

**ADULT SOCIAL SERVICES POLICY OVERVIEW AND
SCRUTINY COMMITTEE**

Tuesday, 17th November, 2009

10.00 am

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





AGENDA

ADULT SOCIAL SERVICES POLICY OVERVIEW AND SCRUTINY COMMITTEE

Tuesday, 17 November 2009 at 10.00 am Ask for: Theresa Grayell
Darent Room, Sessions House, County Hall, Telephone 01622 694277
Maidstone

Tea/Coffee will be available 30 minutes before the meeting

Membership (13)

Conservative (11): Mr P W A Lake (Chairman), Mr K Pugh (Vice-Chairman),
Mrs A D Allen, Mr R Brookbank, Mrs P T Cole, Mr N J Collor,
Mr J Cubitt, Mr D A Hirst, Mr M J Jarvis, 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 Declarations of Members' Interest relating to items on today's agenda
- A3 Minutes of the meeting held on 22 September 2009 (Pages 1 - 20)
- A4 Chairman's Announcements
- A5 Cabinet Member's and Director's Update (oral)

PRESENTATION - Kent Adult Social Services Strategy

B. ITEMS FOR CONSIDERATION

- B1 Adult Social Services Budget Monitoring 2009/10 (Pages 21 - 22)

- B2 Budget 2010/11 and Medium Term Financial Plan 2010/11 to 2012/13 (*To Follow*)
- B3 Kent Adult Social Services Public Involvement and Consultations (Pages 23 - 48)
- B4 Kent Adult Social Services Complaints Report (Pages 49 - 66)
- B5 New Horizons (Pages 67 - 72)

C. SELECT COMMITTEE WORK

- C1 Update on Select Committee Work (Pages 73 - 74)

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

Monday, 9 November 2009

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

KENT COUNTY COUNCIL**ADULT SOCIAL SERVICES POLICY OVERVIEW COMMITTEE**

MINUTES of a meeting of the Adult Social Services Policy Overview Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 22 September 2009.

PRESENT: Mr P W A Lake (Chairman), Mr K Pugh (Vice-Chairman), Mr R Brookbank, Mr L Christie, Mrs P Cole, Mr N Collor, Mr J Cubitt, Mr D A Hirst, Mr M J Jarvis, Mr S J G Koowaree, Mr J E Scholes and Mr C P Smith

ALSO PRESENT: Mr G K Gibbens

IN ATTENDANCE: Mr O Mills (Managing Director - Adult Social Services), Mr S Leidecker (Director of Operations), Mr N Sherlock (Performance Manager), Mr M Thomas-Sam (Head of Policy and Service Development) and Miss T Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS**16. Minutes of the meeting held on 15 July 2009**

(Item A3)

RESOLVED that, subject to the correction of the word 'against' in Minute 8, paragraph (1)(c), the minutes of the meeting held on 15 July 2009 are correctly recorded and they be signed by the Chairman. There were no matters arising.

17. Chairman's Announcements

(Item A4)

(1) The Chairman referred to Members' dissatisfaction with the SWIFT system which had been expressed at a recent meeting of the Governance and Audit Committee, and said that this POC may well be asked to follow up this issue at a future meeting. He asked Mr Mills to be prepared at each meeting of this POC to report to Members on any issues relating to Adult Social Services which had arisen at any other committee.

(2) Mr Mills referred to proposed changes to the funding arrangements for Age Concern Committees, which had been set out in a briefing for all Members on 2 September. He emphasised that funding will be redistributed and not reduced. and that the KCC was working closely with Age Concern Committees to prepare for the future. He acknowledged the concern that this change may cause for local Age Concern Committees and local Members. A more detailed report on this issue would be made to the November meeting of the POC. *Mr R Brookbank declared a non-pecuniary interest in this issue as the Chairman of a local Age Concern Group.*

(3) Mr Mills reported that the KCC was supporting the Kent Autistic Trust while future commissioning arrangements were being decided. He undertook to send all Members a briefing paper on this issue.

(4) Finally, Mr Mills reported that Kent had been successful, as part of the national pilot scheme of the Whole System Demonstrator, in exceeding the target for take-up of Telehealth and Telecare. A more detailed report on this issue would be made to the November meeting of the POC.

18. Potential to Refocus and Restructure the Overview and Scrutiny Function
(Item B1)

Mr A J King, Cabinet Member for Localism and Partnerships, and Mr P D Wickenden, Overview, Scrutiny and Localism Manager, were present for this item.

(1) Mr King introduced the item and referred to the increase in public interest in scrutiny and the broadening range of information and working methods which were now available, both of which changes had emerged since the introduction of the scrutiny function in 2000. Members were also now seeking more involvement and were more ready to challenge the Cabinet.

(2) All POCs were being given the chance to consider and comment on the report, and the POCs' comments, with those of the Policy Overview Co-ordinating Committee and the Cabinet Scrutiny Committee, would be reported to a meeting of the full Council on 15 October 2009, at which the subject would be debated.

(3) In discussion, Members made the following comments:-

- (a) I welcome this report and the chance to comment on it. It is very important for Opposition Members to have good information, and I would support more advance information being made available to Members before decisions are taken, so they can be better prepared for their scrutiny role;
- (b) I am keen to hear the outcomes of discussions about two tier working which are taking place later in September. Two tier working is a sensitive issue for District Councils and for many other bodies, such as the Police and the Fire and Rescue Service, and will need to be handled carefully; and
- (d) These are interesting times. Kent is judged on its overall performance, so we need to avoid weak links and all partners need to perform well. KCC scrutinises other bodies - including Job Centre Plus and the Probation Service, for example - and Kent needs to help them so that, together, we can achieve a good overall picture.

(4) RESOLVED that:-

- (a) the views expressed by ASSPOC Members, set out in paragraph (3) above, be taken into account when deciding the future direction; and
- (b) the onward process for the issue to be debated by the Cabinet on 12 October and the full Council on 15 October be noted.

19. Presentation - 'Shaping the Future of Care Together': The Green Paper on Care and Support

(1) Mr Thomas-Sam and Mr Mills presented a series of slides which summarised the content of the Green Paper and set out the consultation process. *The slides used in the presentation are attached to these Minutes as Appendix 1.*

(2) Mr Thomas-Sam and Mr Mills emphasised that this was a vital opportunity for the KCC to contribute its views on the future of social care provision. A response will be considered by Cabinet on 12 October and by the full County Council on 15 October, with the comments being collated into the KCC's formal response to Government by the deadline of 13 November 2009. The Green Paper consultation document set out three key questions to be addressed, and *a summary of the comments made by Members in response to these questions are attached to these Minutes as Appendix 2.*

(3) Mr Gibbens added that KCC had been closely involved in the past in discussions around some of the elements now in the Green Paper, for instance, in work on how an insurance-based funding system could work. It was mentioned that research had shown that older people had about a one-in-nine chance of needing some sort of care in old age, so developing effective new ways of funding and delivering social care was vitally important, although an immense challenge.

(4) Mr Mills emphasised that any model of social care provision should be based around supporting an individual's independence as far as possible, and would have to assume that individuals would provide for themselves as far as possible before turning to the state for assistance. The difficulty lay in identifying the right balance between the two.

(5) RESOLVED that the comments made by Members of the Committee, set out in Appendix 2 to these minutes, be included in the KCC's formal response to the Green Paper, with those comments made by the Cabinet and full Council.

20. Adult Social Services Budget Monitoring 2009/10 - First Quarterly Report (Item B2)

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

(1) Miss Goldsmith introduced the report and explained that the Directorate had a number of underspends and overspends across various services – mostly underspends – but that she expected the budget to balance by the end of the financial year. With Mr Mills and Mr Leidecker, Miss Goldsmith answered questions of detail on the following:-

- (a) the variance in cost of ordinary residential care and residential care for people with Dementia, the latter having a higher unit cost;
- (b) the difficulty in showing an exact value for Direct Payments take-up at any one time, as the patterns of take-up were complex and included one-off payments. The numbers reported were a snapshot at each month-end;

- (c) the system by which someone placed by another local authority can become 'ordinarily resident' in Kent, and thus become the financial responsibility of Kent rather than the authority which had placed them. Kent had long since been a net importer of placements from other local authorities in residential homes, primarily of adults with a learning disability. If the home then de-registers as a residential home, and the resident chooses to be ordinarily resident in Kent in supported living, the responsibility passes to KASS, and KASS has challenged cases in the past without success; and
- (d) the way in which debts (money owed to the KCC by service users) are recorded and recovered, and the need for a flexible and sensitive approach, resorting to legal recovery only if and when appropriate.

(2) RESOLVED that:-

- (a) the information in the report, and given in response to Members' questions, be noted, with thanks; and
- (b) an Informal Member Group be set up to meet in November to look in detail at the Medium Term Plan and attempt to identify priorities and areas of potential saving.

21. Towards 2010 - Annual Report

(Item B3)

(1) Mr Sherlock introduced the report and explained that KASS was on target for all its 2010 targets, and had completed one.

(2) Members commented that:-

- (a) relating to Target 52, 'housing to promote independence' should include sheltered housing. Mr Mills reminded Members that, although sheltered housing was included in KASS's 2010 targets, the service had recently transferred from KASS to the Communities portfolio. He reassured Members that the sheltered housing service would receive the same level of support and have the same importance as before.
- (b) relating to Target 53: the Implementation Plans for East and West Kent should be included in area briefings for Members, which Mr Leidecker undertook to do, also including progress updates on the Implementation Plans.

(3) RESOLVED that:-

- (a) information in the report, and given in response to Members' questions, be noted, with thanks; and
- (b) the report be approved.

22. End of Year Results for Performance 2008 - 09

(Item B4)

- (1) Mr Leidecker introduced the report and explained that the regime for recording performance was changing significantly, with 2008/09 being a transition year between the old and new systems. The new system emphasised the use of self-assessment, with the main focus being on outcomes. Although targets were self-generated, performance had to be recorded in a way specified by the Department of Health.
- (2) Mr Leidecker reassured Members that having a target for the take up of Direct Payments did not mean that individuals would be pressured to use Direct Payments if they were not confident of using them or felt they were not the best method for them. Only 10% of care packages used Direct Payments, so there was still a breadth of other options from which clients could choose.
- (3) RESOLVED that information in the report, and given in response to Members' questions, be noted, with thanks.

23. 'Independence, Wellbeing and Choice' Inspection

(Item B5)

- (1) Mr Sherlock introduced the report and reminded Members that Kent had received a very good inspection report from CQC, with only two other shire counties having as good an outcome as Kent. The action plan, in a form prescribed by CQC, set out what KASS would do in the next 12 months to respond to the recommendations made by CQC, although he emphasised that many items in the action plan were already entrenched in KASS's business plans. An officer steering group will work on the delivery of the action plan and progress will be monitored by the Directorate SMT and by CQC, with progress being reported to ASSPOC.
- (2) Members placed on record their congratulations and thanks to the staff who helped to prepare for and took part in the inspection, and complimented them on the excellent outcome.
- (3) RESOLVED that:-
 - (a) the information in the report be noted, and a further report be made to ASSPOC in January 2010, which will include the outcome of the CQC review meeting being held in December 2009; and
 - (b) staff who helped to prepare for and took part in the inspection be congratulated and thanked for their hard work and complimented on a excellent outcome to the review.

24. Kent Adult Social Services Positive Risk Management Policy for staff carrying out Community Care Assessments

(Item B6)

- (1) Mr Thomas-Sam introduced the report and emphasised that the new policy was supported by very sound training for staff and would be reviewed every 6 months for the first year, and annually thereafter, while individual cases would be reviewed

very regularly. He reassured Members that clients employing personal carers directly received support and guidance on the need to check that those paid care workers had been CRB checked, while care assistants employed by a company would be CRB checked automatically by that company.

(2) RESOLVED that:-

- (a) the information in the report and given in response to Members' questions be noted, with thanks; and
- (b) adoption of the new Positive Risk Management Policy, via a Cabinet Members decision, be endorsed.

25. Draft Annual Performance Report 2008/09

(Item B7)

Mr R Hardy, Director of Improvement and Engagement, was in attendance for this item.

The Chairman secured Members' agreement to consider this as an urgent item as the paper had not been placed in the public arena with the required notice.

(1) Mr Hardy introduced the report and explained that it was being submitted to all POCs in September, then to Cabinet on 12 October and to full Council for approval on 15 October. Some Members expressed frustration at being asked simply to note the report and not being offered the opportunity to comment on KASS's part of it or have input into a final version of the report.

(2) RESOLVED that the report be noted.

26. Update on Select Committee Work

(Item C1)

RESOLVED that the process for agreeing a new Select Committee Work Programme for 2009/10 be noted.

SHAPING THE FUTURE OF CARE TOGETHER

The Green Paper on Care and Support

Adults Social Services Policy Overview Committee
Debate 22 September 2009

Presentation by

Oliver Mills – Managing Director Kent Adult Social Services

Michael Thomas-Sam – Head of Policy and Service Standards



Policy Context and the main issues

- The Care System is not consistent
- The system can seem unfair
- The care people receive varies from area to area (the 'postcode' lottery)
- The system can be confusing
- Impact of demographic changes
- Changing Public Expectations

6 Key Proposals

What people should be able to expect



People who need care can get it regardless of where they live

Through:

- A National and Portable Assessment
- National Eligibility Criteria
- A set proportion of the funding of care is paid by the state

Who decides how much funding people will receive?

Either:

- Part National/Part Local
 - Local Authority decide how much to be spent on care
- Fully national system
 - Government would decide how much to be spent on care
 - Implications for Local Government finance and systems

5 ways to fund the National Care Service

1. Pay For Yourself – ruled out
2. Partnership
3. Insurance
4. Comprehensive
5. Tax Funded – ruled out

Proposals do not include accommodation costs (i.e. rent, mortgages, domestic bills)

Different ways for people to contribute:

In the short term:

- Lump sum on retirement
- Defer state pension
- Instalments throughout retirement
- Pay out of estate (defer until death)
- Or a mixture of the options

In the longer term:

- Regular contributions throughout working life

Consultation Question 1

We want to build a **National Care Service** that is **fair**, **simple** and **affordable**. We think that in this new system there are **6** things you should be able to expect:

1. Prevention services
2. National assessment
3. A joined-up service
4. Information and advice
5. Personalised care and support
6. Fair funding:
 - a) Is there anything missing from this approach?
 - b) How should this work?

Consultation Question 2

We think that, in order to make the **National Care Service** work, we will need services that are **joined up**, that give you **choice around the kind of care and support you get**, and are **high quality**.

- a) Do you agree?
- b) What would this look like in practice?
- c) What are the barriers to make this happen?

Consultation Question 3

The Government is suggesting three ways in which the **National Care Service** could be funded in the future:

- **Partnership**
- **Insurance**
- **Comprehensive**

- a) Which of these options do you prefer, and why?
- b) Should Local Government say how much money people get depending on the situation in their area, or should National Government decide?

Next steps:

- Adult Services Policy Overview Committee Debate
- **22 September 2009**
- Report to Cabinet – **12 October 2009**
- County Council Debate – **15 October 2009**
- Kent Response – **13 November 2009**

THANK YOU

Contact: Michael Thomas-Sam, Head of Policy and Service Standards

Email: michael.thomas-sam@kent.gov.uk

Tel no: 01622 696361

Adult Social Services Policy Overview Committee – 22 September 2009

POC Members' comments arising from a discussion of the Green Paper 'Shaping the Future of Care Together'

1. Taxation has an important role to play in funding, as the government encourages people to work longer into old age, and state and company pensions both dwindle in real value.
2. Insurance premiums will go up, making this option expensive for people. Policies may not cover the care that people want them to cover, or the type of care they end up needing.
3. Some people are not keen on insurance-funded schemes. They budget and pay in for years and then receive the same care as someone who has not saved. This seems very unfair to them.
4. I think some of the money paid into insurance policies should be ring-fenced so people can spend this part of it how they wish.
5. I think Fair Charging should be added to the list of 6 options, to go with Fair Funding.
6. I am very pleased that this issue will be debated at full Council.
7. People pay insurance for things all their lives and the idea is that this is in case they might need to claim something one day.
8. When comparing the merits of national and local schemes, we must bear in mind that, in some geographic areas, services are more expensive to deliver, so a blanket funding allocation will not work.
9. Something missing from the issues listed is the role of local authorities in service delivery as well as in commissioning and assessment. Local authorities should be involved in the delivery of services.
10. We have to consider if we can afford what is proposed. The working population is very small, compared to the non-working population, but we must remember that it isn't just the working population paying tax! Plenty of public money has been found to bail out banks. The question of raising taxes versus cutting services is a very hot issue.
11. I don't believe that all older people will need to turn to the state to access care. Previously the very elderly were poor but now many of them are quite well off.
12. We know people are accessing care differently, and different types of care. Take up of Domiciliary Care and entry into residential homes are both declining.

13. There's nothing to stop people paying for themselves without needing state assistance.
14. I don't believe people will want to pay for their care (via Insurance policies) in advance of needing it.
15. I am not sure the Green Paper takes us forward. I don't believe the questions it asks are the right ones to ask, as they assume everyone will rely on the state to organise and provide care. I believe we should all look after ourselves.
16. The flow of reasoning in the Green Paper's questions contradicts itself. 'Paying for yourself' seems to be ruled out, but the next section lists ways in which you can pay for yourself!
17. I cannot comment on 'partnership' issues as I don't understand what is meant when this is mentioned.
18. Good joined-up services need good joined-up funding, and this will be a challenge. Could there be one common assessment form?
19. The Green Paper draws us towards the National Care Service, but I am not sure this is the right way to go. We do need some change. Joint working will bring savings and make social care affordable, so we should develop joint working to provide services.

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

To: Adult Social Services Policy Overview & Scrutiny Committee –
17 November 2009

Subject: **ADULT SOCIAL SERVICES BUDGET MONITORING 2009/10**

Classification: Unrestricted

Summary: A report on the updated quarter 1 forecast outturn against
budget for Kent Adult Social Services.

Introduction

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

Background

2. (1) Policy Overview and Scrutiny 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 POSC 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 POSCs will be in a stronger position to question and comment on the future budget and medium term proposals, as they will be asked to do at the November and January meetings.

(3) A special Budget IMG is being arranged as happened last year to discuss the future Budget and MTP proposals in more detail.

Updated First Quarter monitoring report

3. (1) The revenue monitoring exception report for Adult Social Services as presented to Cabinet in October is attached at Appendix 1. This indicates an overall revenue pressure of £582k, which is an increase of £86k in the position submitted in the first quarter's full monitoring. This pressure will be addressed through a range of 'Guidelines for Good Management Practice', which are place across all teams in order to help us manage demand on an equitable basis consistent with policy and legislation, and will ensure that the Directorate achieves a balanced position by the end of the year.

(2) The main movement in the revenue forecast relates to Physical Disability Residential Care which has increased by £0.194m which primarily results from an increase of six permanent clients, together with changes to estimates for non permanent care and income.

(3) The current forecast against the capital programme, based on the budget excluding PFI, is a variance of -£0.606m, a movement of -£0.581m since last month. Of this -£0.300m relates to The Beaney Centre, which is led by the Communities Directorate but will not now commence until February/March 2010. Even then as a precaution the KASS Directorate has chosen to re-phase 100% of the project. The other movement over £0.100m relates to Crispe House where there will a further review of the proposed Joint Housing project and this element of the funding will be re-phased.

Recommendations

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

Michelle Goldsmith
Directorate Finance Manager
Tel: 01622 221770
VPN: 7000 1770

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

To: Adult Social Services Policy Overview and Scrutiny Committee –
17 November 2009

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

Classification: Unrestricted

Summary: The purpose of this report is to provide information to Members on current and future developments in Public Involvement across the Directorate and to inform Members of the consultations undertaken during 2008/09 as well as those planned for 2009/10.

Introduction

1. (1) The purpose of this report is to provide information on the main aspects of public involvement, including consultations within Adult Social Services over the last 12 months. It also provides Members with an update on the key areas of development on both existing and future work and highlights how the Directorate intends to further embed and extend involvement processes within our services.

(2) Effective public involvement ensures that not only do public services reflect and respond to the views and concerns of local people, but that people feel involved in and responsible for improving their quality of life.

(3) Involvement is more than simply consultation; it is a continuous process that requires commitment at all levels, not just within the Directorate, but across other KCC directorates, partners and the local community. Effective involvement identifies needs, determines priorities and agrees actions. Progress is subsequently reviewed to monitor progress and outcomes.

National Policy Context

2. (1) The government has pledged to promote active citizenship and community engagement at all levels and in all policy areas. This has led to community engagement being at the core of the Local Government Modernisation Agenda.

(2) The Local Government and Public Involvement in Health Act 2007 places a duty on Local Authorities to involve local people. With effect from April 2009, all local authorities have to comply with the new statutory duty to 'inform, consult and involve' people if there are plans to make changes to any services (section 138 of the Local Government and Public Involvement in Health Act).

(3) It provides that where a best value authority, such as Kent County Council, considers it appropriate for 'representatives of local persons', or of local persons of a particular description, to be involved in the exercise of any of its functions they should be:

- provided with information about the exercise of the function
- consulted about the exercise of the function
- involved in another way.

(4) At the heart of the new 'Duty to Involve' is the aspiration to, "ensure that local people have a greater opportunity to have their say about local issues and helping to shape service delivery in their area" and also to, "embed a culture of engagement and empowerment". The statutory guidance, 'Creating Strong, Safe and Prosperous Communities' reinforces the duty of Local Authorities to involve local people thereby giving them the opportunity to comment on and have real influence on local services.

(5) Kent Adult Social Services (KASS) has a key role to play in the delivery of the council's services and is able to utilise the existing mechanisms available to the Directorate in meeting the 'Duty to Involve'. With the breadth of involvement activity that currently exists within the Directorate, KASS is ideally placed to continue to "inform, consult and involve" people in its business.

(6) The government's White Papers, 'Our health, our care, our say' and 'Putting People First' are key drivers for KASS. It is clear that the individual should be at the centre of future service design, having a much greater influence over the decision making process. This aspiration provides the individual with greater choice and therefore control over their needs and how these are met.

(7) One of the key aspects of the new 'Equality Framework for Local Government' is the extent of the council's engagement with local communities from different diversity backgrounds, including how this involvement impacts upon priorities and the services the council delivers. (Kent is aiming for 'Excellent' by the end of 2010/11)

(8) In April 2009, the Comprehensive Area Assessment (CAA) replaced the Comprehensive Performance Assessment (CPA), placing much greater emphasis on the individual's perspective and personal experience.

(9) The government has a clear focus on empowering the public in order that their influence can make a real difference to public services. However, this can only be achieved by providing people with opportunities whereby they can influence and change both current and future services.

Local Context

3. (1) Active Lives, the vision for social services in Kent, continues to signify KASS' commitment to ensure that service users, carers and the public are actively involved in the design and delivery of services. Following workshops, held in the summer of 2009, the Kent Strategy is being developed to provide an action plan that illustrates how the vision will be implemented within the Directorate.

(2) KASS is committed to enabling service users, carers and the public to have every opportunity to share their views, experience and aspirations to ensure that services fit with peoples' needs and wishes. Achieving this throughout the Directorate is an ongoing process and takes place via a number of different mechanisms, some of which include:

- Forums – including older peoples'; disability; deaf; carers; mental health; domiciliary care
- Service user groups – including county wide OT user 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
- Lessons learned from complaints are fed into service development and into business planning processes
- Strategy development – Later Life
- Areas and individual teams proactively engage with service users and carers.

Consultations

4. (1) One method of involving people is consultation and attached is a schedule detailing the consultations that were undertaken during 2008/09 (Appendix 1), together with some of those proposed for 2009/10 (Appendix 2). Outcomes from the 2008/09 consultations are detailed below:

(2) The Home Care Survey commenced in February 2009 and covered all those people in receipt of home care services up to December 2008. Kent agreed to participate in the extended version of the survey. Regrettably, the Personal Social Service Research Unit (PSSRU) from the University of Kent identified problems with the data spreadsheets when trying to analyse the results. Consequently, the final report from the survey is not expected until March 2010. However, when received, the results from the survey will be fed into the commissioning cycle. Similarly, the final version of the Carers Survey is also awaited from the PSSRU.

(3) The feedback from the Ashford Day Services Review indicated that the majority of people involved in the consultation supported the continuing development of a wider, more diverse range of services, which would be integrated within the community. This would provide people with more choice and control over what they do during the day, evenings and weekends. The findings from the consultation have provided valuable information to significantly inform and influence the planning and commissioning of the new service.

(4) The review of Day Services at Faversham Day Opportunities Centre and Doubleday Lodge did not take place due to a change in priorities and timescales. A decision has not yet been made on when these reviews will take place.

(5) The findings from the consultation meetings of West Kent LD Opportunities at Branches Out and Yeoman's will form a separate report that will be presented to Members for a decision.

(6) The Kent wide surveys of public satisfaction and licensee satisfaction did not take place due to a lack of resources, both financial and staffing. The position of these proposed surveys is to be reviewed in early 2010.

(7) The recommendations from the Towards Equity and Access Project have resulted in two service user reference groups being established, together with an action plan for East and West Kent. This includes the development of local outreach services, deaf awareness training for GPs and involvement in developing a Kent based interpreting service.

(8) Service users have been involved in an ongoing steering group contributing ideas and the perspective of the deaf community into the development of a sign language service as a result of the Interpreting Project. In particular a customer care document has been produced based on peoples' feedback.

(9) The Mental Health Survey in relation to Kent and Medway NHS and Social Care Partnership Trust highlighted the following areas for improvement:

- to continue to do better at ensuring service users have confidence in their psychiatrist and that time allocated to discuss their condition and treatment is sufficient
- to improve the quality and clarity of information provided to service users and carers, friends and family about their medication, who their care co-ordinator is, that they have a care plan and how to contact services out of hours.

(10) An action plan has already been implemented. Every service user will receive a 'patient information pack', which features a comprehensive set of information about their care and can be used throughout their treatment to collate important information. A programme of 'customer care' training has been established for staff to ensure that on every contact with service users focus remains on doing everything possible to make their care and treatment as satisfactory as possible. The programme will also be applied to staff not directly involved with clinical care.

(11) Work on the Supporting People Involvement Strategy has been deferred into 2009/10. It was delayed until the appointment of an Involvement Officer, which has subsequently taken place.

Public Involvement initiatives within Kent Adult Social Services

5. (1) Involving the public at the earliest possible opportunity is key to ensuring that the feedback received is fed into planning, commissioning and delivering of services and therefore has a real influence in the decision making process. Set out below are some of the involvement initiatives that have either taken place or are planned for the future.

(2) The Directorate Involvement Group (DIG), as a sub group of the Strategic Management Team (SMT), has Directorate wide membership together with representation from health colleagues in Kent. One of the main roles of the group is to promote good practice and drive forward the involvement agenda across KASS. Health membership of the group also encourages partnership working and a more joined up approach to involving, what is often, a shared group of people.

A workshop was held in September 2009 to ask service users and carers if they would be interested in being part of the group and if so, in what format. The feedback from this event is being collated and a separate report will be presented to SMT on the findings and suggested action. The group's current workplan is reflected in this report.

(3) In March 2009, events were held on consecutive Saturday's in East and West Kent to provide the public with information on current initiatives, including the modernisation agenda – ALfA, with a focus on Self Directed Support, Making Experiences Count – the new single complaints process across health and social care and the Kent Local Involvement Network. Local health colleagues, together with voluntary sector organisations were invited to these events, which were held under the banner of, "Information Fayres". The events were advertised using various methods including, local newspapers, "park and ride" tickets and the use of flyers circulated via GP surgeries, voluntary organisations, libraries etc.

(4) The events were of an informal nature offering people the opportunity of visiting at a time convenient to them and were held at the weekend to encourage attendance. Overall, the events were a success, in terms of the public who visited and the feedback from participants, although attendance figures for the West Kent event, held in Maidstone, were lower than expected. This may have been due to the location, which although within the main footfall of the town, the entrance to the venue was not ideal. Posters were placed locally to navigate the public, but this did not seem to impact upon the numbers who visited.

Self Directed Support

(5) One key focus within this project has been to raise public awareness of the changes that are taking place and what this means for current and future users of services. At the same time, it is crucial that people have the opportunity to influence service decisions where appropriate. To date the following elements of user involvement have been implemented within the project:

- Service users, together with the 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
- 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
- Evaluation of enablement tenders
- Service user/carers reference group to develop Positive Risk Management Policy
- Information Fayre's (as mentioned in paragraph 5. (3))
- Kent Show 2009
- Provider Conference

Service user and carer involvement in recruitment and selection

(6) This policy was implemented in 2005 and encourages teams to involve service users and carers in their recruitment processes. This may take the form of shortlisting candidates for interview, preparing questions for candidates, participating in formal interview panels or taking part in supplementary workshops.

(7) Protocols and frequently asked questions (FAQs) have been produced to assist staff with this initiative. An information pack has been developed for service users and carers involved in the process, covering topics such as, confidentiality equality and diversity issues as well as general information on the process itself. It is the responsibility of the recruiting manager to ensure that those involved in the process have read and understood the contents of the information pack.

(8) Questionnaires are circulated at the end of the recruitment process to those individuals involved. These are analysed to ascertain whether there are any areas of the process that need to be revised. As a result of feedback, an easy read version of the questionnaire is to be developed.

(9) East Kent Customer Care is proposing to introduce a system to assist teams in finding sufficient volunteers to participate in staff recruitment. The proposal intends to recruit a pool of people, geographically covering all areas of East Kent, who are subsequently provided with training on staff recruitment. Customer Care will hold the individuals details on a database from which staff can request participants when recruiting, thereby providing staff with easier access to suitable volunteers. It is anticipated that this will increase the number of teams adopting this recruitment initiative.

Payment policy and implications

(10) For several years the Directorate has adopted the policy of reimbursing service users, carers and the public for out of pocket expenses, including replacement carer costs when they are involved with KASS. KASS has previously considered its position on extending this to include reimbursement to service users and carers for their time where they are involved in specific areas of work, such as drafting policies and recruitment of staff.

(11) A draft policy in recognition of time spent on specific areas of work has been considered by DIG previously and it was recognised that such a policy has financial implications, not only for the Directorate, but also on the individuals themselves for taxation and benefit purposes. Within the Directorate, it is difficult to estimate the true costs, but as an example, the likely costs for involving users in the recruitment of staff for a half day period would be in the region of £25 per service user/carer, exclusive of out of pocket expenses. This is based on payment at a rate of £5 per hour.

(12) It is clear that reimbursing people for their time will have budgetary implications. Replicating a payment policy of £5 per hour for specific areas of work undertaken throughout the Directorate would in all likelihood be untenable, particularly given the current and future economic climate. SMT have therefore decided to remain with the current policy of reimbursement only of out of pocket expenses, including replacement carer costs.

Public Involvement Database

(13) The database aims to log all involvement activity within the Directorate, providing a single point to capture all evidence and outcomes which are easily accessible. The internal audit of public involvement, which took place in the summer of 2008, commented that, "KASS has set up many channels of communication to ensure service users have the opportunity to be engaged in a dialogue about their services. Giving service users the power to make decisions about the services they receive is central to the work carried out in the Directorate and the future direction." The database remains a key source for tracking this information and identifying gaps.

(14) The auditors also noted that the proposed enhancements to the database would make it easier for staff to post their own activity. A revised data input section and reporting wizard has been developed in the last eight months to facilitate this. All staff have access to the database, which enables staff to share good practice and print reports to monitor activity. The public can access the database via the public involvement website, which provides the opportunity for the public to participate in activities registered on the site.

(15) Reports will be produced and presented to the Directorate Involvement Group, both to monitor county wide activity and therefore identify gaps which need addressing.

Strategy

(16) As part of the workplan for the next year in partnership with the public we will be reviewing our Public Involvement Strategy. The core objectives within the existing document remain relevant, but one of the actions following the Independence, Wellbeing and Choice Inspection is the need to review the public involvement strategy. Work is already underway to review the strategy and two events are planned for October – one in East and one in West. During November, the public involvement team in HQ will be attending various service user forums/groups to gather feedback. It is anticipated that drafting of the revised strategy will start in early 2010 once all feedback has been collated. The Directorate Involvement Group will play a key role in ensuring the strategy is coherent in meeting the key principles of the 'Duty to Involve'

Newsletter

(17) The 'Step by Step', public involvement newsletter is published four times a year and has a wide circulation, including electronic copies to staff and hard copies for the public. Distribution of the newsletter includes libraries, Gateways and GP surgeries and it can also be viewed online on the public involvement website. The publication aims to advertise opportunities for people to be involved in KASS services on a level that suits them. It also raises awareness of news items and events that are happening within Kent.

Staff training

(18) The audit, mentioned in the section 5. (10) above, emphasised the need for continual development of staff and commented that, "The Directorate should:

- Increase the visibility and scope of public involvement training within the current workforce development programme. Use this training to emphasise the guidance and frameworks that currently exist and the importance of staff posting their own activity on the public involvement database; and/or:
- Have regular workshops/seminars, such as those conducted in September 2007, [The focus of the workshops was to raise awareness of current initiatives with staff and service users showcasing good practice within each area] to develop capacity within the Directorate.”

(19) With effect from January 2009, the policy team have delivered training on public involvement and customer care as part of the KASS induction programme that is attended by all new staff. Evaluations forms indicate that this is well received. An additional half day course on these two key areas of training are delivered via four courses held annually as part of the core induction programme.

(20) All Customer Care Teams will be working together in the coming months to deliver customer care training to all teams across Kent. This will be a rolling programme to ensure that staff receive this training every 2-3 years as a refresher course, ensuring their skills and knowledge are up to date.

(21) Following the successful involvement of mental health service users in the design and delivery of mental health training for staff (SUCSES Project), this initiative has been extended to include service users from all client groups (TREND) on other areas of training, including Approved Social Worker training. Service users /carers currently deliver training to new staff as part of the KASS Induction Day. This precedes the session delivered by the policy team on public involvement and further reinforces the Directorate’s commitment to this area of work. Ongoing support is provided to all trainers.

Information – Out and About project

(22) The Public Involvement Team implemented a pilot of the “Out and About” project, as a means of reviewing the public’s current awareness and preferences for information provision. Team members visited local shopping areas to talk to the public about the services that Kent Adult Social Services provides. The team were mindful of the fact that there is a balance to be made between increasing public awareness of KASS services and the ever increasing pressure on resources.

(23) The project focused on providing the public with basic information about services and gathering feedback on information in general. (E.g. Formats people prefer; where and how they would access information when needed) Four venues were selected covering East and West Kent and the reception received was mixed in terms of the numbers of people approaching the stand. A more positive reception was apparent where the venue was indoors (shopping centre) as opposed to the high street, where bad weather had an impact upon numbers visiting the stand. It is intended to continue with the project in 2010, with further venues including day centres, Adult Education centres and libraries, before reviewing the overall success of the project.

Supporting People

(24) While a part of the Directorate, the Kent Supporting People Team employed a Service User Involvement Officer to drive forward its involvement agenda. The team has set up a service user panel and has involved service users in the following ways:

- recruitment
- tendering
- strategic planning
- a service user conference
- public information provision, including the website and leaflets
- ex service users have been employed by a provider to assist in monitoring and reviewing services
- service users are also enabled to access qualifications via the open college network. The programme funds an innovation and good practice grant to two providers to enhance service user involvement and consultation. The programme is known as, "Experts Through Experience".

Local Involvement Networks (LINKs)

(25) The Local Involvement Networks were introduced as an additional mechanism for giving the public "a stronger local voice in the development of health and social care services", acknowledging the need to strengthen and improve the existing mechanisms for involving and engaging with patients and citizens. The Kent LINK has been operation since December 2008, initially raising awareness of its role and powers.

(26) The role of the LINK is:-

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

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

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

(28) A pool of twenty LINK participants has been recruited to assist with projects that require the LINK to exercise its 'enter and view' powers. Those selected via the process have undergone Criminal Records Bureau and Protection of Vulnerable Adults checks, together with a period of training. No LINK visitor can be authorised without completing all stages of the authorisation process. The final training session took place in September and it is anticipated that the first visits conducted will be on hygiene issues within Kent hospitals.

(29) East and West Kent Customer Care Teams have established good working relationships with the respective area LINK officers and will ensure that every opportunity to work together is harnessed.

Future Initiatives

Customer Service Excellence

6. (1) The new Customer Service Excellence standard was introduced in March 2008 following a detailed review of the Charter Mark. It details criteria around developing an in-depth understanding of customers. This includes consulting customers and using the information gained to design and provide services, the importance of monitoring the outcomes of services and whether customers are satisfied with them.

(2) All directorates within Kent County Council will be applying for Customer Service Excellence and it is anticipated that for all directorates to be fully compliant will take approximately four years. A corporate approach to achieving this standard will give efficiencies in terms of effort as fewer pieces of evidence will be collected by each service. A cross directorate working group was set up in September, which will support the implementation of a KCC wide Customer Service Excellence programme and help KCC achieve whole authority status. This group will report to the Personalisation and Engagement Board.

Conclusion

7. (1) Consultation with service users and the public has enabled the Directorate to:

- Develop strategies/policies: Later Life Strategy; Information, Advice and Guidance policy
- Gain feedback on services and identify areas for service improvement: Deaf Forums; Telehealth user group
- Involve people in the planning and delivery of services: Self Directed Support, Senior Citizens Forums; Learning Disability Partnership Groups
- Identify satisfaction levels, needs and preferences for services: Home Care, Carers, Day Opportunities and Mental Health surveys.

(2) In 2008/09 there has been a broad range of involvement activity with further consultations planned for 2009/10.

(3) 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. Involvement of service users and the public is an integral part of the Directorate's business and remains a key feature in the planning, commissioning and monitoring of services.

Recommendations

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

Lynda Longhurst
Policy Manager – Public Involvement and Customer Care
01622 694875 (VPN 7000 4875)
lynda.longhurst@kent.gov.uk

Background documents: None

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USER/ RESIDENT INVOLVEMENT PLANNED FOR 2008/9 - HQ

Name	Start date/ End date (dd/mm/y)	Feedback date (dd/mm/yy)	Target Group	Target area (Kent, Town, district, ward etc)	Brief summary	What we want to find out and how we will use the information, (approx 25 – 50 words)	Statutory Yes/No	Consultation type (*see list below table)	Contact name, e-mail & phone No.
Home Care Survey	02/09 05/09	DH survey – feedback when results have been analysed – KCC will request further detailed analysis.	Domiciliary service users	Kent	To find out service users views regarding the home care services they receive.	Results will be used by CSCI, DH and KASS to see how happy people are with their home care services to see whether improvements need to be made to local care services and for research purposes. This is also used by Contracting.	Yes	Social	Sue Williams sue.williams@kent.gov.uk 01622 696620
Carers Survey	07/09 08/09	11/08	Carers	Kent	To find out carers views regarding the support and services they receive.	Results will be used by KASS to see how happy people are with support and services provided to them. This survey will also be sent to those carers without a carers assessment. Voluntary organisations will help us to do this. Results will inform a baseline for T2010 target 53.	No	Social	Sue Williams sue.williams@kent.gov.uk 01622 696620 Navdeep Mandair navdeep.mandair@kent.gov.uk 01622 694040

USER/ RESIDENT INVOLVEMENT PLANNED FOR 2008/9 – East Kent

Name	Start date/ End date (dd/mm/yy)	Feedback date (dd/mm/yy)	Target Group	Target area (Kent, Town, district, ward etc)	Brief summary	What we want to find out and how we will use the information, (approx 25 – 50 words)	Statutory Yes/No	Consultation type (*see list below table)	Contact name, e-mail & phone No.
Day Services Review Ashford	01/04/08 01/06/08	30/06/08	Users and carers of Ashford Day Opportunity Centre	Ashford	Formal consultation	Enabling users and carers to express their views on what makes a 'Good Day'	No	Council	Janet Hughes 01227 598500 Janet.hughes@kent.gov.uk
Day Services Review Swale	01/05/08 01/07/08	31/07/08	Users and carers of Canterbury Day Opportunity Centre	Canterbury	Formal consultation	Enabling users and carers to express their views on what makes a 'Good Day'	No	Council	Janet Hughes 01227 598500 Janet.hughes@kent.gov.uk

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USER/ RESIDENT INVOLVEMENT PLANNED FOR 2008/9 – Kent Wide

Name	Start date/ End date <i>(dd/mm/yy)</i>	Feed-back date <i>(dd/mm/yy)</i>	Target Group	Target area <i>(Kent, Town, district, ward etc)</i>	Brief summary	What we want to find out and how we will use the information,(approx 25 – 50 words)	Statutory Yes /No	Consultation type (*see list below table)	Contact name, e-mail & phone No.
Survey of public satisfaction	31/12/08 01/03/09	31/03/09	A sample of the public who have accessed our services (people living on sites, neighbours to sites, authorised encampments)	Kent	Our service, and site and public information about it	<ul style="list-style-type: none"> • Public awareness of the services the Unit offers • Quality of information received, and the type and format of the communication channels • Public satisfaction with the services the Unit offers • Findings used to improve quality of services offered 	No	Community	Alan Casson Alan.casson@kent.gov.uk 01622 221896
Survey of licensee satisfaction	01/04/08 01/12/08	31/12/08	A sample of licensees who live on sites we manage	Kent	Our service, and site and public information about it	<ul style="list-style-type: none"> • Licensee awareness of the services the Unit offers • Quality of information received, and the type and format of the communication channels • Satisfaction with the maintenance and management of sites and the services the Unit offers and can refer 	No	Community	Alan Casson Alan.casson@kent.gov.uk 01622 221896

						people to			
Towards Equity and Access project	01/04/08 01/10/08	31/10/08	Deaf Service Users	East and West Kent	Addressing the DH report to inform LDP process	<ul style="list-style-type: none"> Report's implications for services we currently provide. Findings used to draw up an action plan for Kent 	No	Social	Jo Frazer Jo.frazer@kent.gov.uk 01622 696235
ICES (VI) project	01/04/08 01/07/08	31/7/08	Visually Impaired and deafblind service users	Kent and Medway	Consulting on the proposed option for service improvement	<ul style="list-style-type: none"> Service Users's views on proposed option. How well it meets their needs. Findings used to improve quality of services offered. 	No	Social	Jo Frazer Jo.frazer@kent.gov.uk 01622 696235
Interpreting Project	01/04/08 01/07/08	31/7/08	Deaf and deafblind people	Kent	Improving interpreting services in Kent on a public partnership basis.	<ul style="list-style-type: none"> Involvement in a steering group considering options for way forward Establish a new service and QA framework 	No	Social	Jo Frazer Jo.frazer@kent.gov.uk 01622 696235

USER/ RESIDENT INVOLVEMENT PLANNED FOR 2008/9 – Mental Health

Name	Start date/ End date (dd/mm/yy)	Feedback date (dd/mm/yy)	Target Group	Target area (Kent, Town, district, ward etc)	Brief summary	What we want to find out and how we will use the information,(approx 25 – 50 words)	Statutory Yes/No	Consultation type (*see list below table)	Contact name, e-mail & phone No.
Mental Health Survey	01/03/08 01/09/08	30/09/08	All mental health service users	Kent	Service user satisfaction on survey	Level of overall satisfaction amongst mental health service users	Yes	Social	Mark Brampton mark.brampton@icc.wkentmht.nhs.uk 01732 520470

USER/ RESIDENT INVOLVEMENT PLANNED FOR 2008/9 – Supporting People

Name	Start date/ End date (dd/mm/yy)	Feedback date (dd/mm/yy)	Target Group	Target area (Kent, Town, district, ward etc)	Brief summary	What we want to find out and how we will use the information,(approx 25 – 50 words)	Statutory Yes/No	Consultation type (*see list below table)	Contact name, e-mail & phone No.
Service User Involvement Strategy	01/04/08 01/09/08	30/09/08	Supporting People Service Users – 21 client groups	County-wide	A strategy for engagement with service users	We will examine every aspect of the Supporting People Programme & evaluate with service users how they can be consulted & involved & give feedback on services, & complain about services	No	Social	Jo Pannell Jo.Pannell@kent.gov.uk 01622 696171

USER/ RESIDENT INVOLVEMENT PLANNED FOR 2008/9 - West Kent

Name	Start date/ End date (dd/mm/yy)	Feedback date (dd/mm/yy)	Target Group	Target area (Kent, Town, district, ward etc)	Brief summary	What we want to find out and how we will use the information,(approx 25 – 50 words)	Statutory Yes/No	Consultation type (*see list below table)	Contact name, e-mail & phone no.
Culturally appropriate services	01/04/08 1/03/09	31/03/09	Representatives from the BME community	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 vinay.sangar@kent.gov.uk 01474 544418 Mark Walker mark.walker@kent.gov.uk 01322 421346
ED day opportunities	01/04/08 1/03/09	31/03/09	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 simone.bullen@kent.gov.uk 01732 525729 Sue McGibbon sue.mcgibbon@kent.gov.uk 01732 525275

User/Resident Involvement Planned for 2009/10 - HQ

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

User/Resident Involvement Planned for 2009/10 – East Kent

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	1/02/09-31/05/09	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 Kirstie.amos@kent.gov.uk 01227 598850
Survey on public perceptions	1/06/09-31/8/09	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 Kirstie.amos@kent.gov.uk 01227 598850
Learning from experience	1/03/09-31/5/09	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 Kirstie.amos@kent.gov.uk 01227 598850
Communication	1/04/09-31/03/10	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 Mags.harrison@kent.gov.uk Kirstie Amos Kirstie.amos@kent.gov.uk 01227 598850

<p>East Kent Learning Through Experience Group</p>	<p>April 2009- March 2010</p>	<p>Regularly - every 2 months from April 2009</p>	<p>Current users and carers</p>	<p>East Kent</p>	<p>SDS involvement group – shaping the personalisation modernisation programme</p>	<p>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.</p>	<p>No</p>	<p>Social Care</p>	<p>Holly Strang Holly.strang@kent.gov.uk 07826 868042</p>
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User/Resident Involvement Planned for 2009/10 – Kent Wide

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?	Consul tation type (*)	Contact Name, email & phone no
TEA project	1/04/09- 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"> • Comment on recommendations • inform action plan 	No		Jo Frazer Jo. Frazer@ken t.gov.uk
Deafblind Project Page 44	1/04/09- 31/03/11		Deafblind service users	countywide	Implementat ion of deafblind strategy	<ul style="list-style-type: none"> • obtain feedback on current services • inform further development 	No		Lenise Moth Lenise.moth @kent.gov. uk
Interpreting Project	1/04/09- 31/3/10		Deaf and deafblind people	countywide	Developme nt of sign language interpreting service	<ul style="list-style-type: none"> • establish new service and quality assurance framework 	No		Jo Frazer Jo.frazer@k ent.gov.uk

Appendix 2

User involvement strategy	1 day event tbc		d/Deaf, deafblind people	countywide	one day conference	<ul style="list-style-type: none"> identify key issues in accessing services. develop user involvement strategy for d/Deaf, deafblind people. 			<p>Jo Frazer/Beryl Palmer</p> <p>Jo.frazer@kent.gov.uk</p> <p>Beryl.palmer@kent.gov.uk</p>
Lift Maintenance User experience survey	1/03/10 – 31/03/10	30/04/10	sample of Kent's residents	countywide	lift maintenance & repair services	<ul style="list-style-type: none"> determine satisfaction levels to inform service development 	No		<p>Mark.Hogan</p> <p>mark.hogan@kent.gov.uk</p> <p>01622 221827</p>

User/Resident Involvement Planned for 2009/10 – Mental Health

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	Review 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

User/Resident Involvement Planned for 2009/10 – West Kent

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	1/04/09- 1/03/10	31/03/10	Representativ es 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 vinay.sangar@kent.gov.uk 01474 544418 Mark Walker mark.walker@kent.gov.uk 01322 421346
LD Day opportunities Page 47	1/04/09- 1/03/010	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 simone.bullen@kent.gov.uk 01732 525729 Sue Mcgibbon sue.mcgibbon@kent.gov.uk 01732 525275
Older Persons Modernisatio n	1/04/09- 1/03/010	31/03/10	Service users and carers, staff		Modernising services is part of the ongoing programme to	Consultation with all stakeholders to inform the modernisation of services in		Social	Jane Barnes Jane.barnes1@kent.gov.uk

Appendix 2

					promote independence choice	Dartford locality. Other district/localities will be undertaken on a phased basis.			01732 525230
WK Learning Through Experience Group	April 2009-March 2010	Regularly - every 2 months from April 2009	Current users and carers	WK	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	John Lee John.lee@kent.gov.uk 07826 86801

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

To: Adult Social Services Policy Overview Committee –
 17 November 2009

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

Classification: Unrestricted

Summary: This report provides Members with information about the operation of the Adult Social Services complaints and representations procedure between 1 April 2008 and 31 March 2009.

1 Introduction

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

- NHS & Community Care Act 1990 (section 50)
- Health & Social Care Act 2000
- Local Government Act 2000
- Local Authorities Social Services Complaint (England) Regulations 2006 (including associated Guidance; Learning From Complaints – Social Services Complaints Procedure for Adults)

(2) Each local authority that has a responsibility to provide social services is required to publish an annual report relating to the operation of its complaints and representations procedure.

(3) The annual report detailing complaints and representations activity across adult social services is presented to Members each year. This Annual Report provides Members with information about the operation of the Adult Social Services complaints procedure between 1 April 2008 and 31 March 2009.

(4) The report provides a brief overview of the complaints procedure, including information on the number and type of complaints received by the Directorate. It also includes some examples of the lessons learned from complaints and more importantly, how these are used to inform, influence and improve service design and delivery.

(5) The report also updates Members on the key changes to the statutory complaints process outlined in the Department of Health's, "Making Experiences Count" consultation and the subsequent guidance; "Listening, Responding, Improving", which came into effect on 1 April 2009. In addition, a brief summary of the impact of the new process during the first few months of its implementation is included in the report.

2 The complaints procedure

2.1 Key Principles

- People who complain should have their complaints resolved swiftly, and wherever possible, by the people who provide the services locally.
- The Directorate remains receptive and responsive to complaints with the aim of encouraging a listening and learning culture where the intelligence gathered from complaints is fed into services, resulting in continuous improvements. This is a key area and both the Care Quality Commission and future Comprehensive Area Assessments will focus on this issue.

2.2 What is a complaint?

The Department of Health guidance defines a complaint as:

“...an expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of a local authority’s adult social services provision which requires a response. The intention here is not to be too rigid in the way that complaints are defined.

If it is possible to resolve the matter immediately, there is no need to engage the complaints procedure”. ①

2.3 Who can make a complaint?

The Department of Health guidance states that:

“ A person is eligible to make a complaint where the local authority has a power or duty to provide, or to secure the provision of, a service for him, and his need or possible need for such a service has (by whatever means) come to the attention of the local authority. This also applies to a person acting on behalf of someone else”. ①

① Learning from Complaints - Department of Health publication - 2006

2.4 The Process (up to 31 March 2009)

i. Stage One – Local Resolution

The first stage is seen as problem solving with the emphasis on resolving the complaint quickly and at, or as close to, the point of service delivery as possible. Most complaints are resolved locally within the service area and resolution should take place within a maximum 20 working days. If a complainant was not satisfied with the outcome of their complaint at this stage or they had not received a response within the target timescales, they could request that their complaint proceed to the next stage of the process.

ii. Stage Two – Investigation

At this stage of the process, a formal investigation of the complaint is initiated with a report being produced by the investigating officer appointed to the case. A senior officer would review the report, together with any recommendations and would look to offer further remedies to the complainant, if appropriate. The timescale for dealing with this stage was 25 working days up to a maximum of 65 working days, for more complex cases.

iii. Stage Three – Review Panel

Similarly, if the complainant remained dissatisfied with the outcome of Stage Two, there was the option to request that a Complaints Review Panel be convened. The Panel consists of a Chair and two other people. The Chair and one of the panellists are independent people, with an elected Member as the third panellist. The responsibility of the Panel was to review the administration of the complaint, rather than reinvestigate the complaint, and make any recommendations to the Managing Director, who considered these before responding to the complainant.

Although this stage is the end of the local authority complaints procedure, complainants could contact the Local Government Ombudsman if they remained dissatisfied. The Ombudsman may decide to investigate complaints if it is considered that there may be a case of maladministration.

2.5 Recording complaints

All complaints, comments and compliments are recorded on a specialised database; RESPOND. This enables the customer care teams to record details of each complaint, including the complainant and service user, the separate issues involved in the complaint and also allows the customer care teams to monitor the progress of the complaint against statutory and local deadlines. The system records statutory and non-statutory complaints, MP and Member enquiries, as well as compliments. Area teams produce quarterly reports, which are analysed for trends and other key areas of learning and development.

2.6 New complaints procedures effective from 1 April 2009

(1) The introduction of a single complaints process across health and social care reflects the review of the existing complaints processes during the past few years. The Statutory Instrument, “The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009”, was issued on 27 February 2009. The aim of the new arrangements is to create a consistent approach to complaints handling across health and social care.

(2) The key change in responsibilities is that there will be a one stage independent review process, which for social care, will be conducted by the Local Government Ombudsman. The current three stage process consisting of, Local Resolution, Investigation and Review Panel are replaced by the new procedures which were implemented with effect from 1 April 2009. Transitional arrangements are in place for any complaints falling within the procedure to 31 March 2009 (old process), which were not resolved prior to the implementation of the new process. This means that complaints falling within this category can still proceed through to a Review Panel if applicable.

(3) One significant change within the new procedures is that the response to the complaint should be proportionate to the nature of the complaint. For instance, Kent Adult Social Services (KASS) will not be obliged to conduct an offline investigation if the issues within the complaint do not merit it. Under the previous procedure, a complainant had the right to access all three stages of the process even if the desired outcome specified by the complainant has been achieved at stage one. The complainant will have recourse to the Local Government Ombudsman and it is essential that the complaints file reflects the reasons why the final response is deemed, ‘proportionate’.

2.7 Key Principles of the new system:

- Health and social care organisations should take a more flexible approach towards handling individual complaints, which focuses on the needs and wishes of the people involved. The new regulations seek to reach a speedy resolution and facilitate a co-ordinated approach to cross-boundary complaints.
- A simplified process that makes it easier for people to share their experiences and for the organisation involved to respond accordingly. The response to any complaint should be proportionate to the issue/s raised.
- Make sure that people's experiences help to improve services.

(1) The new complaints approach is structured around three main components: listening, responding and improving.

Listening - The initial contact with someone who has concerns or wishes to complain about any aspect of a service is crucial so that the outcome is more likely to be to the satisfaction of everyone involved. It is important to:

- make sure the issues are clearly understood
- find out what the complainant wants to happen as a result
- obtain the right information to assess the seriousness of a complaint
- agree a plan and timescale at the outset
- maintain regular communication
- act as quickly as possible

Responding - By correctly assessing the seriousness of a complaint, deciding on the most appropriate response becomes more straightforward. The new approach focuses on ensuring that staff dealing with a complaint are equipped to:

- clearly gauge the impact of the complaint on all the parties involved
- establish a clear, appropriate plan of action, and
- provide the person making the complaint with relevant support and advice.

Improving - Complaints provide a vital source of insight about peoples' experiences of health and social care services, and how those services can improve for the benefit of everyone.

(2) Under the new process, cross boundary complaints are to be dealt with via a single, co-ordinated response with the nominated lead organisation ensuring that this is achieved. To optimise joint working arrangements between Complaints Managers in Kent and Medway, a joint protocol has been developed to ensure these obligations are met. KASS has already signed up to the protocol, which is attached as Appendix 1. The Kent and Medway Complaints Managers Network is in the process of gaining organisational sign up for all health and social care partners in the area.

2.8 Recording of complaints under the new process

(1) As the new procedure is a one-stage process, as opposed to the previous three stage process, future reports will reflect this change. Quarterly reports will be produced by area customer care teams and presented to the respective Area Management Team's.

(2) There is a statutory requirement for complaints to be acknowledged within 3 working days. Each complaint will have a response date agreed with the complainant and it is anticipated that this will be significantly lower than the previous 20 - 65 working day standard.

(3) The database that is currently used by customer care has been amended to take account of the new process. Regular monitoring of data is undertaken by HQ Customer Care to ensure consistency and quality of data input and reporting.

2.9 Publicising the complaints process

(1) A requirement under the new regulations is that KASS must publicise the complaints procedures. To ensure that the complaints system is accessible, all new service users are provided with a copy of our complaints leaflet, "Comments, Complaints and Compliments", which has been updated to reflect the new process. Work is currently underway to ensure this is available in various formats, including "Easy Read", Braille, large print, audio tape and other community languages. People can currently access complaints information via the internet or make a request for information to be sent to them. All KASS local offices and Gateways hold the complaints leaflet.

2.10 Accountability

(1) Under the regulations, accountability for "organisational sign off" rests with the Managing Director, but may be delegated to a designated senior manager. The Senior Management Team (SMT) has agreed that this responsibility will be delegated to the relevant Head of Service for each locality/function. In cases where a full investigation is undertaken or where a complaint has MP or Member involvement, the final response letter will be signed off by the relevant Director of Commissioning and Provision.

(2) The final response letter to the complainant must include information on whether the complaint was upheld (well-founded), partially upheld or not upheld. This analysis is to be included in future annual reports, the first one being for the period 1 April 2009 to 31 March 2010.

2.11 Staff Training

(1) HQ and Area briefings were circulated to staff to inform them of the new process and how this would be implemented, including the practicalities, within each area.

(2) A presentation on complaints and customer care is delivered to all new KASS staff as part of their Induction Day training. Additional core training covering complaints handling and customer care is also offered to new and existing staff on a self-referral basis. Individual team training is also provided by area teams as required. A rolling programme of customer care training is to be delivered by customer care teams to ensure that this key area is highlighted and reiterated to all staff every 2-3 years. Customer care teams will utilise the "Complaints Made Easy" tool to assist with the delivery of this training, which will coincide with existing team meetings to minimise disruption to teams and maximise staff attendance. It is anticipated that this training will commence in early 2010.

(3) To ensure that there are sufficient staff available to undertake complaints investigations, the training department have agreed to fund training which is facilitated by the Local Government Ombudsman on "Effective Complaints Handling". Staff, at Team Leader level and above, have been targeted for this training in order to meet the anticipated increased demand for investigations under the new process. The first tranche of training commenced in September 2009.

2.12 Impact of the new process as at 30 September 2009

(1) Since its inception, customer care teams have noted that there has been a significant increase in the time spent dealing with complaints under the new process. Establishing personal contact with the complainant at the outset, including gaining agreement to the complaint's plan, combined with the subsequent early contact with the appropriate service representative to discuss the way forward, has been more time consuming than was the case under the previous process. Adopting this more personal approach to each complaint will continue to impact upon resources. However, as one of the key principles is for frontline staff to resolve complaints about the services they provide, this impact will likely be transferred to operational staff in the future. Customer care staff will obviously be available to assist with complaints resolution, but the emphasis on resolving a complaint will rest with those staff delivering/providing the relevant service.

(2) It has been pleasing to receive comments from complainants who welcome the telephone contact they receive from customer care at the outset of their complaint. People have stated that not only do they feel they are being listened to, but this initial method of contact has meant they also believe that their complaint is being taken seriously.

(3) To date, the customer care teams have not been made aware of any referrals to the Local Government Ombudsman, but it is too early to speculate on whether this is as a result of greater satisfaction from the complainant or that KASS has not yet been notified of any such referrals.

3 The Number of Complaints and Compliments Received

(1) In 2008/09, 359 complaints were received; this represents a 3.75% increase from the previous year when 346 complaints were recorded. Of these, 297 were logged as statutory complaints and in comparison to those reported the previous year, 295, this reflects a less than 1% increase in the number received. 463 merits (or letters of compliment) were received during the year, showing a slight increase on the previous year.

(2) The number of complaints and merits needs to be considered in context to the number of people accessing services. In 2008/09, there were over 31, 300 referrals to Adult Social Services, there were also over 34, 400 people in receipt of services in March 2009. When comparing the number of people accessing services with the number of complaints received, it is apparent that complaints represent a small proportion of those people who have contact with KASS. However, it is important that the organisation learns from those complaints that are received.

(3) Of the 359 complaints received, 297 were logged as statutory complaints under the NHS and Community Care Act. The remaining 62 complaints were from “non qualifying individuals” (not service users or carers); these complaints do not fall within the statutory process, but are responded to nonetheless.

(4) Of the 297 statutory complaints received in 2008/09, 9 were investigated under Stage Two of the complaints procedure. There were no Complaints Review Panels held during this reporting period.

(5) It is easy when analysing complaints to assume that an increase or decrease in the number of complaints received reflects a change in the standard of service provided. However, it is not as straightforward as this. An overall increase in complaints could indicate that the Directorate welcomes complaints and views them as a positive tool for improving services and also that people are well informed about how to make a complaint. What is more important is to be able to identify where there is an increase in the number of complaints received for a particular service, as this would require further investigation. As many of our service users are vulnerable, it is imperative that they feel able to express any dissatisfaction they have with the service(s) they received, in the knowledge that they will be treated fairly and supported within the complaints process.

(6) Complaints are not the only method of receiving feedback on services. Within the Directorate there is an extensive range of forums and involvement processes which enable people to express their views. In turn, this information is fed into the appropriate review/development/delivery processes for services and is an integral part of the planning and commissioning of services.

(7) Further details about the number of complaints and representations received are provided in Appendix 2, attached to this report.

4 Services for Adults with a Disability

(1) During the period, 44 complaints representing 15% of the total number of statutory complaints received, related to learning disability. This total does not indicate any significant fluctuations in comparison to the previous year's figures. Issues falling within this category included care management, day care and residential.

(2) Those complaints about services for adults with physical disabilities total 8 or 2.7% of the total number of complaints logged. Care management account for the majority of these.

(3) The common themes falling within these areas of complaint include people who are dissatisfied with either the outcome of their assessment where they feel there is insufficient service provision, the quality of care or poor timekeeping.

5 Services for Older People

(1) In 2008/09, there were 133 complaints about services for older people. This accounts for 45% of the total number of statutory complaints received. Each individual complaint is broken down into the issues relating to that complaint, as within customer care, the aim is to identify any trends that need addressing. In broad terms the numbers of complaints received within the categories of older people services do not show significant fluctuations from those received the previous year.

(2) When analysing the residential care category, it is noted that the number of issues within an individual complaint are increasing, although the reverse is true for domiciliary complaints. This has been apparent for the past two years and customer care will be monitoring this regularly to establish whether there are any patterns emerging.

6 Occupational Therapy and Sensory Loss

(1) In total, 29 complaints (9.7%) were received about the O.T Bureau, (1 of which related to Deaf Services). Again, this is broadly in line with the figures received the previous year. The number of complaints relating to the Blue Badge scheme indicates an upward trend as a result of tighter assessment criteria for people applying or renewing within the scheme.

(2) Those complaints specifically relating to OT typically arise as a result of delays in providing equipment or completion of adaptations following an assessment. This is an ongoing issue as funding for this work is obtained via the Disabled Facilities Grants (available from Borough Councils).

7 Other Direct Provision Complaints

(1) In total 30 complaints (10%) were received about other Direct Provision services (Specialist Services). The services that fall within this category include the in-house provision for learning disabilities and in-house registered care centres for older people. When comparing the figures against the previous year, there are not any significant increases/decreases to report. Figures are once again broadly in line with those recorded for 2007/08. The typical reasons for people complaining include poor communication and/or concerns about the quality of care.

8 Complaints to the Local Government Ombudsman

(1) In 2008/09, 3 people contacted the Ombudsman's office to complain about Kent Adult Social Services. One of these referrals was not upheld and 2 were deemed premature and therefore outside the jurisdiction of the Ombudsman. These complaints were referred to the adult social services complaints procedure.

9 Learning the Lessons from Complaints

(1) It is imperative that the Directorate uses complaints to inform the changes that need to be addressed to continuously improve the quality of services. Excellent customer service is an integral component to achieving this. Complaints are viewed as a positive tool for improving services as opposed to a negative process that seeks to apportion blame; this culture has been and continues to be encouraged throughout the Directorate. This viewpoint is reinforced during training, where staff receive training and support to equip them with the relevant skills to effectively resolve and respond to complaints.

(2) Not only does the Directorate have a statutory duty to respond to complaints, but the emphasis is on ensuring that people who complain have their concerns resolved, swiftly and, wherever possible, by the people who provide the service locally. A key principle of an excellent complaints process is ensuring people have the opportunity and confidence to share their experiences, both good and bad.

(3) In context of the number of people that access services, the number of complaints received is relatively small. It is to be expected that there will be occasions

when the level of service that someone receives falls short of their expectations. However, when this happens, a swift, but focussed resolution can often be achieved to the satisfaction of all concerned.

(4) Area customer care teams provide information on complaints, including themes and trends, to operational managers on a regular basis to enable service improvements to be introduced.

(5) Training of staff remains a priority for customer care teams and paragraph 2.11 details both the training currently available and that planned for the future.

(6) The following examples illustrate the lessons learned as a direct result of complaints and the positive impact this has on the respective services:

i. As a result of a complaint regarding the lack of accurate personal information at a day centre whereby relatives could not be contacted in an emergency; the manager discussed with staff the importance of ensuring this type of data was kept up to date. In addition, staff were advised of the need to keep relatives informed of any changes in circumstance. This will impact upon all current and future service users within the day centre.

ii. Several separate complaints highlighted the issue of poor or inadequate communication. As a result, the relevant district managers addressed the issues of poor tone and manner of communication with staff through supervision. In another example, the district manager reviewed the process for logging calls to prevent the poor response to such calls from recurring. To ensure there is continuity of service provision when service users transfer between districts, increased communication between the relevant teams has been implemented, following a complaint, removing the risk of a potential lapse in service.

10 Other Developments

(1) **Adult Protection** – There are occasions when a complaint is received, but it appears there are issues relating to adult protection. In these cases, adult protection procedures take precedence over the Directorate's complaints procedures. Therefore the complaint may be held in abeyance, depending on the circumstances of the case, until such time as the adult protection case has been concluded. A briefing note and accompanying flow chart detailing the interface between Safeguarding and the Complaints process, has been drafted and agreed with the Customer Care Managers, SVA co-ordinators and the Safeguarding Adults Policy and Standards Manager. This is attached as Appendix 3.

(2) **Kent Health Watch** – The service was launched in October 2008 having been established by Kent County Council in partnership with the NHS to help local residents express their views about all health and social care services in Kent. This service was developed to enhance, rather than replace, the existing feedback mechanisms currently available within health and social care, with the aim of improving services.

(3) The service is available 24 hours a day, seven days a week, by telephone, textphone and email. It operates like a Directory Enquiry service, signposting callers to the right contact within health or social care should they wish to register compliments, comments, complaints or concerns.

(4) Data collected by Kent Health Watch - either by telephone or email – is recorded and reported back to the relevant NHS organisations and KASS. To date there have not been any calls relating to KASS that could not be dealt with under the existing service provided by the Contact Centre.

(5) **Adult Social Care Self-Funding** – Under the current process, effective from 1 April 2009, people who self fund their adult social care either themselves or by way of a direct payment do not fall within the statutory process. This omission in provision is being rectified within The Health Bill 2009, which proposes that the Local Government Ombudsman extend its jurisdiction to cover an independent complaints handling role in respect of self funded adult social care. The new service is expected to commence in 2010.

(6) **Local Involvement Network (LINKs)** – The Local Involvement Networks were introduced as one of the initiatives within The Local Government and Public Health Act 2007, with the aim of providing greater opportunities for people to be able to influence decision making. The LINK enables local people and groups to have a voice in the monitoring and commissioning of health and social care services. Although the LINK will not deal with individual complaints, if a number of concerns were raised about a particular service, the LINK may take further action to investigate the issue. The overall aspiration is to embed a culture of engagement and empowerment. The Kent LINK was launched in December 2008. (Further information on LINKs, including its functions is detailed in the consultation report, which is on the agenda for 17th November.)

11 Conclusion

(1) The Directorate has a committed approach to continuous improvement and development of services. Complaints are one mechanism for providing valuable feedback from people who have actual day to day experience of services.

(2) During 2008/09 the Directorate has continued to operate a robust and effective complaints procedure in line with its statutory requirements.

12 Recommendations

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

Lynda Longhurst
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Background documents: None

RESPONDING TO COMPLAINTS KENT AND MEDWAY JOINT WORKING PROTOCOL

The overarching principle for this joint working protocol will be that the focus will always be on the client and all work will be undertaken with due regard to the agreement, understanding and acceptance of the client.

PRINCIPLES

- **Timescales**
Each organisation will aim to respond within the time frames laid out in their policies. Where there is multi-agency involvement a time scale will be agreed by negotiation between all parties.

- **Organisational policies**
All policies will adhere to the regulations and the three 'Principles of ...' documents published by the Parliamentary and Health Service ombudsman will underpin the policies and procedures of each organisation. These are: Good Administration; For Remedy; and Good Complaint Handling.

The Joint Working Protocol will be attached as an appendix to each organisation's Complaints Policy document and will therefore be ratified within the governance arrangements for that organisation.

- **Investigation Reports**
The Kent and Medway complaints management forum will work towards standardising investigation reports.

- **Outcomes –**
Outcomes will be shared to disseminate good practice where appropriate and with due regard for client confidentiality.

PRINCIPLES IN ACTION

- **Lead Organisation**
The recipient organisation will take responsibility for establishing a named lead organisation and for issuing an acknowledgement within the regulation timescale.

- The recipient organisation will remain as the named lead organisation until there is a formal transfer of responsibility, for which a clear audit trail will be kept.

- **Complaint planning**
A joint complaint handling plan will be agreed at the earliest opportunity.

- **Communication**

Each organisation will identify a specific post holder who will be the first point of contact when managing cross organisation cases. This position will be of a sufficiently senior level to ensure they are able to speak for the organisation.

A list of these posts and contact details will be appended to this protocol. It is the responsibility of each organisation to ensure that the details are kept up to date and that there is always an individual within the organisation who has accepted and understands the contact role.

- PCTs will need to establish how GP practices will be engaged in this joint working and agree a procedure endorsed by the Kent Local Medical Committee.

Complaints, Enquiries and Merits Received Between 1 April 2008 and 31 March 2009

Number of Records Received by Type

1 April 2008 to 31 March 2009

Type of Record	Number	%
Enquiry	198	19.4
Merit	463	45.4
Non Statutory Complaint	62	6.1
Statutory complaint	297	29.1
Total	1, 020	100%

Number of Statutory Complaints by Originator

Originator	Number	%
Advocate	10	3.4
Anonymous	-	-
Carer	6	2.0
Close Relative	198	66.7
Central Government Dept	-	-
Client	70	23.6
Contractor	2	0.7
County Councillor	2	0.7
Health Representative	1	0.3
Homeowner		0.0
Housing Association/Landlord	1	0.3
Investigator	-	-
Legal Representative	-	-
MP	1	0.3
Neighbour/client/establishment	1	0.3
Ombudsman	-	-
Other	2	0.7
Other Kent County Council Directorate	-	-
Other Local Authority	2	0.7
Police	-	-
Religious Body	-	-
Service Provider	1	0.3
Staff	-	-
Voluntary Organisation	-	-
Total	297	100%

Comparison between 2007/08 and 2008/09

Type of Record	2007/08	2008/09
Enquiry	264	198
Merit	455	463
Non Statutory complaint	51	62
Statutory complaint	295	297
Total	1, 065	1, 020

Number of Records by Contact Method

(For complaints, enquiries and merits received between 1 April 2008 and 31 March 2009)

Contact Method	Number	%
E-mail	112	11.0
Fax	3	0.3
Letter	801	78.5
Other	2	0.2
Telephone	90	8.8
Text	-	-
Visit	5	0.5
Website	7	0.7
Total	1,020	100%

Statutory Complaints by Subject

1 April 2008 to 31 March 2009

Subject	Number	%
Adult Protection	6	1.3
Allegation of Racism	-	-
Application of Eligibility/Assessment Criteria	1	0.2
Assessment/Review	22	4.9
Behaviour of Staff	83	18.8
Carers Assessment	-	-
Change/Closure	6	1.4
Claim for Compensation	2	0.4
Communication Difficulties	35	7.9
Delay in Decision Making	3	0.7
Delay in Provision of Service	22	4.9
Direct Payment	7	1.6
Disputed Decision	75	16.9
Diversity Issues	-	-
External Service	62	14.0
Financial Assessment	12	2.7
Funding Voluntary Organisations	-	-
Housing	-	-
Impact of Application of Policy	9	2.0
In-house Service	15	3.4
Incorrect Billing	13	2.9
Lack of Information	18	4.0
Meal Service	1	0.2
More Service Wanted	9	2.0
Non Delivery of Service	8	1.8
Ombudsman Enquiry	1	0.2
Other/Unknown	4	0.9
Personal Information	6	1.4
Problems contacting Adult Services	-	-
Publicity/Information	1	0.2
Request for Service	10	2.2
Resource Issue	2	0.4
Transport	12	2.7
Total	445	100%

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

Statutory Complaints by Service

1 April 2008 to 31 March 2009

Service Area	Number	%
Contracting	14	5.0
County Benefits	1	0.3
County Duty Service	1	0.3
Customer Care	-	
Direct Payments	-	
Finance	19	6.4
Gypsy Unit	-	-
Hospitals	10	3.0
Learning Disability	44	15.0
Learning Disability Policy	-	-
Management Support	-	-
Mental Health	3	1.0
Older People	133	45.0
OT and Sensory Loss:	29	9.7
Out of Hours	-	-
Physical Disability	8	2.7
Planning	3	1.0
Specialist Services	30	10.0
Telecare	1	0.3
Telehealth		
Voluntary Escorts	1	0.3
Total	297	100%

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

Complaints by Ethnic Origin

Ethnicity	Number	%
African	-	-
Any Other Ethnic Group	-	-
Asian Other	1	0.3
Bangladeshi	-	-
Black Other	-	-
Chinese	-	-
Indian	5	1.8
Information Declined	-	-
Mixed Other	1	0.3
Not Known	17	5.8
Pakistani	-	-
White and Asian	1	0.3
White and Black African	-	-
White and Black Caribbean	-	-
White British	268	90.2
White Irish	-	-
White Other	4	1.3
Total	297	100%

Outcome of complaints at Stage One

1 April 2008 to 31 March 2009

Outcome	Number
Advice	9
Apology	102
Complaint Withdrawn	7
Explanation	215
Financial Adjustment	10
Financial Settlement	4
Issue Resolved	12
No Reply Sent	3
Other	5
Other Agency Issue	15
Other ASD Procedural Issue	15
Policy Changes	0
Policy Issue Raised	1
Service Changes	6
Total	404

(There can be more than one outcome for a complaint, therefore the total will not match the number of complaints received)

Comparison between Areas

1 April 2008 to 31 March 2009

Area	Number of Statutory Complaints
East Kent	155
West Kent	141
HQ	1
Total	297

Safeguarding Vulnerable Adults Procedure and the Complaints Process

Briefing Note & Flow Chart

Issued to: Heads of Service, Team Leaders, Team Managers, Operational Managers, Safeguarding Vulnerable Adults Co-ordinators and AMTs

A recent Inspection report has highlighted the need to ensure staff are fully aware of the link between safeguarding arrangements and the complaint's process when a complaint is received that raises issues about people being at risk of harm and abuse.

It is necessary for the Safeguarding Vulnerable Adults procedure to take priority over the Complaints process however it is important that a quality assurance process is in place to check whether the complainant was satisfied that their concerns have been resolved or whether they wish to pursue the complaint.

There are occasions when the safeguarding concerns are only part of the complaint and in these situations it would be necessary for the issues of complaint that have no connection to the safeguarding concern to be handled through the usual complaint route. The complainant would need to be informed by the Customer Care Team which parts of the complaint would be addressed in this way and which parts would follow the safeguarding route.

The following course of action should be taken when all the complaint issues are of a safeguarding nature:-

1. The complaint should be passed to the respective Area Customer Care Team for logging on the Respond database and for acknowledgement.
2. The Customer Care Team to discuss the case with the relevant Locality Duty Officer/Senior to establish whether the Safeguarding Vulnerable Adults (SVA) procedure is appropriate.
3. The Customer Care Team to forward the complaint/alert to the Locality Duty email box with a request for a Designated Senior Officer (DSO) to be identified.
4. The Customer Care Team to write to the complainant to inform them that their concern will be dealt with under the multi agency SVA procedure initially and provide a contact.
5. The Customer Care Team to liaise with the DSO for the case or SVA Co-ordinator, to monitor the progress of the investigation.
6. DSO to contact Customer Care Team for a discussion at the end of the process to confirm closure and outcome. DSO to confirm discussion in email to Customer Care Team.
7. The Customer Care Team to write to the complainant again to ascertain if all the issues were dealt with during the investigation to their satisfaction or if they consider it necessary for their complaint to be investigated further.
8. Complaint to be treated through the Complaint's process if required.

Further information and reference about the link with these two processes is also found on:-

- page 3 of the Safeguarding Vulnerable Adults Policy
- page 13 of the Complaint booklet for the public; "Comments, Complaints and Compliments"
- page 9, section 5i) of the Kent Adult Social Services Complaints Procedure, which is a guide for staff about the complaints procedure on KNet (type in "complaints procedure" on the search window and select "Complaints Procedure").

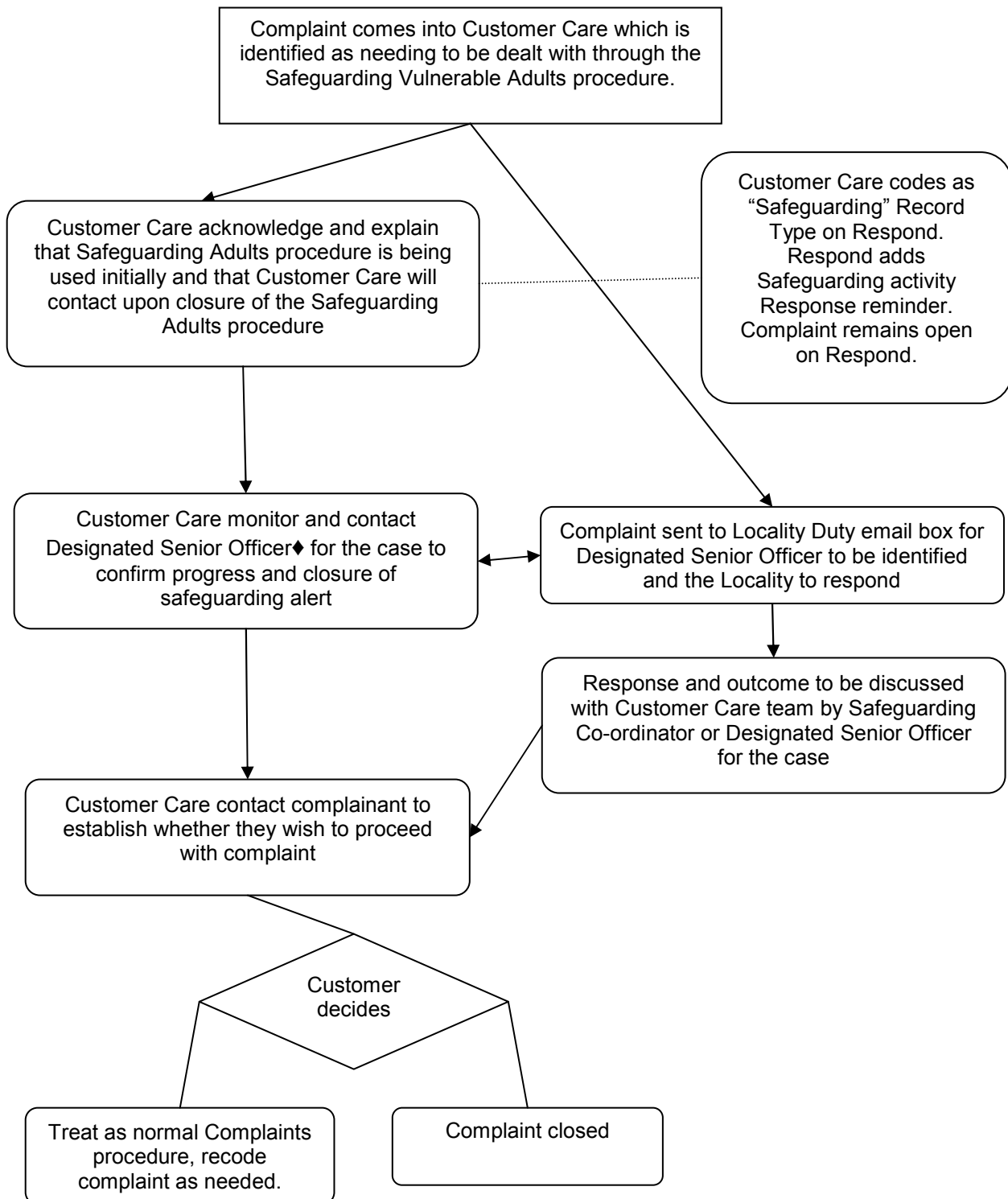
The attached flow chart summarises the list of actions to be taken.

Please share this information with your staff and discuss the process at your team meetings. If you require any further clarification or information about this process please contact your Area Customer Care Team or the Safeguarding Adults Policy and Standards Manager.

Kent Adult Social Services

Safeguarding Adults and Complaints:

Flow Chart of Procedure:



◆ Where Designated Senior Officer is not known, refer to the Safeguarding Vulnerable Adults Co-ordinator or in their absence the Locality Support Manager / Disability Support Manager, or Head of Service for action.

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

To: Adult Social Services Policy Overview and Scrutiny Committee –
17 November 2009

Subject: **NEW HORIZONS**

Classification: Unrestricted

Summary: This paper informs Members of the Government's consultation on proposals for mental health services in the future.

1. The public consultation on New Horizons: Towards a Shared Vision for Mental Health was launched on 23 July 2009 with a closing date of the 16 October 2009. It builds on the National Service Framework for Mental Health which was published 10 years ago and which provided the platform for the reform of Mental Health services in England.

2. The key changes in this programme have included the reform of NHS Community Care services including the development of crisis resolution and home treatment services, early intervention teams particularly for adults suffering severe mental illness and reduced hospital admissions. In line with increased public expenditure in the NHS there have been additional resources for several staff groups including psychiatrists, mental health nurses and clinical psychologists. Treatments have improved with the use of modern psychiatric medication and mental health services are included in the ongoing building and refurbishment programme for inpatient units. Adult Social Services Policy Overview and Scrutiny Committee have previously received presentations from the Chief Executive of the Kent and Medway Mental Health Trust on how the reform programme has been developed in Kent and the new services which have been introduced as a result of the National Service Framework (NSF).

3. The New Horizons consultation builds on the NSF by supporting the local development of higher quality, more personalised services but also provides a new direction to move the agenda on by trying to tackle the root causes of mental health. It focuses much more on prevention, early intervention and multi agency commissioning and collaboration. It recognises the need to positively promote mental health and well being and to strengthen focus across all agencies on tackling stigma and discrimination and breaking down barriers where people suffering from mental illness find themselves much more likely to be socially excluded.

4. New Horizons set out an ambitious vision for mental health services in the future with a much more explicit focus on the inequalities in mental health, links with greater physical problems and the need to address issues of access and discrimination. The response for KCC is set out in Annexe 1. The lead Primary Care Trust (PCT) for Kent and Medway has also responded to the consultation and there is broad agreement and support between the local authority and the PCT for the strategic direction set out in New Horizons. There is a clear connection between New Horizons and the programme of work to transform Adult Social Care in Kent currently underway in KASS, previously presented to this Committee.

5. The Department of Health will be considering all responses to the consultation over the next few months. It is likely that the Department of Health will then produce some form of framework policy document. In the current financial climate it seems unlikely that there would be any additional resources and the implications of this will have to be considered when the financial position and the outcome of consultation is clearer.

6. KASS and the PCTs in Kent and Medway are currently developing a new 5 year vision for Mental Health services with service users and carers. The main messages are very similar to New Horizons. KASS does have a strong collaboration with the voluntary sector and an increasing connection with PCT health promotion services. This has led to newly commissioned services in employment, supported housing, early intervention in primary care and raising mental health awareness. These are exactly the services which will be needed to underpin the change in focus envisaged under New Horizons.

Recommendations

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

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Background documents:

New Horizons: towards a shared vision for mental health – Department of Health Consultation

MENTAL HEALTH – NEW HORIZONS CONSULTATION**RESPONSE BY KENT COUNTY COUNCIL**

**Cabinet Member – Graham Gibbens
Lead Director – Steve Leidecker**

- 1) This response is built around the twelve consultation questions which have formed the basis of DH engagement with statutory agencies, voluntary groups, users and carers and the general public.
- 2) Kent County Council agrees with and supports the vision and strategy set out in New Horizons. The focus on self directed support, personalisation and tackling stigma in mental health is especially welcome. We also particularly endorse the key theme in New Horizons of promoting positive mental health for all and the collaborative working which this will require across public and private sector organisations and across all sectors of society. The significance of early intervention and targeted prevention is vitally important in developing effective mental health services and these themes are endorsed by the Council as part of our overall strategy on Adult Services.
- 3) Kent County Council believes that the three main challenges for mental health services are the profound demographic changes, the effects at least in the short to medium term of the current recession and the increasing perception of societal fracture and increasing levels of stress experienced by individuals and families. New Horizons takes a much broader approach to these problems than the previous National Service Framework and Kent believes that the emphasis on targeted prevention, health and wellbeing initiatives and recovery based services is the right one for the future.
- 4) We believe it is essential that housing and particularly specialised supported housing is seen as a vital part of a dynamic and effective preventative strategy. We believe that investment in appropriate housing and adaptations and improved access to social housing will provide better value for money in the longer term. Kent has developed a number of supported housing schemes with District and Borough Council partners as well as through Private Finance Initiatives. The emphasis on building thorough research evidence is welcome in many aspects of the vision but needs to be developed in relation to long term benefits of supported housing.
- 5) We welcome the focus on targeted preventative support, however we are mindful of the challenges associated with shifting resources away from current expensive service models where the demand within these services continues to increase. There is good evidence from within and outside the UK that investment in a range of new services including ‘talking therapies’ accessible through primary care and community settings is effective. In this regard we welcome the IAPT programme and its continued expansion. Social care services and investment in for example employment and

vocational advice need to build strong links with IAPT so there is a simple integrated approach within primary care with effective signposting.

- 6) The vision rightly identifies that mental health is everybody's business and emphasises the need for effective promotion of positive mental health. KCC supports this and believes that Local Authorities have a key role to play in delivering this through leadership across the public and private sectors.
- 7) We welcome the approach based on a public mental health framework and using this to address inequalities in mental health. The report clearly sets out the strong links between poverty and deprivation alongside the evidence that people with mental health problems have higher rates of preventable physical health problems and shorter life expectancy than the general population. In Kent we have a joint director of Public Health and a Public Health Observatory with strong links to PCT based health promotion teams. New Horizons further reinforces the need to work in close partnership under a unified strategy to develop better individual and community resilience and to reduce inequalities. Pathway redesign in, for example, stroke care needs to be sensitive to the particular problems that people with mental health problems might experience in accessing primary health care services.
- 8) We entirely support the guiding principles although we would further emphasise the importance of social inclusion in society and the broader values of social care associated with respect and dignity. We believe that mental health care generally needs to be more open and accountable. We also consider that it is very important to include principles of listening to and involving families and carers.
- 9) The focus on tackling stigma and discrimination and particularly for older people where the problems are compounded by 'ageist' attitudes is a fundamental part of ensuring that individuals do not become disconnected from their communities. Kent County Council recognises the role of local authorities in providing strong leadership and active engagement in both national and local campaigns. We have supported local voluntary group's initiatives as well as promoting local arts groups as a means of individual fulfilment and broader community awareness. However we recognise the need to do much more in this field with employers, local political institutions and community groups as the social determinants of mental ill-health become more and more obvious. We believe our support and funding to the voluntary sector and the vital role they can play provides a strong basis for extending our role and influence in this area.
- 10) We believe that a continued drive toward self directed support, direct payments and personalisation will ultimately redefine the nature of strategic commissioning and what is important from the service user perspective. However we recognise the workforce challenges with a professional culture that does not easily 'let go'. Whilst personalisation is clearly articulated for social care and beginning to be embedded in the new performance framework, this does not appear to be the case in the NHS. The Personal Health Budget pilots are welcome and East Kent PCT is part of this

programme with mental health as part of their proposals. However there needs to be more clarity on the national work on Payment by Results (PBR) and personalisation. The personalisation pilot sites in mental health social care provided insight and evidence on the value of individual budgets. However the sample was relatively small and more comprehensive research is required.

- 11) The effectiveness of various models whereby social care staff work in integrated teams with NHS staff in provider trusts is hampered by difficulties of incompatible electronic systems. This often results in wasteful dual entry. These problems are likely to be exacerbated if under a framework of New Horizons resources shift toward primary care. There needs to be more recognition nationally of these issues so that local solutions can be more effectively implemented.
- 12) The significance of improving access to employment and training, the role of vocational advisors and joint work with Job Centre Plus are all supported as key aspects of the vision and the recovery ethos Kent continues to invest in vocational advisors working very closely with Community Mental Health Teams and developing a mixed economy of job coaching and support arrangements through the Kent Supported Employment scheme and various voluntary sector providers. We need to do more with employers to assist them to manage stress in the workplace, combat stigma and set more of an example as a major Kent employer.
- 13) We believe there is a much wider scope for the use of innovative technology to support people with mental health problems. As part of KCC's personalisation agenda we will extend on line self assessment. We have developed a web based healthy living site with links to local services hosted by a third sector organisation. We are a site for the DH Whole Systems Demonstrator and people with dementia are benefiting from Telehealth and Telecare services. As part of this we have established a peer support group which could be extended to mental health users. We are also introducing the Kent Card as part of our performance lead approach to doubling the number of direct payments in mental health services during the current year.
- 14) We recognise the significant issues to improve transition from child and adolescent mental health services to adult services and the critical issue that mental health services must work with families and not just individuals. There are complex issues of eligibility, service boundaries and the legal framework with which this cluster of services operate.
- 15) The Total Place initiative is relevant to the vision and the ambition of New Horizons. We consider that more cross reference to this and local regeneration strategies could be helpful in ensuring the success of New Horizons.

16) KCC supports the overall approach in New Horizons. We recognise that local government has a key role in this - equally success will also depend on creating a genuine shared vision across all NHS organisations as well as other partners. We believe that some of the building blocks in Kent are in place for this with a detailed JSNA, collaborative joint commissioning arrangements, a responsive third sector and a commitment to evidence based outcome led services with examples of excellence across the health, social care and independent sectors. There is also a political will within KCC to change and develop mental health services. However the scale of the transformation and delivery of the vision on the ground represents a considerable challenge at a time when financial resources will be much tighter and no new resources will be available.

By: Overview, Scrutiny and Localism Manager

To: Adult Social Services Policy Overview and Scrutiny Committee
17 November 2009

Subject: **UPDATE ON SELECT COMMITTEE WORK**

Classification: Unrestricted

Summary: This report updates Members on the process for establishing a Select Committee Topic Review Work Programme.

Select Committee Topic Review Work Programme

1. (1) At its meeting on 16 October, the Policy Overview Co-ordinating Committee (POCC) considered all the suggestions put forward by Members and Officers for possible Select Committee Topic Reviews. The proposers of reviews, Officers and Cabinet Members or their Deputies were given the opportunity to put forward their views on the proposals.

(2) The POCC agreed that the following topics would form part of the work programme for 2009/10:-

- Extended Schools
- Renewable Energy – what should Kent’s role be?
- Dementia
- Educational Attainment of Pupils and Schools in Areas of High Deprivation

If resources allow there may be a short piece of work on Intergenerational Interaction.

(3) The only Select Committee topic agreed which falls within the remit of this POSC is Dementia, and work on this is planned to start in June 2010.

(4) Regular update reports will be submitted to all POSCs to keep Members informed of the progress of the Select Committees.

Recommendation

2. Members are asked to note the topics to be included in the new 2009/10 Select Committee Topic Review Work Programme.

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Background Information: *Nil*

