KASS/EKPCT</p>		<p>Pilot adopted in each District but will require level of funding to develop a central administrative hub.</p>
<p>1D - Older people will feel safe and secure within their own homes and community</p>	<p>Encourage consideration of community safety in the design and layout of older persons accommodation to ensure residents feel confident outside their home</p> <p>Facilitate events such as Higham Community Day, and Community Warden surgeries (e.g at Higham, Coldharbour, Riverview, Meopham, Staplehurst libraries etc).</p> <p>Extend our public awareness campaign to alert people to the activities of rogue traders, particularly those involved in door-to-door sales, and increase the number of offenders prosecuted.</p>	<p>Richard Feasey (Planning Policy Team)</p> <p>Sue Fordham / Christel Pobgee</p> <p>Kent Trading Standards Ian Treacher/Sue Edmunds</p>		<p>Attempt to reach more housebound older people and promote this service to anyone who spends significant time in their homes e.g. carers, people with disabilities or mental health problems that prevent them leaving home. Could partners help us reach these people to offer these services where appropriate?</p>

Outcome	Actions that are being taken	Timescale/lead responsibility	Resource (if known)	Aspirations for the future?
	<p>Community Safety Strategy.</p> <p>Early warning email messaging system which alerts local communities to bogus trading practices. Target to increase the number of community organisations in Kent receiving alerts about the activities of rogue traders by 25% in 2009/10</p> <p>The Community Safety Training Unit runs events and trains people about Bogus Caller Distraction Burglary. When Kent Trading Standards receives information and the rogue trader is still on the premises, the Rapid Action Team responds immediately.</p> <p>Cold Calling Control Zones - These are now fairly well established across the county and we are currently supporting the expansion of schemes in Maidstone, Tunbridge Wells, Dover and Swale. The scheme is being relaunched in Gravesham and Dartford where at least two areas have been identified which will benefit from becoming Cold Calling Control Zones. Kent Trading Standards will continue to assist local partnerships establish Cold Calling Control Zones.</p> <p>Kent Trading Standards will continue to promote its good trader scheme, 'Buy With Confidence'.</p> <p><b>INVOKE –provision of local community information (Who can help me? information directory) that enables key services / contacts to be identified. Also available on website: <a href="http://www.kent.gov.uk/invoke">www.kent.gov.uk/invoke</a></b></p>	<p>Stuart Beaumont / CFE part of delivery</p> <p>Kent Trading Standards Ian Treacher/Sue Edmunds</p> <p>Kent Trading Standards Ian Treacher/Sue Edmunds</p> <p>Kent Trading Standards Ian Treacher/Sue Edmunds</p> <p>Kent Trading Standards Ian Treacher/Sue Edmunds</p> <p>Ongoing Dawn Woodward -Project Manager</p>		

Outcome	Actions that are being taken	Timescale/lead responsibility	Resource (if known)	Aspirations for the future?
	<p>Build on the successful Kent Community Warden scheme, supporting Kent Police in their visible Neighbourhood Policing programme and working with them and the CDRPs to strengthen police presence in problem areas.</p> <p>‘Restorative Neighbourhoods’ address issues identified by the local community as their priority concerns (e.g. PaCT Priorities) by bringing victims, offenders and communities together to resolve problems before formal entry into the criminal justice system. Two pathfinder sites have been established in Shepway (Cheriton/ Morehall/Lydd and Hawkinge) and Maidstone (Shepway/Staplehurst and East) which will last for 12 months and has full backing from the districts/borough councils and CDRPs.</p> <p>The Community Warden service will be providing information to the public via their WebPages about when and where members of the public can drop in and be assured of meeting up with either their warden or PCSO.</p> <p><b>Bogus caller buttons are one of the Telecare devices being offered within WSD. These enable users to summon help if they are worried by unwanted callers. Other sensors such as Gas and Smoke detectors also help contribute towards keeping an individual safe and secure at home.</b></p> <p><b>Deliver targeted Handyvan services to areas of high burglary or fear of burglary.</b></p>	<p>Stuart Beaumont</p> <p>Stuart Beaumont</p> <p>Stuart Beaumont</p> <p>Ongoing</p> <p>Ongoing</p>	<p>Government Grant</p>	<p>To mainstream the service countywide.</p> <p>Delivery of targeted service to all high risk areas.</p>

Outcome	Actions that are being taken	Timescale/lead responsibility	Resource (if known)	Aspirations for the future?
	<p>Work with partners on Crime Reduction Partnerships to ensure that the views/concerns of the older community are fully reflected in the strategic assessments carried out at District level.</p>	Ongoing		<p>To ensure that the concerns of the older population are fully embraced in the plans of CDRP's.</p>
	<p>Provide mechanisms for the vulnerable elderly to report local community safety concerns to statutory bodies via their interface with home carers.</p>	Ongoing		<p>Equip officers who visit the homes of the vulnerable elderly with the necessary skills to report community safety issues/concerns on behalf of their clients. Improvement in the perception of crime as measured by the KCVS.</p>
	<p>Work with CDRP partners to improve the presentation of media reporting of community safety issues and therefore improve the perception of crime in local areas.</p>	Ongoing		
	<p>Embrace the PACT (Partners and Communities Together) approach in conjunction with Neighbourhood Policing to ensure that identified local concerns are dealt with.</p>	Ongoing		<p>Engage KCC service units in the delivery of PACT priorities.</p>
	<p>Work with the Clean Kent initiative to deliver a targeted approach to problem areas to improve the public perception of community safety.</p>	Ongoing		<p>Clean Kent will assist the visual improvement of areas and help improve public perception.</p>
	<p>KCC Community Wardens will be equipped as part of their training to have an understanding and engagement with Adult Protection, Dealing with Vulnerable Persons, Care in the Community, and Mental Health.</p>	Ongoing		

Outcome	Actions that are being taken	Timescale/lead responsibility	Resource (if known)	Aspirations for the future?
	<p>KCC Community Wardens will also be provided with the necessary skills to make referrals on issues relating to Drugs, Alcohol and Trading Standards.</p> <p>UK Cultural Festival Kent: Establish street arts toolkit. KADU is supporting the development of an online resource being developed by the University of Kent. COPOR (Celebratory and Outdoor Performance Online Resource) is a platform for street theatre artists and community groups to network with each other and develop / deliver projects during the Cultural Olympiad and beyond. These projects will allow all age groups and local communities to interact and obtain information / advice from COPOR and its help-desk.</p> <p>UK Cultural Festival Kent: Commission and roll out Cultural Baton.</p>	<p>Ongoing</p> <p>Sally Staples and Michael Sanchez, KADU</p> <p>Sally Staples, KADU</p>	<p>Staff time</p> <p>Staff Time</p>	<p>COPOR aspires to develop a strong network of street artists and local communities so that projects can be delivered more effectively. Older people will welcome and enjoy working with younger people who themselves are perceived negatively (troublesome, loud) rather than positively (fresh, energetic, etc.).</p>
<p>1E - Prepare for changes in the environment and climate-proof communities to make them sustainable for the future</p>	<p>Working with the Kent Partnership to determine key opportunities and threats relating to climate change with a view to take necessary adaptation actions across the county where required.</p> <p>Undertaking a Local Climate Impacts Profile across the Kent Partnership to determine current vulnerability to severe weather events to inform future adaptation actions (e.g., heat wave impacts on health).</p> <p>Building adaptation capacity through increasing awareness of the impacts of climate change across the Kent Partnership. Carrying out climate change adaptation workshops across KCC services (and the wider partnership where required) with a view to develop climate change adaptation action plans.</p>	<p>Climate Change Team</p> <p>Wendy Lockton-Goddard</p> <p>Carolyn McKenzie</p>		<p>To ensure that older people and the services they use are well prepared for the future impacts of climate change.</p>

## Priority 2 – To improve transport and accessibility

Outcome	Actions that are being taken	Timescale/lead responsibility	Resource (if known)	Aspirations for the future?
2A - Increase transport options for older people, including services for those who are disabled or live in rural areas.	Provide funding to extend concessionary fare period from 09:00 to 09:30 for 60+.	Kenneth Cobb		(difficult to assess due to potential shortfall in grant funding from government to support the scheme).
	Increase percentage of buses with low floor access in Quality Bus Partnership (QBP) areas by 35% to reach 79% by 2010/11.	Local Transport Plan for Kent 2006-11	KCC £100K 2009/10	A Kickstart bid to the Department for Transport is being prepared which, if successful, will deliver a regular 10-minute frequency during the day on Mondays to Saturdays.
	KCC has already commenced a programme of improvements to the Canterbury 'Triangle' routes 4/4A/4X and 6/6A/6X to deliver raised boarders for easy access in conjunction with low-floor buses, bus stop clearways with clearway plates and new bus stop poles. Stagecoach in East Kent is also providing new bus stop flags and timetable displays to compliment this programme.		KCC £100K 2010/11 (if Kickstart bid successful)	
	Better publicise low floor bus services and routes. Symbols are already used on public transport maps and Traveline to indicate services running low floor buses.	KHS	N/A	
	Kent Karrier is a fully accessible dial-a-ride service which takes its members directly from their door to the nearest town centre. Membership is £5 per year, with a small fee payable for each journey. KCC financially supports 10 Kent Karrier services across the County. KCC also funds the provision of minibuses for local community groups (Lenham and Stockbury) not already covered by Kent Karrier.	Kenneth Cobb	£860k pa (2008/09 figures)	KCC is keen to utilise the growing potential of active retirees in supporting community bus services, especially in rural areas.

	<p>Increase the number of dropped kerbs to make roads easier to cross. There is a countywide programme (£100K) of dropped crossings alongside local schemes in Dartford (£25K) and Gravesham (£75K).</p>	KHS	KCC £175K 2009/10 LTP	
	<p>Improve pedestrian access to town centres and cycling networks – schemes proposed for 2009/10 include an off-road cycle link between Canterbury and Chartham, a new footway in Bean High Street, a cycle route along the River Dour in Dover and pedestrian improvements in Folkestone.</p>	KHS	Approx £2m 2009/10 LTP	Ongoing walking and cycling improvements included in the LTP in future years.
	<p>Overlap with families and young people with disability? Make sure that there is a joined up approach to transport.</p>	KHS/CFE		
	<p>In East Kent older persons attending day centres that meet eligibility criteria now offered Direct payments and access to taxis and voluntary escort transport rather than sitting for long periods on mini buses.</p>	June 2008 Derek Hall Ongoing	Base budget of commission ers	Older people able to exercise choice and control over how they access services in the community.
	<p><b>In West Kent KASS working with partners in Districts and other KCC Directorates e.g. through Older People’s Forum and in response to LDF Consultation to raise awareness of transport issues faced by older people.</b></p>	KASS		Create awareness of the challenges faced by older people.
	<p>KCC in partnership with Arriva is to submit DfT Kickstart bid for Routes 6 and 7, linking Maidstone, Tonbridge, Pembury Hospital and Tunbridge Wells to increase service frequencies, provide modern and accessible low-floor vehicles and upgrade bus stop infrastructure.</p>	KHS	tbc	Better public transport connections to/from Pembury Hospital and local towns.

<p>2B - Make people more aware of the transport options already available to them</p>	<p>Access to Hospital leaflets produced and jointly funded by 3 major hospitals in East Kent. 50,000 leaflets distributed via GP surgeries/hospitals/supermarkets and libraries etc. Work will be completed with West Kent shortly.</p> <p>High level agreement between hospital trusts, KCC and PCTs to work jointly on transport and health issues.</p> <p>The Traveline national number is promoted on all public transport leaflets, bus maps and other transport related publicity.</p> <p>Improved information, advice and guidance provided locally, e.g. Gateways, Care Navigators and through Co-ordination / brokerage. Work is ongoing to carry out KCC's Public Transport Information Strategy which will see the completion of a programme to upgrade all of the 560 most important bus stops in Kent, working in partnership with local operators.</p>	<p>KHS</p> <p>Martyn Ayre Tim Woolmer</p> <p>KHS</p> <p>From 2009</p>	<p>N/A</p> <p>£250K</p>	<p>As above use could be made of our libraries and Home Library Service volunteers to advertise/ distribute relevant information.</p>
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**Priority 3 – To enable older people to lead healthier lives and have better access to healthcare**

Outcome	Actions that are being taken	Timescale/lead responsibility	Resource (if known)	Aspirations for the future?
3A - There is greater focus on the prevention of health problems	Improve access to Hospitals and GP surgeries.	LTP/KA2 Target Vicki Hubert		
	Health monitoring within Gateways – currently a pilot in Maidstone. Measures and monitors blood pressure and weight.	Tanya Oliver		
	Healthy Living walks delivered in partnership with local PCT Health Promotion staff and in some districts with District/Borough Councils, also Literary and Historical walks (eg in the Gravesend District in partnership with Gravesham Historical Society; Dartford with Dartford Borough Museum and Ashford with the Town Centre Partnership).	Libraries and Archives		
	Community Information Day at Gravesend Library.	Libraries		
	Healthy Eating/Living Fairs & New Years Resolutions events - in partnership with Health Promotion, Trading Standards, Kent Sports Development, Volunteer Bureau, Kent Drug and Alcohol Action Team (KDAAT), independent practitioners, Adult Education, Kent Now, Activmobs etc.	Libraries and Archives		
	<p>Promote library buildings as possible suitable venues for stop smoking sessions.</p> <p><b>Health and wellbeing groups established in each District. Joint Strategic Needs assessments completed, identifying health inequalities and a focus on preventative services</b></p>	<p>Libraries and Archives</p> <p>2008 - KASS</p>		

Outcome	Actions that are being taken	Timescale/lead responsibility	Resource (if known)	Aspirations for the future?
	<p>In West Kent the Brighter Future Group (BFG) is an example of innovative preventative work. It is a partnership between KCC, PCT's and voluntary and community organisations aimed at helping older people remain independent. It is delivered via a range of volunteer services designed to reduce avoidable admissions into hospital or long-term care, as well as keeping older people healthy, promoting social inclusion and independence and producing other benefits to the volunteers and their communities.</p> <p>KASS working with public health colleagues to develop the Joint Strategic Needs Assessment (JSNA). This will inform future commissioning strategies and business plans. West Kent has established the Older Persons Change Board which will inform future joint initiatives. The West Kent Older Persons Forum is a multi agency meeting which aims to promote info sharing a joint working.</p> <p>INVOKE - Delivery of health promotion activities by the Community Information and Liaison Assistant (CILA) that is specifically provided to identify groups of people where the need has been recognised.</p> <p>Silver Song clubs over 600 members in East Kent alone. Delivering outcomes in terms of reducing isolation, social cohesion, reminiscence and exercise.</p> <p>As part of the WSD programme and building on the Kent pilot, Telehealth equipment is being provided to an increasing number of people with long term conditions (LTCs). This enables clinicians to pick up on changes in individuals/readings and take action so as to prevent a person ending up in hospital.</p>	<p>Ongoing - KASS</p> <p>Ongoing – Dawn Woodward, Project Manager</p> <p>2008/11</p> <p>Ongoing</p>	<p>PCT's Choosing health Allocation. Funded with £1.38m from HM Treasury (An Invest to Save bid).</p> <p>KASS and E&amp;CKPCT</p> <p>Government Grant</p>	<p>Health and Wellbeing groups to feed local health issues into Strategic Commissioners for Health to promote new services. It has proved successful and is now being mainstreamed with support from the Social Care Reform Grant.</p> <p>Roll out as mainstream activity.</p> <p>To mainstream the service countywide.</p>

Outcome	Actions that are being taken	Timescale/lead responsibility	Resource (if known)	Aspirations for the future?
	Cross-cutting projects delivered in the different localities of Kent that contribute to place-making, health, cultural tourism and cultural diversity.	All - KADU	Staff time and KADU budget	
3B - The older people of Kent participate in regular exercise and live an active life	<p>A range of discreet courses will be further developed to support older people with specific health problems to maintain an active lifestyle.</p> <p><b>Developing partnerships i.e. with Help the Aged (Fit as a Fiddle) to make links with wider community based groups.</b></p> <p><b>Providing Chair Based exercise sessions in care homes and training care home staff to deliver these appropriately.</b></p> <p><b>TSCG Preventative Services.</b></p> <p>Healthy Living walks delivered in partnership with local PCT Health Promotion staff and in some districts with local councils, also Literary and Historical walks.</p> <p>Yoga and dance classes held at Westgate Library in partnership with the Health Authority.</p> <p>Volunteer opportunities in libraries for older people in the Time2Give scheme.</p> <p>Visit Kent / Explore Kent – opportunities for older people to stay active.</p> <p><b>Increasing investment in preventative services made possible via Transforming Social Care Grant.</b></p>	<p>Kate Atterton</p> <p>Revised offer in place by September 2009</p> <p>As above</p> <p>WKASS</p> <p>Tricia Fincher</p> <p>Tricia Fincher</p> <p>Tricia Fincher</p> <p>Nicola Browne, Volunteer Development Coordinator</p> <p>KASS</p>		<p>Are there ways we can offer discounts that target older people?</p>

Outcome	Actions that are being taken	Timescale/lead responsibility	Resource (if known)	Aspirations for the future?
	<p><b>Numerous Schemes Funded via choosing health allocations via agreement at local health &amp; Well being Subgroups many of which are dedicate to people who are 50+.</b></p> <p><b>In West Kent Seated exercise programmes delivered within Age Concern Groups as a roll out from Brighter Futures Group pilot.</b></p> <p><b>INVOKE – Delivery of health promotion activities such as one to one cooking, Chair Based Exercise, stop smoking and social opportunities that support community inclusion.</b></p> <p><b>Silver Song clubs (see 3A).</b></p> <p>Work with Kent RFOs and AIF supported organisations to develop innovative models for audience development.</p>	<p>Ongoing</p> <p>2008</p> <p>Ongoing- Dawn Woodward - Project Manager</p> <p>John Barnes</p> <p>Gail Brown, KADU</p>	<p>PCT's Choosing health Allocation</p> <p>Specific Grants</p> <p>Staff time KADU budget</p>	<p>Exercise programmes available for older people, improving balance and reducing risk of falls.</p>
3C - Developing better integrated health and social care services	<p><b>Integrated Discharge Teams using assessment beds throughout the area, assessing people in a non-acute environment.</b></p> <p><b>Integrated Care Centres at Westview, Tenterden and Westbrook House, Margate.</b></p> <p><b>End of Life Strategy being jointly developed across Kent with local implementation groups in East and West Kent.</b></p> <p><b>Joint commissioning of community and voluntary sector services – Bridging the Gap.</b></p>	<p>2008</p> <p>2007</p> <p>2009</p> <p>2008-9 Derek Hall</p>	<p>PCT KASS</p> <p>PFI / base budget</p> <p>PCT</p> <p>KASS / Ashford BC</p>	<p>Reduced delays in transfer of care.</p> <p>Improved care pathways.</p> <p>Integrated care pathway and jointly commissioned services.</p> <p>Improved relationships to enable competitive tendering.</p>

Outcome	Actions that are being taken	Timescale/lead responsibility	Resource (if known)	Aspirations for the future?
	<p><b>Multi Agency Adult Carers strategy is being developed focusing on 5 key priorities areas. It will have local implementation and delivery plans for East/West Kent.</b></p> <p><b>Early Adopter site focussed on Customer Care and Public Involvement under DOH “Making Experiences Count”.</b></p> <p><b>As 3a also WSD project. Also as we modernise our services there is a greater emphasis of co-location and joint working.</b></p> <p><b>Development of Adult Strategic Partnerships in East Kent that support joint working. INVOKE multi-agency bid led by KASS for Partnerships for Older People Project funding to support Prevention agenda.</b></p> <p><b>INVOKE – Commissioning of health promotion training designed specifically for the CILA that enables accreditation to Understanding Health Award 2 –Royal Institute of Public Health.</b></p> <p><b>The WSD programme is a good example of integrated working and involves both PCT’s KASS and GP practices across the county. Community nursing services are now starting to respond to Telecare alerts which mean that health issues can be picked up an early stage.</b></p>	<p>2009</p> <p>2008 Customer Care Team</p> <p>Ongoing</p> <p>Ongoing – District Managers</p> <p>Ongoing- Dawn Woodward - Project Manager</p> <p>KASS/PCTs Ongoing</p>	<p>Carers Grant</p> <p>District Managers Adult Social Services Strategic Group</p> <p>Government Grant</p>	<p>Carers have access to range of jointly commissioned services.</p> <p>Joined up Health and Social Care complaints system.</p>

<p>3D - Assisting people to manage their own health and independence in order to keep living in the community for as long as possible</p>	<p>Adult education are developing a large range of IT courses and programmes to be delivered within sheltered housing or car home settings.</p> <p>East Kent Health Trainers are using libraries for weekly drop in/surgery sessions at Stanhope, Wood Avenue &amp; Dover.</p> <p><b>Working in partnership to deliver the INVOKE project. Collaborating with CILAs (Community Information and Liaison Assistants) who are producing information resources to be held in Community Hubs which include libraries and also the mobile libraries.</b></p> <p>Healthy Eating/Living Fairs (see 3A).</p> <p>Books Can Help Scheme – aims to assist people with mild to moderate mental health problems through the delivery of books on prescription. Collections in 39 libraries. Also working in partnership with Macmillan Cancer Support and Kent &amp; Medway Cancer Network to provide and promote 13 collections of cancer-related information resources (most for loan).</p> <p>Reading Groups, including those aimed at specific audiences (MIND Reading group meets monthly at Maidstone Library, Dover book listening group, visually impaired library groups meet regularly at Gravesend, Dartford and Sturry Libraries).</p> <p><b>Developing systems (self assessment) and supporting people to manage their own lives and to determine how they should be supported to achieve this.</b></p>	<p>Adult Education</p> <p>Tricia Fincher,</p> <p>KASS</p> <p>Libraries and Archives</p> <p>Libraries and Archives</p> <p>2009 - KASS</p>	<p>SDS</p>	<p>Older people can exercise real choice and control over how they live fulfilled lives.</p>
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	<p><b>WSD/Telecare/Enablement Services/Active Care/ Day Services/ Domiciliary Services/SDS. As new facilities are developed these are planned and designed to be accessible to all groups within the community e.g. libraries and leisure centres.</b></p> <p><b>Sheltered housing, floating support, Home Improvement Agencies and Handypersons contribute to maintaining independence. The Programme is spending £7.5 million on housing related support, £682,856 on HIAs, and £447,572 on handy person.</b></p> <p><b>Provision of District specific information that supports advice ,information and guidance that is readily available within communities.</b></p> <p><b>Care Navigator service enables a one to one contact where the potential resolutions of the need /problem are explored enabling client choice and control.</b></p> <p><b>Directly accessible health promotion opportunities as organised by the CILA.</b></p> <p><b>Telecare and Teleheath contribute significantly to the maintenance of residents’ independence.</b></p> <p>Work with Kent RFOs and AIF supported organisations to develop innovative models for audience development.</p>	<p>Ongoing</p> <p>Supporting People</p> <p>Ongoing - Dawn Woodward - Project Manager</p> <p>KASS</p> <p>KASS</p> <p>Ongoing</p> <p>Gail Brown, KADU</p>	<p>Government Grant</p> <p>Staff time and KADU budget</p>	<p>Sustainability of supporting people funding beyond the next Comprehensive spending review, and the introduction of area based grant from April 2010.</p>
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## Priority 4 – To support Older People’s citizenship, learning and participation in community life

Outcome	Actions that are being taken	Timescale/lead responsibility	Resource (if known)	Aspirations for the future?
4A - Encourage participation and inclusion in community activity	<p>Explore the feasibility of advertising volunteering roles on KCC website.</p> <p>Promoting libraries as social networking and learning centres at certain times of the week.</p> <p><b>Housing related support encourages people to access education, training, and employment opportunities.</b></p> <p>See Libraries and Archives activities listed under Priority 3.</p> <p>The concept of a Living Library has been piloted in Sevenoaks. People from the local community who are passionate about a subject, or an expert in their field or have a significant life experience that they are willing to share, can be ‘borrowed’ for a conversation lasting about 20 -30 minutes. It allows people to find out about other people or activities in their community in a safe environment without any need to first be introduced formally or any obligation to follow up the meeting, unless they wish to do so.</p> <p>The Time 2 Give volunteering programme in Libraries &amp; Archives managed by CSV offers enjoyable and worthwhile volunteering across the county’s libraries. A wide variety of opportunities and activities are available for all abilities including those who are not in employment for reasons of ill health. Some volunteers are supported by their carers. Not only does volunteering help develop skills but also builds up confidence and a sense worth.</p>	<p>Nigel Fairburn</p> <p>Sheila Golden / Christel Pobgee</p> <p>Supporting People</p> <p>Libraries and Archives</p> <p>Sheila Golden, Archive staff at 3 centres in Kent and Rob Illingworth (Local Studies Development Librarian)</p> <p>Libraries and Archives</p>		<p>Living Library gives people the opportunity to gain a greater understanding of others in their community and break down barriers. It is planned to extend the pilot to other locations. We would be happy to discuss with partners how the concept can support their priorities.</p> <p>Volunteering opportunities identified for older people to read to children in libraries. Set up community history centres and groups to collect and give access to historic local material, helping to create a local identity and engage older people in intergenerational sessions.</p>

Outcome	Actions that are being taken	Timescale/lead responsibility	Resource (if known)	Aspirations for the future?
	<p>Gateways building up links with volunteer centres and even housing them within Gateways to boost the number of volunteers.</p> <p>In East Kent support given to the Smarden Good Neighbourhood Scheme.</p> <p><b>Investing in early Intervention and prevention and supporting Older People Forums.</b></p> <p><b>Participation opportunities within the project included interview and tender panel membership as well as Board and other forum membership. Community Action Network group mapping to explore the ways current communities function and what they focus on.</b></p> <p><b>Forum members invited to get involved in the Arts in Thanet (Turner) Dover Arts Development, Silver songs Canterbury, Intergenerational work Swale.</b></p> <p>Lead arts input on Folkestone Forward programme, supporting innovative ways for joined-up cultural services to have a positive impact on hard-to-reach groups.</p> <p>Encourage inter-cultural arts work including the Festival of Light.</p> <p>Work with Kent RFOs and AIF supported organisations to develop innovative models for audience development.</p>	<p>Christine Beaney, District Mgr, 2008</p> <p>John Barnes</p> <p>Ongoing- Dawn Woodward – INVOKE Project Manager</p> <p>2008/9—onwards John Barnes</p> <p>Sally Staples and Sarah Wren, KADU</p> <p>Gail Brown, KADU</p> <p>Gail Brown, KADU</p>	<p>Grant</p> <p>INVOKE Project Board Community Action Network Group</p> <p>Part of core agreement</p> <p>Staff time and KADU budget</p> <p>Staff time</p> <p>Staff time</p>	<p>Encourage communities to support themselves.</p> <p>Public Involvement Network – a framework to support engagement t by providing training, induction and role descriptions that will enable selection of the right role for them by them.</p> <p>Confirm arrangements</p>

Outcome	Actions that are being taken	Timescale/lead responsibility	Resource (if known)	Aspirations for the future?
	UK Cultural Festival Kent: Commission and roll out Cultural Baton.	Sally Staples, KADU	Staff time	
4B - Ensure that older people have a voice and are able to exert their influence over policy making	<p>Kent TV currently shows videos relating to issues that affect the older community. We have also covered some consultations including the future of care and support from Adult Social Services regarding plans to pay for our own social care with a view to Adult Social Services collating data.</p> <p>Promoting local forums for the 50+ citizens of Kent to influence the provision of Life Long Learning as part of OFSTED overview for KAES.</p> <p><b>In West Kent Older Peoples Forums exist in some districts but where they are not currently in existence KASS working with District Councils to set them up.</b></p> <p>Build better links with existing forums and formalise through OP champion.</p> <p>L&amp;A have a range of user and friends groups and provide other opportunities for feedback (surveys, consultations, comments/complaint forms). The annual surveys in Open Access (10% of delivery to homes service, 5% of postal loan spoken word service and a sample of the Home Library Service customers) have two main priorities; to assess user satisfaction with all elements of the service and to inform and shape future developments.</p> <p><b>As part of the WSD programme there is a service support network and service users are invited to attend Board meetings in order to contribute towards the direction and development of the programme.</b></p>	<p>Pascale Blackburn</p> <p>Adult Education Business plans for 2009-12</p> <p>Hilary Francomb</p> <p>Tim Woolmer / Mike Angell</p> <p>Libraries and Archives</p> <p>Ongoing</p>	<p>Govt Grant</p>	<p>Kent TV will continue to cover issues and items that are of interest to this generation. Including any consultations that may affect old people.</p> <p>Older people to have a voice in their communities.</p>

Outcome	Actions that are being taken	Timescale/lead responsibility	Resource (if known)	Aspirations for the future?
	<p><b>Five older persons forums established in East Kent, each constituted with bank accounts and committees, annual reports and AGM's, open days and portfolios, plus web sites and newsletters. Pan-east Kent forum established to represent views across EK boundary issues.</b></p> <p><b>The Supporting People Programme involves service users in every aspect of strategic and operational activity.</b></p>	<p>John Barnes</p> <p>Supporting People</p>	<p>E&amp;CKPCT and KASSD, £5k per forum</p>	<p>Develop one in Ashford.</p>
<p>4C - Older people have the opportunity and ability to participate in life-long learning</p>	<p>Targeted concessions for older learners for range of KAES courses.</p> <p>Review programme of courses to respond to all sectors of the community including the older learner.</p> <p>Role of Voluntary Organisations e.g. Age Concerns in delivering schemes such as Silver Service.</p> <p>Range of resources available in libraries and remotely via our website. Access to information about courses. Author talks and events/activities offered as part of Adult &amp; Family learning weeks. Past examples include Indian Head massage, salsa dancing, knittorama, CV writing, family history, creative writing, etc - working in partnership with Kent Adult Education, other education providers and community groups. All accompanied by displays and partner's information.</p> <p>Web wizards available regularly in some libraries to assist with IT issues and teach the basics.</p> <p>Talks on history and archive collections offered at Sessions House and throughout of the county.</p>	<p>Adult Education Sept 2009</p> <p>As above</p> <p>As above</p> <p>Gillian Lawrence, Lifelong Learning Manager, Libraries and Archives</p> <p>Libraries and Archives</p> <p>Libraries and Archives</p>		

Outcome	Actions that are being taken	Timescale/lead responsibility	Resource (if known)	Aspirations for the future?
	<p>Hosting of Adult Education classes and sessions on local history at the Centre for Kentish Studies, Maidstone and Canterbury Cathedral Archives.</p> <p><b>Housing related support encourages people to access educational opportunities.</b></p> <p><b>Music as a Therapeutic Medium of Engagement for Elderly People and their Carers involves the Sidney de Haan Research Foundation and the Kent and Medway life Long Learning Network. The aim of the project is to promote:</b></p> <ul style="list-style-type: none"> <li>• <b>Active lives at the end of the life span</b></li> <li>• <b>Support for independence for the elderly</b></li> <li>• <b>Health promotion through increased wellbeing of carers and the care for via the medium of music and improved communication</b></li> <li>• <b>Development for the care sector though staff development and HE qualifications</b></li> </ul> <p>Increase adult engagement in the arts – work with Kent arts and cultural orgs to support targeted projects.</p>	<p>Libraries and Archives</p> <p>Supporting People</p> <p>John Barnes (2008/9) as pilot</p> <p>KADU</p>	<p>£3k-KASSD</p>	<p>Develop in other districts.</p>
<p>4D - To make sure older people in Kent have employment opportunities if they want them.</p>	<p>Work in partnership with Kent Top Temps to ensure job opportunities are available to older people.</p> <p>Engage with Kent employers on actions that will benefit both employers and older people.</p> <p>Volunteering Opportunities – KCC Policies.</p> <p>Help people find out information on second careers after retiring – Contact Kent can help here.</p>	<p>Nigel Fairburn</p> <p>Nigel Fairburn / Debra Exall</p> <p>Contact Kent</p>		

Outcome	Actions that are being taken	Timescale/lead responsibility	Resource (if known)	Aspirations for the future?
	<b>Housing related support encourages people to access education, training, and employment opportunities.</b>	Supporting People		
4E - Older people have access to new technology as well as the ability to use it	<p>Schools offer community learning and access to IT (particularly in areas where no libraries). Extended services working with local groups.</p> <p>Kent TV is at the cutting edge of new technology but is keen not to exclude any age groups including older people. As such there are a variety of videos covering interests and issues that may be of interest to this generation. Kent TV is also accessible with transcribed videos and subtitling available in many cases.</p> <p>Wide range of courses to support this learning including e-mail courses specific for keeping in touch with relatives and 'Parents' Guide to Chatrooms and Websites particularly applicable for those looking after grandchildren.</p> <p>Free access to PCs in all KCC libraries. Silver Surfer and IT taster sessions in libraries and Web wizards sessions take place regularly in some branches.</p> <p>Older volunteers engaged on cataloguing and indexing projects at archive centres and local history centres using new technology.</p> <p><b>Housing related support includes funding for community alarms which enable a platform for enhanced assistive technology/telehealth opportunities to be accessed. HIAs/handy person can also facilitate.</b></p>	<p>CFE, Marisa White</p> <p>Pascale Blackburn</p> <p>Adult Education Current and ongoing</p> <p>Libraries and Archives</p> <p>Libraries and Archives</p> <p>Supporting People</p>		<p>Kent TV will continue to progress in making more programmes accessible and cover issues that affect the elderly.</p> <p>Many housebound older people lack access to IT in the home. Could we work together to look at solutions? Government drive to have broadband in every home by 2012. Need to find ways to help older people to engage with new technology. Masterclasses in libraries / gateways?</p>

Outcome	Actions that are being taken	Timescale/lead responsibility	Resource (if known)	Aspirations for the future?
	<b>Access to the internet will be provided in the Extra care sheltered housing schemes and in some Age Concern Day Centres.</b>	2009 – 2010 David Weiss	PFI	
	<b>As part of the WSD programme there is a service support network and service users are invited to attend Board meetings in order to contribute towards the direction and development of the programme.</b>	Ongoing	Govt Grant	

**Priority 5 – To ensure those older people who need support to live independently have choice, control and good quality care**

Outcome	Actions that are being taken	Timescale/lead responsibility	Resource (if known)	Aspirations for the future?
5A - Service provision is based upon a person centred approach	<p><b>Self Directed Support.</b></p> <p><b>Supporting People Programme has consulted with older people on service delivery. The consensus largely remains with warden/scheme manager based services. Services can be changed by agreement between providers and service users.</b></p> <p><b>Introduction of Self Directed Support will provide new clients with a personal budget. Increase in take up of Direct Payments.</b></p> <p><b>INVOKE- CN supports one to one sessions that explore with the individual the potential solutions to their need/problem enabling informed choice by the individual.</b></p>	<p>KASS</p> <p>Supporting People</p> <p>2009</p> <p>Ongoing- Dawn Woodward - Project Manager</p>	<p>Base</p> <p>Care Navigator</p>	<p>Social care reform to respond to demographic changes giving people choice and control in helping them live independent fulfilled lives in their community.</p>

Outcome	Actions that are being taken	Timescale/lead responsibility	Resource (if known)	Aspirations for the future?
	Ensure that Arts Development Unit services and operations are aligned with KCC's Equalities and Diversities policy.	Fennah Podschies, KADU	Staff time	
5B - We will work to remove the barriers that can impair the quality of older people's lives	<p><b>Increased support for voluntary carers through voluntary organisations delivering flexible respite care.</b></p> <p>Free access at all libraries to talking books for people who are visually impaired or cannot access print for other reasons e.g. dyslexia or unable to hold a book.</p> <p>Postal talking book service for visually impaired people – currently delivered to 1,300 customers out of approx 10,000 people in Kent registered as visually impaired.</p> <p>Work with District Access Partnerships to make library services accessible for adults with learning disabilities. This includes consulting on modernisation of libraries and the choice of collections, activities and events offered in them. Working to make signage more accessible e.g. use of Makaton and Cue cards, and there is a Symwriter at Broadstairs.</p> <p>Kent Libraries stock books in over 40 languages plus dual language books, large print, talking books, DVDs, Easy Reads.</p> <p>Lead arts input on Folkestone Forward programme, supporting innovative ways for joined-up cultural services to have a positive impact on hard-to-reach groups.</p>	<p>2009 - KASS</p> <p>Sue Fordham,</p> <p>Elizabeth Taylor, Service Development Librarian,</p> <p>Libraries and Archives</p> <p>Sally Staples and Sarah Wren, KADU</p>	<p>Carers Grant</p> <p>Staff time and KADU budget</p>	Range of provision that is required to be available to support carers to continue caring.

Outcome	Actions that are being taken	Timescale/lead responsibility	Resource (if known)	Aspirations for the future?
	Increase adult engagement in the arts – work with Kent arts and cultural orgs to support targeted projects.	Gail Brown, KADU	Staff time and ACE funding	
5C - Individuals have access to 'joined up' information when they need it	<p>Kent TV has accumulated and has also filmed many videos about services and community activities that are available. The videos, where possible, are accompanied by contact details for further information.</p> <p><b>Thanet Island Guide (3<sup>rd</sup> Re-write) Launched specifically for older people.</b></p> <p>Mobile Gateways bring Gateway services to rural areas for those with less mobility. Have free internet access and target services according to the needs of the local population.</p> <p>Gateways join up services and provide face to face contact for some of the more complex services people may require.</p> <p>The Access Kent programme will be joining up public sector services, removing confusion and making accessing services more convenient.</p> <p>Libraries provide local access to information and Ask a Kent Librarian provides a central point of information delivery and signposting by phone, mail, email and virtual messaging.</p> <p><b>Development of information, advice and guidance delivered locally, e.g. Gateways.</b></p>	<p>Pascale Blackburn</p> <p>2009 Kirstie Amos</p> <p>Tanya Oliver</p> <p>Tanya Oliver</p> <p>Tanya Oliver</p> <p>Christel Pobgee, Information Services Manager</p> <p>2004 (Ashford) and on-going Mike Dorman</p>		<p>Kent TV will continue to signpost to relevant websites to ensure that viewers are able to access further information.</p> <p>High quality infoin format that can be read at home.</p> <p>Access to good information locally at a time and venue that is convenient.</p>

Outcome	Actions that are being taken	Timescale/lead responsibility	Resource (if known)	Aspirations for the future?
	<p><b>KCC has a programme to roll out Gateway's as a point of contact. KASS fund Voluntary Orgs to provide advice and guidance e.g. DIAL.</b></p> <p><b>KASS have Care Managers co-located in GP Practices to improve communication.</b></p> <p><b>Directory accessible in some GP surgeries where agreement has been established as well as publicity events to support wider knowledge of INVOKE.</b></p> <p>Work to ensure that the arts and arts audiences' needs are reflected in the local plans and frameworks for Kent.</p> <p><b>One of the projects within WSD is the development of an information sharing platform. This will pilot the sharing of TH and TC data as well as the individuals care plan on an IT platform which will be accessible to both users and carers as well as health and social care professionals.</b></p> <p>Enhance KADU online presence to ensure it is fit for purpose and providing the service needed by stakeholders.</p>	<p>Ongoing</p> <p>KASS</p> <p>Ongoing- Dawn Woodward - Project Manager</p> <p>All staff - KADU</p> <p>Ongoing</p> <p>Gail Brown, KADU</p>	<p>Staff time</p> <p>Govt Grant</p> <p>Staff time KADU budget</p>	<p>If successful will inform the development of the common assessment framework across the county.</p>
5D - We will support carers to have a life apart from caring	<p>Offer City and Guilds certificate in Development and Learning for Unpaid Carers with free places available. Courses can be run in range of community venues.</p> <p>Suite of courses to be developed to support Carers including finance/budgeting, personal wellbeing and assertiveness and confidence building.</p> <p><b>Carers assessments and Carers Card. Funding delivered directly and through Voluntary Orgs.</b></p>	<p>Adult Education From January 2009</p> <p>Adult Education In development from Jan 09</p> <p>WKASS</p>		

Outcome	Actions that are being taken	Timescale/lead responsibility	Resource (if known)	Aspirations for the future?
	Carers reading group being piloted in Maidstone.	Tricia Fincher,		
	<b>In line with carers strategy a pilot scheme to undertake carers assessments by the voluntary sector underway.</b>	Derek Hall East Kent and Kerry Kearney West Kent (2009)	Carers Grant	Carers can have an assessment undertaken as an individual by appropriate voluntary sector bodies.
	<b>Development in voluntary sector of range of respite and training services that the voluntary Sector have identified in working with carers.</b>	KASS	Carers Grant	Carers have access to range of services to support them in living a life away from caring.

#### Priority 6 – To encourage people to plan for a secure later life

Outcome	Actions that are being taken	Timescale/lead responsibility	Resource (if known)	Aspirations for the future?
6A - Older people in Kent will be more aware of the services and support available including access to financial information and advice.	Debt advice – look at how this is accessed via children’s centres and schools. Make sure resources are joined up.	CFE / Marisa White		
	Kent TV have videos demonstrating what is available and also the ‘how to’ channel offers advice on how to get help with areas including housing for the elderly and Rogue traders.	Pascale Blackburn		Kent TV will continue to provide information on issues that affect the elderly.
	Libraries provide local access to signposting.	Christel Pobgee		
	Ask a Kent Librarian (see 5c).	Christel Pobgee		
	<b>HIAs and handyperson services provide advice and support in relation to this including maximising welfare benefits/income and financial inclusion.</b>	Supporting People		Publicise via libraries, mobile libraries, HLS. Looking for partners to deliver financial literacy surgeries in libraries.

Outcome	Actions that are being taken	Timescale/lead responsibility	Resource (if known)	Aspirations for the future?
	<p>Development of gateways will see ‘one stop shop’ approach to a range of information, advice and guidance.</p> <p>The Benefits Advice staff to provide access to financial information and advice.</p> <p><b>In West Kent an Older People’s Handbook is in development with Health and District Council colleagues.</b></p> <p><b>INVOKE –provision of local community information that enables key services / contacts to be identified also available on website :<a href="http://www.kent.gov.uk/invoke">www.kent.gov.uk/invoke</a>.</b></p> <p>The Kent Registration Service is currently putting together a booklet for the recently bereaved, which will include advice, guidance, and signposting to support services.</p> <p>Enhance KADU online presence to ensure it is fit for purpose and providing the service needed by stakeholders. Clear brand, marketing and communications improve the profile, understanding and take-up of KADU services and their impact.</p> <p>Develop messages and stories to promote the arts in Kent.</p>	<p>2009 onwards</p> <p>Margaret Howard KASS/PCT District and borough Councils</p> <p>Ongoing- Dawn Woodward - Project Manager</p> <p>Gill Bromley</p> <p>Gail Brown, KADU</p> <p>All – KADU</p>	<p>Staff time and KADU budget</p> <p>Staff time</p>	<p>Access to local information, advice and guidance at convenient times and locations.</p> <p>Convenient one stop guide to all local services. Improve access to services and support.</p>

<p>6B - Reduce Fuel poverty through increased take-up of energy saving initiatives. There will be increased awareness of affordable warmth.</p>	<p>Increase take-up of affordable warmth. Area Benefit Officer's and CM's provide advice to service users.</p> <p><b>Home Improvement Agencies and handy person services provide advice and support.</b></p> <p>Publicise the annual central government 'Keep warm, keep well' campaign.</p>	<p>Area Benefit Officer's</p> <p>Supporting People - Ongoing</p> <p>Christel Pobgee</p>		<p>Promote initiatives via libraries, mobile libraries, HLS if publicity/ stands available.</p>
<p>6C - Improved economic well-being for older people within Kent</p>	<p>Work on creation of a Kent-wide Credit Union.</p> <p>Benefits Advice Staff (see 6A).</p> <p><b>HIAs and handy person services (see 6A).</b></p> <p><b>INVOKE – Localised networking by CILA's to support benefit uptake and enable clear identification as to where it has enhanced clients economic wellbeing.</b></p> <p><b>Mobilising Out Ageing Assets is a Partnership with the Chambers of Commerce who have submitted a BASIS Lotto bid with VCS to increase the wellbeing and independence of older people by developing a tailor made range of services that encourages them back into a working environment, either on a voluntary or paid basis. Once established they will then involve KCC and PCTs in delivery.</b></p>	<p>SILK</p> <p>On-going</p> <p>SP</p> <p>Ongoing- Dawn Woodward - Project Manager</p> <p>John Barnes</p>	<p>£5k- (2008/9) from Major lottery bid KASSD</p>	<p>Looking for partners to deliver financial literacy surgeries/ talks in libraries.</p>

## Priority 7 – To promote a positive image of later life and dignity and respect for older people

Outcome	Actions that are being taken	Timescale/lead responsibility	Resource (if known)	Aspirations for the future?
7A - Promote the value of later life and change attitudes towards older members of society	<p>Time 2 Give (see 4A).</p> <p><b>Contracts for care and support include a clause that requires people to be treated with dignity and respect at all times.</b></p> <p><b>Increase volunteering opportunities and peer support schemes.</b></p> <p><b>Mobilising out aging assets (see 6C).</b></p> <p>Lead arts input on Folkestone Forward programme, supporting innovative ways for joined-up cultural services to have a positive impact on hard-to-reach groups.</p>	<p>L &amp; A</p> <p>On-going</p> <p>KASS</p> <p>John Barnes</p> <p>Sally Staples and Sarah Wren, KADU</p>	<p>Staff time and KADU budget</p>	<p>Older people are valued as individuals regardless of their vulnerability and age.</p>
7B - Encourage intergenerational activity and community cohesion	<p>Schools have a duty to promote community cohesion through Extended Schools. Expand this to ensure the inclusion of older people.</p> <p>Research into the role of grandparents.</p> <p>Apprenticeships.</p> <p>Responsive provision for inter-generational learning for schools and Children’s Centres, enabling parents/grandparents and carers to work with children to explore new ways of learning- i.e. ‘Keeping up with the Children’.</p>	<p>CFE / Marisa White</p> <p>CFE / Jo Hook</p> <p>Pauline Smith / Nigel Fairburn</p> <p>Adult Education Ongoing through 2009-10</p>		

Outcome	Actions that are being taken	Timescale/lead responsibility	Resource (if known)	Aspirations for the future?
	<p>Youth Service running schemes where younger and older people can share skills (e.g. younger people's technology skills) and learn from one another, leading to improved relationships and promotion of positive images of young people within their local communities.</p> <p>Various L &amp; A activities in the past have involved young people collecting memories, or older people sharing their experience with groups of children. Examples of activities in Gravesham: Inter generational computer sessions at Meopham Library; Meopham Christmas entertainment of elderly by pupils of Meopham School; Action Earth at Higham &amp; Coldharbour, young &amp; old working on improving courtyard &amp; garden.</p> <p><b>INVOKE – CILA's will be training community members to continue group activities where appropriate, enabling provision to be community run where poss.</b></p> <p><b>Flight is a programme co-ordinated by Help the Aged with the National Youth Theatre to engage with older people via drama and reminiscence. It is starting in Swale and involvs the Swale Senior Citizens Forum. It is making a Lottery bid for a pilot scheme. PCT have been approached but deal not yet finalised on this.</b></p> <p><b>SingUnited: Intergenerational Projects Supporting Older People through Arts and Music. To this end, a large-scale, intergenerational, multimedia arts and health project is proposed over a 12 month period. Talks are under way with prospective partners, Folkestone's Creative Foundation, through Shepway's <i>Find Your Talent</i> project and the national organisation <i>Youth Music</i>, through East Kent's <i>PowerPlus</i> initiative.</b></p>	<p>Ongoing- Dawn Woodward - Project Manager</p> <p>2009/10</p> <p>£17k estimated</p>	<p>KASSD £5k Folkestone creative foundation</p>	<p>Looking to develop further activities promoting inter-generational exchanges (see 4A). Potential to roll out similar activities to other communities with partner support.</p> <p>Further developments in area of deprivation.</p> <p>Initial target numbers are 300 adults and 250 younger people.</p>

Outcome	Actions that are being taken	Timescale/lead responsibility	Resource (if known)	Aspirations for the future?
	<p>A Community Cohesion questionnaire has been undertaken and the responses are to be collated into a database.</p> <p>A KCC internal Community Cohesion Steering Group has been set-up to examine the issues of Community Cohesion which KCC are or should be acting upon.</p> <p>An intergenerational workshop is being organised for Communities Directorate which will have a broad remit of Community Cohesion but focusing on all intergenerational issues. The intergenerational workshop will raise Communities Directorate staff awareness of intergenerational issues.</p> <p>Commission and roll out Cultural Baton, develop East Kent festivals cluster and network for Kent festivals. <i>Note: KADU will be strategically supporting Melas (Maidstone Mela, etc), Council led community events (e.g. Herne Bay Festival, Whitstable Oyster Festival, etc) arts independent festivals (e.g. Folkestone Triennial, Whitstable Biennale, Canterbury Festival, Broadstairs Folkweek, etc) and major arts projects (e.g. Marlowe Theatre, Turner Contemporary, etc). Melas for instance, require outreach programmes at grass-root level to reach older and younger groups to take part in various parts of the event.</i></p> <p>Increase adult engagement in the arts.</p>	<p>Ongoing / Mary Blanche</p> <p>Ongoing / Amanda Honey + Mary Blanche</p> <p>Provisional date of workshop July 2009 / Mary Blanche</p> <p>Sally Staples, Michael Sanchez and Sarah Wren, KADU</p> <p>Sally Staples and Gail Brown, KADU</p>	<p>Staff time, SEEDA cluster funding</p> <p>Staff time ACE funding</p>	<p>Increasing KCC's awareness of its own community cohesion work. The database will also aid best practice knowledge distribution.</p> <p>The steering group will provide the link between high-level buy-in and mainstreaming awareness across KCC.</p> <p>Suggestions and ideas of future actions will be looked for from both KCC staff attending and external sources including guest speaker.</p> <p>For younger and older groups to gain clearer understanding of culture in order to encourage everyone to devote more time to the arts and enjoy the outcomes, whilst strengthening communities through a more cohesive community; a major deterrent to crime and unsocial behaviour.</p>

By: Graham Gibbens, Cabinet Member for Adult Social Services  
Oliver Mills, Managing Director Kent Adult Social Services

To: Adult Social Services Policy Overview Committee – 15 July 2009

Subject: **VALUING PEOPLE NOW**

Classification: Unrestricted

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Summary: This report:

1. Provides Adult Social Services Policy Overview Committee (ASSPOC) with a brief outline of Valuing People Now
  2. Sketches out the initial targets for Kent Adult Social Services and Kent County Council.
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## Introduction

1. (1) This report is to inform ASSPOC of Valuing People Now: a new three year strategy for people with learning disabilities, the accompanying delivery plan, the key priorities for 2009-10 and the key priorities for local authorities across 2009 – 2012.

## Context

2. (1) In March 2001 the Government White Paper “Valuing People – A new strategy for learning disability for the 21<sup>st</sup> Century” was launched. This was a landmark paper for people with learning disabilities in England and set out ambitious target for local authority to achieve.

(2) “Valuing People” was based around four key principles: Rights, Independence, Choice and Inclusion.

(3) In December 2007 the Government opened “Valuing People Now: from progress to Transformation - a consultation on the next 3 years of learning disability policy”. The consultation period extended from December 2007 to March 2008, this was then further extended into the summer to allow full consultation with people with learning disabilities.

(4) This led to the publication of “Valuing People Now: a three year strategy for people with learning disabilities. Making it happen for everyone” in January 2009. As there was general consensus that although Valuing People had created change, there remained a feeling that not enough had happened for enough people so the White Paper has an accompanying document “Valuing People Now: The Delivery Plan”.

## Policy Context

3. (1) Valuing People Now sits within the context of the transformation agenda for adult social care as so relates to the following

- Putting People First
- Aiming High for Disabled Children
- The Carers' Strategy
- No Secrets
- Six Lives: the provision of public services to people with learning disabilities (Ombudsman Report)
- Dementia Strategy
- Adult Social Care Workforce Strategy
- Valuing People

(2) At a local level

- Self Directed Support
- Kent Learning Disability Partnership Board and District Partnership Groups
- Active Lives
- Towards 2010
- Transition Protocols
- Better Days for people with learning disabilities in Kent
- Housing Strategy for People with Learning disabilities
- Supporting Independence Programme

## Key Elements of Valuing People Now

4. (1) The vision of Valuing People Now is:

*All people with a learning disability are people first with the right to lead their lives like any others, with the same opportunities and responsibilities, and to be treated with the same dignity and respect. They and their families are entitled to the same aspirations and life chances as other citizens.*

(2) Valuing People Now is written based on a human rights approach with a re-affirmation of the four guiding principles set out in *Valuing People*: Rights, Independent Living, Control and Inclusion

(3) The strategy and delivery plan overall is aimed at ensuring people with learning disability (no matter how complex their need) are able to access all mainstream services, with appropriate support, just as any other citizens. This is the responsibility of all parts of the Local Authority and its partners, these partners should work to and through a local Partnership Board.

(4) Valuing People Now looks at making it happen for everyone. This means paying particular attention to those with the most complex disabilities, individuals whose behaviour challenges services, those from ethnic minority communities, people on the autistic spectrum and people with learning disabilities who offend.

(5) A summary of Valuing People Now is attached as appendix 1. Further copies of documents can be accessed at:

[http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Learningdisabilities/DH\\_079430](http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Learningdisabilities/DH_079430)

## Key Priorities

5. (1) In Valuing People Now in 2009-10 the key priorities are:

- to raise awareness of *Valuing People Now* across national and local government, private and voluntary sectors, and within wider society
- to have an effective Learning Disability Partnership Board operating in every Local Authority area
- to secure access to, and improvements in, healthcare, with strategic Health Authorities and Primary Care Trusts (PCTs) responsible for, and leading, this work
- to increase the range of housing options for people with learning disabilities and their families, including closure of NHS campuses
- to ensure that the Personalisation agenda is embedded within all local authority services and developments for people with learning disabilities and their family carers, and is underpinned by person centred planning
- to increase employment opportunities

(2) The priorities for local authorities are attached as Appendix 2

## Conclusion

7. (1) Valuing people now provides a clear guide in both strategy and delivery for the development and support of specialist services for people with learning disabilities. It also sets out how important it is to ensure that mainstream services acknowledge the rights of people with learning disabilities and learn how to enable people no matter how complex their needs to access services as any other citizen.

## Recommendations

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

Dee Watson  
Valuing People Now Delivery Manager  
Tel: 01622 696625 (VPN 7000 6625)

## Appendices

Appendix 1 – Summary of Valuing People Now

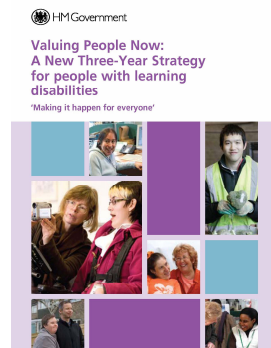
Appendix 2 – Key Valuing People priorities for local authorities 2009 - 2012

Background documents: None

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## Valuing People Now: A three year strategy for people with learning disabilities

### 'Making it happen for everyone'



Valuing People Now is a cross-government strategy for the next 3 years (2009 - 2012) it has a clear emphasis on delivering the vision that was set out in Valuing People in 2001.

**All people with a learning disability are people first with the right to lead their lives like any others, with the same opportunities and responsibilities, and to be treated with the same dignity and respect. They and their families are entitled to the same aspirations and life chances as other citizens.**

### The Key Message

The strategy is written based on a human rights approach with an re-affirmation of the four guiding principles set out in *Valuing People*:

#### **Rights:**

- People with learning disabilities and their families have the same human rights as everyone else.

#### **Independent living:**

- This does not mean living on your own or having to do everything yourself. All disabled people should have greater choice and control over the support they need to go about their daily lives; greater access to housing, education, employment, leisure and transport opportunities and to participation in family and community life.

#### **Control:**

- This is about being involved in and in control of decisions made about your life. This is not usually doing exactly what you want, but is about having information and support to understand the different options and their implications and consequences, so people can make informed decisions about their own lives.

#### **Inclusion:**

- This means being able to participate in all the aspects of community – to work, learn, get about and meet people, be part of social networks and access goods and services – and to have the support to do so.

Areas covered in **Valuing People Now** are



#### **Include everyone**

- People with more complex needs
- People from black and minority ethnic communities
- People with autistic spectrum disorders; and
- Offenders in custody and in the community



### Personalisation

People with learning disabilities, and their families, will be able to commission their own services to live independently and have a real choice about the way they live their lives through person centred planning and approaches.



### Having a Life

- Better Health
- A home of your own
- Work, Education and Getting a Life
- Relationships and having a family



### People as Citizens

- Advocacy
- Transport
- Access to Leisure and Social Activities
- Being safe in the community and at home
- Access to justice and redress



### Making it happen

- Leadership and Delivery Structures
- Partnership Board
- Better Commissioning
- Developing the workforce
- Measuring Performance and Data Collection
- The delivery plan

### Partnership

In Kent the key partners needed to play crucial roles in delivery of valuing people now are:

- Kent Adult Social Services
- Children, Families and Education
- East and Coastal Kent PCT
- West Kent PCT
- Kent Learning Disability Partnership Board
- People with Learning Disabilities
- Families/Carers
- Third Sector Providers
- Independent Providers
- Care Quality Commission

Valuing People Now (including accessible documents) is available at

[www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Learningdisabilities/index](http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Learningdisabilities/index)

For local information please contact Kent Partnership Board and District Partnership Groups at [www.kentldpb.org.uk](http://www.kentldpb.org.uk)

# Key actions for making **Valuing People Now** happen locally and regionally – local authorities (2009–12)



# Key actions for local authorities 2009–12

- Commissioners and service providers to address the recommendations of the **Mansell Report** and to include **people with complex needs** in the development of self-directed services in their area.
- Local authorities to carry out a **carers' assessment** when there are planned changes to the support for a person with learning disabilities who is being supported by their family in some way.
- Local planners and service deliverers to:
  - include and take account of the issues for people with more **complex needs**, from **black and minority ethnic communities**, with **autistic spectrum conditions** and who have **offended**;
  - ensure that their practice is in line with national policy, law and good practice; and
  - ensure that they and partnership boards are aware of the new opportunities for **family carers**.
- Local authorities and their partners to build capacity around **person centred approaches and planning** so that all people with learning disabilities and their families have support to develop plans that identify what is important to them now and in the future, and support and services that are informed by their person centred plan.
- **Personalisation strategies** to include implementation of person centred planning, support planning and carers' impact assessments for all adults with complex needs or where changes are planned in their support and services.
- Services to have **person centred plans for everyone** they support, and to use these to review and improve the support they provide to individuals to ensure that agreed outcomes continue to be met.
- All relevant bodies to follow the guidance and/or use toolkits around **health services** for people with learning disabilities. This includes:
  - the *Specialist Learning Disabilities Commissioning Guidance 2007*;
  - the World Class Commissioning guide for people with learning disabilities (shortly to be published);
  - guidance on mental health; and
  - guidance on health action planning and health facilitation (included in this Resource Pack).

- **Joint Strategic Needs Assessments** to identify the **housing needs** of people with learning disabilities in order to inform strategic planning, including the number of people with learning disabilities living with family carers over 70, and those with complex needs.
- Local authorities to facilitate people's access to **housing** of their choice, including:
  - more people receiving personal budgets and direct payments to increase their choice and control over where they live and with whom;
  - local authority care managers to have an increased focus on home ownership and assured tenancies as a model for housing and support; and
  - through person centred planning, work with people still living with families to establish if that is the person's preferred option and to instigate plans accordingly.
- Local authorities to have an appropriate **housing strategy** reflecting local population housing needs, including those of people with learning disabilities.
- Wherever possible, **transition plans and year 9 reviews** to address future accommodation choices and to contain a section on health needs and start the development of a health action plan.
- Every local area to have a **multi-agency employment strategy**, linked to Public Service Agreement 16.
- **Access to the post-16 education** and training sector to be fully included in the local strategy for responsibilities returning to local authorities.
- Local service commissioners and providers to develop systems and processes which will enable people with learning disabilities to **build and sustain relationships**.
- All relevant bodies (primary care trusts, local authorities etc) to ensure that they are using **accessible information** when supporting **parents with a learning disability** and that their services are accessible, as required by disability discrimination legislation.
- Local authorities to use **personal budgets and direct payments** to support **parents with a learning disability** as part of their Transforming Social Care strategies.
- All local authorities working with the Department for Children, Schools and Families to implement **Think Family reforms** to make sure that adults' and children's services understand how to support families experiencing difficulties and deliver a joined-up service.
- Local systems to address the range of support people need to **travel**, investment and issues around safety.

- Local authorities and their partners to include **leisure and social activities** in developing person centred approaches and planning for people with learning disabilities and their families.
- Local authorities to respond to the consultation document *Safeguarding Adults: A Consultation on the Review of the 'No Secrets' Guidance* and then work on the outcomes of the consultation.
- **Crime and Disorder Reduction Partnerships** to ensure that their response to **hate crime** against people with learning disabilities is mainstreamed within their response to hate crime overall.
- Local services to develop **accessible materials** to help people with learning disabilities and their families understand their rights and **how to complain**.
- **Directors of adult social services** and primary care trust chief executives to have important **leadership roles** at local level and as members of **partnership boards**.
- Local bodies to address issues around **workforce development** including the benefits of involving people with learning disabilities and family carers in workforce planning and training and the need to adopt a **human rights approach** in workforce development in line with existing legislation.



**By:** Amanda Honey, KCC Environment Board, Chair  
Graham Gibbens Cabinet Member for Adult Social Services  
Oliver Mills, Managing Director for Kent Adult Social Services

**To:** Adult Social Services Policy Overview Committee - 15 July 2009

**Subject:** A summary of progress in delivery of KCC's Environment Policy, including climate change and an overview of next steps for KCC and the Adult Social Services Directorate.

**Classification:** Unrestricted

**Summary:** The Kent County Council Environment Policy was agreed by Cabinet in December 2007. As part of that process KCC committed to reviewing progress on implementation on an annual basis. This report highlights what significant progress has been made to date on delivering the Environment Policy (including climate change) and sets out priorities for the next 3 years (2009-2012), together with the specific role and contribution of the Kent Adult Social Services Directorate (KASS).

**Recommendation:** That Members:

- a. Note progress to date and the general shape of the 'Sustainability and Climate Change Action Plan' going forward;
- b. Agree the proposed next steps for Adult Social Services Directorate (KASS)

## 1. Introduction

- 1.1. In December 2007 Kent County Council agreed a new Environment Policy (Annex 1). It was agreed by Cabinet that progress in implementing this policy would be reported annually together with any recommendations for amendments. The co-ordination and overall management of KCC's Environment Policy is led by the Environment Board supported by the Environment and Waste Division.
- 1.2. In addition to this, in September 2008, the Cabinet Working Group on Climate Change took papers to each of the five Directorate Policy Overview Committees (POCs) that summarised progress to date in each directorate in response to climate change, and sought support for and commitment to next steps. All five papers were approved by the respective Committees in their entirety and have become the basis for continued programmes of work in each Directorate, with ongoing support from the central climate change programme team. Each Directorate is required to report progress to their POC on a six-monthly basis commencing March 2009.
- 1.3. This paper will seek to combine these two processes providing one update for 'sustainability and climate change' as well as fulfilling requirements of the KCC ISO14001 reporting process.

1.4. Included in this report are recommendations as to strategic priorities for KCC for the next three years, together with an indication of the specific role of the Children, Families and Education and any potential changes needed to the existing KCC Environment Policy.

## **2. Changing Policy Context**

2.1. Since agreeing the KCC Environment Policy a number of new policy drivers have arisen.

2.2. The Climate Change Act 2008 creates a platform to increase momentum both internally and externally for mitigation of, and adaptation to, climate change. It includes a new target of an 80% reduction in emissions by 2050 (26% by 2020) compared to 1990 levels which will require a review of current KCC policy (we currently have a 60% target). This translates to a 4% reduction per year.

2.3. The Carbon Reduction Commitment is a new, legally binding climate change and energy saving scheme affecting all large businesses and public sector organisations. KCC will be required to submit annual data statements on a self-certified basis and purchase carbon credits to cover our total annual emissions. It is currently anticipated that the purchase of Carbon Allowances will cost KCC around £1.3 million per annum, plus our performance will be listed in a league table each year, which will effectively determine whether we are 'refunded' or not (*or equivalent explanation*)

2.4. Kent Agreement 2 includes two targets related to climate change NI 186: CO2 emissions within Kent and NI 188: Preparing to adapt to climate change. These targets are being delivered through a pan Kent partnership with the public and private sectors.

2.5. The Comprehensive Area Assessment (CAA) replaces the Comprehensive Performance Assessment (CPA) from 2009. CAA is a new approach that will provide the first independent assessment of the prospects for local areas and the quality of life for people living there and include Kent performance on environment and climate change

2.6. Chapter 6 of Unlocking Kent's Potential: Opportunities and Challenges - Kent's Framework for Regeneration 2009-2020 is focussed on the climate challenge and highlights some of the critical opportunities.

## **3. Overview of KCC's Environment Policy**

3.1. The agreed vision of KCC's Environment Policy is '*to stabilise and progressively reduce our environmental footprint: to progressively reduce our carbon dioxide emissions and make sure our estate and services are adapted to the future impacts and opportunities of climate change: and to contribute positively to Kent's character, local environmental quality and natural environment.*' Significant progress has been made. Highlights are given below under each of the Environment Policy headings. Annex 2 gives more detail and assessment against the targets.

- 3.2. Our Decisions
- Achievement of ISO14001 accreditation for all of KCC - April 2009.
  - Sustainability and climate change included in every Directorate's induction and business planning process.
- 3.3. Our Estate
- 5% decrease in office carbon emissions since 2004.
  - Over £1 million pounds invested or committed to energy efficiency measures giving lifetime savings of £1.1m and 6695 tonnes of CO<sub>2</sub>
  - Over 25 renewable energy initiatives including 10 solar and 4 biomass boilers
  - 50% recycling rate at County Hall
- 3.4. Our Travel and Transport
- On course to achieve a reduction in business miles across KCC for 2008-9
  - 642 tonnes of CO<sub>2</sub> saved through Kent Car Share
- 3.5. Our Procurement
- Achievement of Level 3 on the flexible framework.
  - Environmental business support programme set up to assist KCC's supply chain
- 3.6. Our Construction
- Development of a sustainable construction policy
  - Almost all KCC buildings are designed to BREEAM Very Good
- 3.7. Our Workforce
- Over 160 green guardians across KCC, a 100% increase in 2008, with several 'Green Teams' set up and almost 100 staff attending a cross KCC 'Good Deeds Grow' event.
- 3.8. Our Community Leadership
- More than half of Kent schools with some form of Eco Schools Award
  - Approximately 8803 tonnes of CO<sub>2</sub> saved and £278,568 of economic benefits achieved as a result of the Low Carbon Communities pilot programme.
- 3.9. The Environment Policy also contains a number of specific targets: 10% reduction in carbon, 7% reduction in water use; 10% reduction in waste and a 50% recycling rate, all by 2010. Currently all targets are on track apart from carbon reduction which remains rated red with the last annual Towards 2010 monitoring showing only a 3% decrease.

#### **4. Emerging Priorities for KCC over the next Three Years**

- 4.1. The sustainability and climate change agenda is broad and far reaching in terms of both risk and opportunity for KCC. Five key Themes and a number of objectives are therefore proposed for the next 3 years to progress and integrate the delivery of the Environment Policy and climate change challenges:
- Leadership and Environmental Management
  - Meeting the Climate Challenge
  - Water Wise and Efficient

- Towards Zero Waste to Landfill
- High Quality Landscapes

4.2. Annex 3 provides a summary of the Five Themes. A draft Sustainability and Climate Change three year plan is currently being put together for consultation at the end of June 2009. This will incorporate issues and concerns raised by Members at this Committee meeting. The remainder of this paper focuses on action KASS has been involved in and it is proposed should contribute to in the future.

## 5. Progress on specific action owned directly by KASS

5.1. **Our Decisions** – KASS were accredited to ISO14001 at the end of April 09. There is now a specific KASS Environment Policy and sustainability and climate change actions have been included in all business plans. Units are now developing plans to reduce environmental impacts.

5.2. **Our Estate** – The majority of offices reduced electricity consumption between 07-08 and 08-09 which shows that energy efficiency measures and awareness raising are having an impact. In most cases there was a corresponding increase in gas (probably due to cold winter weather). The Sustainability and Climate Change Team in KCC are continuing to work with the KASS to improve energy and water efficiency and install renewable energy measures where possible.

5.3. **Our Travel and Transport** – KASS have established their baseline business miles data and are now in the process of setting a business miles target.

5.4. **Our Procurement/Our Construction** – KASS have been working with the KCC's Sustainable Business Team to support care homes in Kent and help them reduce their environmental impact and in particular energy bills. The project has been well received and some good savings identified.

5.5. **Our Workforce** – There are now 35 Green Guardian actively participating and undertaking sustainability and climate change improvements in KASS. Area BPMU's are supporting recruitment. The aim is to recruit at least 1 Green Guardian in each KASS location. There was representation from KASS at a cross KCC event 'Good Deeds Grow' in February and enthusiasm is growing with staff.

5.6. **Community Leadership** – KASS are beginning to work with other Directorates such as EHW and CFE around fuel poverty, especially with the elderly.

5.7. **Climate Change Adaptation** – Workshops are continuing across KCC to establish the risks and vulnerabilities from climate change. Impacts and responses identified as part of this process will be reviewed in light of emerging new national climate change scenario predications and appropriate amendments to responses and climate proofing put in place.

## 6. Future Challenges and Opportunities for KASS

6.1. The main challenge and opportunity for KASS will be around continuing to reduce carbon emissions, in particular from transport and travel. KASS need to confirm their target to reduce business miles and achieve this through FaME and promotion of BT MeetMe teleconferencing.

6.2. In addition, KASS will need to continue with the good progress made around staff engagement, and look to ensure green guardian representation at each site.

6.3. Furthermore, from a wider community and fuel poverty angle, KASS will need to work closely with other departments in KCC as a consequence of rising oil/fuel prices. Fuel poverty in Kent has risen considerably over the last few years, and the potential for negative impacts of fuel poverty on health are significant.

## 7. Conclusion

7.1. Kent County Council has made good progress towards the implementation of the KCC Environment Policy and achievement of KCC's Climate Change Commitments. However, the Towards 2010 10% carbon reduction target remains rated RED, and in the face of increasing policy, economic and regulatory drivers a significant proportion of activity for KCC and KASS over the next 3 years it is recommended should focus on this area.

7.2. Though there will be a need to revise the KCC Environment Policy and the KCC Climate Change Policy in light of new Government Climate Change targets, it is recommended that this is the focus in 2010 when more information is available.

## 8. Recommendations

Members are asked to:

- c. Note progress to date and the general shape of the Sustainability and Climate Change Action Plan going forward;
- d. Agree the proposed next steps for KASS, in particular as outlined at **Section 6**

Lead officer contact:

Carolyn McKenzie Extension 1916  
Sustainability and Climate Change Manager  
Environment, Highways and Waste

Background Papers:

- KASS POC Paper – September 2008

## **Annex 1: KCC's Environment Policy**

### **Kent County Council Environment Policy**

At Kent County Council, elected members and staff alike recognise that protection and enhancement of the environment is the key to sustaining a high quality of life in Kent. We recognise that our own activities have an impact on the environment, that we have a responsibility to ensure that these impacts are positive, and that our use of natural resources is minimised.

#### **Our vision**

**To stabilise and progressively reduce our environmental footprint; to progressively reduce our carbon dioxide emissions and make sure our estate and services are adapted to the future impacts and opportunities of climate change; and to contribute positively to Kent's character, local environmental quality and natural environment**

We will do this by applying an evidence led approach to sustainability, identifying the potential for cost savings wherever possible and committing to environmental policies and standards in the following areas:

#### **Our decisions**

We will:

- Expect every manager and decision-maker in KCC to demonstrate how they comply with this Policy
- Integrate environmental considerations into our strategic and day-to-day decision-making processes, and give significant weight to them where they conflict with other objectives
- Assess key decisions for their environmental impact, taking a pragmatic whole-life-cost view, and use such assessments to fully inform decision-making
- 'Climate proof' decisions to ensure they reduce our contribution to climate change and help us prepare for the impacts and opportunities of unavoidable climate change, including where appropriate enabling biodiversity and coastal areas to adapt to climate change in line with the KCC Climate Change Action Plan
- Continue to comply with all relevant environmental legislation and statutory duties
- Seek to embrace new environmental technology and methodologies to ensure we are at the leading edge of developments and solutions, within a well-managed risk-analysis and cost-benefit framework

#### **Our estate**

We will:

- Reduce energy use within our estate to meet carbon reduction targets of 10% by 2010 and 20% by 2015
- Increase the proportion of the energy needs of our existing estate met from renewable sources
- Reduce water use by 7.5% by 2010 across our estate
- Reduce waste generation across our estate by 10% by 2010, and increase the proportion of our corporate waste which is reused or recycled to 50% by 2010

- Maximise the efficient use of land in our Estate by reusing previously developed land and buildings wherever practical, before using greenfield land.
- Protect, enhance and restore biodiversity, the natural and historic environment within both our buildings and open space, including measures that support climate change adaptation
- Minimise light, noise, air and other forms of pollution arising from our estate
- Ensure KCC-owned highways comply with the relevant parts of this Policy

### **Our travel and transport**

We will:

- Reduce our members and employees' need to travel, including through our estate strategy, locations selected for council events, use of public transport, teleconferencing and other sustainable solutions
- Achieve reductions in total business mileage travelled by employees, encourage greater car sharing and other sustainable solutions, without adversely affecting end-user service delivery
- Promote the use of fuel efficient vehicles and technologies through our vehicle fleet and lease car scheme

### **Our procurement**

We will:

- Increase the proportion of goods and services sourced locally where there are environmental or employment benefits and in compliance with broader UK and EU purchasing legislation
- Work with our suppliers to ensure that they are taking action to reduce the environmental impacts of their businesses
- Identify those goods, including timber and paper, which can be obtained from certified sustainable sources and ensure that these supplies are used
- Work with suppliers to develop markets for environmental technologies, goods and services

### **Our construction**

We will:

- Meet high standards of sustainable construction in all new KCC buildings and refurbishments, and in all developments on KCC-owned land. The BREEAM 'very good'/Code for Sustainable Buildings level 3 or equivalent standard is required as a minimum
- Require all new KCC buildings and refurbishments to assess the feasibility of developing on-site renewable energy to help meet energy needs
- Ensure that our estate and roads are planned and managed in ways which minimise the risk of flooding and do not increase the risk of flooding elsewhere
- Seek to avoid adverse impacts on biodiversity and comply with policy and legislative requirements

### **Our workforce**

We will:

- Ensure that our members and employees understand the implications of environmental legislation and regulation, and exceed minimum environmental standards where possible
- Ensure that environmental awareness is raised and good environmental behaviour encouraged through our corporate training, performance appraisal and reward strategies

- Raise awareness of how to comply with all relevant environmental legislation and statutory duties

### **Our leadership role in the community**

We will:

- Lead Kent's communities to a better understanding of the importance of our environment and help them value and enhance the environment locally and globally
- Set out and deliver a vision of environmental excellence with our partners in the Kent Partnership through regular review and implementation of the Kent Environment Strategy

We will set out detailed action plans and guidance for delivery of these commitments, so that colleagues across KCC have a clear basis for decision-making.

This Policy is owned by the KCC Environment Board who may choose to call decision-makers to account for compliance with these commitments and escalate as necessary to the Leader and Chief Executive. Any proposed exceptions to this Policy will need to provide a sound business case based on whole-life economic, social and environmental costs and benefits.

Kent County Council's Corporate Environmental Performance Group will oversee provision of advice and support, monitoring and reporting. In particular, the Group will lead embedding of these commitments in ISO14001 accreditation for the County Council as a whole by 2010. The Group will report via the KCC Environment Board to the Leader and Chief Executive.



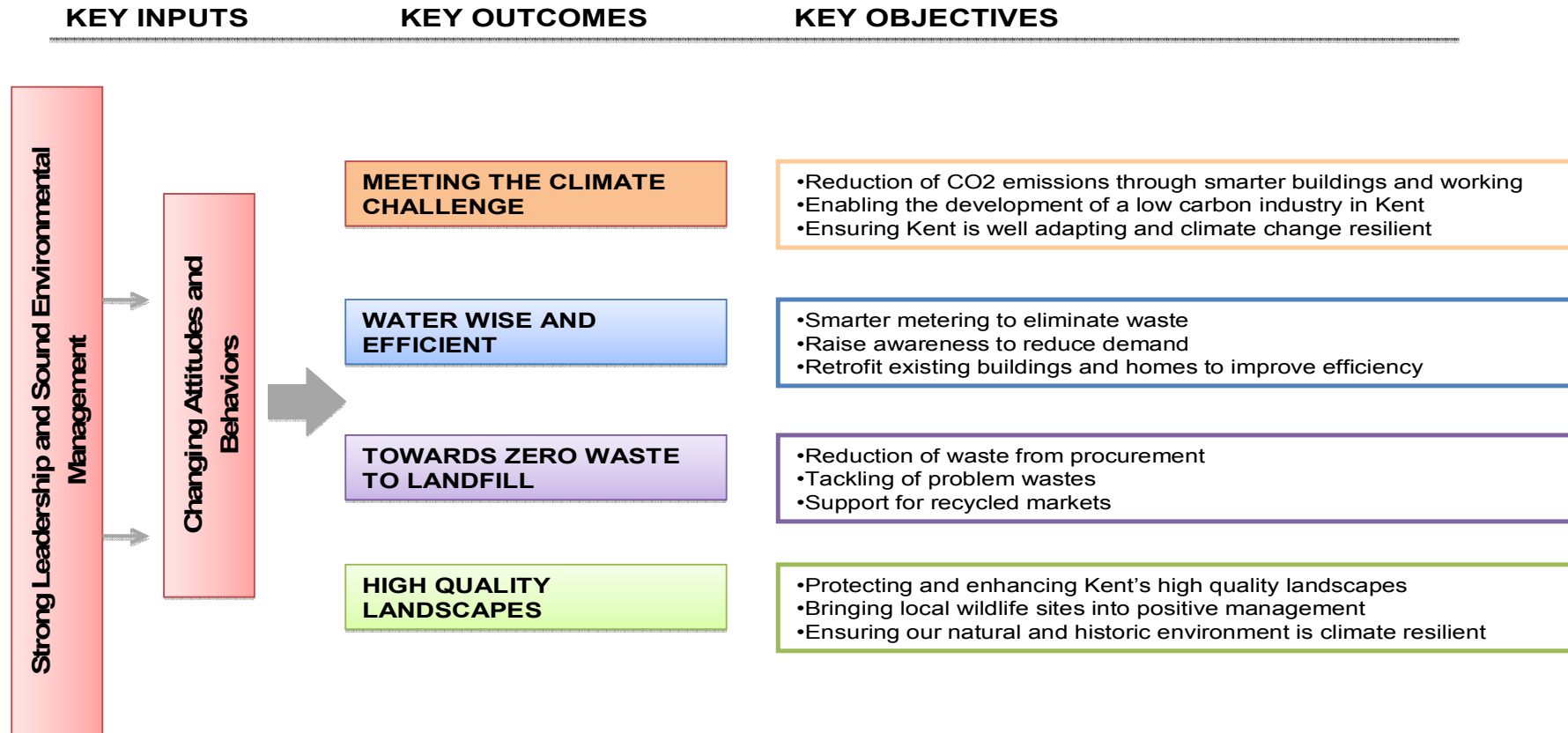
Paul Carter  
Leader

Peter Gilroy  
Chief Executive

Published December 2007. This Policy and its successful implementation will be reviewed annually by the KCC Environment Board, escalating any changes as necessary to the Leader and Chief Executive.

Theme	ANNEX 2 - Progress Against the KCC Environment Policy	KCC Policy	Future Challenge
<b>Our Decisions</b>	<p>Achievement of ISO14001 accreditation for all of KCC by the end of April 2009.</p> <p>Sustainability and climate change included in every Directorates induction and business planning</p> <p>Sustainability Appraisal Guidance for Key Decisions</p>	AMBER	AMBER
<b>Our Estate</b>	<p>5% decrease in office carbon emissions since 2004.</p> <p>56 energy projects, £1 million+ invested or committed with £1.1m and 6695 tonnes of CO<sub>2</sub> saved over the project life time</p> <p>Over 25 renewable energy initiatives including 10 solar and 4 biomass boilers</p> <p>50% recycling rate at County Hall</p>	AMBER	RED
<b>Our Travel and Transport</b>	<p>On course to achieve a reduction in business miles across KCC for 2008-9</p> <p>642 tonnes of CO<sub>2</sub> saved through Kent Car Share</p>	GREEN	RED
<b>Our Procurement</b>	<p>Achievement of Level 3 on the flexible framework.</p> <p>Environmental business support programme set up to assist KCC's supply chain</p>	AMBER	AMBER
<b>Our Construction</b>	<p>Development of a sustainable construction policy</p> <p>Almost all KCC buildings are designed to BREEAM Very Good</p>	GREEN	AMBER
<b>Our Workforce</b>	<p>Over 150 green guardians, 100% increase includes Several 'Green Teams'</p> <p>QSA Environment Categories planned for every Directorate</p> <p>Environment 'Way to Success'</p>	GREEN	AMBER
<b>Our Community Leadership</b>	<p>More than half of Kent schools with some form of Eco Schools Award</p> <p>Almost 8803 tonnes of CO<sub>2</sub> saved, £278,568 of economic benefits from Low Carbon Communities</p>	GREEN	AMBER

## FIVE KEY THEMES - OVERVIEW



By: Overview, Scrutiny and Localism Manager

To: Adult Social Services Policy Overview Committee –  
15 July 2009

Subject: **UPDATE ON SELECT COMMITTEE WORK**

Classification: Unrestricted

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Summary: This report updates Members on the successful outcome of recent Select Committee work and the process for identifying a future work programme.

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### **Select Committee: Autistic Spectrum Disorder (ASD)**

1. The Committee's report and recommendations were completed early in 2009 and were very warmly welcomed by the County Council at its meeting on 30 April 2009. Subsequently, the Overview and Scrutiny team has received many requests for a copy of the report and has received some very positive feedback from the public and service users who have read it.

### **Future Select Committee Topic Review Work Programme**

2. (1) Following the recent County Council Elections, it is necessary for a new two- year Select Committee work programme will be established. Members are therefore being asked to consider whether there are any potential topics for a Select Committee review which fall within the remit of this Committee, which they would like to put forward for consideration by the Policy Overview Co-ordinating Committee (POCC).

(2) This Committee has already generated two proposed topics – Safeguarding and Adult Protection, and Dementia. These proposals are going through an assessment process, part of which includes seeking the comments of the Directorate and Cabinet Members, in order to assist the POCC in agreeing a work programme that adds value for the residents of Kent. The POCC will consider all suggestions for topic reviews and the proposer/s will be invited to the POCC meeting to put forward their topic review suggestion, supported by officers from the Directorate and, if appropriate, the Cabinet Member. Any Member who wishes to have a discussion on the assessment process or requires a copy of the form should, in the first instance, contact Theresa Grayell who supports this POC.

(3) The Committee is reminded of the recent decision of the County Council that, once a Topic Review has been included in the Work Programme, as agreed by the POCC, the detailed terms of reference for each review will be developed by a cross-party Member Group (one from each Group) for approval by the Select Committee.

(4) The Committee will be kept informed of any further proposed topics which are within its remit.

## **Recommendations**

3. Members are asked to:-
  - (a) Note the successful outcome of the Select Committee on Autistic Spectrum Disorder (ASD), and the welcome given to the Committee's report and recommendations by the County Council, the public and service users who have read it; and
  - (b) Note the process for preparing the new Select Committee Topic Review Work Programme, and put forward any suggestions for further topic reviews for consideration by the Policy Overview Co-ordinating Committee.

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Background Information: *Nil*