

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

Friday, 25th June, 2010

10.00 am

**Council Chamber, Sessions House, County Hall,
Maidstone**





AGENDA

ADULT SOCIAL SERVICES POLICY OVERVIEW AND SCRUTINY COMMITTEE

Friday, 25 June 2010 at 10.00 am
Council Chamber, Sessions House, County
Hall, Maidstone

Ask for: Theresa Grayell
Telephone 01622 694277

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, Mrs V J Dagger, 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.

**Item
No**

COMMITTEE BUSINESS

A1 Membership - to note that Mrs V J Dagger has joined the Committee in place of Mr D A Hirst

A2 Substitutes

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

A4 Minutes of the meeting held on 30 March 2010 (Pages 1 - 8)

A5 Meeting Dates for 2011

The Committee is asked to note that the following dates have been reserved for its meetings in 2011:-

Wednesday 12 January 2011
Thursday 24 March 2011
Thursday 7 July 2011

Tuesday 20 September 2011
Thursday 10 November 2011

All meetings commence at 10.00 am at County Hall

- A6 Chairman's Announcements
- A7 Cabinet Member's and Director's Update (oral)

Presentation - After the Election: What Now?

ITEMS PLACED ON THE AGENDA BY MEMBERS

- B1 Outcome of Formal Consultation on Closure/Variation of Service Use of Maidstone Day Opportunity Service (Pages 9 - 34)
- B2 Local Involvement Networks (LINKs) (Pages 35 - 38)

ITEMS FOR CONSIDERATION

- C1 Draft Kent Annual Carers Report April 2009 - March 2010 (Pages 39 - 104)
- C2 Autistic Spectrum Disorder - 'One Year On' Report (Pages 105 - 236)
- C3 Outturn Monitoring of the Annual Operating Business Plans 2009/10 (Pages 237 - 254)
- C4 2010/2011 Annual Operating Business Plans (Pages 255 - 382)
- C5 Adult Social Services Budget Outturn Report 2009/2010 (Pages 383 - 406)
- C6 End of Year Results for Performance 2009-2010 (Pages 407 - 412)
- C7 Sustainability and Climate Change Update (Pages 413 - 418)

1.00 pm - Break for Lunch

The Committee will break for lunch at 1.00 pm and will re-convene at 2.00 pm for the item listed below. The remaining business will then follow this item.

- C8 The Future of Older Persons' Provision in Kent County Council - Presentation

ITEMS FOR SCRUTINY

- D1 KCAS Abandonment Rate (Pages 419 - 422)

SELECT COMMITTEE WORK

- E1 Update on Select Committee Work (Pages 423 - 424)

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)

(01622) 694002

Thursday, 17 June 2010

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.

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KENT COUNTY COUNCIL

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

MINUTES of a meeting of the Adult Social Services Policy Overview and Scrutiny Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 30 March 2010.

PRESENT: Mr P W A Lake (Chairman), Mrs A D Allen, Mr R Brookbank, Mr L Christie, Mrs P T Cole, Mr N J 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 M J Angell and Mr G K Gibbens

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

UNRESTRICTED ITEMS

46. Minutes of the meeting held on 13 January 2010
(Item A3)

RESOLVED that the minutes of the meeting held on 13 January 2010 are correctly recorded and that they be signed by the Chairman.

There were no matters arising which were not already covered by other items on the agenda.

47. Chairman's Announcements
(Item A4)

1. The Chairman stated his intention to visit the Boughton Mount Centre later in the month as he was unable to take part in the visit already arranged for 7 April. He invited any Member of the POSC who wished to accompany him on the second visit to do so. The outcome of the public consultation exercise about the closure and alternative service provision would be reported to the POSC's next meeting on 25 June 2010.

2. There had been media coverage that morning of the White Paper, which was due to be published later in the day.

48. Cabinet Member's and Director's Update (oral)
(Item A5)

1. Mr Mills announced that the White Paper would be published at lunchtime on the same day as the POSC meeting, and undertook to send all POSC Members a copy of the Paper and any responses to it which were issued in the following days. He added that the presentation on Active Lives at the County Council meeting on 1 April would be updated to take account of the impact of the White Paper, although Mr

Gibbens added that he hoped the latter would not make any significant change to the County Council's Active Lives strategy.

2. Mr Mills reported that the Personal Care at Home Bill was continuing its progress through Parliament, and was due to return to the House of Commons shortly, so it would soon be possible to see its implications for the KCC. Mr Gibbens said the proposals in the Bill were continuing to receive media coverage so were being kept in the public eye. He repeated the view that he had voiced when the Bill had been debated by the POSC at its January meeting, that the Bill's proposals were simply not affordable in the current economic climate.

3. Mr Mills reassured Members that the post of Director of Operations would not be deleted from the establishment but would be appointed to as soon as a suitable candidate could be found. Unfortunately, it had not been possible to shortlist any of the candidates who responded to the advertisement, so the post was still unfilled. There was a shortage of suitable candidates for this sort of post, so other local authorities across the UK were experiencing the same problem, but Mr Gibbens emphasised that it was this and not any financial issue which had prevented the post from being filled. Mr Mills set out how the work would be allocated in the interim period, with himself taking a lead on mental health issues and Margaret Howard taking on a general deputy role.

49. Presentation - Safeguarding Adults

Mr M Thomas-Sam, Head of Policy and Service Standards, was in attendance for this and the following item.

1. Mr Mills and Mr Thomas-Sam presented a series of slides setting out definitions and statutory guidance relating to adult safeguarding and the way in which issues were addressed by multi-agency working.

2. It was acknowledged that the presentation and items B1a and B1b on the agenda were very closely linked, and the discussion which arose from the presentation included points which could equally relate to the other items. In discussion of the issue, and in Mr Mills' and Mr Thomas-Sam's responses to Members' questions, the following points were highlighted:-

- a) the increase in the number of safeguarding alerts could be explained partly by an increase in care staff's understanding of the issue and willingness to report suspected abuse. It is vital that care staff are fully trained and know what to look for and what to do. The identity of 'whistleblowers' is now more protected and they feel more able to report poor practice;
- b) KASS officers work closely with Children's Social Work colleagues to look at safeguarding issues which might arise in any family unit. It was always more difficult to identify safeguarding issues amongst families who were not known to Social Services, and difficult to reach those who did not attend day centres, children's centres, etc, but partner organisations could help to reach them;

- c) it is also difficult for some vulnerable people to be able to identify that they are being mistreated and that there are people who can help them. It was suggested that a wallet-sized card could be produced which would set out key signs to help identify abuse and how and where to report incidents and access help;
 - d) KCC needed to be able to ensure that care staff (e.g., those working in residential homes) are being given appropriate training, and would need to be confident that all partner organisations were equally committed to delivering training and addressing the issue. Working with trade associations would spread the message to those homes who were members of one, and the joint KCC/NHS Quality in Care Initiative set out a preventative approach to safeguarding within care homes, agreeing a plan of action to address areas for improvement and monitoring progress;
 - e) for the 1500 adults with learning difficulties who had been placed in Kent by other local authorities, responsibility for safeguarding issues fell to KCC, not the placing authority; and
 - f) the structure of the Kent and Medway Safeguarding Vulnerable Adults Board had been inspected by the Care Quality Commission in March 2009 and had been praised. Mr Mills assured Members that he was confident that it was fit for purpose, although the structure would shortly be reviewed.
3. RESOLVED that the information given in the presentation and in response to Members' questions be noted, with thanks, and that KASS officers take forward Members' suggestion of a wallet-sized card setting out key signs to help identify abuse and how and where to report it and access help.

50. Safeguarding Adults Annual Report 2008/09

(Item B1a)

Mrs P Huntingford, Transforming Social Care Lead Officer, was in attendance for this and the following item.

1. Mr Mills and Mr Thomas-Sam introduced the item and assured Members that, although the annual report presented at the meeting was for 2008/09, the report for 2009/10 would be presented to the POSC in autumn 2010, and that, thereafter, reports would be presented annually in a regular pattern.
2. In discussion, and in Mr Mills', Mr Thomas-Sam's and Mrs Huntingford's responses to Members' questions, the following points were highlighted:-
 - a) although the number of staff training sessions delivered had reduced, Members were reassured that training had not been cut back but had been delivered in fewer, larger sessions, to include all staff;
 - b) Members expressed concern that the personalisation agenda meant that clients engaging care staff directly would be potentially more vulnerable to making a bad choice and being at risk of mistreatment.

Mrs Huntingford agreed that this had been a concern when moving to personalised care, but that this concern had not been borne out by national evidence, which had not shown any increase in the levels of risk;

- c) Mrs Huntingford reassured Members that safeguarding was explicit in all staff roles, both for KCC staff and those employed by partner organisations, and was built into the contractual and funding arrangements between KCC and its partners; and
- d) Kent was a net 'importer' of clients placed by other local authorities, and the responsibility for a client's safeguarding passed with them to Kent. This was a major issue for authorities across the UK, and Mr Gibbens said that Kent should continue to lobby vigorously to change this trend.

3. Throughout discussion of this item, Members made a number of detailed comments on the layout and presentation of the information included in the annual report and made suggestions for changes which would make future reports fuller and clearer. Officers welcomed these comments as helpful feedback and undertook to address them when preparing the 2009/10 annual report.

4. RESOLVED that the information set out in the report and given in response to Members' questions be noted, with thanks, and that Members' comments and suggestions on the layout and content of the information be taken into account when preparing the 2009/10 annual report.

51. Care Quality Commission - Annual Performance Assessment Report for Adult Social Care

(Item B1b)

1. Mrs Huntingford introduced the report and answered questions from Members. Points highlighted were as follows:-

- a) Members welcomed the report and the improvement in the number of 'excellent' scores achieved, compared to previous years;
- b) in the personalisation agenda, advocacy increased in importance, as KCC had less influence over who was employed by a client using direct payments; and
- c) Mrs Huntingford said she was confident that the KASS officers who met with the CQC inspectors in December 2009 and March 2010 had presented the fullest information possible to meet their requirements and that the inspectors had been satisfied.

2. RESOLVED that the information set out in the report and given in response to Members' questions be noted, with thanks.

52. Kent Adult Social Services Debt Position, February 2010

(Item B2)

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

1. Mr Gibbens welcomed the inclusion of this item on the agenda as an excellent example of the POSC exercising its scrutiny role. The item had been specifically requested when the POSC had considered its regular budget monitoring report at its January meeting.

2. Miss Goldsmith introduced the report and pointed out that this was the first year in which debt figures had been reported to the POSC, in response to the POSC's request to see them, having previously only been reported to the Governance and Audit Committee.

3. The main type of debt was client-related debt, split between secured and unsecured. Cases in which a debt is secured against the client's home needed to be also carefully monitored, as some properties may now be worth less than the value of the debt secured against them.

4. It is anticipated that the new system of managing debt, introduced in January 2010, would have a beneficial effect. The original Visiting Officer who carried out the initial financial assessment would contact a client as soon as the client defaulted on a payment, then visit again regularly to encourage payment, the aim being to address the situation early and prevent the debt from building to an unmanageable level.

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

- a) Members welcomed the more transparent way of reporting debt, the new system of debt management, to address debt while low to avoid it getting out of hand, and the positive effect this seems to have had in reducing number of cases of outstanding debt;
- b) when considering writing-off a debt, cases were always considered individually, never *en bloc*. Only debts of over £10,000 would be referred to the Governance and Audit Committee. Miss Goldsmith undertook to provide Members outside the meeting with a breakdown of the number of cases, the size of debts being written off;
- c) the role of the KCC's Internal Audit Unit was discussed, and Miss Goldsmith agreed to ask them to look at both the debt recovery process and the write-off procedures;
- d) Mr Mills emphasised that client debt and debt management was taken very seriously, and a decision to write off a debt would only be taken if there was no chance of retrieving the amount owed, or if doing so would be uneconomical, compared to the amount owed;
- e) having assessed a client's ability to pay when assessing their care package, KCC had a duty to collect the payments due for the services

provided. Not to do so would disadvantage those clients who paid regularly and responsibly;

- f) much of the debt existing when the new debt management system was introduced in January 2010 was historical, so it was not yet possible to identify how much the new system would help to identify new clients who might be likely to get into debt in the future;
- g) apart from client-related debt, the other main type was NHS debt, which registered as a 'debt' each month mainly due to the timing of payments. This type of debt did not build up in the same way as client debt, and was currently at its lowest level ever; and
- h) there was no benchmarking system which would allow Kent to compare its level of debt with those of other local authorities. Kent had a higher level (45%) of clients paying using direct debit than most other local authorities (30 - 40%).

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

53. 'Live it Well' - Mental Health Strategy for the Next Five Years (Item C1)

Ms L Kavanagh, Director of Commissioning for Mental Health, NHS Medway, and Mr D Woodward, Social Care Commissioner for Mental Health, were in attendance for this item.

1. Ms Kavanagh introduced the report and emphasised that, as the first joint Mental Health and Care Strategy, it set out a new and different approach to Mental Health care provision. The draft strategy set out ten commitments, to meet four key aims, and the main part of the document set out how these ten commitments would be achieved. POSC Members had the opportunity to comment on the strategy as part of the six-week public consultation exercise.

2. In discussion, the following comments were made:-

- a) Members welcomed the opportunity to comment on the draft strategy, and praised its excellent, clear layout and the wording of the ten commitments;
- b) it would be good to include some comments from service users as part of the foreword;
- c) it would be useful to cross-reference the Live it Well strategy with the reports produced by the Autistic Spectrum Disorder and Alcohol Misuse Select Committees, and the three would make a useful suite of related documents;
- d) the need for good training for GPs, to help them identify Mental Health issues, perhaps delivered jointly with training for social care providers,

was important and should be emphasised. Joint training will establish useful links between the two disciplines;

- e) the importance of good housing provision for clients with mental health needs should also be emphasised;
- f) the strategy was certainly visionary and aspirational, but its proposals were not costed. Members would need to be confident that proposals were practical and deliverable; and
- g) the key performance indicators given for each of the ten commitments did not include any indicators for reducing the number of suicides.

3. Mr Mills confirmed that the implementation of the strategy would be monitored and an annual report made to the POSC.

4. RESOLVED that the draft Live it Well strategy be welcomed, and the comments contributed by Members, set out in paragraph 2 above, be taken into account as part of the consultation exercise.

54. Adult Social Services Budget Out-turn Report 2009/10 for the Third Quarter

(Item C2)

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

1. Miss Goldsmith introduced the report and said the Directorate was committed to achieving a balanced budget at the end of the financial year.

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

55. Update on Select Committee Work

(Item F1)

1. Miss Grayell reported that, at its meeting on 19 March, the Extended Services Select Committee had elected Mr R B Burgess as its Chairman.

2. In response to a question from Mr Christie, the Chairman said that the Scrutiny Board on 22 April would discuss and decide the way forward for the Dementia Select Committee.

3. RESOLVED that:-

- a) the progress of the Renewable Energy and Extended Services Select Committees, the further Select Committee work which is planned to start in the summer of 2010, and the arrangements for monitoring the outcomes of the Autistic Spectrum Disorder (ASD) Select Committee, one year on from the publication of its report, be noted; and.

- b) Members consider if there are any topics they would like to put forward for possible inclusion in the future topic review programme, and advise the Democratic Services Officer of any such topics.

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 –
25 June 2010

Subject: **OUTCOME OF FORMAL CONSULTATION ON
CLOSURE/VARIATION OF SERVICE USE OF MAIDSTONE
DAY OPPORTUNITY SERVICE**

Classification: Unrestricted

Summary: This report considers the outcome of formal consultation undertaken at Maidstone Day Opportunity Service and asks for Member approval to proceed with the closure of the Boughton Mount Site and to continue the service based on a more community focussed model.

Background

1. (1) Adult Services Directorate is engaged in a process to modernise the way it carries out its responsibilities in order that the service outcomes for the people of Kent are improved. In 1999 and 2008, Members agreed to a Kent wide strategy (in line with national strategy) to move away from large segregated centres for people with learning disability to a range of services in the community. The Good Day Programme was devised in order to deliver this across Kent and its vision statement 'Better days for People with Learning Disabilities in Kent' 2008 looks at how individuals can be supported to be part of their local communities and have the same opportunities as others, in employment, education and training, leisure etc.

(2) This report outlines the views expressed during the formal consultation on Maidstone Day Services. The Consultation focussed on the proposal to permanently evacuate the Boughton Mount Site in Maidstone and move the current learning disability services and their existing staff teams to a community based model, affording Service Users greater access to mainstream activities and enhancing community networks. Learning Disability Services have used the Boughton Mount Site since 1948 providing a campus setting for a range of learning disability services, including Maidstone Day Opportunity Service, Table Talk Catering Service and Spectrum Pottery.

(3) In line with other districts, Maidstone has been working towards community inclusion for a number of years, partnering with a range of local organisations in order to promote opportunity and participation for people with learning disabilities across the area. As a result Service Users had been accessing a range of community facilities such as Trinity Foyer, Maidstone Community Support Centre, Meadowview and local leisure centres for some time:

(4) The Trinity Foyer is a centrally based community facility managed by Stonham Housing. Stonham already lease space to a number of community groups from Samba classes to Health and are keen to facilitate opportunities for the wider community. Trinity has long been used by Maidstone Day Service and capital has been invested

(approved by PAG) to extend its use, by creating a care suite and “drop in” facility as well as to develop what was previously a disused café area. Its central location means it is an ideal springboard from which to access community activities and to utilise public transport.

(5) Meadowview has been used as a day service building for a number of years, and was already identified as being a vital facility in terms of delivering increased community presence and greater choice.

(6) Maidstone Community Support Centre (MCSC) provides a base for 25 community and voluntary groups and a partnership with Table Talk (Maidstone Day Services) launched the Check In Café in September 2009, and continues to facilitate work based training for people with learning disabilities.

(7) In November 2009 heavy rainfall resulted in the Boughton Mount day service buildings suffering significant water ingress, with consultant surveyors condemning the roofs and the main day service building assessed as a health and safety risk. With the safety of building users paramount, and with established community facilities, the service was able to transfer operations to community locations.

(8) The estimated costs of replacing the roofs were established to be around £250,000 and as such it was felt that it would not be appropriate to invest such a large amount of capital in a site that did not meet national or local strategy and which would therefore not have a long term future.

(9) Reports were presented to SMT on the 27th November and 4th December 2009 outlining the issues and recommending that the Variation of Service/Closure Protocol be invoked and formal consultation be undertaken.

(10) The proposal being that the service and its staff transfer to alternative, familiar community locations as previously outlined in paragraphs (2) to (6) above.

(11) To coordinate a range of community based opportunities there is a need for Staff, Service Users and Carers to have a central point in which they are assured access to management and effective service support. Meadowview (a detached, extended, KCC owned property) was already known as the Maidstone day service community hub but was under utilised, affording opportunity to become this central role and this has already been achieved.

(12) With Meadowview established as the crucial coordination centre, partnerships with other community venues such as Trinity Foyer and Maidstone Community Support Centre mean that the service has a range of alternative community facilities to meet Service User needs.

(13) The vision being that with greater community presence and on going community networking, people with learning disabilities will have more choice and more fulfilled lives.

(14) This report sets out comments received following the formal consultation.

Consultation Process

2. (1) Acknowledging that Learning Disability Services, Service Users and their Carers have had a long association with Boughton Mount it was agreed that consultation should be extended to a 16 week period in order to maximise stakeholder involvement.

(2) Consultation has been extensive with information and questionnaires cascaded to nearly 400 groups and individuals. This included Service Users, Parent/Carers, Staff, Trade Unions, Advocacy Groups, Residents, District Partnership Groups, Community Partners, Integrated teams, Parish Councillors, Borough Councillors and KCC Members.

(3) A significant number of individual and group meetings have been held to talk through the proposal, promoting involvement and collating feedback.

Pre Consultation:

- Reports presented and agreed at SMT- 27th November and 4th December 2009
- Cabinet Member visited Boughton Mount Site and briefed- 14th January 2010
- Leader of the Council Briefed- 25th January 2010

Process	Date Action Completed
Formal Consultation invoked with Cabinet Member present for a series of meetings that included Members, Service Users, Staff and Carers with an information pack sent to those invited and attended: The Chairman and Vice Chair of ASSPOSC Opposition Spokesman Local KCC Member(s) Responsible member of SMT Head of Adult Services Area Personnel Manager	28 th January 2010
Stakeholders were informed in writing and invited to comment: - Users, relatives and carers Head of Service Staff/Trades Unions Local residents Local KCC Member(s) Borough Council and Parish Councils Integrated teams etc	Letter sent 28 th January 2010. outlining the proposal, 16 week consultation process/timetable and including a questionnaire and website Summary of Meetings and correspondence received as a result of the consultation
Directorate issued a Press Release	
Website made live with proposal and questionnaire	28 th January 2010

<p>A wide range of stakeholder meetings have been held</p>	<p>2 Information Roadshows were held for Stakeholders on 22nd February and 2nd March</p> <p>A range of Meetings held with staff & union representatives on 15th February, 1st March, 15th March</p> <p>All carers were offered the opportunity of 1-1 meetings and 11 individual meetings with carers were held between February and May 2010</p> <p>2 All Day Consultation events were held for service users (by Advocacy Services) on 29th January 2010 and 15th April</p> <p>Advocacy services commissioned to work individually and in groups with all current Service Users throughout the 16 week period.</p> <p>Presentation to Tonbridge & Malling District Partnership Group made on 12th April and to Maidstone District Partnership Groups on 29th March and 29th April</p> <p>Individuals and group visits made by Members on 16th March, 7th April and 15th April</p>
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Outcome of the Consultation and Issues raised during the Consultation

3. (1) 114 people attended the meetings held on the 28th January, 22nd February and 2nd March.

(2) A Total of 54 individual completed questionnaires were received. Comments and feedback were collated through group and individual meetings, emails and letters.

(3) Advocacy services undertook thorough consultation with Service Users, working in a variety of ways, with individuals, group workshops and experiential sessions, to ensure that Service Users not only understood the proposal but have had a very real opportunity to develop their own viewpoint and to express this.

(4) The following points were raised by those participating in the consultation process:-

Service User feedback

4. (1) The overwhelming majority have given an emphatic positive response to the proposed (and in part already operational) changes.

(2) People have told Advocacy Services that they value being part of the community and having a broader range of choice as a result. They have valued the increased independence, particularly bus travel, the opportunity to meet wider social networks and being part of smaller groups.

(3) Advocacy services have worked in an unbiased way, using photographs and drawings to ensure people understand what is being proposed and are able to give their views. Using a range of communication mediums and styles, the absolute majority have said they would prefer to see time and investment in community buildings/activities and not at Boughton Mount.

(4) See Appendix 1 for remarks and direct quotes made by Service Users and other Stakeholders.

Issues raised by Service Users:

a) If we don't go back to Boughton Mount I will miss my friends

A real theme to individuals' concerns was the fact that Boughton Mount is a large building that enables weekly discos and get-togethers. Whilst people value being in smaller groups they have also told us that they value the opportunity to come together.

As a result of this regular social events are being scheduled, from Bowling Leagues to BBQs. In addition a "Pick & Mix" approach to activities is beginning to take place so that long term friendships can be maintained and flexibility promoted.

Out of hours support is also beginning, enabling friends to get together at evenings and weekends to participate in shared interests.

The management team at the day service are working with Advocacy Services, staff and individuals to facilitate Person Centred Plans (PCPs) and are coordinating a range of activities that have been high lighted as themes across those PCPs.

b) I like being in Maidstone town centre but would get fed up if there was no minibus, as there are only certain things you can walk to?

Transport is a complex issue, involving transport contracts and specific age/training conditions for minibus drivers.

Many individuals have welcomed the opportunity to use public transport or even walk to their activity, valuing the flexibility and independence this offers. However, some have said they do not wish to use public transport and value the convenience afforded by minibuses.

As a result the minibus routes are being reconsidered to ensure that each base has access to one vehicle and that there are a number of sessional/casual minibus drivers available, according to planned activities.

To address the inflexibility of minibuses and the associated driving licence requirements, a 9 seater people carrier has been agreed on a three year contract. Ultimately this will alleviate transport pressures as it will mean a further 5 members of support staff will be able to drive Service Users to activities.

Equally investment has been made in MENCAP to co-ordinate a travel buddy scheme and this has been working exceptionally well for those individuals accessing Maidstone Community Support Centre.

c) **What will happen to Boughton Mount and things in it?**

The majority of Service Users have told us that they prefer community based activities with many saying that they did not like the location and condition of Boughton Mount. This said, some have expressed concern and sadness about not being in the old day service building and specifically have asked about the familiar equipment and items within it.

The consultation has been a very open and honest exchange and both Service Users and Carers have been reassured that the proposal has not been based on preconceived ideas regarding the site's future. Service users have welcomed the chance to contribute ideas and time to the development of community locations- relishing the opportunity to take ownership and control over new opportunities.

Service Users and Staff have been and continue to be, at the centre of all new developments, from the Check In Café- its design and name, to furniture and décor within Meadowview and Trinity. This has proved empowering and has mitigated most of the feelings of loss.

One individual is quoted by Advocacy as saying;

"I don't want the roof fixed because I want to stay down here...there are things we can do here. Meadowview is posh because me and Bill have done lots of work here"

Carer Feedback

5. (1) Some carers have had a long association with Maidstone Day Services and understandably value the security and safety of the Boughton Mount Site and its buildings. Carers attending the briefing on the 28th January articulated a range of concerns, fearing that the proposal to move away from the Boughton Mount buildings may be based around the desire to make financial savings rather than improve the existing service.

(2) Those who were vocal also said that they worried that the local community would not have the facilities or understanding to meet the needs of people with learning disabilities. (See issues raised below)

(3) One Carer attending an information road show, noted afterwards that they had valued the opportunity to debate the issues and ask questions, and as a result now felt that the proposal was in fact a positive development.

(4) However for some the group meetings were not a positive forum and a few carers came back to the day service management and said that whilst they agreed with the proposal for community based services, they had not felt able to voice this in a large group meeting.

(5) Acknowledging that some carers may (understandably) have concerns, the opportunity to have individual meetings was also made available, and a total of 11 carers chose to have these.

(6) The individual meetings were positive in that carers could speak openly about the issues affecting them and as a result had specific questions answered and individual issues addressed.

Issues raised by Carers:

a) What about people with more complex needs, how will their needs be met?

Some Parent/Carers raised concern that existing community facilities did not meet the needs of people with complex disabilities.

Capital has been invested in Trinity Foyer and subsequent building works have resulted in the provision of a changing suite (including changing bench and ceiling hoist) and accessible kitchen, so that those with higher support needs have access to the facilities they need in central Maidstone.

Discussions with other community partners are taking place (specifically with Mote Park Leisure Centre and the new YMCA development) to explore opportunities such as a Hydrotherapy Pool, sensory room, a changing place and an additional community hub.

Furthermore increased community participation is both formally and informally raising the profile of people with learning disability and thereby building greater awareness and mutual confidence.

b) Is this a cost saving exercise?

Some Parent/Carers asked whether the proposal was based on an agenda to sell Boughton Mount and save money. Reassurance was provided by both officers and the Cabinet Member that this was not the case.

Carers were reminded that there continues to be a need to use resources well and as such the revenue historically directed towards the Boughton Mount buildings would need to be spent differently and that liberation of such a building would enable revenue to be directed to things such as additional staffing.

In terms of capital, any capital receipt will be reinvested back in to Learning Disability Services across Kent to develop a community infrastructure that has facilities and capacity to embrace people with learning disabilities and additional complex needs.

c) What about Staff?

Some carers and stakeholders said that they thought the proposals were a positive move forward but only if staffing levels were sufficient and coordinated.

Acknowledging that community activities require enhanced support, an additional three staff have been recruited to the existing staff team from within available resources. Furthermore, some service users have been assessed as needing additional 1:1 support

and are receiving this through agency workers and/or Direct Payments. This has resulted in 10 of the 68 service Users, now receiving individualised support.

The new permanent staff have been recruited to Support Worker roles, affording much greater flexibility in terms of working evenings and weekends and therefore a greater menu of choice for Service Users.

The Management team are committed to developing the whole staff team, devising a new Staff Information Pack, hosting development days and working with individuals around their own personal training needs and professional goals.

With Meadowview as the central hub, management are within easy access of the other community facilities and therefore will be able to support and co-ordinate staff and activities effectively.

d) **Will there be enough space in the community?**

Staff and carers have questioned whether community venues will be sufficient, and in order to be responsive to these concerns, discussions are taking place with a range of community partners (specifically Mote Park and YMCA) to ensure that the facilities are more than adequate so that there is provision for both existing service users and any new referrals. Equally by informing community buildings and activities we aim to promote accessibility for all, both those within the service and those without.

Conclusion

6. (1) The 16 week consultation has proved beneficial in that it has meant that people with an interest in Maidstone Day Services have been afforded a longer period in which to understand what is being proposed, gather their views, experience community operations and feed back through meetings, questionnaires and a website.

(2) Over this extended period the service has had the opportunity to address any practical issues and to make considered plans for the future. Throughout this, individuals have continued to be encouraged to speak up and inform viable future opportunities. Person centred planning has continued and although a few people have moved on, mostly this has been circumstantial, moving out of area, to residential care or choosing Direct Payments.

(3) The proposal has been well received by a wide range of stakeholders during this consultation process. However, a small group of carers have expressed anxieties about the loss of Boughton Mount, valuing the sites rural isolation and tradition.

(4) Financially, staff and carers have been reassured by the fact that cost saving is not the driver behind the proposal. Initial indications are that the revised community model is affordable within the existing revenue allocation. Set up costs in terms of equipping new venues will be incurred and further capital will need to be invested in order to secure appropriate community facilities. The model is financially viable and crucially it enables KASS to redirect resources away from outdated buildings towards the front line.

(5) Currently, daily attendance varies from 42 people on a Wednesday to 53 people on a Friday; with the newly recruited additional staff and successful community

negotiations, we are confident that transferring services away from Boughton Mount will deliver improved outcomes for all.

(6) Whilst a small number of carers expressed doubt and reservations, the majority of feedback has been positive and the last six months have demonstrated that it is possible to provide the same level of Day Service without the Boughton Mount buildings and that there are positive benefits to community based services.

Recommendations

7. (1) Members are asked to consider the feedback gained during consultation, noting that Maidstone Day Service (with both established and new community partnerships) has continued to maintain and develop its service throughout the last six months.

(2) Therefore a continued community presence is recommended, in order that people with learning disabilities can continue to access and develop a full range of opportunities and networks.

(3) The Cabinet Member is asked to give approval to proceed with the closure of the Boughton Mount site.

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Appendices:

Appendix 1- Comments made during the Maidstone Day Service Consultation
Appendix 2- What community based services offer

Background Documents

- Valuing People and Valuing People Now
- Better Days for people with Learning Disabilities in Kent

Comments made during the Maidstone Day Service Consultation

- “It’s got me out of a rut- I don’t want to go back to Boughton Mount. I like all the activities I am doing now.” – Service User
- “An excellent service at Boughton Mount, it’s safe, out of the way and is good in many ways” – Carer
- “With adequate staffing the new style service could be a lot better and much more stimulating and interesting for service users. They would still meet up with old friends but in small groups and they would be better integrated into the community” – Carer
- “It’s better coming here to the Check In Café. I used to get picked up by the minibus in the town. Now I get the bus straight from home by myself”- Service User
- “I think it is good that the services are being brought into the 21st Century- In some ways it is good to bring services in to the community, and in some ways it is not- some trainees may feel intimidated by other people like teenagers and youths” – Service User
- “Get the roof repaired & leave the clients at Boughton Mount where they are happy and safe. Too much going here and there tires them out” – Carer
- “I have since learned that my daughter may be attending Trinity, which is fine by me and my daughter.”- Carer
- “I enjoy working at both Trinity and Maidstone Community Support Centre because I am still with the people I know and am used to.” – Service User
- “Like anything else, a new way of working is only as good as the people who are implementing it so as long as the staff are well supported and trained and adequately resourced this is a great opportunity for learning disabled clients.” – Health Professional
- “I would like to work in the new café at Trinity”- Service User
- “Not sad not going to Boughton Mount-am happy at Meadowview.”- Service user
- “I am heartbroken because it is leaking down there but cooking down here (Check In Café) is best- I love coming here, it is one of my favourite things.” – Service User
- “The Ceramics Café is the best one. I like this more than painting pots at the centre.”- Service User
- “I don’t want the roof fixed because I want to stay down here. There are things we can do here. Meadowview is posh because me and Bill have done lots of work here” – Service User
- “I worry about my son’s safety in the community and the dedication of new staff- I hope that’s your worry as well. On the whole my son seems happy.” – Carer

Comments made during the Maidstone Day Service Consultation

- “I miss Boughton Mount and would like to go back but wouldn’t be upset if I stayed at Meadowview.” – Service User
- “I like it at The Check In, better than Boughton Mount doing Table Talk” – Service User
- “The idea of small groups and a wider range of activities is really good” – Carer
- “I don’t mind changes so long as I am told what is going to happen”- Service User
- “I feel sad they closed it. The rain will get in. I do like coming here (Meadowview)- I like Meadowview best- my friends are here- I want to go here, I don’t want to go back” – Service user
- I like doing pottery at Boughton Mount and the Ceramics Café- it’s the people that I enjoy.”- Service User
- I liked the centre because there is more space. Meadowview is too small. I want to make Meadowview bigger by building on top of the red room.” – Service User
- “I feel ok about it- not really worried about leaving Boughton Mount- I wouldn’t miss going back, I like Meadowview.” – Service User
- “I like just me and my mum- mum is not happy about the roof caving in & water coming in. If Boughton Mount gets knocked down, I will still come here (Meadowview) all the time” – Service User
- I don’t like it at the centre no more...Meadowview is better, we can do loads of things.” – Service User
- “It’s important Service Users are introduced to new environments in a managed and shaped way, using familiar staff”- Staff
- “We need a change up there. Spend all the money on new things. They should split everyone up in to small groups, some go to trinity and some go to Maidstone Community Support Centre. That’s the way I want it. Everyone gets to go out more.” – Service User
- “I felt uncomfortable with things last year but now feel happier.”- Service User
- “I liked being at Boughton Mount- I fix things if they are broken.” – Service User
- I would like to work with children and babies in a nursery.”- Service User
- “I feel it’s a good thing, because I can go to other place and that. I like doing that.”- Service user

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What community based services offer



Training

Individuals are accessing a range of courses at Mid Kent College from Dance & Drama and IT, to “Cook and Eat”.

Discussions with the College catering department are underway, to ensure that the work based training at both The Check In and Trinity Café (Nolan’s Table) will meet NVQ requirements.



Person Centred Planning and vocational profiling identified that some individuals wanted to undertake First Aid training.

In May, The Red Cross facilitated three sessions, covering emergency 999 calls and how to apply bandages, as well as resuscitation and burns.



Travel Training

Travel training and the use of public transport is enabling more choice and greater independence



Increased flexibility

Maidstone Day Services are beginning to timetable Thursday evening support so that their service users are able to access the local District Partnership Group and the TOPAZ Community Network.



Increased Flexibility

Maidstone Day Service is opening up more opportunities by looking at activities and events outside of Monday to Friday daytime hours.

On Saturday 8th May, service users (sharing an interest in farm machinery) were supported to attend the Spadework Open Day, where a range of vintage tractors were on display.



Increased flexibility

Staff and service users took part in a recent Kent Messenger Quiz night joining other local teams to raise money for the young people living at Trinity Foyer



New Opportunities

Individuals from both Meadowview and Trinity joined forces to undertake the Healthy Living Programme.

The course included health walks, penalty shoot outs, and healthy eating talks from a district nurse.



New Opportunities.....



Greater Community Inclusion

People with learning disabilities are contributing to the local community by volunteering.

Currently, individuals are volunteering in a variety of ways; from animal sanctuaries to fund raising, with two service users becoming volunteers for Marie Curie and helping the charity with its activities.



Greater Community Inclusion.....



Greater Community Inclusion



Service users continue to be able to undertake pottery and ceramics painting by accessing Adult Education Pottery and a local Ceramics Cafe



The Check In Café is going from strength to strength, with service users valuing the opportunity to meet more people and gain customer service skills

Opportunities to get together are important and groups have started practicing ready for this years annual Cricket Day.

This year the event will continue to be organised by carers but this time with an extended invite to all the new community partners.



Maidstone Day Service



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

To: Adult Social Services Policy Overview and Scrutiny Committee –
 25 June 2010

Subject: **LOCAL INVOLVEMENT NETWORKS (LINKS)**

Classification: Unrestricted

Summary: This is an update for Members on the work undertaken by the Kent LINK since August 2008 and its developing relationship with KASS.

Introduction

1. (1) Local Involvement Networks were introduced across the country as part of ‘The Local Government and Public Involvement in Health Act 2007’. They 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. This paper outlines briefly outlines the LINKs development in Kent.

Background

2. (1) The LINK is developing an inclusive membership of user groups, local voluntary and community sector organisations and interested individuals, but involvement does not require membership. It is expected to be representative of all sections of the local populations. LINKs is accountable to its membership and the wider community and is developing governance arrangements to support this.

- (2) The role of LINKs is defined in legislation and guidance as being:
- Promoting and supporting the involvement of people in the commissioning, provision and scrutiny of local health and social care services
 - Obtaining the views of people about their needs for and their experiences of local health and social care services
 - Enabling people to monitor and review the commissioning and provision of health and local social care services
 - Conveying people’s view to monitor and review the commissioning and provision of local services
 - Recommending how services can be improved

(3) The Local Government and Public Involvement in Health Act 2007 give LINKs 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
- referring matters to an Overview and Scrutiny Committee and receiving a response

(4) The Host Organisation appointed to support the Kent LINK is Kent and Medway Networks (KMN). KMN has previously been a Forum Support Organisation for the former Patient and Public Involvement Forums. The organisation therefore has a wealth of knowledge and experience to bring to the role of Host Organisation. KMN took over the support of the LINK Working Group from Kent County Council in August 2008. Much of the work in the first year was establishing the LINK, raising awareness of its role and powers and developing supporting governance.

The Development of LINKs.

3. (1) Over the last eighteen months LINKs have made significant progress which include the following:

- (i) Governance arrangements are in place, which includes:
 - *Governors Group* that ensures the LINK operates within its statutory remit, within the law and its own rules, within the budget available.
 - *Priorities Group*. This is the group of selected LINK participants who review the issues raised with the LINK and determine, against a set of agreed criteria, if the LINK should take any action.
 - *Authorised Visitors*. The LINK has the right to 'enter and view' NHS / Social Care units. This right is fulfilled by individual LINK participants who have been selected and trained to undertake this role. Any visit to such units is undertaken as part of a LINK Project.
 - *External Representatives*. The LINK participants who have been selected to represent the LINK on External Bodies are the 'eyes and ears' of the LINK. They attend meetings of the particular group they have been nominated to sit on, provide LINK views and feedback to LINK participants.
- (ii) LINKs have increased their engagement with the public, by regular meetings, the development of access points (including Gateways) and the website. More detail of this work can be found in their annual report available on the LINKs website
(http://www.thekentlink.co.uk/assets/files/Publications/DRAFT_Kent_Annual_Report_20092010_WEB.pdf).

The report was recently presented to the LINKs AGM

- (iii) The Annual Report outlines a range of initiatives which LINKs have been involved in over the last year. These include:
 - a) Hygiene, Disinfection and Patient Experience in Hospitals
 - b) Access (Transport) to Health Services
 - c) A Review of Stroke Services in Kent and Medway

- d) Working with East Kent & Coastal PCT to Develop a Strategy for Community Services in East Kent
- e) A User's Perspective of Day Services for Older People

Working with Kent Adult Social Services (KASS)

4. (1) For many members of LINKs learning about social care has been an area of development. However over the last year the interaction and relationship between KASS and LINKs has been steadily growing. From the beginning the Directorate supported the development of LINKs through actively encouraging the users and carers we work with to attend LINKs events both at a county and local level.

(2) As noted above in paragraph 3. (iii) LINKs have worked with KASS in reviewing Age Concern Day Care Services commissioned by KASS. The aim of the Project was to identify the views and experiences of current and potential service users.

(3) For the coming year we are beginning to plan a range of initiatives which will involve LINKs, actively seeking the views of the people who use social care services. A significant development has been recent discussions in looking at how LINKs can facilitate our Directorate Involvement Group. As outlined in previous reports this is a partnership model we have been developing with the public in order to give the public more influence on the development of services and a direct feed into the Directorate's Strategic Management Team. This group is now co-chaired by members of the public and an SMT member and key staff in attendance. The proposal is to involve LINKs in facilitating this group, which will give the model an important element of independence. As part of this work LINKs are discussing with Areas how they could support the proposed Area Directorate Involvement Groups.

(4) LINKs do have the power to refer matters to Overview Committees which have social care and health as part of their remit. As LINKs become more involved in social care issues and work with KASS they may wish to consider referring matters to ASSPOSC. The Committee may wish to consider how to respond.

Recommendations

5. (1) Members are asked to comment on the report and give consideration to the issues raised in paragraph 4. (4) of the report

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Background documents: None

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

To: Adult Social Services Policy Overview and Scrutiny Committee –
25 June 2010

Subject: **DRAFT KENT ANNUAL CARERS REPORT APRIL 2009-
MARCH 2010**

Classification: Unrestricted

Summary: This is the second Kent Carers Annual Report. Its aim is to report the collaborative development of support provided to Carers across Kent since last years report.

Introduction

1. (1) This second year report (Appendix 1) provides a update of the picture of the support provided for Carers in Kent, and shows the combined contribution by the voluntary sector, Kent Adult Social Services, the NHS in Kent, private and the independent sector and Children's Social Services. The first Kent Carers Annual Report was presented to the Adult Social Services Policy Overview Committee in April 2009.

(2) The Carers Advisory Group, whose membership is drawn from key partners involved in the support of carers across Kent, discussed the contents of the draft Annual Report 2009/10 at its meeting on 22 June 2010. The Advisory Group continues to have a central role in the implementation of the Multi Agency Kent Adult Carers Strategy which was launched in 2009.

(3) The purpose of this report is to present the draft Kent Carers Annual Report 2009/10 to the Policy Overview and Scrutiny Committee. The Kent Carers Annual Report 2009/10 informs the Committee about the carers policy and support landscape that has shaped the work that Kent Adult Social Services has undertaken in partnership with the various organisations to support both adult and young carers in the county. It sets out the national policy drivers and key performance measures. It captures in one place information about all carer-related activity.

Policy and Strategy Context

2. (1) The following key policies were introduced in the report provided to the committee for 2008/09 and remain unchanged from last years report:

- The White Paper 'Our Health, Our Care, Our Say' 2006.
- The transformation of adult social care concordat, 'Putting People First' 2007
- The National Carers Strategy 2008 'Carers at the heart of 21st Century families and communities'
- Kent Adult Social Services 'Active Lives' 2007-2016

- The End of Life Care Strategy 2008
- The National Dementia Strategy 2009 “Living well with dementia: A National Dementia Strategy”

(2) Some of the notable key policies for 2009/10 include:

- Coalition Government Programme.
In common with other parts of the country we expect that new Coalition Government’s programme will influence how carers will be supported. The Queens Speech gave a flavour of what we can expect over the next 18 months but, as yet, we do not have all the information to work out the full implications for carers. This, no doubt will be taking forward in the course of the year.
- Carers Credit April 2010. This means that carers can have gaps in their NI record for some years and not get a reduced basic State Pension as a result.
- ‘Active Lives Now’ Strategy - sets out the Kent Adult Social Services priorities for the next three years , we worked with the public and partners to re-look at ‘Active Lives’.
- Guidance on Eligibility Criteria, Adult Social Care England 2010. The Guidance has been revised in order to reflect increased focus on personalisation and prevention as set out in Putting People First.
- Kent Adult Carers Strategy was published in July 2009 with the key aims of:
 - Information, Advise and Guidance for Carers
 - Access to integrated and personalised services for Carers
 - Carers having a life of their own
 - Carers not forced into financial hardship
 - Carers staying mentally and physically well

(3) Recent Engagement Events

- Carers and Personalisation event 1 April 2010 with tabletop discussions. The top three issues identified by Carers from each table are attached as Appendix 2.
- National Carers Week 14 June 2010. Partnership events included:
 - A Mobile Gateway Road Show. The six main Carers Organisations in Kent were offered the Mobile Gateway for one day, free of charge, to promote services in their area. Three of the organisations took up the offer and teamed up with Alzheimer’s Organisations, Education and Local District Councils in Folkestone, Swanley, Wye and Snodland.
 - West Kent KASS hosted a BME Summit in Maidstone which included a Carers Workshop.

Content and Format

3. (1) Members are asked to consider the content and format of the report, to make suggestions and comment to improve and further develop the report.

(2) The key areas of development for Kent Carers in 2009-2010 are:

- Implementation of Caring with Confidence
- West Kent Carers Strategy Demonstrator site
- Support for Deaf Carers Project
- Kent Dementiaweb and 24 Hour telephone support line
- Dementia care/crisis support service
- Access to Diagnosis and Support in BME Communities
- Support groups for friends and family members offering support to people who misuse substances
- Development of the Kent Adult Carers Strategy implementation groups
- Development of the Carers Joint Commissioning Group
- Publication of the 2008 Carers Survey
- Carers Evaluation of Services
- Implementation of the Carers Joint Needs Assessment
- Carers' Personal Health Budget East Kent Pilot
- Carer awareness training for professionals
- Development of the KASS Carers Assessment Policy
- Job Centre Plus Carers Employment Services

(3) Examples of the difference Carers Services have made to Carers:

- Kent Carers Emergency Card was recently used when a Maidstone Carer became ill and was taken to hospital. The card identified that he cared for his wife and his wife was found immediate respite care.
- Quotes from Carers attending the Carer Substance Misuse Support Group:

"This group helps you to think about yourself and take care of yourself, I haven't thought about me for years".

"I feel I have support from people with similar experiences".

"The group doesn't judge, I enjoy that".

- Examples of short breaks and Carers having a life of their own as a result of the Carers Assessment Policy:
 - A Carer was able to pursue their interest in photography when he financed a photography course through the Carers one-off Direct Payment.
 - A Carer who was unable to leave the property due to caring responsibilities use the Carer one-off Payment to purchase a laptop for internet shopping.
 - A Carer providing 24 hour supervision used the Carers one-off Payment to finance a trip to visit his grandson and watch him graduate.

(4) NHS Support for Carers 2010/2011

- NHS Eastern and Coastal Kent have identified over one million pounds in their operating plan 2010/2011 and will work in partnership to ensure that the PCT additional resources compliment and build on the existing support provided to Carers.
- NHS West Kent will continue to build on the investment made to support carers in 2009/10 (which was nearly one million pounds). As outlined in their operating plan 2010/11, support for carers for people with dementia will particularly continue to be developed and a priority focus will be to ensure carers are more effectively identified and supported in primary and acute health care.

Conclusion

4. (1) Supporting carers in their role is a high priority as evidenced by the account in this year's Kent Carers Annual Report. Clearly this demonstrates the degree of collaborative working between statutory and non-statutory partners. We will continue to development responsive service and report to the Committee next year.

Recommendation

5. (1) Members of the Policy Overview and Scrutiny Committee are asked to:
- a) NOTE and COMMENT on the contents of the attached Kent Carers Annual Report, and
 - b) ENDORSE the Kent Carers Annual Report subject to changes put forward by the Committee.

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Appendices:

Appendix 1 - Carers Annual Report

Appendix 2 - Issues identified by Carers at the Carers and Personalisation event
1 April 2010

Background Documents:

Kent Adult Carers Strategy

<https://shareweb.kent.gov.uk/Documents/adult-Social-Services/carers/kent-carers-strategy-2008-2009.pdf>

Kent Adult Carers Annual Report 2008/2009.

<https://shareweb.kent.gov.uk/Documents/adult-Social-Services/carers/CarersReport.2008-2009.pdf>

Kent Adult Social Services Active Lives

[http://knet2/directorates/adult-services/strategies-and-plans/active-lives/Final%20draft%20-%20Feb%2007%20\(2\).pdf](http://knet2/directorates/adult-services/strategies-and-plans/active-lives/Final%20draft%20-%20Feb%2007%20(2).pdf)

Living well with Dementia: a National Dementia Strategy

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094058

Carers at the heart of 21st century families and communities, a caring system on your side and a life of your own: A National Carers Strategy

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085345

National End of Life Care Strategy – promoting high quality care for all adults at the end of life

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086277

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Kent Carers Annual Report 2009/2010

DRAFT

A Partnership Report

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Introduction

This is the second Kent Carers Annual Report. Its aim is to report the collaborative development of support provided to Carers across Kent since last years report.

Caring touches all our lives and at some point most of us will either give or receive care and support. Many people do not see themselves as Carers: they are mums or dads, husbands, wives, partners, brothers, sisters, friends and neighbors. Carers are not a separate or distinct group. People from all walks of life, ages, ethnicities and backgrounds are Carers.

Kent Adult Social Services approach towards Carers along with their partners in Health, voluntary and third sector services is based on the understanding that Carers are the main providers of community care and support, and they should be supported in their role. The costs and special value of the care they provide, which includes personal and emotional support, treatment and 24-hour supervision could never be replaced by health and community care services. We can not underestimate Carers' contribution to society, if Carers were to give up providing the care and support they offer it would be like the whole of the NHS in England disappearing.

Kent Adult Social Services role is to ensure that Carers are supported and have access to timely information, support to care which can include short breaks, practical assistance, and emotional support and help to maintain their own health. We have a role in ensuring that their voices are heard and that they are treated as partners in care. Much of our work with Carers is delivered through numerous partnerships and some through grants, service agreements and contracts with the voluntary and independent sector.

Section 1 The National Scene

1.1 National Scene Carers' Population

According to the 2001 Census there are 1.2 million people in the United Kingdom who care for others on a full-time basis and a further 4.8 million who care for others part-time. A 2007 report by the Leeds University entitled 'Valuing Carers, calculating the value of unpaid' showed that carers save the state £87 billion a year. This is an increase of £30 billion on the last figure of £57 billion, which Carers UK published in 2002. Therefore the value of their care is greater than the annual budget for the NHS which was £82 billion in 2006/7.

Carers are no different to anyone else. One in eight of us will become a Carer at some point in our lives, and this figure is growing all the time as the population ages. Every year, over two million people become Carers; about 42% are men with women representing 58%. Carers are not a static group, according to the National Carers' Strategy 2008 'Carers at the heart of the 21st Century' every day approximately 6,000 people take on new caring roles. This presents a real challenge for all services to provide information, advice and guidance to support those new to caring and inform them of their rights and the services and support that is available to them.

The types of care people provide are diverse. Many people take on multiple caring roles, for example, caring for ageing parents and disabled children. Increasing numbers of pensioners also now care for their partners and their grandchildren.

There are about three million Carers (one in seven of the working population) who juggle part or full-time work with looking after someone; many are in the prime of their working lives. The real difference between Carers and non-Carers in this respect is that when Carers return home from their employment, they must begin their other work of looking after someone. Because of the intensity of their role it is impossible for some Carers to combine their caring role with paid employment and they have to fall out of the job market. On average Carers retire eight years early and are therefore disadvantaged in two ways, missing out on years of income and pension generation.

There are also an estimated 175,000 young Carers in Britain. These are young people under 16 who have taken on the responsibility to care for disabled parents and siblings.

1.2 National Carers' Strategy

The National Carers' Strategy published in June 2008 set out a ten-year vision, which sets out a shared responsibility between central and local government, the NHS, third sector, families and communities.

1.3 National Dementia Strategy

The Department of Health published the “Living well with dementia: A National Dementia Strategy” on 3rd February 2009.

1.4 End of Life Care Strategy

The Government published the End of Life Care Strategy in 2008, promoting high quality care for all adults at the end of life, the first for the UK and covering adults in England. Its aim is to provide people approaching the end of life with more choice about where they would like to live and die.

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Section 2 The Local Scene

2.1 Kent Carer's population

Based on the 2008 Mid Year Population Estimates which is the latest government dataset there is now an estimated 139,500 Carers in Kent.

The breakdown of Carers in Kent by Age based on the 2008 Mid Year Population Estimates is set out in the diagram below.

Pie Graph to be inserted in Final Print

The estimated health of Carers in Kent is illustrated in the diagram below.

Pie Graph to be inserted in Final Print

2.2 Update of KCC Towards 2010

Towards 2010 is Kent County Council's strategic medium term plan, it sets out the commitment to deliver targets in seven key areas over the next four years.

The follow on from Towards 2010 is currently being updated in the light of the successes made to date, the council's current position and the likely actions of the new government. This is likely to be more thematic rather than about specific targets and should be published shortly.

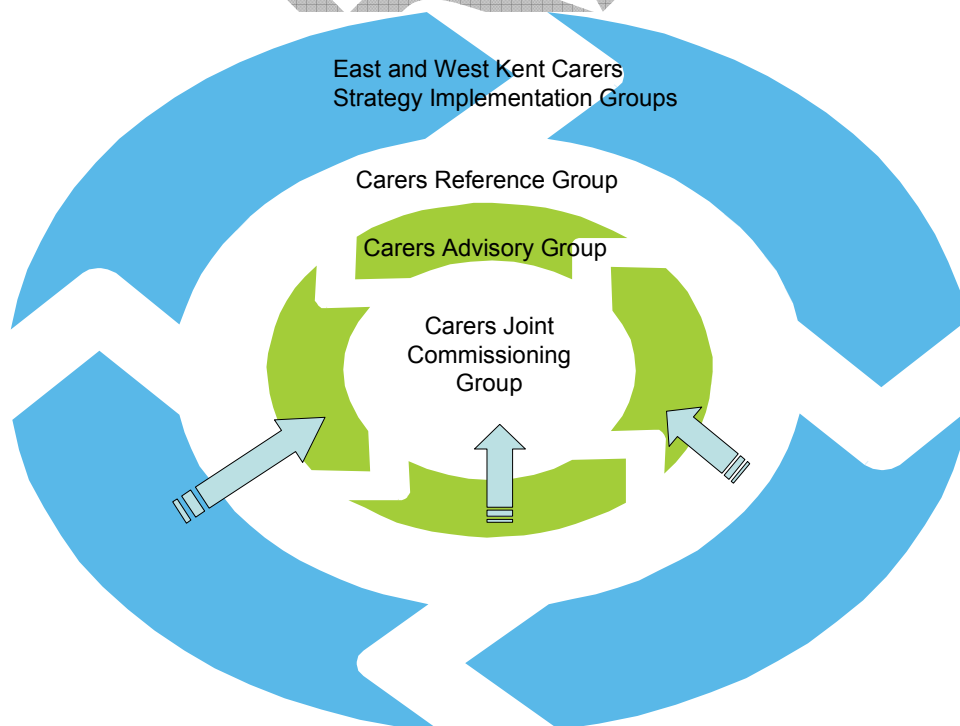
There is currently a whole chapter in Towards 2010 called Improved Health Care & Wellbeing. Within the chapter there is a specific target related to carers.

2010 Target 53; Strengthen the support provided to people caring for relatives and friends

The inclusion of this target has been welcomed; the twice yearly monitoring of the action plan along with the key messages received through carers in the 2008 Kent Carers Survey have helped push forward much of the current carers related activities and raise the profile of carers issues within Kent County Council.

2.3 Kent Model of Carers Commissioning.

The model of Carers Commissioning diagrammed below sets out the structure of the partnerships between Carers groups in Kent and their interaction with each other. This informs the Joint Carers Commissioning Group of which Carers services are required.



2.4 Carers Advisory Group

The joint working and development of ideas that make positive contribution to the lives of Kent's Carers is essential now and in the future. To oversee the strategic development of the support offered to Carers in Kent a long-standing Carers Advisory Group (CAG) has been established. One of the first tasks of this group was to develop the Kent Adult Carers Strategy.

The Carers Advisory Group, which is facilitated by Kent Adult Social Services, includes representatives from all key partners involved in the support of Carers across Kent. Membership includes policy makers and commissioners from Kent Adult Social Services, Children, Families and Education, Mental Health Commissioners, Carers' Support Organisations, the local NHS for West Kent and Eastern and Coastal Kent, the Jobcentre Plus (JCP), other statutory and voluntary partners. The role of the group is to focus on partnerships and joint working to develop a locally agreed response to current and future Carers needs. The group's work informs the planning and commissioning of services for adult carers across Kent.

The group's broad aims are:

- To ensure implementation of the Kent Adult Carers Strategy
- To represent the voice of Carers and maintain awareness of Carers needs and issues.
- To seek the appropriate involvement and contribution of Carers support organisations in the decision making processes and input into strategy and policy development.
- To contribute to identifying priorities and inform the commissioning of new services.
- To be kept informed of progress including the personalisation agenda and other practice and policy initiatives relevant to Carers.

In the last year the Carers Advisory Group has received a presentation from the University of Kent on their research studying 'the employment needs of Carers' this has informed support and partnership between CAG and the JCP.

The Carers Advisory Group has also commissioned an evaluation of Carers' services across Kent and a Carers Joint Needs Assessment. These two documents, along with the 2009 Carers Survey, will help inform commissioners on what to commission and how to develop future services for Carers.

2.5 Carers Reference Group

A Carers Reference Group has been established to support and inform the Carers Advisory Group. The membership of this group is open and it is made up of Carers from across Kent. A member of the Carers Reference Group sits on the Carers Advisory Group to ensure the needs and wishes of Carers are represented and discussed.

If you are a Carer and would like to join the Carers reference group please call Kent Adult Social Services on 01622 221460 or alternatively send an email to kentcarers@kent.gov.uk

2.6 Kent Adult Carers Strategy Implementation Groups

There are East and West Kent Implementation Groups to drive forward the implementation of the Kent Adult Carers Strategy at a local level. The Groups consist of a Head of Service in each area with a responsibility for leading on Carer support at an operational level in Kent Adult Social Services, Local Carer support organisations, Kent Drug and Alcohol Addiction Team, Job Centre Plus, NHS Eastern and Coastal or NHS West Kent and Sensory Disability Team.

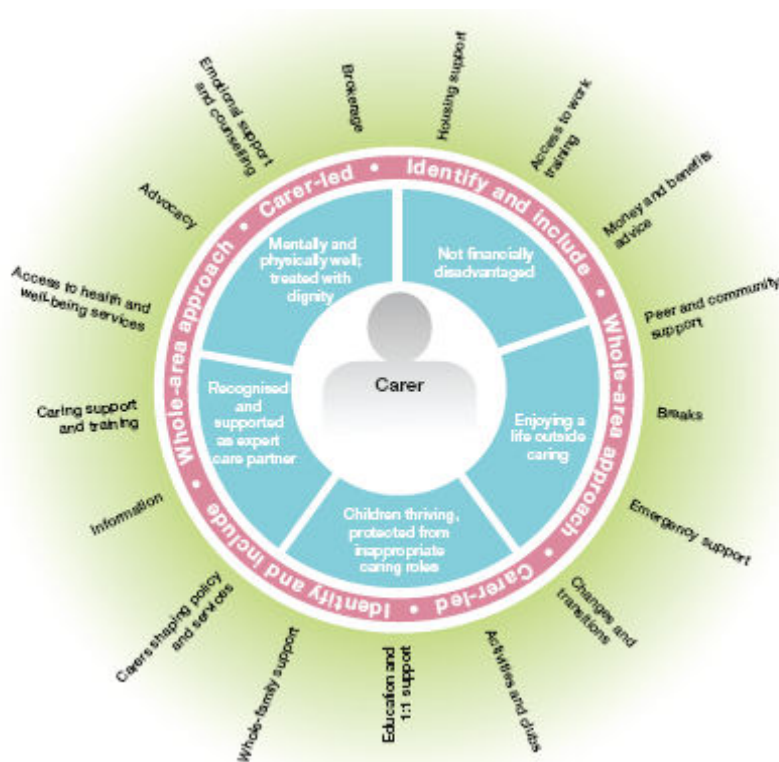
The aim of the group is to map current Carer support in the areas, identify gaps in service and to work in collaboration to identify service development.

A Carers needs assessment (under the overarching Adult Strategic Needs Assessment, JSNA), including a review of all Carer and respite/short break services is being conducted as part of the development the East and West Kent Implementation plans. We know that access to respite/short breaks especially for people with complex needs provides a lifeline for Carers and is often what enables them to continue in their caring role.

2.7 Carers Joint Commissioning Group

The Carers Joint Commissioning Group is a County Wide Group made up of key commissioners in health and social care, contracting departments, policy and Heads of Service leading the Kent Adult Carer Strategy Implementation Groups.

The aim of the group is to listen to Carers needs informed by the Carer Advisory Group, the Carer reference group and the Kent Adult Carers Strategy Implementation Groups and in partnership develop the requirements of Carers support services and commission those services to support Carers across the county. The group follows a Carer led model of support for Carers (Below) as recommended by the Association of Directors of Adult Social Services and partners, in a multi agency document 'Commissioning for Carers' 2009 based on a standard of world class commissioning for Carers.



2.8 Supporting Carers' Implementation Group

The Supporting Carers Implementation Group (SCIG) is a countywide group formed to focus specifically on the needs of Carers of people with learning disabilities. The major role from the group has been to increase Carer involvement in learning disability planning and strategy groups; the Partnership Board, the District Partnership Groups and local Implementation Groups and to have input into shaping Carers support services

The group developed a training programme for family Carers using a phased approach to encourage greater Carer participation. The programme of up to six-weeks of courses covers all aspects of care, including topics such as working with your care manager, person centered planning. Courses have successfully run in Ashford, Swale, Dover Tonbridge and Dartford. A total of 64 Carers have participated over 2 years. As a next stage, SCIG has worked with the Foundation for Learning Disabilities to determine the programme content for a future programme for which the Foundation had been commissioned. SCIG members gave their input and helped facilitate engagement with local carer services. Presently, Carers services in some areas are assisting the hosting/ facilitating of local events.

To further encourage local involvement with Carers and their families, Carer services were given the opportunity to receive a small amount of funding (£2400 in total) to run events with their local District Partnership Groups.

Successful applications recently awarded support events planned in Dover, Thanet, Maidstone, Tonbridge & Malling and Tunbridge Wells.

SCIG hold an annual Carers workshop, This year the Annual Workshop featured the topic of Health and was run jointly with the Good Health Group. The workshop proved highly successful and included participation of NHS West Kent and NHS Eastern & Coastal Kent, featuring initiatives in both East & West Kent. The workshop was evaluated by those attending and discussed at the groups subsequent meeting with action points agreed to input into the planning of future workshops.

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SECTION 3 Developments since the last Annual Report

3.1 Kent Adult Carers Strategy

The multi-agency Kent Adult Carers' Strategy was launched on 2nd July 2009. The Kent Adult Carers Strategy sets out the vision we plan to take forward working in partnerships across Kent. It builds on the progress established via Carers Grant funding and uses the framework set out in the National Carers' Strategy.

In Kent, we have committed to deliver the national strategy in five instead of the suggested ten years. This sets us a tough, but we think achievable, target that requires multiple levels and types of partnership working and co-operation across health social care and the private and voluntary sector.

NHS West Kent and NHS Eastern and Coastal Kent were a full partner in the development of the Kent wide strategy and now work is progressing in partnership with Kent Adult Social Services and voluntary sector partners to develop East and West Kent implementation plans. This involves forging new partnerships with employers, education establishments and Jobcentre Plus, also sustaining current partnerships with Carers' and Carers Organisations.

The Strategy's main areas of delivery are:

- Improving Information Advise and Guidance
- Access to integrated and personalised services
- Carers having a life of their own
- Carers not being forced into financial hardship
- Helping Carers to stay mentally and physically well

3.2 Carers Survey

Kent Adult Social Services in conjunction with voluntary sector partners and the Personal Social Services Research Unit (PSSRU), University of Kent carried out a research study and developed a quality of life survey for Carers. The survey focused upon exploring the key aspects of quality and outcomes that are important to Carers who are in receipt of services. The survey was sent out in August 2008 to 4700 Carers across Kent, 1500 identified from Carers' assessments completed by KASS and 3200 from 19 partner organisations who work with Carers in the voluntary sector. We had a 40% return rate which is very high considering the target audience.

The survey report was endorsed in December 2009 by the Kent Adult Social Services Strategic Management Team. The report was also shared with partners In Health, the voluntary sector and commissioners. A summery of the key findings of report can be read as appendix 1. Due to the size of the full

report we have made it available as a separate document on www.kent.gov.uk/carers.

Kent Adult Social Services have committed to repeat the Carers Survey on a regular basis. The analysis of the 2009 Carers Survey is in progress and is due to be published shortly.

3.3 Carers Services Evaluation

In order to deliver the Kent Carers Strategy commissioning organisations commissioned independent consultants to undertake evaluation of the KASS Carers grant money. The study had the following overarching aims:

- Produce description of the services required by Carers, which may or may not be currently provided and can be used as the basis for future service commissioning.
- Identify possible areas for future investment in the voluntary sector.

The final report will inform commissioners on the commissioning and development of future services for carers. The key messages for commissioners from the evaluation report are set out in appendix 2.

3.4 Carers Needs Assessment

A Carers needs assessment has been commissioned on behalf of the Kent County Council (KCC) and both Kent's PCT's arising from the overarching Adult Joint Strategic Needs Assessment work. This needs assessment attempts to look at the Kent population of Carers, the impact caring has on people's lives and health, where services are meeting Carers needs and how services could be improved in the future. This assessment is currently work in progress.

3.5 Carers' Assessment Policy

The launch of the revised Carers' Assessment Policy in April 2009 provides the opportunity to further raise the profile of Carers within Kent Adult Social Services. The policy was promoted in operational team meetings to reinforce the policy implementation and further clarify duties and responsibilities towards Carers. The aim of the policy is to create a far more consistent approach to the assessment and support offered to Carers. The policy clarifies Kent Adult Social Services position in regards to direct payments for Carers and introduces the new Carers grant, one off payments both of which are instrumental in delivering greater levels of personalisation choice and control for Carers. As a result of the new policy 204 Carers Assessment have taken place and over £20,000 paid directly to Carers across the county for short breaks since April 2009.

In conjunction to developing the policy it has been agreed to trial the outsourcing of Carers' assessments to Carers' support organisations. Pilots are being undertaken in South West Kent via Carers First and in Dover and Thanet via Carers' Support Dover District & Thanet Carers'. Assessments will be undertaken as a delegated duty of Kent Adult Social Services and the pilots are planned to continue until March 2011 with evaluation on completion.

Some examples of short breaks and Carers having a life of their own as a result of the Carers Assessment Policy:

A Carer was able to pursue their interest in photography when he financed a photography course through the Carers one-off Direct Payment.

A Carer who was unable to leave the property due to caring responsibilities used the Carer one-off Payment to purchase a laptop for internet shopping.
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A Carer providing 24 hour supervision used the Carers one-off Payment to finance a trip to visit his grandson and watch him graduate
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3.6 Carers' Personal Health Budget East Kent Pilot

The development of Personalisation across Social Care enables Carers' greater levels of flexibility in the choice of the type of services and support they receive. The Department of Health is currently pursuing the use of personal budgets within the NHS. NHS Eastern and Coastal Kent have been successful in a bid to be a pilot site for personal health budgets. They have identified Carers as a priority area for the pilot in 2010. Although Carers will not be evaluated in the national pilot due to too few sites introducing Carers Personal Health Budgets, Kent will complete a local Carers Personal Health Budget Evaluation. The initial pilot will include Personal Health Budgets for 20 Carers.

3.7 Carer Awareness Training for Professionals

Kent and Medway Authorities and their partners in health and the voluntary sector have secured £37,500 from the Department of Health to assist with the delivery of Carers Awareness (including Young Carers) training for Professionals in health and social care. The Department of Health has worked in conjunction with the Princes Royal Trust to produce a standard training toolkit for trainers. Kent and Medway have set up a steering group to map current activity across the county on the delivery of Carers Awareness Training to Professionals and are intending to build upon this to deliver the toolkit. It is anticipated that approximately 500 professionals per annum will be trained in Carer Awareness.

3.8 Caring with Confidence

Caring with Confidence is a knowledge and skills based learning programme provided free for Carers across the county. Caring with Confidence aims to

help Carers make a positive difference to their confidence and skills, their quality of life, and that of the person they care for.

Led and managed by the community based charity, North West Kent Carers Support Service and supported by Kent Adult Social Services, nine Carers organisations across Kent and Medway formed a consortium and won the competitive tender to develop and deliver this valuable programme. Nationally, the ownership and responsibility for the programme lies with the Expert Patient Programme Community Interest Company (EPPCIC).

563 three hour Carers sessions were delivered between October 2009 and March 2010. At least 580 further Carers sessions are planned for delivery between April and June 2010 by which time several hundred Carers will have benefited from the program. Delivery of Caring with Confidence is initially centered on Ashford, Dartford, Dover, Gravesend, Maidstone, Medway, Swale, Swanley and Tonbridge/Tonbridge Wells.

Carers can mix and match how they further develop their knowledge and skills by taking part in one or more free local group sessions. Carers can use self-study workbooks or access online sessions.

Caring with Confidence consists of seven 3 hour sessions:

- Finding your Way
- Caring and Coping
- Caring and Me
- Caring Day to Day
- Caring and Resources
- Caring and Life
- Caring and Communicating

Delivery of the course began in October 2009 and will continue until the end of March 2011. The number of Carers that have attended the course will be available for the 2010-2011 annual report.

For more information or enquiries about the Caring with Confidence programme across Kent, please call Helen Appleton on 01474 369159 and look at www.caringwithconfidence.net

3.9 Support for Deaf Carers

The Royal Association for Deaf people [RAD] is working in partnership with Kent Adult Social Services to deliver a year long project working with Deaf Carers. The intended overall outcomes of the service are:

- To improve the physical and mental health of deaf Carers.
- To improve the quality of life for d/Deaf and Deafblind people by enabling them to have better access to information, social and leisure activities, community services and employment.

- To enable service users to have increased control, choice and independence.
- To improve the well being of families and Carers.

The project will do this by:

- Providing accessible information to d/Deaf people about what being a Carer means.
- Provide accessible information about Carers provision so that workers can support d/Deaf Carers.
- Provide accessible information to Carers organisations to enable Deaf Awareness and improved access for d/Deaf people.
- Work with individuals to identify their needs and provide initial advice and support to Carers.
- Provide in depth support work with d/Deaf Carers to support Carers' assessments and identify and enable relevant support services.

3.10 Better Support For Carers in the NHS

NHS West Kent was successful in becoming a Carers' Strategy Demonstrator Site to offer better support for Carers in West Kent. The overall purpose of this project is to pilot a model to raise awareness of Carers' needs across West Kent. Develop a range of strategies to improve Carers' experiences of accessing and using their local NHS Services, working in partnership with Local Authorities and the voluntary sector.

Scoping across West Kent has been undertaken to establish what is presently available within Primary Care. This has identified areas the Demonstrator Site will be developing.

Working in partnership with local Carer organisations, six Carer Support Workers have been appointed in three practices, working in and with primary and secondary care. They are also working with health care professionals to

- Raise awareness of Carers' needs and design systems for identifying carers
- Establish annual Health Checks for Carers and follow up reviews
- Support the setting up and organising of health appointments for Carers
- Support Carers in more active involvement in discussions and decisions when the person they care for is discharged from hospital
- Provide targeted outreach, which prioritises Carers of people at risk of hospital admission and vulnerable Carers
- Support carers with health education and advice. This will include advice around the health and wellbeing initiatives operating within the three localities and West Kent
- Tailor support for BME Carers (particularly in Gravesham) whose first language is not English, for young Carers and for Carers with special needs

- Liaise with social services to organise a Carer's Assessment, if appropriate
- Refer Carers to a range of organisations within the relevant locality in West Kent and signposting to local and national organisations as appropriate
- Complete a baseline assessment of GP protocols around supporting Carers and provide a practical signposting tool for GP practices
- They are also working with health care professionals to enable Carers to be identified; offering information, guidance and support to Carers, referring to other organisations and initiating health checks for Carers by the GP practices.

The other key component of the pilot is the design and production of training packages and materials for health care staff to raise their awareness and build skills for sustainable support for Carers in West Kent. These materials are currently being developed.

An important part of the model is the evaluation and sharing of good practice to be transferred into a business case for further development of services.

A designated Carers service based at Coxheath Centre, funded by the NHS, is currently staffed by a senior community nurse with expertise in the moving and handling of people. It works to improve the health of Carers and reduce the risks associated with moving and handling to which they are exposed. The service liaises with hospital therapists and discharge planners in complex cases where Carers require the skills to manage the cared for's moving and handling requirements at home. Teaching is based upon a complex risk assessment of needs within the context of the environment.

3.11 Joint Commissioning Manager for Dementia Services NHS West Kent and Kent Adult Social Services

A joint commissioning role was created in April 2009 across KASS and NHS West Kent. One of the first roles of the joint commissioner was to develop the West Kent Dementia Strategy. The strategy clearly articulates the approach to dementia care that will be taken forward in West Kent, ensuring '*dementia is everyone's business*'. The strategy's aim is to ensure that services are proactive, integrated and designed to support people with dementia and wherever possible avoid crisis situations. A key theme of the strategy is improving support for Carers.

3.12 DementiaWeb and 24 hour Helpline

The website and helpline will be the cornerstone of our approach to improving the advice information and guidance available to people with dementia and their Carers. As well as containing useful information about dementia the website will also contain a constantly updated directory of local resources. The 24 hour helpline will compliment the website ensuring those without web access can benefit from the information on the website. The helpline will also provide a supportive and informed listening ear to those who wish to discuss

any worries or concerns. The website and helpline was launched countywide in May 2010.

3.13 Peer Support and Dementia Cafes

Kent was successful in bidding to become a Department of Health Demonstrator Site to develop and evaluate models of peer support for people with dementia and their Carers. The Demonstrator Project has enabled a new peer support groups to be established in the Maidstone, Ashford and Shepway areas and in the new financial year there will be another peer support group in the Malling area. These peer support groups are designed to support people post diagnosis and enable them to meet with others in a similar situation, to discuss their diagnosis and offer mutual support.

The Department of Health peer support demonstrator will also fund two Dementia Cafes in West Kent, one in the Maidstone locality and one in Sevenoaks and two in East Kent, one in Ashford and one in another area, yet to be identified. Dementia Cafes are structured drop in sessions where people with dementia and their Carers can meet with their peers, discuss issues that are important to them and have access to professionals and receive support, advice, information and guidance.

3.14 Dementia/Care Crisis Support Service

NHS West Kent has commissioned a new service aimed to prevent the breakdown of caring situation that normally led to people with dementia being admitted to hospitals or to care homes. The service is designed to enable individuals to remain in their own homes with appropriate support, including night sitting where necessary. It is a short term service up to but usually less than six weeks designed to support the person with dementia and their Carer through a crisis period.

The service has been commissioned from the private and voluntary sector and it will be operational from April 2010. It will be a person-centred quick response crisis service using trained and experienced care workers, who will be mobilised quickly and will be able to stay with the person with dementia and their Carer until a full assessment of their needs can be made. The hope is that this will enable better planning, avoid unnecessary admissions and enable crisis situation to be better managed.

There is a provider per West Kent locality, contact details are;

- Dartford, Gravesham & Swanley – Community Lifeline on 01474 709000
- Maidstone and Malling – Meritum on 01622 618608
- Tonbridge, Tunbridge Wells and Sevenoaks – Crossroads (In Partnership with the Alzheimer's Society and Carers FIRST) on 01622 816320

3.15 Improving Access to Diagnosis and Support in BME Communities

The successful pilot for BME community development work in Dartford and Gravesham has been continued. The project is designed to encourage people from BME communities to understand what dementia is, to recognise the signs and symptoms, to seek diagnosis and engage with support services. The project worker now works across all three West Kent Localities; the community development worker is hosted in the voluntary sector and works out of Alzheimer's and Dementia Support Services Peer Support and Dementia Cafes

Kent was successful in bidding to become a Department of Health Demonstrator Site to develop and evaluate models of peer support for people with dementia and their carers. The Demonstrator Project has enabled a new peer support group to be established in the Maidstone area and in the new financial year there will be another peer support group in the Malling area. These peer support groups are designed to support people post diagnosis and enable them to meet with others in a similar situation, to discuss their diagnosis and offer mutual support.

3.16 Independent Dementia Advocacy

Advocacy services were indicated as an area for development. A recommendation for the provision of independent dementia advocacy was highlighted in a recent Care Quality Commission inspection of Kent & Medway Partnership Trust's Jasmine Ward. A review of all older person advocacy in West Kent was undertaken. The lack of independent dementia advocacy was highlighted and as a consequence the contract for a new service will shortly go out to tender. Initially this will be a one year project funded for £50k by Kent Adult Social Services.

3.17 Admiral Nurses

There are now six Admiral Nurses in NHS Eastern and Coastal Kent these are mental health nurses who specialise in working with family Carers and people with dementia, in the community and other settings. Working collaboratively with other professionals, Admiral Nurses seek to improve the quality of life for people with dementia and their Carers. They use a range of interventions that help people live positively with the condition and develop skills to improve communication and maintain relationships. They also provide information on other services which are available to support the person with dementia and their families. The service is delivered in partnership with the charity, Dementia UK who developed the core competencies for Admiral Nurses.

Using reinvestment funds following the closure of some Kent & Medway Partnership Trust inpatient beds, the West Kent Admiral Nurses (AN) have been increased from 5 (4 FTE) to 8 (6 FTE) Admiral Nurses role together with 1.8 additional community psychiatric nurses to improve support for Carers and to work across primary care and domiciliary and residential care. One post has not been appointed to as there have been difficulties recruiting to the

Sevenoaks post, it was recently re-advertised for the third time and again they were unsuccessful in recruiting.

Three of the new AN posts have been earmarked to support GPs develop a more effective primary care pathway, including ensuring that referrals to memory services are appropriate, and conducting more straightforward diagnoses in primary care settings. A full review of the AN service in West Kent has just begun the objective is to ensure that AN are working to a consistent model and their work compliments, and works with, other services to add the most value to people with dementia and their Carers.

3.18 Support for people with Dementia services

NHS Eastern and Coastal Kent have been able to support the provision of short break respite care to families in Thanet, Canterbury and Swale, this service is provided through Crossroads East Kent , In addition NHS Eastern and Coastal Kent have continued to support funding for Macmillan Cancer Nurses again through Crossroads East Kent .

3.19 Carers Health Checks

In preparation for further work in support of the Kent Adult Carers strategy , A pilot study through Ashford Carers Support was initiated which focused on establishing a model of care for a Carer Liaison worker & health care worker, Health checks were carried out on the Carers which identified various health issues, advising Carers on lifestyle issues, and how to prevent risk of injury within their caring role. The Liaison worker explained what services are available to carers and signposted to associated support and services.

During the length of the trial the service was able to offer support 268 Carers and in addition helped to identify a further 39 new Carers.

3.20 Carers Support Centre

Financial Support from NHS Eastern and Coastal Kent helped to provide advocacy and counseling services by establishing a Carers centre contact point in Dover, over 6,000 conversations were recorded over the year. In addition funding was also used to provide a liaison worker to facilitate conversations between Carers, Carers organizations and General Practitioners in the Dover area.

3.21 Home Treatment Service

A Home Treatment service has been established in East Kent. The service works with people with dementia and their Carers to help manage complex transitions, e.g. from home to a care home or to provide support where breakdown in a care situation is imminent. If this is in a home situation the service will also help to support Carers through this difficult time and identify and deliver interventions to maintain the current care situation where possible.

3.22 East Kent NHS Strategy for Older People with Mental Health Needs

A revised strategy for older people with mental health needs has recently been developed. This acknowledges the role of Carers in supporting people with dementia and other mental health issues and recognises the importance of ensuring that the needs of this particular group of Carers are met appropriately.

3.23 Quality in Care Project

NHS West Kent, Kent & Medway Partnership Trust and Kent Adult Social Services are partners in a new project designed to raise the quality of care in all care homes. One third of people with dementia live in care homes and two thirds of care home beds are occupied by people with dementia. This means that dementia is a pressing issue for the care home sector and that entry to long term care for many people with dementia will be part of their care pathway. When it is necessary entering a care home must be a positive choice and Carers need to feel confident that their loved one will be well cared for. On March 25th 2010 a joint workshop was held to assist in developing more supportive models of care and Health & Social Care will work in partnership with care homes to improve the quality and life experience of all residents

3.24 Live Life to the Full in West Kent

NHS West Kent, Kent Adult Social Service along with Tunbridge Wells, Maidstone, Dartford and Tonbridge and Malling District and Borough Councils have worked in partnership to develop 'Live life to the full in West Kent' which is an informative booklet full of advice information and guidance. It is designed for the older people of West Kent and as well as giving useful tips about getting the most out of life it also list all local services that may be of interest and support for older people.

3.25 CareCall

West Kent CareCall, a service commissioned by NHS West Kent and established in April 2009 is a proactive telephone-based health coaching service for people with long term conditions. This benefits Carers through advice, information and signposting and by helping them to recognise and look after their own health needs. For example, advising and supporting a Carer whilst the person they cared for was being discharged from hospital; helping a Carer with the cared for person's medication; supporting the Carer in coming to terms with their caring role and signposting to Carers organisations.

3.26 Kent Drug and Alcohol Action Team

KDAAT has been working in partnership with Carers First since November 2009 to provide support groups to friends and family members offering support to people who misuse substances. A working group comprising

local substance misuse treatment providers and Carers First was set up. They also arranged a consultation event and local carers of substance misusers were invited to attend to tell us what support they needed.

As a result of this event a support group meets every Tuesday morning from 10am - 12.00 noon offering advice, information and advocacy. Also on offer are joint assessments, home visits, 1 to 1 emotional and practical support, guest speakers, activities and trips.

Currently there is ongoing individual support being provided to 6 different carers.

Average attendance to the groups is usually 5, the total number of Carers who have accessed is 11.

Quotes from Carers attending the group:

"This group helps you to think about yourself and take care of yourself, I haven't thought about me for years".

"I feel I have support from people with similar experiences".

"The group doesn't judge, I enjoy that".
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3.27 Parent Carers Support

Working with Swale Carers support, NHS Eastern and Coastal Kent funded the introduction of 2 part time posts to support parent Carers across the Swale area. The key workers provide support to over 120 parent Carers. The key workers also work on social education issues and facilitate Carer network groups.

In South West Kent Carers FIRST provided advice, information and advocacy support to 241 Parent Carers. The service included help with benefit applications, employment advice, referral to social services, Child and Adolescent Mental Health Services, Partnership with Parents, including advocacy, support for education meetings, reviews and schools liaison, emotional support, raising grants to support families, Autism & Aspergers Support Group and events and access to training & learning opportunities

3.28 Young Carers Support

Thanks to financial support from NHS Eastern and Coastal Kent, Ashford Carers Support services have been able to introduce a Schools Development worker (SDW); the SDW has been working in liaison with 12 local schools providing advocacy, signposting and support to Young Carers in the area. In addition the funding helped to provide some respite days for Young Carers including a first aid training day, summer BBQ and a camping trip

When Kent's Young Carers Strategy was launched in 2007 it was estimated that there were 2800 young Carers in the county. In 2008, there were 600 Young Carers across the county receiving support. This figure has more than

doubled with over 1200 Young Carers being supported across the county during 2009/10. This support, commissioned through the Local Children's Services Partnerships, includes:

- A range of social and recreational activities for Young Carers including residential weekend, weekly support groups, holiday and weekend activities;
- Activity in more than 130 schools to build awareness of Young Carers, develop capacity to deliver in school support and identify Young Carers;
- Tailored individual support for those Young Carers most in need.

Through home access to targeted groups funding 62 Young Carers and their families have been provided with a laptop and broadband access for two years. The allocation of laptops has been targeted at the most vulnerable Young Carers.

The Youth Capital and Youth Opportunities Fund (administered through the Communities Directorate) provides young people with the opportunity to take an active part in the commissioning process for the services that are designed to support them. Young people are trained as decision maker at a number of events, including residential courses. During this year, 25% of the decision makers who have been trained are Young Carers.

During this year three Young Carers have been supported to stand for election to the Kent Youth County Council. All three were successful and have achieved a position in the council.

Joint Policy and Protocols between CFE and KASS to meet the needs of Young Carers were developed last year. These protocols have been reviewed in light of the Memorandum of Model Practice and joint training for staff across CFE will be available during the autumn. Currently both Kent and Medway Primary Care Trust and KDAT are looking at adopting these protocols.

A Young Carers DVD produced with Young Carers in the county is being made available to all schools through the Healthy Schools Programme and will be incorporated into training for staff across all agencies.

Next Steps

For those Young Carers in greatest need of support CAF and Child in Need Assessment are appropriate routes to identify need and develop support. New and emerging government guidance is providing growing clarity as how the needs of Young Carers should be met in schools and family situations that do not meet the thresholds for statutory intervention.

Our consultation with Young Carers provides a positive overview of what has been achieved in the last 2 years. The document does, however, also provide a salutary reminder that some professionals remain hard to reach in the delivery of messages regarding the needs of Young Carers and that support for them, the person for whom they care and their family remain variable.

During the next year it will be important to consolidate the work that has already taken place to improve outcomes for Young Carers. Key to achieving this, within the restructured CFE, will be the mainstreaming of activity as well as responsibility for monitoring and review. Alongside this we must maintain a dialogue with our Young Carers, ensuring that the issues they have highlighted as most important to them continue to be the focus for improved delivery of services and support.

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Section 4 Support for Carers

4.1 Carers' Support Organisations

Within Kent there are six main generic Carers' support organisations, these are as follows:

- Carers First
- Carers' Support
- Carers' Support Dover District & Thanet
- Maidstone Carers Project
- North West Kent Carers Support Service
- Swale Carers Centre.

Each of these organisations covers a distinct area of Kent and provides a range of services and support to Carers, including advice, information and guidance, help with accessing services and support, benefit and income maximisation advice, befriending, one to one and peer support. These organisations have come together to promote and administer the Kent Carers' Emergency Card on behalf of Kent County Council.

4.2 Carers Short Break

Crossroads – Caring for Carers

Crossroads service is about giving time - improving the lives of carers by giving them a break from their caring responsibilities. Their aim is to provide a reliable, tailored service, for each Carer and the person they care for. There are two schemes in Kent:

- Crossroads Care East Kent
- Crossroads Care West Kent

Each scheme provides practical support where and when it is most needed which is usually at home. A trained Carer support worker will take over from the Carer to give them 'time to be themselves'. Support is geared to meet individual carers' needs

4.3 Volcare

Volcare is a Carers respite service that provides trained volunteers to spend from one day to two weeks in the cared for persons home. In the Canterbury and Thanet area Volcare supported in total 110 carers with 9000 hours of respite.

4.4 Carers First

Carers First short breaks service supported 85 families through providing 8,867 hours of respite to Carers of adults. The flexibility of the service continued to improve including more late evenings, overnights and weekend

breaks. During the second half of the year an enhanced service was provided to people caring for those with dementia to prevent admissions to hospitals or residential care. The capacity of the service is expanding to reduce waiting lists and provide more immediate access for those on self directed support and self funding.

To compliment the short breaks service Carers FIRST agreed to take over responsibility for the befriending service, previously provided by Sevenoaks Volunteer Bureau. The service now badged as "Brighter Days.

Through additional funding via "Aiming High" the number of families of children with disabilities receiving short breaks increased to 62 and the hours of support to 6,076 hours. The flexibility of breaks was again a major area of improvement and following consultations with the children and their families included more activity breaks. Increasingly, we seek to ensure through our breaks that children with disabilities can access the same opportunity of other children without disabilities.

Increased flexibility of short breaks has better allowed Carers to attend appointments, agree arrangements around working and to access training and education.

A priority for the service has been to allow the cared for, where possible, to remain in their own home for as long as possible. A feature of that has been to provide support to end of life of both adults and children.

4.5 Alzheimer's Society

Alzheimer's Society is a membership organisation, within Kent there are the following branches, which are of differing sizes and offer a range of support services;

- Ashford and Shepway Branch
- Canterbury and District Branch
- Maidstone & Rural Communities Branch
- West Kent Branch

Also within Kent we have two independent Alzheimer's and dementia support organisations:

- Alzheimer's and Dementia Support Services ADSS operating in Dartford Gravesham and Swanley Districts
- Alzheimer's and Dementia Family Support ADFS operating in the Swale District

Each of these organisations covers a distinct area of Kent and works to improve the quality of life of people affected by dementia and their family and Carers. They provide a range of services and support including advice, information and guidance, help with accessing services and support, benefit and income maximisation advice, befriending, one to one and peer support.

4.6 Mental Health Carers' Support Organisations

Mental Health, fund a carers' support group in each locality in Kent. These provide advice, support and information to Carers of people with functional mental health problems. This provides both one to one support and groups which meet regularly. Carers are also supported to participate in the decision-making meetings about the commissioning of mental health services, so that their views are heard and taken account of in planning services. A robust structure to ensure participation has been put in place in partnership with the Kent and Medway NHS and Social Care Partnership Trust.

Mental Health Commissioners are given 13% of the Carers' grant. In the year 2009/10 £387,000 was spent on carers' support projects commissioned through the following organisations;

Rethink - East Kent
Rethink Sahayak BME Carers
Swale Mindset Carers
Maidstone Carers Project
Carers First
Dartford Gravesham and Swanley Mind.

The community mental health team Carers' assessment workers, first piloted in West Kent, have now been extended to cover all of Kent. These workers ensure that all Carers of people with severe mental health problems are offered their own assessment of their needs and are sign posted to the support they need. Funding for 'Carers Breaks' has in the last year been implemented in all parts of Kent, the carers break funds are designed to give carers the choice of the type of break or support they require and can be used flexibly to provide breaks for Carers.

The Mental Health Matters help-line is now funded to for out of usual office hours from 5pm to 9am on weekdays and 24hrs weekends and holidays. The service is available to carers, to offer round the clock support and assistance if necessary as referrals can be made to the Crisis Resolution and Home Treatment Teams

4.7 The Local NHS Support for Carers

Very often a Carer's first point of contact with services is through primary care and the NHS therefore plays a key role in supporting Carers and sign posting them to appropriate services. The support and understanding of Carers' needs by GPs is variable. The new National Carers' Strategy recognises the importance of primary care and announces a range of NHS focused Carers' Demonstrator Sites:

- looking at how the NHS can better support Carers in their caring role through developing models of best practice and enabling more joined-up service provision between the NHS, local authorities and the third sector

- Improving the support offered by GPs for Carers, and the piloting of annual health checks for Carers.

As detailed under the 'Developments since the last annual report' section of this report, NHS West Kent were successful in becoming a National Carers Strategy Demonstrator Site.

Annual Carers' health checks will provide an excellent means of providing Carers and health professionals an opportunity to work in a preventative way to identify and deal with any emerging health problems the Carer may have. This will enable them to care whilst remaining in good health. It is highly cost effective for the NHS to support Carers who can support early discharge and prevent unnecessary readmission to hospitals. Carers also provide long-term care, often involving nursing tasks, frequently without any support from either the NHS, social services, other members of their family or the local community.

The 2009/10 NHS Operating Framework states that a key requirement is that Primary Care Trusts (PCT) should work with their local authority partners and publish joint plans on how their combined funding will support breaks for Carers, including short breaks, in a personalised way.

Representatives from both Kent PCTs now attend the Carers' Advisory Group and Carers Joint Commissioning Group, both were part of the working group that developed and wrote the Kent Adult Carers' Strategy. Both PCTs have committed to developing joint local implementation plans to deliver the Kent Adult Carers' Strategy.

4.8 Kent Adult Social Services Support for Carers

Kent Adult Social Services total allocation of Carers' Grant in 2009/10 was £4,663,300. An additional £1,165,700 was allocated to Children, Families and Education to meet the needs of Young Carers and parent Carers.

A proportion of the grant was top sliced for the Learning Disability Development Fund (LDDF), The Kent Carers' Emergency Card scheme, the Carers' Survey, the Evaluation of Carers Services, Carers one-off direct payments and to fund consultation events held during the year. £2,612,200 was put into area budgets to supplement what they spend of day care, respite and carers' short-break services. The remainder of the grant was allocated to Kent Drug and Alcohol Addiction Team £30,000, Sensory Disability Team £20,000 and Mental Health £387,000.

- **Carers' Short Breaks**

A short break is the new preferred term for respite care. Carers consistently tell us that providing short breaks from their caring role is one of the most important forms of support available to them. Carers are a diverse group of people with equally diverse needs therefore how we define short breaks must reflect this diversity.

Therefore, it is important that the definition of a short break is broad, flexible and reflects the importance of a break from the caring role as being a positive and beneficial experience for both the Carer and the person they care for. Short breaks can be:

Care provided in the home to enable the Carer to go out or away and care away from the home to enable the Carer to have time at home without caring. The quality and nature of the care provided should make this a positive experience for the person being cared for.

Breaks of both short and longer duration e.g. a few hours to several weeks
 Time spent together but with support to enable a break from the caring role e.g. holidays at a specialist centre or with a care worker in attendance
 Engagement in activities, which revitalise and refresh, these may be of a social, leisure or educational nature.

The Kent Carers' Advisory Group's agreed definition of a short break is:

"A short break can be any service or resource which provides a break from the usual routine for the person being cared for and/or the Carer. Alternative care services should be of high quality not routine and responsive to the needs of both the Carer and the person they care for."

The vast majority of (but not all) respite care is provided to service users with carers. Short stays in care homes provide an essential break for a significant number of carers. Below is a break down of each KASS operational areas on respite in the year 2009/10, the figures are worked out of average unit cost and indicated as weeks of respite as one service user may receive more than one weeks respite within the year.

West Kent Adult Social Services purchased the following respite services in the year 2009/10:

Services purchased	Weekly average (£)	Total Cost (£)
2440 weeks of residential respite care for people over the age of 65	405.74	990,006
374 weeks of nursing home respite care for people over the age of 65	506.39	189,896
620 weeks of residential respite care for adults with a learning disability	1061.71	658,260
213 weeks of residential respite care for people with a physical disability	832.37	177,295

East Kent Adult Social Services purchased the following respite services in the year 2009/10:

Services purchased	Weekly Cost average (£)	Total Cost (£)
6574 weeks of residential respite care for people over the age of 65	382.92	2517.316
428 weeks of nursing home respite care for people over the age of 65	460.35	197.030
279 weeks of residential respite care for adults with a learning disability	1116.31	311.450
363 weeks of residential and nursing respite care for people with a physical disability	1058.79	384.054

Greater number of weeks purchased in East Kent for over 65's than in West Kent. Below shows the distribution of over 65 population in East and West Kent showing a greater number in East. Based on 2008 figures.

- **Day Opportunity Services**

Across the whole of West Kent there are 5152 day service places offered on a weekly basis using the figure of £15 as an illustration, this equates to £77,280 per week and for a 50 week service that is equivalent to £3,864,000 per year.

Across the whole of East Kent there are 8759 day service places offered on a weekly basis using the figure of £15 as an illustration, this equates to £131,385 per week or for a 50 week service that is equivalent to £6,569,250 per year.

Although we appreciate that not all people attending day centres have Carers. We know that for many Carers' day care is a much-appreciated service proving them with a short-break away from their caring responsibilities as well as social stimulation and activity for their loved one.

- **Adult Placement Scheme**

The Kent Adult Placement Scheme offers vulnerable adults the opportunity to stay in the homes of specially recruited, trained and approved care workers. The scheme provides these placements on a long, or a short-term or transitional basis and all placements are tailored to meet the needs of the individual.

In east Kent 13 and in west Kent 15 people and their families/Carers benefited from 496 nights of flexible short breaks provided by the Adult Placement Scheme. The Adult Placement Scheme pays on average £ 58 per night to

their host families this equates to £ 28,768.00 worth of short-break being provided by the adult placement scheme.

The Adult Placement Scheme also has a service where volunteers provide daytime support, which can be activity based or one to one; this service is usually provided for adult service users living at home with their parent/carers. The scheme is called Adult Link and last year they provided 171 sessions to people living in Thanet, Sandwich and Ashford areas at a total cost of £4135.00.

- **Kent Carers' Emergency Card**

On Carers' Rights Day December 5th 2008 a Kent Carers' Emergency Card Scheme was launched. The scheme is designed to provide Carers with peace of mind when away from the person that they care for that should something untoward happened to them that emergency assistance could be accessed. Currently there are over 1300 carers signed up to the scheme and the number is growing steadily.

When applying to join the scheme Carers are offered, as much support as necessary to complete their emergency plan, which outlines their wishes, should they suddenly be unable to care. If they have no friends or relatives who are able to step in at short notice or if indeed their agreed emergency plan fails for any reason, either County Duty or the Out of Hours service will step in to arrange emergency support. They are also supplied with Emergency Card sticker to place on the back of their front door to alert emergency services that they are a Carer under the Emergency Card Scheme. This support is available to all Carers not just those Carers of people receiving community care services. To compliment the scheme additional carers' grant funding has been commissioned with the voluntary sector to provide increased levels of community based respite.

An Example of how the Emergency Card has been used:

A Kent Carer recently became ill and was taken to hospital. The card identified that he cared for his wife and his wife was found immediate respite care.

- **East Kent INVOKE Project**

In Partnership with NHS Eastern and Coastal Kent, KASS was successful in bidding for the Partnerships for Older People Project. Out of this sprung the INVOKE (Independence through the Voluntary action of Kent Elders) project. There are three significant strands to INVOKE the care navigator service, information and liaison assistants and the community matron support workers. The project is designed to give older people greater independence, enhance self-management through choice and control and reduce hospital admissions.

The INVOKE project has sought to engage carers in various strands of the work undertaken and a Carer was recruited as a member of the tender panel,

who decided on the contract award. This involved preparing him in regards to the tender panel process and enhanced financial accountability in regards to public funding. An INVOKE board member is a Carer for her husband as well as a member of Canterbury Senior Citizen Forum.

A service user and her husband/Carer were involved in developing the service specification and job descriptions. INVOKE project was instrumental in supporting the PCT to involve service users and carers within the interviews for the community matron support workers. They were not initially keen to undertake this but actually wrote a positive article afterwards reflecting that the community matrons themselves had learnt from this experience.

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Section 5 Looking to the Future

5.1 Meeting demand, expectations whilst balancing choice and responsibility

What is Self Directed Support?

Self-Directed Support (SDS) is a completely new process that offers people choice and control over the support they need to go about their daily life.

The government and councils across the country have worked with people and their Carers to create this new process. They understand that people and their Carers should have more choice and control in their lives. People and their Carers should be involved in thinking about how the money being spent on social care could be used in better ways. This will partly be about meeting basic support needs like help in the home.

Self-Directed Support could also be about people and their Carers thinking about how some of this money could be spent in a way that recognises their individual circumstances and interests. This approach also takes into account the support needed by unpaid Carers who provide assistance to people.

If a person is eligible for social care they will be given a personal budget. KASS give them this money and they can use it to arrange their own care and support. The amount they get is based on what it would cost KASS to provide their support. However, they do not have to manage their budget their self. A range of options are available to help them plan and arrange suitable care. For example, they may want us to arrange their services.

5.2 Coalition Government Programme

In common with other parts of the country we expect that new Coalition Government's programme will influence how carers will be supported. The Queens Speech gave a flavour of what we can expect over the next 18 months but, as yet, we do not have all the information to work out the full implications for carers. This, no doubt will be taking forward in the course of the year.

5.3 NHS Support for Carers

A key activity for 2010/2011 is for East and West Kent PCT's to build on their current relationships with Kent Adult Social Services through identifying and responding to joint commissioning opportunities, to develop a Kent-wide approach to carers support.

Conclusion

The support we provide to Carers is crucially important now and will be even more so into the future, supporting Carers must be central in all our future plans. As a society we are dependent upon Carers' willingness to continue to contribute their time and energy. With everything we know about the changes in society we need to create support systems that enable Carers to have the same opportunities as everyone else in society and have a life of their own alongside their caring role.

Partnerships across the whole health and social care economy are vital to identification and support of Carers. The voluntary sector has a unique and special role and their skills and expertise will be central to successful strategies to support Carers. We know that Carers often experience multiple forms of inequality as a direct result of their caring role, supporting the health and wellbeing of Carers is major role for the NHS and primary care. The Kent Adult Carers' Strategy and 'the Kent Young Carers' Strategy are key to Kent supporting and improving services for Carers.

We must continue to ensure that Carers are involved in development of services and support. Only by actively seeking out the views of Carers including those from seldom heard from groups will we be able to ensure that the support we provide will be what Carers want and need. We are developing mechanisms to ensure that Carers' views are included when we monitor and evaluate services and policies.

Supporting Carers is everyone's business and any sustainable and affordable social care system must have Carers in the centre of its thinking and planning.

Carers Organisations

Carers FIRST

Carers FIRST is a Carer membership organisation and independent charity providing a comprehensive information, advice and short breaks respite service to carers and their families across South West Kent. The areas covered are Tonbridge & Malling, Tunbridge Wells and Sevenoaks districts. Additionally Older Carers of those with Learning Disability are supported in Swanley, Gravesham & Dartford and carers in Swanley can access the short breaks service.

During 2009 Carers FIRST amended their charitable objectives to include Carers of those with substance misuse and recognise the support provided to cared for people both through the short breaks service and the "Brighter Days" befriending service supporting the elderly who may or may not have a Carer. Presently the service supports 1477 adult Carers and 344 Young Carers. Recognising that one third of Carers are new to caring each year, the service maintains its list of those supported to be current. A total of 396 clients were new to the service in the past year i.e. 280 adult Carers and 116 Young Carers.

Carer Support:

Is provided through either the general support service or through specialist projects, including:

Mental Health:

Over 220 Carers of those with functional mental issues accessed practical and emotional support, as well as accessing regular support groups, Carers breaks and training programmes. We work alongside the Community Mental Health Assessment worker in providing support and engage with the service user local charities to ensure that the support for families is optimised. In February 2010 they combined with Shaw Trust, Tunbridge Wells Mental Health Resource and Winfield to create "ReConnect" a community based partnership approach designed to help adults reconnect parts of their lives affected by mental health issues.

Older Carers of those with Learning Disabilities:

This project, coming out of Valuing People, provides more intensive support for older Carers and those that they care for. The project addresses the mutual caring roles that frequently have evolved and the need to plan for the future particularly that of the person with learning disabilities.

The service available to all adult Carers provides information, advice, advocacy, practical and emotional support one to one and in groups. The support given follows a holistic assessment of the Carer's needs. The service has been pleased to participate in a pilot of carrying out Statutory Carers Assessment and in Carer One Off payments. To date 60 Carers have been assessed and all have subsequently benefited through better support e.g.

From statutory services, voluntary organisations, increased benefits or one-off payments.

Throughout the year we responded to 4,865 phone calls, advocated for 131 Carers, hosted 613 attendances at adult support groups, 390 attendances at social activities (walks, theatre, brunch group, visits to homes & gardens, etc) and 344 attendances at Carer training days. Additionally 44 Parent Carers attended Carer training and 128 attendances were hosted at support groups. In order to save the "Sigh of Relief" group from closure Carers FIRST provided them support to continue. The parent led group provide peer group support and raise funds for family breaks for their families of children with ADHD & ASD and challenging behaviour.

Carers FIRST circulated 4,846 of its newsletters to carers, professionals and to libraries, community centres etc. Additionally we circulated 2,606 newsletters from the older Carer forum and 1,020 newsletters on behalf of District Partnership Groups.

Carers were pro-actively encouraged and supported to contribute to local, regional and national consultations through all media to ensure their voices were heard. 55 Carers we supported to attend local consultations. As demands upon Carers increase, the importance of them attach to us being a member organisation also is rising.

The momentum of further developing the services to improve support for carers continued with:


- Two support workers being appointed to work with GP practices and Hospitals in partnership with West Kent NHS.
- A partnership between Crossroads, Carers FIRST and Alzheimer's Society to provide crisis respite support for those with dementia and their Carers.
- Pilot working with Kent Drug & Alcohol Action Team to explore how Carers of those with substance misuse may best be supported.

Young Carers:

The numbers of Young Carers accessing the service has grown rapidly to 344 over the past two years as working through Local Children's Service Partnerships has been a catalyst in gaining access to young carers in schools. The depth of service has further developed where we are recognised as effective partners in working with Not in Employment; Education or Training Services, attending reviews and working with families and schools to resolve broken relations. The project delivers against all five Every Child Matters outcomes.

Attendances at regular support groups were 461 and a further 336 attendances were hosted at Outreach Support Groups. 640 attendances were made at school lunch time drop-ins and there were 60 attendances at home work clubs. Over 400 one to one sessions were accessed and 127 young Carers enjoyed 158 away breaks.

Carers FIRST values highly the work that it does with its statutory and voluntary partners and continues to expand the number of arrangements it has with voluntary partners as a means to improving support. It also values its membership of the Princess Royal Trust for Carers and the closer working of the Trust with Crossroads and Carers UK nationally. Outside of West Kent it responded to a request for support from a Medway Carers Centre also a Trust member, resulting in Medway Carers Centre becoming a subsidiary of Carers FIRST from April 2009. In total Carers First now supports close to 3,000 adult Carers and 600 Young Carers.

In support of working to externally accredited quality standards Carers FIRST has Investor in People is a  organisation Positive about Disabled People. The organisation commenced planning in order to become an early adopter of the externally evaluated new quality standards for Adult Carers and Young Carers.

Carers' Support

Carers' Support is based in Ashford and provides support, advice, and information and advocacy services to adult Carers within the Ashford and Shepway area. Monthly support groups are held in Hythe and New Romney. In Ashford and Folkestone we have fortnightly meet and talk support sessions. All of the groups have a following of regular Carers and welcome new people to the group. At the Walk in Carers Centre based in Ashford we do hold a monthly get together for parent Carers this is a small informal session but all parents who have children with disabilities etc are welcome.

The Kent Carers' Emergency Card continues to be popular with Carers in the area who like to have the peace of mind when leaving their family member. The tele-befriending project and Carers' tele link up have continued this past year giving the opportunity for Carers to communicate with others, easing their isolation. Our quarterly newsletter is sent to 900 Carers throughout Ashford and Shepway.

The pilot project Carers Health Checks has been a highly successful project, a member of staff and a nurse have been visiting all areas throughout Shepway including the rural areas. . The main purpose for this project is to offer Carers the opportunity to have their blood pressure checked and talk about possible health issues and lifestyle options which will help the Carer care for their family member at home whilst the Carer is at the session it is a great opportunity to explain the services which are available to Carers in the area. This service we are hoping to be continued to be funded by the Eastern and Coastal Primary Care Trust. For the feedback from Carers has been very positive. .

Throughout the year we do hold a few activities for adult Carers, during the last year we organised a trip to the Organic Gardens at Yalding, An afternoon cream tea during the summer and a Therapy day in Ashford. At the therapy day each Carer was able to experience two therapies each and a lovely lunch with other Carers, this day was a great success. The Christmas lunch was

held at Norman House the home of the Carers Centre, with the musical entertainment from the local girls Grammar school.

During the coming year we have identified some training opportunities for Carers, for example we are holding a first aid training courses in March. A Caring with confidence program starts off in Ashford in February and in the following months this program will continue in Shepway

The Young Carers Project, supports young people aged 6 – 18 years who are identified as Young Carers living in Ashford, Shepway and Dover/Deal. Schools development workers visit schools within the area identifying Young Carers and offering help and support. Various activities/workshops are organized for the young people during the school holidays giving them the opportunity to learn and try new experiences.

Carers' Support – Dover District & Thanet.

Carers' Support – Dover District & Thanet provides support for people, over the age of 18, who live in the districts of Dover and Thanet and who have an unpaid responsibility to look after relatives or friends with physical or learning disabilities or mental health needs. Carers' Support – Dover District & Thanet was set up in 2001 as Dover District Carers' Support but changed its name in 2009 when it took over responsibility for Thanet in November. Carers' Support – Dover District and Thanet are largely funded by Social Services and currently have 1003 Carers registered with them from within the Dover District, 292 Carers registered from Thanet and are supported by 5 full time members of staff and one part time member of staff.

As part of their core functioning, Carers' Support – Dover District & Thanet maintain regular contact with all of their Carers by telephone, this can be more or less frequent depending on each individual case. They also run a number of support groups to include, a monthly group for older Carers of an adult child with a learning disability, a monthly support group for those caring for someone diagnosed with a dementia and a monthly coffee drop-in for those with memory problems and their Carers. They have decided to continue to facilitate the 2 existing support groups currently running in Thanet which will be reviewed in March 2010; there are plans to move toward a single support group and a former Carers social group. There is a Carers and former Carers walking group in Deal and Dover and one is planned for Thanet.

Carers' Support – Dover District & Thanet also run fortnightly a highly regarded Young Onset Dementia (YOD) Activities Project, this is for Carers and the cared for to attend and focuses on communal activities such as gardening, cooking and eating lunch together. The YOD project is not a respite service, as Carers MUST also attend. The idea is to work with the couples by involving everyone in activities to bring about changes and to sustain the daily living skills of the person with dementia. The project can accommodate up to 6 couples each time and is now funded by NHS Eastern and Coastal Kent. An article about the project was written in the November

2009 issue of the Alzheimer's Societies National magazine, Living with dementia and the March 10 issue of the Signpost journal. CEO Tricia Cole was invited speak about the project at the National Dementia Congress 2009 in Bournemouth and at The Dementia Strategy launch in London.

Carers' Support – Dover District & Thanet have also provided dementia awareness training for Carers on several occasions, 2 places are set aside for Care Managers to help them to understand the needs of the Carers. There are more training sessions planned for the future. They also hold annual information forums where a panel of experts are invited to speak to Carers about a particular health related subjects e.g. dementia, LPAs etc and to answer questions from Carers.

Additionally they offer help with filling out benefit forms, advocacy, providing information, emotional support, bereavement support, home visits where appropriate, a walking group for former Carers and a lending library of Carer related subjects. They have been funded by Bridging the Gap and Henry Smith to offer training and bereavement support and receive funding from various sources for their bi-annual newsletter, their annual Carol Service and Carers Lunches etc. They regularly support Carers Week and Carers Rights Day by organising relevant events. They attend the memory group at the local MH centre to talk to Carers of those newly diagnosed with dementia and have adapted and published a booklet called 'Where do we go from here', which provides information about dementia and local services for those newly diagnosed with dementia and their Carers, these are used readily by the MH team. They have also adapted and published a Hospital admission booklet to help ward staff when someone is taken into hospital who perhaps cannot communicate properly.

They, along with Carers' First in West Kent are undertaking a Carers Assessment pilot on behalf of KASS. In February 09 they opened a walk in Carers Centre in Deal which has doubled the number of Carer referrals.

Maidstone and Malling Carers Project

Maidstone and Malling Carers Project is a point of contact for anyone living in Maidstone and Malling and the surrounding rural areas that look after a relative, partner or friend. Currently 1,465 carers are registered with the Project. The project provides information about local services, support systems and benefits. Two newsletters are produced three times a year, a general all carers one that goes to 564 Carers and a mental health Carers' newsletter with a distribution list of 215. A confidential listening ear is offered to Carers - either face to face or over the telephone. Help is given to complete benefit claim forms and advocacy when necessary, during 2009/10 around £210,000 in disability and Carer benefits have been claimed.

The Project runs various Carer support groups, which enable Carers to meet and support each other. Four groups meet on a monthly basis, they are, the generic Carers' support group, the mental health Carers' group and a learning

disability group, each group has between 8 – 15 people attend. The Project works in partnership with other organizations to support other Carers groups including the Family Carers Network, Alzheimer's Society and Dementia Services Open Door. 33 training/learning or awareness sessions were held with 135 attendees.

The project also provides a regular telephone contact service currently operating for 98 Carers. Each Carer receives a regular telephone call at a frequency and time to meet their needs; this provides a valuable lifeline to the most isolated Carers and has also helped pick up issues before they develop into a crisis.

A regular Maidstone Carers' Forum enables Carers to meet and speak directly to planners and managers of Health and Social Services. The forum meets three times per year. There are 400 carers on the attendance circulation list with an average of 40 carers attending each event. The project has facilitated and/or supported 250 Carers attendances at 20 different consultation events.

As well as the Carer support group Carers are encouraged and enabled to get together and share interests and activities. Carer Activity groups include the swimming group, book group, card making, walking group and line dancing. Last year the project ran 136 such group activities for an average of ten Carers per group. The project also supports Carers' social trips and last year 3 such trips were organised to Leeds Castle, Hever Castle and Rye with an average of 15. The project also runs a Christmas party which 38 carers attended and a Christmas lunch for mental health Carers which 14 attended.

A dedicated Mental Health Carer Support Worker offers a listening ear, information, support to 213 Carers. The project administers the mental health Carers' breaks funds, this year 80 Carers have benefited from this support. The breaks are flexible and responsive to individual Carers' needs, some examples include, horse riding lessons, an annual gym membership, day and theatre trips and holidays.

The project regularly reprints a range of updated signposting information booklets for Carers with 9,000 distributed throughout the community. All publications including newsletters can be downloaded via the project's website.

The Project promotes the Kent Carers Emergency Card Scheme and has registered 215 Carers to date.

As part of the Kent Carers Consortium the project has delivered the Caring with Confidence Course.

Along with other West Kent Carer organisations the project is hosting 2 support workers to deliver the West Kent NHS National Carers Strategy Demonstrator site.

The project had a total of 4016 Carer contacts during the year.

Northwest Kent Carers

North West Kent Carers' Support provides services to Carers in the districts of Dartford, Gravesham, Swanley and surrounding areas bounded by Vigo, Culverstone, Meopham, and Istead Rise across to New Ash Green, West Kingsdown, Eynsford, Farningham, Crockenhill and back to the Thames at Dartford. They currently have approximately 1300 Carers on their register. They manage and provide the Caring with Confidence learning and support programme for hundreds of Carers across the county. The value of this programme will be in the region of £280,000 over two years. They are also an NHS Demonstrator site aiming to improve Carers services and awareness through the West Kent NHS. They are active participants in the Kent Carers Advisory Group.

North West Kent Carers' Support provides 9 Carers' Support Groups, each of which meets monthly and some have sub groups/peer networks in between. Attendance at these groups is between 8 -16 Carers at each group session. Venues vary from the community hospital at Gravesend to the Living Well Centre in Dartford. These include two support groups for Parent Carers who may be caring for children with conditions such as Autism and ADHD. Over the last 18 months they have run an additional "transition" support group to help Young Carers who are soon to close to become adult Carers.

They provide one-to-one help on benefits advice in the Carers' home including help to achieve maximisation of income for Carers and cared for. They also support appropriate appeal cases to Tribunal, including upper level. Some additional advocacy services are provided in order for the Carer or their cared for to achieve their rights in areas such as CHC (continuing health care), DRG (Disability Resettlement Grant). As a direct result of this service almost £1million of new money is established in caring families every year. This money is generally spent locally on numerous aspects of their required support, thus contributing to the wider local economy.

North West Kent Carers Support provides information and advice on their telephone helpline, which is the frontline point for Carer referrals, processing the Kent Carers' Emergency Card and sign posting to either their services or relevant services provided by other organisations, both statutory and voluntary. Every six weeks they produce and distribute the "Carers Crier" newsletter to 1300 carers and 300 associates and professionals. It is also available to download from their web site. Their Carers' leaflets and registration forms are distributed to GP surgeries, libraries, CAB's etc. They hold routine publicity days at local shopping centres and make presentations to specialist Carers groups such as Parkinson's or Multiple Sclerosis Society. They promote and advertise their service widely.

To give short-breaks for Carers they have an adult Sitter Service that provides approximately 800 hours per year; they provide one to one befriending to Carers approximately 250 hours per year and work closely with Crossroads to

provide a full Respite service where needed. They organise between 2/3 "Stress Free Days" for Carers: a selection of alternative therapists - Massage, Reiki, Aromatherapy, Holistic therapy etc... attend and offer taster/reduced charge services to a total of approximately 150 Carers. They also provide some of these sessions at the support groups. They organise 2/3 daytrips/outings per year attended by 100 -140 Carers, some with their cared for. They also organise social events including an annual Christmas Party, attended last year by 180 and an annual Carers Christmas meal, last year attended by 70.

Wherever feasible and practical North West Kent Carers Support work in partnership with other organisations. In 2005-2007 they led a project with DIAL and Age Concern to deliver benefits advice specifically to older people. More recently have taken the lead to bid for the delivery of the Caring with Confidence course across the whole county.. They have also worked closely with Carers First to deliver Carers' training sponsored by the LPG (Local Partnership Group) and worked in partnership with the Parents Consortium to provide some specialist services to parent Carers. They have organised the Learning for Living Course in partnership with KASS and Adult Education. Additionally they have delivered IT courses, counseling courses and First Aid courses to Carers

They currently provide these services with 280 weekly paid hours of staff time and have approximately 40 volunteers. They accept referrals from any source, self-referral, care management, social workers, Community, Ellenor and McMillan Nurses.

Swale and Canterbury Carers Support

Swale and Canterbury Carers Support (SCCS) is the new name of the former Swale Carers Centre and has been chosen to reflect the areas that it now covers, following the closure of 'Carers Voice' in October 2009.

Swale and Canterbury Carers Support is a fully independent Charity and Company Limited by guarantee. Its ethos is to 'Promote, Support and Empower Carers of All Ages' and in respect of Young Carers, 'To restore Lost Childhood'. It provides a comprehensive range of support services to Adult Carers, residing in the Swale and Canterbury Districts of East Kent, who are caring for a relative or friend over the age of 18, or in the case of Parent Carers, a child with additional needs aged 0 – 25 years. In April 2009 SCCS launched a new Alzheimer and Dementia Family Support Service, Parent Carers Support Service and Carers Health Promotion service, all of which .

Young Carers Support Services to children and young people aged 5 – 18 years who are identified as Young Carers are currently delivered only in the Sittingbourne and Sheppey Districts of the Borough of Swale and include services as stated below plus the addition of Schools Development Support. SCCS is pleased to have been commissioned Princess Royal Trust for Carers and Comic Relief to deliver one of two national Pilot 'Caring Family' schemes

to consider and address the needs of the entire caring family and to work with the wider family network to relieve the stress and burden of caring responsibility. It is anticipated that this model will be rolled out nationally in due course.

Support services to carers include advice, information, advocacy, Carers Health Checks, emotional 1:1 support, support groups and respite activities-including family inclusive activities where appropriate, 1:1 Befriending Scheme and tele-befriending scheme, subsidised holidays when available, 'Carers Toolkit', training opportunities, including CwC and SCCS's own programme of personal development opportunities, sign posting and onward referral. 1200+ Quarterly newsletters are sent to carers and other organisations.

Regular Support Groups are delivered across both of the Districts and include 'Condition Specific', combined gender and single gender groups that have been proven to be very useful and empowering, as often individuals can become reticent discussing issues important to them in a both gender setting. These groups provide an opportunity for peer support amongst Carers and also provide a learning platform whereby guest speakers are invited to discuss a number of topics, including, health, benefits, Rapid Response, KASS, etc. Carers are also supported to attend and participate in events such as the Personalisation Agenda, Self Directed Support, and Carers reference Group etc.

If it is necessary for replacement care to be provided referrals will be made to East Kent Crossroads. For other forms of short-break which directly benefit the Carer themselves, free of charge or heavily subsidised social activities, including, theatre trips, day trips to places of interest, meals etc, all providing opportunities for social inclusion. Where appropriate these activities are open to couples e.g. for those living with Alzheimer's and Dementia, or for whole families in the case of those with children with additional needs whose parents or siblings are supported by our service.

Staff actively participates in a number of local, regional and National Forums in order to represent carers' views in a number of wide ranging initiatives including the Carers Advisory Group to KCC, East Kent Carers Organisations Group and Supporting Carers Implementation Group. To further promote the role, needs and rights of carers, they hold an annual Carers Week Forum and Carers' Rights Day Event. In February 2010 SCCS became part of The Princess Royal Trust for Carers Network. SCCS is also part of the newly developed 'East Kent Carers Consortium'.

In order to enhance the quality of service delivery, SCCS ensures that its staff and volunteers receive full induction, undergo mandatory training and all are encouraged to identify additional personal development opportunities. SCCS adheres to the Kings Fund Standard, is currently working through PQASSO – including the additional Princess Royal trust for Carers standards, and Investors in People.

Crossroads Care West Kent

Crossroads Care West Kent was formed through a merger of Maidstone & North West Kent Crossroads and Weald of Kent Crossroads. The combined scheme supports carers in the West Kent area encompassing Dartford, Swanley, Gravesham, Maidstone, Malling, Sevenoaks, Tonbridge, Tunbridge Wells and the outlying villages.

Crossroads Care provides a free short break service to carers by supporting the cared for within their own home or enabling a social outing in the local community. The service is tailored to suit each family's needs and the needs of the cared for, including providing personal care. The combined scheme supported 705 adult carers by providing over 62,500 replacement care hours with our team of specially trained and selected staff.

We actively engage in partnership working with statutory and voluntary bodies to improve services to Carers. We work with Macmillan Cancer Support and West Kent PCT to provide a specialist Palliative Care Service which gives flexible support to those caring for relatives or friends who have a life threatening condition. Crossroads Care West Kent are working in partnership with Carers FIRST and Alzheimer's Society to provide an emergency and crisis response for those with dementia and their carers. We provided a drop in support for Carers at the Tunbridge Wells gateway and work closely with the Admiral Nursing Service, Parkinson's Disease Society and Edenbridge Community Link.

Young Carers Project

Our Young Carers's Project supports children and young people who have a substantial caring role. We support 149 young carers through a weekly club, trips, activities and one to one sessions aimed at providing quality time in a supportive environment. Befriending sessions give the young carers some 'me' time where they can talk and offload. During the year we provided over 8,940 hours of targeted support.

Our activities are aimed at improving confidence and self esteem, social and emotional development, developing conflict resolution skills and reducing isolation. Club night activities include sports, dance, crafts, homework club, improving emotional resilience, discussing a range of health issues and information sessions. Young carers can enjoy regular trips out and, for those who would not otherwise have the opportunity, holidays (including under canvas) are provided in the summer months. Through funding from Comic Relief we have been able to run a programme of sporting activities for young carers including swimming, ice skating, trampolining and football. For those approaching the end of their academic study, we provide CV workshops, interview skills and access to careers advice. We are also looking to develop supportive work experience placements with local employers.

Crossroads Care East Kent

Crossroads Care East Kent is a member of a national network of local charities providing flexible respite services to people of all ages, disabilities and health conditions. The organisation has recently rebranded and has been renamed Crossroads Care to more accurately reflect the work that they do.

During the year 09/10 Crossroads Care East Kent merged with the South East Kent Crossroads Care scheme and between them provided 75500 replacement care hours to 597 Carers, enabling them to have a break from their caring responsibilities.

The newly combined area of the two schemes reaches from the Isle of Sheppey, through Swale to Ashford, the Marshes of South East Kent, and round the coast to Dover and Thanet as well as the Canterbury district towns and villages in between.

Monies from the Carers Grant at the beginning of the year funded the recruitment and training of 28 Carer Support workers which significantly increased the schemes capacity to deliver additional care and support offered to Carers across the whole of the East Kent area.

Crossroads Care, in partnership with Macmillan Cancer Support, continue to provide a support service for Carers looking after someone with a life limiting illness and in addition the new post of Dementia Carer Support Advisor has been created in Thanet to work alongside the Admiral Nursing service to support Carers of people with dementia.

Crossroads Care now has a regular presence at both the Thanet & Dover Gateways to provide information, signposting and drop in support for Carers in those areas and a new project aims to reach Carers from BME groups and other hard to reach Carers in Thanet.

Crossroads Care continues to work in partnership with Canterbury Parkinson's Disease Society, Volcare and other voluntary sector organisations and contributes to the strategic planning process with Social Services and Eastern & Coastal NHS to increase and develop respite breaks for all Carers to help to deliver the objectives of the Kent Adult Carers Strategy.

Alzheimer's and Dementia Support Services

Alzheimer's & Dementia Support Services (ADSS) has developed multicultural services to provide practical and emotional support to; people with Alzheimer's disease and other dementia's, their main Carer and other relatives and supporters. ADSS's prime aim is to enable people with dementia to stay in their own home for as long as possible and to support their Carer throughout their caring role and even after it has ended. ADSS operational area is Dartford, Gravesham and Swanley covering some 46 square miles in north-west Kent.

The activity period for ADSS is 1st April 2009 - 31st March 2010.

Our support groups in Gravesend and Meopham have 64 members and there is a twice monthly support group in Dartford which has 17 members. These groups are open to people with dementia and their carers. There is also a monthly support group for carers only in Northfleet which has 22 members.

ADSS run a respite/support at home scheme providing 1-1 support in activities of daily living and providing carers with a welcome break. There are currently 31 clients who during the year have received 1,700 hours of support.

ADSS run day services at Garden Lodge in Northfleet six days per week, Tuesday to Saturday 10am to 3pm, providing places for 80 clients. Monday 10am to 3pm is a Club for people in the early stages of their dementia, providing places for 16 clients.

ADSS provides advice, information and guidance to people with dementia and their carers. They have a website, provide leaflets and a Newsletter, the newsletter is produced twice yearly and is distributed to 250 people with dementia, carers and professionals. ADSS have produced a carers' information DVD and CD. This year they have sent out 165 information packs, have completed 114 initial home assessments, 21 carers have benefited from the 1 to 1 support services, 5 people have had befrienders matched with them.

New for 2010 is a 24 hour Help Line to enable carers and those with dementia to access round the clock information and emotional support.

The five-year, Big Lottery funded Early Intervention Project with GP surgeries is in the second year and has completed work with 5 surgeries. Many patients identified by this project are now benefiting by using ADSS services.

BME Service Development continues to raise awareness, provide information, support and services to people from the black minority and ethnic (BME) communities. This post is funded by NHS West Kent.

Sevenoaks Area Mind

Sevenoaks Area Mind (SAM) works to empower mental health service users. We believe that enabling people to assert their needs and rights will allow them to achieve greater control over their lives and to participate in the community as valued citizens.

It is not sufficient however, to tell people they have a choice if they are not aware of what the options are or to have no power to implement their decisions. The choice needs to be an informed one. People may need help to make their decision reality. We see it as our responsibility to help our service users acquire the understanding they need to make such informed choices and to support them in achieving their personal goals.

SAM also recognises the important part that Carers play in the daily lives of loved ones.

“For many people, the concept of recovery is about staying in control of their life despite experiencing a mental health problem”

“The key idea is one of hope, that it is possible for a meaningful life to be restored.”

Mental Health Foundation

The service offers individualised support to access day opportunities as well as a safe and social place for people to meet. We offer support to access community resources and this can range from one-to-one support, to joining group ventures. We also offer some activities within the centre and times to 'drop in'.

On accessing both our Sevenoaks and Tonbridge Centres you will be offered a personalised service to identify your individual aspirations and interests and how best we can support you to achieve those.

Swale Mindset

Swale Mindset Carers holds three carers' support groups a month, plus a Carers' focus group held every 6 weeks, a place for carers to bring issues to the table, to decide with other Carers where these issues should be taken i.e. Carers' briefing meetings, JCB, Complaint etc.

Swale Mindset Carers held a training day in August where Carers were given an insight into how their loved ones felt when experiencing a mental health 'episode'.

A joint training day was held with the service users Forum in October 2009, as last year various speakers were invited to give presentations and to answer questions from services users and Carers

They manage the carers' break fund and they offer respite to carers in various forms.

They try to have something on each month; respite this year has included days; pictures, theatre, visits to Greenwich, day trip to France, concert at Rochester castle and a boat trip on the Medway a Christmas party. The carers' breaks moneys have been used creatively for whatever is needed by the Carer to enable them to cope with their caring roles. This year 34 Carers break payments that resulted in 207 instances of respite for Carers. There is a monthly newsletter that is distributed. Carers' advocacy services, they view this as a huge gap, service users have professional advocates, while Carers rely on Carers' groups to provide this and this is not always available.

The PCT have funded Swale Mindset Carers to work in partnership with local GP's and their surgery staff to identify and engage with family Carers of people with a functional mental health problem. These are the hidden Carers whose 'cared for' are treated by GP's within primary care. One to one meetings with all new Carers and when needed with any of their known Carers.

Attend meetings such as LPMG, JCB, Carers' briefings, regular meetings with the local Community Mental Health Teams and any meetings where Carers want their support, such as CPA meeting. Provide sign posting to relevant services, help completing forms, support to complain when necessary.

Volcare

Volcare provides an occasional and flexible home based respite care service to Carers, across the Dover, Thanet and Canterbury Districts and the Faversham area. The service is free at the point of delivery.

There are six full time Volunteers - four in the Canterbury and Thanet districts, and two in the Dover district.

Over the past year they have delivered approximately 9000 hours (up to 17/01/2010 and have not added the estimated hours till 31/03/2009) to 114 Carers and the people they care for.

The respite breaks can range from whole days, overnights, weekends or one or two week breaks. The Volunteers spend time with each family, getting to know the individual needs of the cared for person and building up a relationship of friendship and trust, before taking over the caring role.

The Volunteers can care for people with a wide range of disabilities and conditions and can carry out most personal care tasks.

The service is registered with the Care Quality Commission and is currently fully funded by Kent Adult Social Services

Appendix

1 Carers Survey Key Findings

The development work conducted by the PSSRU included exploratory group interviews with adult Carers, young Carers and care managers to identify Carers' needs and outcomes, experiences of support and social care services, and views about quality and process factors associated with variation in service quality.

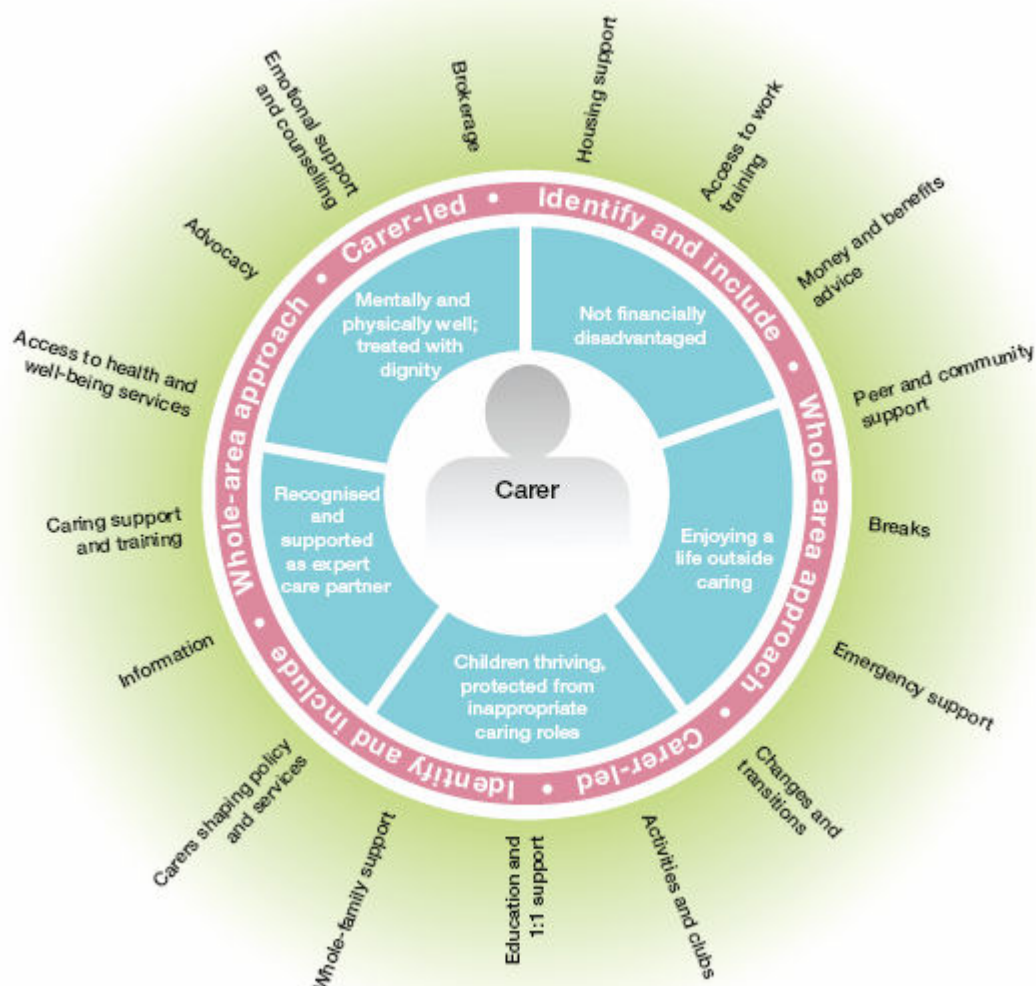
- Services which support carers can and do positively impact on the lives of carers. Indeed, just being recognised by social services as a carer is associated with having a better quality of life
- Services have a role to play in many aspects of carers lives, but the areas which the future development of services needs to focus one are: helping carers have control over their daily lives, helping carers spend time the way they want to and helping carers to feel supported and encouraged.
- The future development of services for carers needs to concentrate upon helping two broad groups of carers; those who have their own health problems or a disability and those for whom the caring role is particularly intensive, for example living with the person they care for or spending over 100 hours a week engaged in caring.
- Carers who look after somebody with dementia offer a particular challenge to the future development of carers' services. Whilst they, as a group, tend to rate the quality of services more highly than other carers, they also report a worse quality of life.
- Carers' experiences of services suggested that areas most in need of improvement were how easy it was to find information and how easy it was to get services for both the carer and the person they cared for.
- The results suggested that carers needed to be more involved in the discussions about the services provided for the person they cared for.
- An area for improvement was how services deal with sudden changes, both in terms of reacting to changes in the needs of carers and the person they care for and in terms of keeping carers informed of last minute changes to the provision of services.
- The majority of carers felt that both they and the person they cared for were treated with dignity and respect by care workers. Most also felt the level of services they got was about right.
- The findings of the survey were based upon the views of 1750 carers who were in contact with either Kent Adult Social Services or a voluntary organisation which supported carers in Kent.

- The findings are based on the percentage of carers reporting the very highest level of service quality.

DRAFT

Appendix 2 Carers Evaluation, recommendations for Commissioners

Guidance on commissioning services for carers endorsed by the Department of Health¹ recommends the adoption of the model of comprehensive carer support known as the **carers' wheel** and reproduced below:



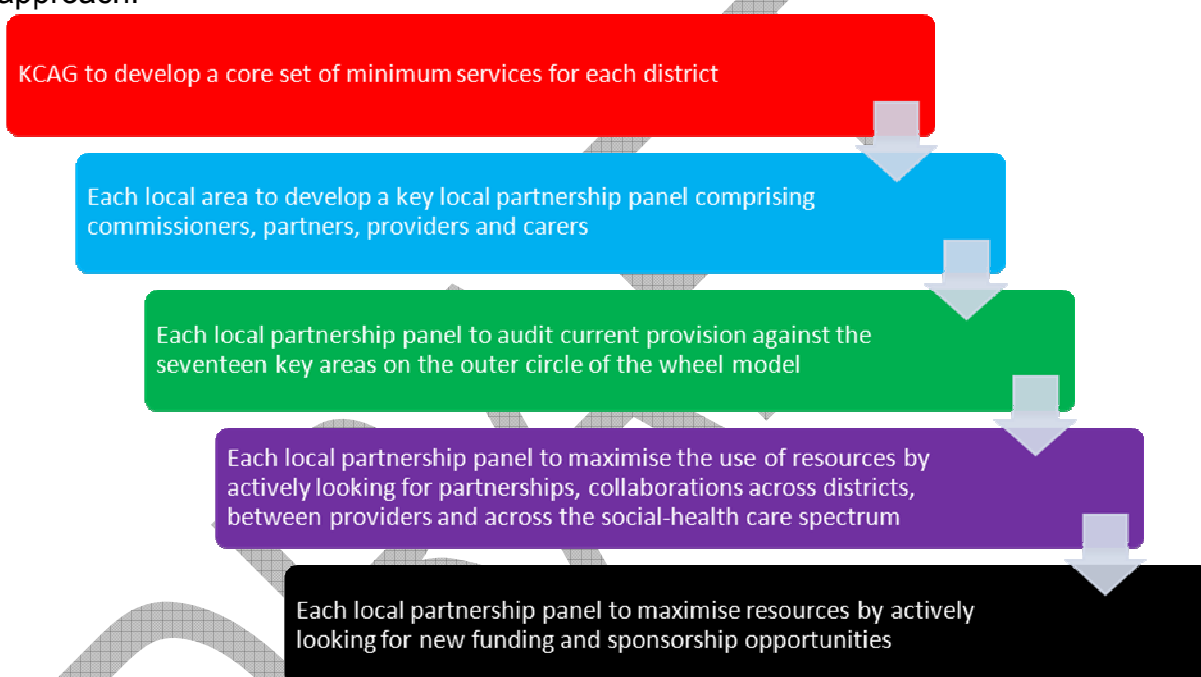
The five outcomes of the national carers' strategy make up the inner circle of the model with the carer at the centre. The interventions around the outside of the wheel are the complete range of activities needed to ensure that all groups can achieve these outcomes. The model encourages a carer-led **whole area** approach to ensure that all the service areas listed in the outer circle are developed. The guidance draws attention to the Equality Bill which, when it is enacted², will require commissioners to ensure that services do not directly discriminate against carers, with equality impact assessments the vehicle to insure against this.

¹ Commissioning for carers: an action guide for decision-makers (2009) was developed by the Association of Directors of Adult Social Services, Carers UK, Crossroads Caring for Carers, the Improvement and Development Agency, the Local Government Association, the National Black Carers and Carers Workers Network, the NHS Confederation and the Princess Royal Trust for Carers.

² It went through the House of Lords report stage on 9 March 2010.

Discussion at the stakeholder seminar suggested that this model should be used to develop a set of parallel locality-based specifications for developing carers' services.

There was also discussion at the seminar about a key set of principles which should inform the development of these specifications. Using this discussion and relying on the wheel model we have developed a suggested approach to developing local specifications which is set out below. It is clear that devising a clear monitoring and quality assurance system is both a priority and a task that is best done alongside developing locality-based specifications, essentially developing a co-ordinated commissioning system, with built-in feedback processes which work. The experience of local umbrella providers working alongside commissioners will be critical to the success of this approach.



It is hoped that commissioners will be able to set district level budgets to support this process. Although the financial information provided is not complete, it is hoped that by circulating the report, it will be possible to identify all missing information and to verify its accuracy before developing an overall budget for services for carers. Commissioners are strongly encouraged to develop a whole-area approach which includes all funding streams across the social and health arenas.

We are conscious of the very difficult challenges of developing carers' services in the current financial climate with a cross-party consensus on the need for substantial cuts in public services over the short-medium term at least. Therefore, in setting out recommendations we have focused predominantly on those which offer potential cost savings.

Recommendations

We suggest that commissioning organisations should take forward carers' services in Kent within a framework underpinned by two key principles:

maximising the use of resources, and targeting services to enable a more effective approach which tackles inequity of provision. We have organised our strategic recommendations under these two headings before setting out a series of operational recommendations under the five headings of the Kent Adult Carers Strategy.

Maximising resources

There are a number of ways of improving the use of existing resources for carers in Kent.

Our study has identified 120 organisations providing carers services in Kent, most of them not funded by commissioning organisations. This database can be used in a number of ways.

We recommend that the database of services is maintained on the Kent County Council intranet so that:

- All staff having contact with the general public can access it and make individual carers aware of helping services and their contact details.
- It can be made available to all other partners particularly those working in the health and Jobcentre Plus arenas.
- Commissioning organisations can use the database as a very low-cost way of communicating with all carers' organisations and promoting new carers' initiatives and services.

When carers' organisations and other bodies facilitate the take-up of appropriate welfare benefits by carers, they increase the amount of carers' resources without impacting on local budgets. Increasingly, with the advent of personalisation, the money claimed is spent on local carers' services, thereby increasing significantly local resources.

We recommend that commissioning organisations launch a drive to increase carers' benefit uptake and enlists carers' organisations, voluntary sector debt and financial advice agencies such as Citizens Advice Bureaux, and Jobcentres Plus to work collaboratively on such a campaign.

We recommend that all work with carers should be undertaken via a co-ordinated approach of statutory social and health care and voluntary sector agencies. A co-ordinated approach is both more effective and reduces duplication. All 120 organisations contacted in this study provide information to carers who complain that getting information from statutory agencies is often difficult.

We recommend a joint commissioning information strategy with a co-ordinated approach. We are aware of a number of PCTs through the country who routinely use multimedia advertising in GP practices to encourage patients to consider themselves to be carers and provide them information about helping services, carers forums, etc.

We recommend that commissioners promote co-operation between the voluntary sector and address the aspects of competition and support organisations through the tendering process.

Targeting services

Commissioning organisations are committed to setting priorities and targeting services but has not yet been able to do so because of a lack of an effective monitoring and reporting system which provides reliable information on which to base decisions.

It is the **principal recommendation** of this study that commissioning organisations instigates the development of a standard monitoring system which will:

Provide good management information for providers

Give clear reporting information for commissioners

Enable accurate comparison of services

Commissioning best practice suggests an outcome-oriented approach which enables organisations to achieve targets in their own way but within a structure which provides clarity about commissioning intentions. Collaboration between commissioners and providers underpins this approach in which targets should be negotiated positive outcomes, which are challenging but achievable.

In order to give commissioners the information they require, it will be important to set standard definitions for key outputs – for instance clear differentiation should be made between telephone advice, face-to-face advice and advice provided on home visits. This should also enable standard unit costs to be established. It will need agreement on a core minimum data set which does not over-tax providers but ensures that services are provided to all sections of the community irrespective of age, gender, ethnicity or geography.

We recommend that the total investment information is considered to inform strategic decisions which integrate social and health care provision across the county.

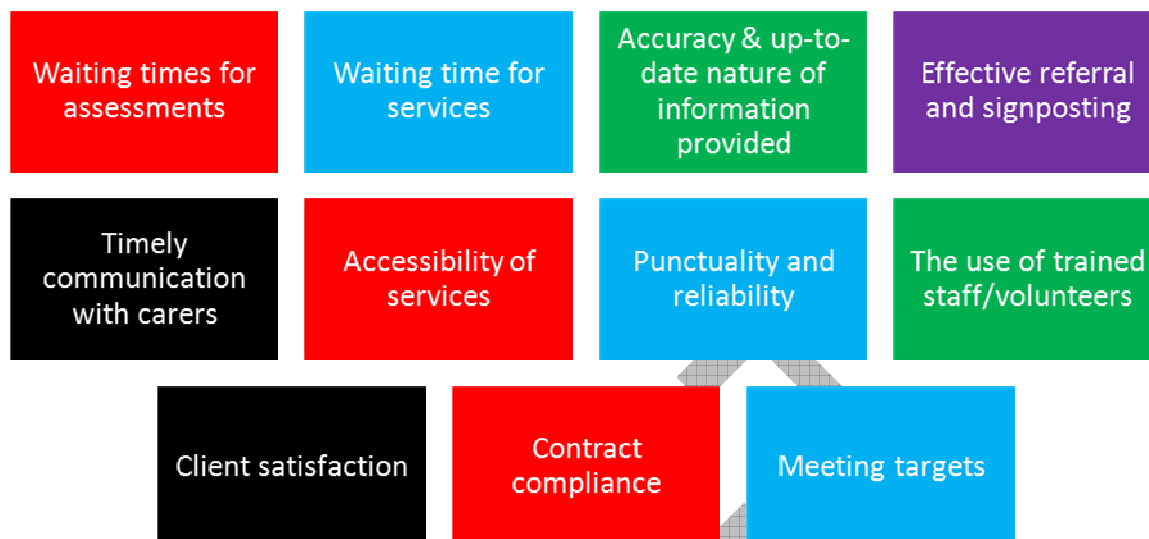
We recommend that once all financial information can be assimilated, a key indicator for strategic planning should be per capita investment by district.

The review of a monitoring system as recommended above would allow for an in-depth comparison between districts and care groups to ensure that a basic minimum level of advice, information, respite care, access to support groups, etc. is provided across Kent.

There is a need to ensure that all commissioned organisations use a recognised quality assurance system. **We do not recommend** imposing a common system since organisations have invested considerable resources in developing and being accredited by their current systems.

We recommend an outcome-oriented approach that enables providers to assure quality using their own approach.

We recommend that commissioning organisations agree a core set of quality standards and include our suggestion of likely key measures below:



Such a monitoring system will allow commissioners to identify which care groups, geographical areas and ethnic groups are currently under-served and to address inequity in a strategic way.

We recommend that commissioning organisations clarify when certain carers' services should be provided by a statutory provider and ensure that services commissioned from the Carers' Grant do not duplicate this provision.

Information, Advice and Guidance

We recommend that commissioning organisations develop awareness and understanding to encourage staff in all sectors (statutory and voluntary) and all settings (health, social care, Jobcentre Plus etc.) to ask all new service users at point of contact if they are carers, and to make them aware of the directory of services hosted on the kent.gov.uk website and of their local umbrella organisation.

We recommend that commissioning organisations should also actively liaise with those in the county and borough councils responsible for Gateways to ensure that they actively promote uptake of carers' services.

Access to integrated and personalised services

We recommend that commissioning organisations maximise learning from carers' assessments and NHS demonstrator carers' sites in West Kent to increase the numbers of professionals facilitating access to carers' services.

We recommend that commissioning organisations continue to commission workers to liaise between GP practices, hospitals and voluntary organisations.

We recommend that commissioning organisations explore whether all simple and complex hospital discharges can be accompanied by relevant information for carers, to consist of information about the Kent directory of services, contact details for their local umbrella organisation and condition specific carer support agencies.

A life of their own

We recommend that commissioning organisations oversee an audit of quality and equity short breaks and respite care.

We recommend that commissioning organisations use the information on support groups in Appendix Two to develop a strategy for increasing the equity of this provision.

Avoiding financial hardship

We recommend that commissioning organisations monitor the effects of a drive to increase take-up of carers' benefits.

We recommend that commissioning organisations actively promote the new KASS single assessment tool (which includes a carer's assessment) called FACE³. This tool is designed to be completed once and shared between Health, Social Care and the Department of Work and Pensions to enable applicants to claim services and benefits and prevent repetition.

Carers' mental and physical health

We recommend that commissioning organisations launch a campaign to encourage GP practices to promote the carers register and ensure that carers are registered and receive the health checks and flexible appointments that registration should entail.

We recommend that commissioning organisations develop a strategy to link GP and hospital services with a respite care brokerage service.

Conclusion

In discussions with commissioners through the course of this study, we have been encouraged to focus our work on establishing what commissioning organisations should do more of, what it should do less of and what it should do differently. Therefore we conclude this report by summarising our key findings under these headings:

³ Functional Assessment of Care Environment

Do more of

- Continue to operate in a co-ordinated approach through commissioning organisations
- Continue to build close working relationships between commissioners and providers
- Continue to co-ordinate services across the health/social care/employment and training sectors
- Develop a core set of performance monitoring standards
- Continue to support the large range of voluntary organisations providing carers services, including those not receiving statutory funding
- Expand the spread of carer support groups across every district and every care group
- Continue to use the voluntary sector as key partners in delivering services on a local basis
- Increase publicity about carers services
- Use the implementation of the FACE tool to improve access to services

Do less of

- Reduce duplication of function by co-ordinating commissioning and provision of similar services
- Place less emphasis on outputs, more on outcomes
- Streamline reporting requirements by introduction of a common minimum data set and an outcome-focus

Do differently

- Adopt the carers wheel as a strategic planning tool
- Introduce a systematic monitoring system
- Set outcomes through a process of negotiation
- Prioritise the maximising of all resources
- Actively look for partnership in delivering services to avoid duplication
- Target services on excluded groups
- Consider the merits of integrating mental health budget within overall carers spend
- Use the new expanded service directory as a means of publicising services for carers

Top 3 issues from 1st April Carers and Personalisation event table top discussions, in no specific order:

1	Transparency – benefits and entitlements for Carers – information needs to be more widely available.
2	Advice and assistance service – to help Carers to navigate NHS and Social Care services
3	Primary care – GP awareness training re: Carer needs
4	Recognition by all Health and Social Care professionals of challenges Carers face
5	Support Planning and Review for Carers
6	Training. Two types needed – role for Carers - Specific practical training e.g. Manual Handling, catheter care etc. Formal and soft skills such as negotiation with professionals. Use carer expertise when consulting on training.
7	Carers who care for people not known to KASS. Recognition and range of services for ALL, not just people “in the system”.
8	Helping people know that they are Carers – recognising. Think about the wording used
9	Carers Emergency Card – more promotion required.
10	Allow Carers to speak up, be listened to and be involved in support plans for Service Users.
11	Access to computer training needed for Carers.
12	More info and peace of mind for Carers re: personalisation. Services need to be assured to be safe
13	Hearing impaired Carers have unique needs
14	Within registration and signposting for Carers – do we ask whether people have unique needs?
15	Many hearing impaired people do not feel that they are afforded the respect they deserve
16	Need more thinking outside the box about how community can support integration e.g. work with leisure centres
17	Need a more responsive service to crisis
18	Better IAG – a joined up service across agencies. Also follow up / co-ordination between services.
19	Professionals recognising Carers – recognising impact of caring role on whole family. Right info for whole family
20	Buddy schemes between Carers so that carers feel supported accessing support services
21	Need to access consistent services countywide
22	Personal budgets – people with mental health needs may have fluctuating ability / desire to use
23	Carers need support to manage PBs – good support services to manage the money / care and support – guidance about managing Personal Assistants
24	Carers support services for ALL, whether or not known to KASS. With guidance & signposting available for all

25	Not enough timely respite available for Carers – should be free for all
26	Training. Is there enough? What is available? Basic and condition specific. Free to all
27	Financial hardship and isolation e.g. loss of Carers Allowance at 65
28	Provision of equipment. Being asked same questions over and over for basic requirements. Difficult to get some equipment in a timely way e.g. suction equipment.
29	Carers training Carers schemes – to be explored. Mentoring for new Carers by experienced Carers. Also mentoring for professionals
30	Respite – inability to pre-book in a private care home. Diff to organise in advance
31	Financial sustainability for Carers services in current financial and political climate
32	NHS / Social care funding demarcation
	<p>Other points:</p> <ul style="list-style-type: none"> ▪ Disparity of involvement for people who care for people with mental health needs, compared to others. ▪ Need for regular reviews with move to personalisation ▪ Regular monitoring (as well as reviews) for people with mental health needs. Reviewer needs to have mental health training.

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 –
25 June 2010

Subject: **AUTISTIC SPECTRUM DISORDER – “ONE YEAR ON” REPORT**

Classification: Unrestricted

Summary: To advise Members of the actions that have been taken forward since the publication of the Autism Spectrum Disorder Select Committee report in March 2009

The report also appraises Members on ‘Fulfilling and rewarding Lives’: The strategy for adults with autism in England (March 2010) and ‘The first year delivery plan for adults with autism in England (April 2010).

Introduction

1. (1) The Autistic Spectrum Disorder Select Committee reported to the County Council in April 2009.

(2) The Terms of Reference for the Select Committee Topic Review for Autistic Spectrum Disorder sufferers and their carers were:

- to investigate the prevalence of autism in Kent
- to explore existing and emerging national and local policies and strategies with regard to autistic spectrum disorder (ASD)
- to examine the effectiveness of current ASD-related services in the County
- to explore existing and emerging approaches to funding, and present financial resources employed to support ASD-related services in Kent
- to investigate the extent of existing collaboration and partnership working between individuals and agencies providing support to people with autism
- having considered all the above aspects, to make recommendations for an approach for Kent.

(3) The Committee received evidence and information from a wide range of stakeholders, professionals, representatives of organisations supplying autism-related services, academics, officers and people affected by autism and their carers.

(4) The Autistic Spectrum Disorder Select Committee made a total of 15 recommendations for further action. The ‘One Year On’ monitoring report (Appendix 1) was considered by the Autistic Spectrum Disorder Select Committee Select Committee on 11 May 2010 to review progress made against the recommendations. See Minutes attached (Appendix 2).

Policy Context

2. (1) The needs of Adults with Autism. As the first ever piece of legislation designed to address the needs of one specific impairment group, it was followed by the 'Fulfilling and rewarding Lives': The strategy for adults with autism in England, March 2010 is attached for information (Appendix 3)

(2) The national strategy is underpinned by the vision that:

'All adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents.'

This would be achieved by the following specific areas for action over the next three years:

- increasing awareness and understanding of autism among frontline professionals
- developing a clear, consistent pathway for diagnosis in every area, which is followed by the offer of a personalised needs assessment
- improving access for adults with autism to the services and support they need to live independently within the community
- helping adults with autism into work, and
- enabling local partners to plan and develop appropriate services for adults with autism to meet identified needs and priorities

(3) The strategy was followed by a 'Towards Fulfilling and rewarding lives: The first year delivery plan for adults with autism in England in April 2010 (attached as Appendix 4). This sets out how the strategy is being taken forward over the next twelve months. This covers priorities for action and timelines and milestones associated with the priorities. While the strategy acknowledges that change will be a long term process, the first year delivery plan is to act as a driver particularly with the development of statutory guidance and long term delivery plan to be published by the end of 2010. However, specific actions have already been taken. These are:

- Improving training around autism for frontline staff in health and social care and employment support –which the consultation strategy identified as a vital step
- Helping adults with autism into work – an essential priority, given the low numbers of adults with autism in employment.

One Year On

3. (1) Building on the recommendations that the Select Committee made last year, KCC with its partners are taking this forward in line with the national strategy and delivery plan.

(2) Key achievements include

- Coordinating a successful multi-agency funding package for the independent advice and support service run by the Kent Autistic Trust. This maintained the viability of this valued service which now has secured external funding for the next 5 years.
- Mainstreaming the development of Self Directed Support in KASS and the increasing personalisation of support and services for those people with autism who meet KASS's eligibility criteria.
- The establishment of a committed multi-agency group to deliver the recommendations and strategy.

(3) There is significant work which is still in progress, although more slowly than was hoped for. In part this has been because of the changed economic landscape which has raised concerns about the resources available to deliver all that the committee has recommended. The delay in publishing the national strategy, which puts statutory obligations on KCC, has also slowed progress.

Recommendation

4. (1) Members are asked to NOTE the contents of the 'One Year On' report.

Michael Thomas-Sam
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Appendices

Appendix 1 Autistic Spectrum Disorder 'One Year' Monitoring Report

Appendix 2 Minutes of ASD Select Committee 11 May 2010

Appendix 3 'Fulfilling and rewarding Lives': The strategy for adults with autism in England, March 2010

Appendix 4 'Fulfilling and rewarding Lives': The strategy for adults with autism in England and 'The first year delivery plan for adults with autism in England, April 2010.

Background Documents:

Autistic Spectrum Disorder Select Committee Report March 2009

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Summary of progress towards each Select Committee Recommendation

Recommendation 1:	Progress to date	Status
<p>The Autistic Spectrum Disorder (ASD) Select Committee recommends that the Kent Adult Social Services Directorate, through the Joint Strategic Needs Assessment for adults in Kent, establishes the most effective way of conducting a county-wide study investigating:</p> <ul style="list-style-type: none"> • the prevalence and incidence of adults with ASD in need of support and not currently receiving service provision • levels of service satisfaction of those adults with autism living at home and currently receiving support. <p>This investigation will inform the planning and commissioning of future services for adults with ASD. The study could involve sponsoring a bursary for a student to carry out a research project at the Tizard Centre, University of Kent (please refer to Chapter 3).</p>	<p>KASS in partnership with Health has used South East Public Health Observatory and National Audit Office data to inform a Learning Disability Joint Needs Assessment which is currently out for consultation. This does not capture the needs of all the people with Autistic Spectrum Disorder as not every person with ASD will have a learning disability.</p> <p>Further work is planned to help us better understand the prevalence as well people's need for Support Services.</p> <p>The prevalence study work commissioned by Central Government will also improve on understanding.</p>	<p>Some good progress although more to do</p>

Recommendation 2:	Progress to date	Status
<p>KCC should encourage the inclusion of autism-related services, in the form of “care pathways”, amongst the services provided by multi-disciplinary mental health teams in the County. The local authority should also explore the possibility of setting up, in partnership with the NHS, a highly specialised autism service in Kent, such as the one offered by the South London and Maudsley Hospital (Chapter 4, Section 4.1 and Section 4.2).</p>	<p>Self-Directed Support (SDS) Champions are established within the Kent and Medway Partnership Trust (KMPT) as advocates of inclusive services. They are particularly active at social inclusion and recovery meetings.</p> <p>The Autistic Spectrum Disorder Working Group (ASDWG) has investigated the Maudsley Hospital model and found this not to be appropriate for Kent. The first year delivery plan of the National ASD working group is to propose a model that is informed by national research which Kent will take into account.</p> <p>Kent and Medway Partnership Trust has commissioned good quality ASD Specialist Assessments supported by the JNSA, to establish diagnosis, care planning and the commissioning of appropriate services to meet the needs of the person and their family.</p> <p>KCC and its partners will be guided by the The National Institute for Health and Clinical Excellence (NICE) model Care Pathway expected later this year. This will enable us to develop both referral and care pathway that incorporates all appropriate agencies, statutory as well as voluntary.</p>	<p>Some good progress although more to do</p>

Recommendation 3:	Progress to date	Status
<p>The Kent Adult Social Services Directorate should ensure that:</p> <ul style="list-style-type: none"> • all its staff involved in the assessment of autism are fully trained to understand the uniqueness, complexity and implications of the condition. This training should be coupled with an increasing number of early interventions aimed at diverting people with autism from care pathways that are inappropriate and expensive. • adequate advocacy services with ASD-specific knowledge are offered to all people with autism 	<p>A training module on ASD is being developed with input from appropriate voluntary sector agencies such as Kent Autistic Trust (KAT). Target training commenced in 2009 with the intention of training the majority of staff start later in 2010. There are also joint training initiatives being planned with Jobcentre Plus</p> <p>In addition, training funded by KASS is already being provided to private and voluntary sector agencies, under contract with South Kent College This will increase awareness and understanding of ASD leading to the commissioning of more appropriate services</p> <p>Any examples of best practice for improving training which may emerge from statutory guidance from the DH, due to be published by end December 2010, will be noted and used to shape existing training modules</p> <p>Kent Autistic Trust (KAT) provides an advocacy, information and support service for Kent and Medway and has secured funding until March 2015</p> <p>KMPT has a Service Level Agreement to improve access to services for people with mental health problems to supplement existing services.</p>	<p>Some good progress although more to do</p>

Recommendation 4:	Progress to date	Status
<p>The Kent Adult Social Services Directorate should aim to achieve greater access to person-centred planning for, and a greater usage of Direct Payments by, people with ASD.</p> <p>It will liaise with the recently appointed Specialist Advisor for Autism at the Department of Health in an effort to expand its capacity, expertise and leadership on autism in Kent (Chapter 5).</p>	<p>Self Directed Support (SDS) which places the individual at the centre of support planning was introduced by KASS in October 2009 and by April 2011, everyone eligible for services receives a Personal Budget and be offered Direct Payments as a means of exercising choice and control over the services they receive. This can be managed by the service user or by a third party on behalf of the service user.</p> <p>KCC and NHS Eastern and Coastal Kent are partners in a Personal Health Budgets pilot with the DH focussing on Thanet. If the pilots are successful, merging Health and Social Care Budgets and adoption of Single Assessment Process (SAP) will be a strong possibility, thus delivering even greater choice and control to service users.</p> <p>KASS has strong links with the DH Specialist Advisor which was forged during development of the National Autism Strategy and this will continue through to implementation.</p>	<p>Some good progress although more to do</p>

Recommendation 5:	Progress to date	Status
<p>The Managing Director of Kent Adult Social Services should oversee and ensure the prompt production and implementation of a protocol for joint working between KCC's learning disability and mental health teams, in order to provide a more inclusive and responsive service to individuals with ASD</p> <p>(Chapter 6, Section 6.1).</p>	<p>This is already informing practice between LD and KMPT</p> <ul style="list-style-type: none"> • The transition protocols provides us with the sound basis for ensuring that effective joint team working takes place • Learning Disability and Kent and Medway Partnership Trust joint protocols (covering people who present with joint mental health and learning disability needs) have been developed and staff training carried out to enable better identification of anyone with Aspergers or high level ASD • Protocols are further reinforced through Action Planning so that they are responsive to the needs and issues of individuals with ASD. 	<p>Some good progress although more to do</p>

Recommendation 6:	Progress to date	Status
<p>The Select Committee endorses the production of Transition Protocols, which can enhance data sharing between children and adult social services in Kent, and recommends that the impact of these protocols on service planning and provision for young people with ASD – including those with Asperger syndrome - is specifically monitored</p> <p>(Chapter 6, Section 6.2).</p>	<p>Monitoring and Evaluation are key elements of the strategy. In a joint CFE/KASS survey carried out in Autumn of 2009 with the carrying out of a survey which revealed that 75% of respondents reported that they were satisfied with the service they received during the transition process of from CFE to KASS.</p> <p>With the introduction of Integrated Children’s System (ICS) there is now a single system with key data available to both CFE and KASS staff. This has improved the flow of information about individual young people leading to more integrated and person-cantered planning and commissioning of services.</p> <p>Regular evaluation and monitoring of the effectiveness of the Protocols is ensuring that the transition arrangements between the two directorates children is being continuously improved. This is reported as part of the progress report on Target 55 of the Towards 2010 Objectives</p> <p>The monitoring of the Children and Young Peoples Plan also monitor how well people are supported.</p>	<p>Some good progress although more to do</p>

Recommendation 7:	Progress to date	Status
<p>Kent Adult Social Services should lead on the establishment of a multidisciplinary task group with representation from agencies including health, social care, housing, employment services, education, independent sector providers and the voluntary sector.</p> <p>The task group - which should liaise with the Kent Learning Disability Partnership Board - will widen and strengthen the interdependence and joint working amongst all these agencies, to provide more efficient and effective services to people with autism and individuals with learning disabilities (Chapter 6, Section6.3).</p>	<p>A cross agency Autistic Spectrum Disorder Task group has been established to drive forward work on the recommendations. PCTs, KMPT, Mental Health, Gypsy Unit, CFE and KASS are all represented. A housing representative is yet to be secured, although the housing rep on the County Transition Group can provide an interim link with the group. The group reports to the Transition Executive Group chaired by the Managing Director for KASS.</p> <p>The Group will work closely with the Kent Learning Disability Partnership Board. The thrust of its strategy is to make existing services work better for people with ASD rather than establishing a new specialist service.</p> <p>The Group also has members who have links or sit on key subgroups of the Kent Children Trust Review arrangement. KASS Policy Lead Manager sits on the Change for Children’s Teams which is supporting the change programme of Kent Children’s Trust.</p> <p>A housing representative now sits on the County Transition Group this will help inform integrated working to meet the particular needs of people with Autism and their families.</p> <p>Terms of reference of the group has been agreed</p> <p>The group will drive the action plan with the” Valuing People Now” Delivery Manager being the link with the LD Partnership Board and Head of Integrated Services for Children with Complex Needs the link for CFE</p>	<p>Complete/advanced progress</p>

Recommendation: 8	Progress to date	Status
<p>KCC should make sure that transition planning offered to young people with autism should start at the age of 14, and that it should be in place before they reach statutory school leaving age</p> <p>The local authority should ensure well coordinated, seamless transitions into adulthood, involving person-centred, effective planning and support. Planning should be coupled with a mechanism to monitor progress and to secure a smooth transition</p> <p>(Chapter 7, Section 7.1, Section 7.2 and Section 7.3. To view the recommendations of the report “Transition to a Positive Future” (2007) please see Appendix 4).</p>	<p>Kent’s Transition Protocol ensures that young people with ASD who have complex needs are able to make the move from adolescence to adulthood with the support they need and with their involvement in all decision making processes to achieve the outcomes they want in line with Self Directed Support.</p> <p>A framework for monitoring and evaluating the effectiveness of Transition planning has been developed and implemented by County Transition Planning and Review group, supported by Good Practice supervisors.</p> <p>It sets out shared policy, responsibilities and agreed roles in the transition process, timelines and paperwork so that everyone can work together effectively.</p>	<p>Complete/advanced progress</p>

Recommendation 9:	Progress to date	Status
<p>Kent County Council should review the availability of specialist psychology, psychiatry and speech therapy health services to people with autism both during transition and into adulthood (Chapter 7, Section 7.4). Recommendation</p>	<p>Kent and Medway Partnership Trust has restructured its service arrangements recently. In line with the joint Learning Disability and Mental Health joint protocols, people presenting with autism in the absence of learning disability will be assessed appropriately.</p> <p>The Autistic Spectrum Disorder Task Group has further work to do in response to this recommendation.</p> <p>Child and Adolescent Mental Health Services commission appropriate services including through community LD teams upon identification of anyone with ASD</p> <p>CFE are able to identify those who are within the education system and who need specialist psychological support.</p>	<p>Some good progress although more to do</p>

Recommendation 10	Progress to date	Status
<p>Kent County Council should support a campaign to raise awareness in the community about autism. KCC should also urge internal and partner agencies, including the NHS, the Criminal Justice System, the police and the housing, employment and education services, to enhance awareness amongst their staff about autism, its complexities and the implications for their service delivery (Chapter 8, Section 8.1 and Section 8.2).</p>	<p>Kent Autistic Trust (KAT) has a good track record of raising awareness and is part funded by KCC</p> <p>KCC sponsored the creation of a DVD of a young person with ASD to tell their story through film and is proving a powerful means of raising awareness.</p> <p>The possibility of creating a network of “Autism Ambassadors” – local volunteers who actively represent and promote the needs of people with ASD will also be explored by the lead manager.</p> <p>Any new ideas that emerge from the National Programme Board for tackling the stigma of Autism within the community will be considered for inclusion the awareness raising campaign across statutory and voluntary sector agencies.</p>	<p>Some good progress although more to do</p>




Recommendation 11:	Progress to date	Status
<p>KCC should contribute to the development of a website which provides up-to date national guidance as well as local information on all the services and support available to people with ASD and their families in Kent. Information and guidance should be presented in a clear, unambiguous and user-friendly form (Chapter 8, Section 8.3).</p>	<p>Kent Autistic Trust (KAT) provides accessible information about services available locally for people with ASD and their carers.</p> <p>KCC will explore with KAT other means of communication that is more person centred i.e. face to face and linking with Kent's website.</p>	<p>Some good progress although more to do</p>

Recommendation 12:	Progress to date	Status
<p>Kent County Council should:</p> <ul style="list-style-type: none"> • review its recruitment practices and selection criteria so that they support and enable the employment of more people with autistic spectrum conditions within the Authority • explore the potential of further education colleges in Kent to maximise the employment opportunities of people with autism in the County • require the Supporting Independence Programme team to carry out a project, possibly with the Tizard Centre, aimed at helping people with ASD to access employment (Chapter 9, Section 9.1 and Section 9.2). 	<p>Kent Supported Employment has a good track record of offering supported to people with LD and ASD. KCC is a Project Search demonstration site. The first intake of learners is in September 2010 and brings together Further Education and Supported Employment.</p> <p>As part of Getting a Life, KCC and partners been working on an employment pathway for people age 14, including those ASD. This has involved input from CFE, special schools, FE sector, Good Day Programme, Jobcentre Plus and Connexions. Kent Supported Employment is also working with the FE sector to ensure that courses are better geared to supporting pathways into both supported living and employment.</p> <p>Employability Strategy is due to go to full Cabinet in July 2010 and will ensure that KCC is employing greater numbers of people from socially excluded groups including people with ASD. It will have an outward focus and working with partners, especially those in the public sector to ensure that are also employing greater numbers of people from socially excluded groups.</p>	<p>Some good progress although more to do</p>

Recommendation 13:	Progress to date	Status
<p>Kent County Council should:</p> <ul style="list-style-type: none"> • carry out an audit involving all Kent District Councils to ascertain accurately the housing options available to people with ASD and those with learning disabilities • urge both District Councils and the Joint Planning and Policy Board to take particular account of the needs of people with autism when discussing and deciding housing options • encourage both District Councils and the Kent Adult Social Services Directorate to consider allocating some of their PFI housing options to people with autism (Chapter 9, Section 9.3). 	<p>All LD teams have arrangements for close working with local Housing Groups</p> <p>Housing Needs Surveys have been carried out in all districts. These will be pulled together to provide a comprehensive picture.</p> <p>Health and Social Care integrated teams have devised Housing Action Plans to support the housing need for people with ASD</p> <p>A series of “How do I” tenancy agreement leaflets help with practical advice to tenants.</p> <p>Private Finance Initiative (PFI) has enabled some people with ASD to become tenants through the allocation of supported living accommodation.</p>	<p>Some good progress although more to do</p>

Recommendation 14:	Progress to date	Status
<p>Kent County Council should:</p> <ul style="list-style-type: none"> • start a pilot scheme in Kent in which a drop-in facility providing autism related information and guidance is available one day a week. The Committee suggests using an existing local setting, such as the successful Ashford Gateway, as the base for this pilot scheme. In order to maximise the effectiveness of this initiative, it is essential that the staff working in the premises are made aware both of the initiative and about the condition of autism • contribute to the funding of a befriending scheme, using trained volunteers, which may be run in collaboration with The National Autistic Society (Chapter 10, Section 10.1 and Section 10.2). 	<p>KASS will explore the idea of using two of these facilities for a pilot scheme and will be guided by both the National Autistic Society (NAS) and Kent Autistic Trust (KAT with regard to setting it up.</p> <p>Consideration is being given to the establishment of a specialist enablement service for people with ASD as part of the roll out of Self Directed Support to all parts of KASS.</p> <p>KASS is currently exploring how together, with partners we can provide different forms of drop-in type support. This may include seeking to very relevant existing service level agreements.</p>	<p>Some good progress although more to do</p>

Recommendation 15:	Progress to date	Status
<p>The Kent Adult Social Services Directorate should carry out a county-wide audit to quantify the need for respite of people with ASD and their families.</p> <p>The purpose of this study is to inform the planning of future respite service provision in Kent, taking into account the Authority's financial constraints (Chapter 10, Section 10.3).</p>	<p>See comments provided in response to recommendation 1 above which covers this matter.</p>	<p>Some good progress although more to do</p>

- Key:
-  = Complete/advanced progress
 -  = Some good progress although more to do
 -  = Little/no significant progress yet/high risk (therefore high priority next steps)

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SELECT COMMITTEE - AUTISTIC SPECTRUM DISORDER (ASD)

MINUTES of a meeting of the Select Committee - Autistic Spectrum Disorder (ASD) held in the Stour Room, Sessions House, County Hall, Maidstone on Tuesday, 11 May 2010.

PRESENT: Mr J D Simmonds (Chairman), Mrs A D Allen, Mrs E Green, Mr S J G Koowaree and Mr M J Northey

ALSO PRESENT: Mr G K Gibbens and Mr D Walker (Kent Autistic Trust)

IN ATTENDANCE: Mr O Mills (Managing Director - Adult Social Services), Mr D Douglas (Policy Officer), Mr M Thomas-Sam (Head of Policy and Service Development), Mr D Waller (Directorate Manager: Governance, Member Support & Communication) and Ms D Fitch (Assistant Democratic Services Manager (Policy Overview))

UNRESTRICTED ITEMS

1. Autistic Spectrum Disorder - Response to the Select Committee Report (Item. 1)

(1) Mr Mills and Mr Thomas-Sam introduced a report which updated the Select Committee on the general progress that had been made in this area since the Select Committee had submitted their report to Cabinet in March 2010.

(2) Mr Mills stated that progress had been made with all the recommendations but he acknowledged that there was still more to do in certain areas. Since the Committee produced its report the financial context had become more challenging, but this area was a high priority and the recommendations were still being progressed. ASD was also a high priority with the Department of Health. The Government had published "Fulfilling and Rewarding Lives" a strategy for adults with autism in England and a first delivery plan. There was also a close link with the Valuing People Now delivery plan. In Kent there was a group overseeing the delivery of Valuing People plan and they had links to the Learning Disability Board and the Executive Board on Transition which Mr Mills chaired. In relation to transition a base line survey was being carried out.

(3) Mr Gibbens, Cabinet Member for Adult Social Services, commended the Select Committee report as an important piece of work which was ongoing and evolving and confirmed that ASD issues were high on the list of priorities. He stated that he would like the Policy Overview and Scrutiny Committee to look at this issue on a regular basis, annually and possibly more regularly.

(4) In response to a question from Mrs Allen, Mr Thomas-Sam confirmed that Adult Social Services had good links with Housing Departments in the 12 Districts. When the Districts refreshed their housing strategy's County Council officers made sure that they had input in relation to Social Care issues. There was also a strong

Countywide Housing Forum, on which Adult Social Services were represented and which fed into the work of the County Council.

(5) Mr Mills referred to the Joint Strategic Needs Assessment for people with a Learning Disability, this included information about the needs of people with ASD. Mr Thomas-Sam explained that this was complicated as assessment would depend on the criteria used, and that further work was needed on prevalence.

(6) Mr Simmonds referred to the Select Committees suggestion that work should be commissioned from the Tizzard Centre, Mr Waller explained that the Government had now funded a national prevalence study, which removed the need for the County Council to commission its own study. However, the national study had been delayed until 2011. Mr Walker, from the Kent Autistic Trust, pointed out that the number of adults with ASD who were in need of services was different from the total number of adults with ASD, and that there was no central data.

(7) In response to a question on home to school transport for young people with ASD, Mr Mills explained that this fell outside of the scope of this review.

(8) Mr Thomas-Sam explained that the xxxxxx Act placed a requirement on the Secretary of State to publish a strategy and to issue guidance. This was the first time that the same duty had been applied to the Health Service as was placed on Local Authorities to deliver and respond to guidelines. However, this did not apply to Foundation Trusts and if the Kent and Medway Partnership Trust achieved Foundation Trust status these duties would not be applied to them which was causing some concern locally. He reminded Members that the commissioning responsibility would still rest with the Primary Care Trusts (PCT's).

(9) Mr Simmonds raise the issue of joint working between Social Services and the Health Service which has been an issue highlighted by the Select Committee. Mr Thomas-Sam stated that since the Committee had completed its work there was now a protocol with both PCT's to deal with people who presented with joint issues such as ASD and Mental Health issues or Learning Disabilities. Staff had been trained on these joint protocols. The effectiveness of the protocol was being tested by a survey of those who had gone through the services.

(10) Mr Waller explained that the protocol separated out needs and financial responsibility. The first point of contact would fund the client initially and then the conversation about who should fund them in the long term went on while the client was accessing support. Therefore services would be commissioned while any disputes over funding were being resolved,

(11) Mr Mills informed the Committee, that in relation to transition, the County Council were in a stronger position than they had been a year ago. There was now a transition protocol and staff had been trained to use it. There had been good feedback on this from a baseline survey, on transition generally, not just for those with ASD. He stated that there was still more to be done and that the monitoring would continue.

(12) Mr Waller explained that information on transition was providing good demographically data. Following the work of the Select Committee on Transition, young people were now more closely monitored on transition and information was

passed on in a more structured way. More young people were getting a good or adequate service at transition.

(13) The Committee discussed the progress made on each of the 15 recommendations and Officers answered specific questions on the action taken to date and action proposed:-.

Recommendation 1 –

(14) It was noted that this had been covered in the comments earlier in the meeting on prevalence data and Members were satisfied with the progress made.

Recommendation 2 –

(15) Mr Thomas-Sam explained that the Maudsley Hospital system was not considered to be a good vehicle for Kent. The Kent and Medway Partnership Trust had commissioned good quality ASD assessments. In the Nation Delivery Plan there was a requirement for a piece of work which would set out the standard of support for people with ASD, once complete this could then be used at a local level.

Recommendation 3

(16) Mr Thomas-Sam confirmed that anyone qualified to carry out a community care assessment should have the confidence to do this in relation to ASD, and that training was critical to achieve this. Mr Waller explained there was information from the National Autistic Society that there was a critical hurdle for those with ASD to overcome in order to access services and a positive community care assessment. Those with ASD functioned at different levels and it was difficult to know where to concentrate resources.

(17) Mrs Allen asked that this awareness training be taken further and that officers working in the contact centre and on reception should also have an awareness of ASD and how to deal with people appropriately.

(18) Mrs Green sought an assurance that the training budget for staff awareness of ASD would not be reduced. Mr Gibbens stated that he could not comment on the budget as that had yet to be decided, but he assured Members that this was an area that he felt strongly about and he would do all he could to protect it in difficult times. It was a question of making best use of resources and facilities available. There were a whole range of possible approaches to training and evaluation and it was a case of selecting the most effective. Mr Waller explained that there was a lot of sharing of expertise amongst staff which was cost effective.

Recommendation 4

(19) Mr Gibbens stated that across the Directorate there was a lot of good work being carried out to develop personal budgets and it was important to carry on with this as there was always more than could be done.

(20) Mr Thomas-Sam gave feedback on the personal health service pilot which was being piloted by NHS East Kent. Mr Douglas referred to the “Right to Control” which covered ASD and went wider than just the services provided by local

authorities and the Health Services. There were eight trailblazer areas, and lessons would be learned from these.

Recommendation 5

(21) There were no comments on the progress with this recommendation.

Recommendation 6

(22) The importance of people having access to adequate information in a timely manner was emphasised.

(23) In relation to the use of data within the County Council, Mr Waller explained that for Adult Social Services access to education information about a client had got easier, information on young people with a Statement of Special Educational Needs or who were school action or school action plus was now transferred more readily on to Adult Social Service, therefore they had information on those requiring a high level of services. Adult Social Services did not have such good information on those who were on a low level package but this was improving.

Recommendation 7

(24) It was acknowledged that work on this recommendation was complete.

Recommendation 8

(25) It was acknowledged that work on this recommendation was complete.

Recommendation 9

(26) In response to a question on the availability of specialist psychology, psychiatry and speech therapy health services for people with ASD both during transition and into adulthood, Mr Waller stated that these services could be improved by increased capacity.

(27) Mr Thomas-Sam undertook to raise the capacity issues for these services at the agenda for the Health Overview and Scrutiny Committee.

Recommendations 10 & 11

(28) Mr Thomas-Sam referred to the ASD Working Group which was focussing on a strategy to raise awareness of ASD with County Council staff and Partners. This Group had held two meetings and Members would be kept informed of progress. This Group reported to the Executive Board on Transition which Mr Mills chaired.

(29) Mr Gibbens acknowledged that these areas relating to communication required more work and he would arrange to meet with officers to discuss what could be done to be more pro-active.

(30) The importance of using links between the County Councils Website and others such as the Kent Autistic Trusts were emphasised,

Recommendation 12

(31) Mr Gibbens explained that he had been involved in an Employability Strategy which was due to be considered by Cabinet in July 2010 which contained a strong recommendation on how this could be taken forward. This was a cross directorate strategy and not solely the responsibility of Adult Social Services.

Recommendation 13

(32) Mr Michael-Sam stated that KASS district plans included results of the Housing Needs Assessments across the county and such information was shared with Housing Departments.

Recommendation 14

(33) Mr Waller explained that in terms of the facilities provided by the National Autistic Society these were very expensive. Work had been done in house to set up support groups. Adult Social Services had a couple of support workers who worked with a small group to enable them to form facilitated friendships over time and as these groups became established the support worker would pull back and start another group in a different area. This had been started in Thanet and Ashford but was very slow work.

Recommendation 15

(34) As previously stated the prevalence study had not yet been carried out. Mr Waller referred to the respite support given through the use of day centres and the more to direct payments for those that preferred to control of the way that they were supported. There were currently six respite units in Kent and, for historical reasons five were located in East Kent and one in West Kent.

Summary

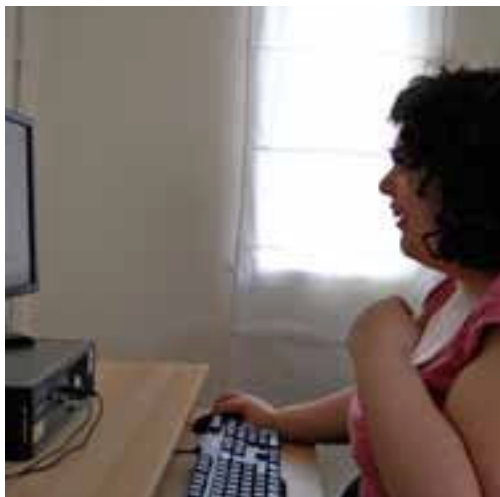
(35) The importance of this issue being reported to Adult Social Services Policy Overview and Scrutiny Committee on a regular basis was emphasised.

(36) Mr Walker (Kent Autistic Trust) stated that he was pleased that the County Council had raised the profile of ASD through the work of this Select Committee. The biggest issue for his Members was that of assessing services for those that fell between the criteria of different organisations.

(37) RESOLVED that the progress made on the recommendations, and the work that was in progress be noted.

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'Fulfilling and rewarding lives'



The strategy for adults with autism in England (2010)

DH INFORMATION READER BOX

Policy HR/workforce Management Planning/ Clinical	Estates Commissioning IM&T Finance Social care/partnership working
Document purpose	Policy
Gateway reference	13521
Title	"Fulfilling and rewarding lives" The strategy for adults with autism in England (2010)
Author	Department of Health
Publication date	3 March 2010
Target audience	PCT CEs, NHS Trust CEs, SHA CEs, Care Trust CEs, Foundation Trust CEs, Medical Directors, Directors of PH, Directors of Nursing, Local Authority CEs, Directors of Adult SSs, PCT Chairs, NHS Trust Board Chairs, Special HA CEs, Directors of HR, Allied Health Professionals, GPs, Higher Education Institutions, Universities UK
Circulation list	
Description	Fulfilling and rewarding lives sets out the Government's Strategy for adults with autism. It draws on the findings of the National Audit Office report Supporting adults with autism through adulthood (2009) and the recommendations from the Public Accounts Committee's report (2009) of the same title.
Cross reference	N/A
Superseded documents	N/A
Action required	N/A
Timing	N/A
Contact details	Social Care Policy and Innovation Department of Health Unit 124 Wellington House 133-155 Waterloo Road London SE1 8UG
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First published March 2010

Published to DH website, in electronic PDF format only

www.dh.gov.uk/publications

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*This document is also available in the following alternative formats:
easy read, Braille, large print and audio.*

FOREWORD FROM THE SECRETARY OF STATE FOR HEALTH



It has taken time for society to understand autism and sadly, too many lives have not been as fulfilled as they might have been, as people have fallen between the cracks. This strategy is about making faster progress in the future to improve the lives of people with autism and their families.

This Government's ambition – backed up by a wealth of programmes and investments – is to unlock aspiration and make a reality of genuine equality of opportunity for all. The publication of this first national autism strategy for England is a significant and important step to delivering that vision for adults with autism.

Autism is sometimes described as a 'hidden disability', not only because it has no physical signs, but also because adults with autism are some of the most excluded, and least visible, people in the UK.

We know profound change is long overdue. Too many adults with autism are unemployed, struggling to get by on benefits and reliant on the care and support of their parents – both financially and for practical help.

The Autism Act 2009, building on the Bill brought by Cheryl Gillan MP, showed our collective commitment to improve the lives of people with autism and their families – and it has been backed by a range of actions across government to boost the profile of autism across public services.

But our long-term vision goes beyond this. Through this strategy, we want to capitalise on the momentum already gathering in public services so that adults with autism experience real improvements and more opportunities to lead fulfilling and rewarding lives. We want them to receive the right diagnosis as early as possible and access support if they need it, and to know that they can depend on mainstream public services to treat them fairly as individuals.

And, crucially, we will also ensure there is more effective, more tangible support for the families and carers that do so much for adults with autism; they must not be allowed to struggle on without our help.

But real success will depend ultimately not only on transforming services, but on changing attitudes across our society. We need to build public and professional awareness and reduce the isolation and exclusion that people with autism too often face.

Achieving these ambitions won't be easy and will take time. But this strategy is a bold and necessary starting point on an absolutely vital journey to improve the lives of adults with autism.

A handwritten signature in black ink that reads "Andy Burnham". The signature is written in a cursive, slightly informal style.

Rt Hon Andy Burnham,
Secretary of State for Health

MINISTERIAL FOREWORD

The Autism Act 2009 was a unique and groundbreaking piece of legislation. It signalled a new commitment across government to transforming the way public services support adults with autism. But, more importantly, it is the foundation stone for a wider programme of activity across the public sector, designed to drive that change.

This national autism strategy – the first ever created in England – is the next major landmark in this process. It represents a shared approach towards a common goal: a society that not only accepts and understands autism, but also provides real opportunities for adults with autism to live fulfilling and rewarding lives.

The strategy is built on a fundamental recognition: too many people with autism are missing out on the chance of the quality of life that others enjoy. This is a denial of their potential, their personal aspirations, their hopes for the future. It places a heavy burden on their families, and, as many have pointed out, a heavy burden on the UK economy too.

We know that change will be a long-term process. While the Autism Act, and our vision, indicate our ambition, this strategy brings a practical approach. Building on the progress we have made in improving services for children with autism, it focuses on laying the foundations for the change we seek: raising awareness of autism, particularly across public services; increasing the availability and consistency of diagnosis; taking steps to make services more accessible for adults with

autism, putting personalisation – across all services – at the core of our approach; and looking directly at the challenges faced by adults with autism in getting into work and keeping a job, as part of our wider goal of achieving full employment.

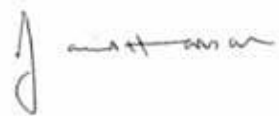
Above all, the strategy seeks to put the needs of adults with autism on the map in every area, so that throughout England the right services can be developed, commissioned and shaped to meet those needs.

Together, these foundations can underpin a wider process of cultural and social change, which is essential to realising our vision. Equally essential is the principle of collaboration across public services, shaping those services around the needs of adults with autism, across the whole of the autistic spectrum. We know that there are already many examples of outstanding services around the country that provide the support adults with autism need. We need to learn from them, both to support the direction we take in the future and to further improve mainstream services, to accelerate progress towards our goal.

Phil Hope,
Minister of State
for Care Services



David Hanson,
Minister of State
Home Office




Diana Johnson,
Minister of State
for Schools



Jonathan Shaw,
Minister for Disabled
People



Andrew Adonis,
Secretary of State for
Transport



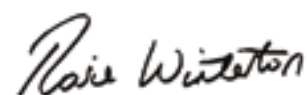
David Lammy,
Minister of State for
Higher Education and
Intellectual Property



Angela Smith, Minister
of State for the Third
Sector



Rosie Winterton,
Minister of State for
Local Government



Claire Ward,
Parliamentary
Under-Secretary of
State for Justice



EXECUTIVE SUMMARY

- 1 The Government's vision is that 'All adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents.'
- 2 Despite the significant strides made over the last decade to reduce inequality across the UK, we know that adults with autism remain socially and economically excluded. They, and the people who care for them, have often been badly let down by public services which have failed to recognise or respond to their needs.
- 3 While we know that some adults with autism do live fulfilling lives, making successful and important contributions to their communities, the economy and their own families, currently too many adults with autism are not able to do this. Too many are dependent on benefits for their income and on the care and support of their families, not only for housing but simply to cope with their everyday lives. For those without this support, the outlook is worse: the risk of severe health and mental health problems, homelessness, and descent into crime or addiction. The costs in financial terms to public services are enormous: the costs in emotional terms for both adults with autism and their families more devastating still.
- 4 By improving the lives of adults with autism, by enabling them to live independently, supporting them into work and while at work, and by identifying their health needs earlier, the impact will be immense.
- 5 The landmark Autism Act 2009 is a symbol of the Government's commitment to achieving our vision and delivering such an impact within our society. The first ever piece of legislation designed to address the needs of one specific impairment group – adults with autism – it has already triggered a response, across government and public services, that is beginning to drive change. This strategy builds on that, setting a direction for long-term change to realise our vision but also identifying specific areas for action over the next three years. It also draws on the findings of the National Audit Office (NAO) report *Supporting people with autism through adulthood*.¹
- 6 The strategy is underpinned by the fundamental principles of equality and human rights. It takes as its starting point the breadth of government policy – from health to social care to employment to justice to communities – that already should support adults with autism,

1. National Audit Office (2009) *Supporting people with autism through adulthood*. Report by Comptroller and Auditor-General HC 556 Session 2008–09. Throughout the rest of this document, this is referred to as 'the NAO report'.

- and seeks ways to ensure that this policy framework addresses their real needs. This policy framework is wholly transforming the way public services are planned, commissioned and delivered. In many areas, the changes introduced are beginning to have an impact on people's lives, including the lives of adults with autism. We believe it is important that these changes form the basis of the improved services and support available to adults with autism.
- 7 This not only reflects the current economic situation, where every public sector organisation is facing budget restrictions and is required to do more with less, but is also in line with the Government's overall policy direction of reducing statutory requirements and encouraging frontline staff to develop services and solutions to meet local needs. While we recognise that these factors make it a difficult time for public services to respond to a new strategy, we can no longer ignore the moral imperative to address the unmet needs of so many members of our society.
- 8 The first and fundamental step of our strategy is to increase awareness and understanding of autism across all public services. If frontline staff know more about autism, they will be better able to recognise the condition and respond to it. This is essential to making existing policies work for adults with autism – across the entire autistic spectrum.
- 9 Chapter 2 of the strategy focuses on ways to increase awareness in health and social care, employment advice and other frontline public services. It includes recommendations to improve the autism awareness training given to staff across government, working with relevant bodies in each sector – as well as drawing on the input of adults with autism themselves – to build awareness of autism across frontline staff. The goal is to develop and deliver training and information resources that enable staff to adapt the way they provide services to an adult with autism – from their behaviour and communication to more fundamental changes, such as the treatments recommended in healthcare and the choices offered in social care or employment support.
- 10 The chapter also recognises the opportunities that come from putting autism awareness on the agenda with employers, as part of the Department for Work and Pensions' (DWP) programme of engagement with employers around recruitment and retention of disabled people.
- 11 The second strand of our strategy focuses on diagnosis and our goal of increasing capacity around diagnosis of autism in every area of the country. Chapter 3 explains how we are working with the National Institute for Health and Clinical Excellence (NICE), which is producing a clinical guideline that will include diagnostic processes. This can then be used by local National Health Service (NHS) bodies to

- develop a clear and consistent pathway for diagnosis.
- 12 Local commissioning of specialist autism teams can be an important way to build capacity locally, particularly around diagnosis. Across the country, there are a number of successful models of such teams and some examples are included in chapter 3.
 - 13 Crucially, we will also ensure that diagnosis is not an end in itself, but rather the beginning of improved support for an adult who has been diagnosed with autism. In particular, we underline the duty under the NHS and Community Care Act 1990 for local authorities to assess a person who may be in need of community care services. Diagnosis of autism is already a reason for such an assessment – and needs to be recognised as such.
 - 14 An assessment of need is only valuable if effective services are available to support adults with autism. That is why chapter 4 sets out recommendations for improving access for adults with autism to the services and support they need. Like other changes, this is not something that can happen overnight, but the strategy creates a strong platform for beginning and driving forward the process of reform. In particular, it reiterates the requirement under the Disability Discrimination Act 2005 (DDA) for services to make reasonable adjustments for disabled adults: this includes adults with autism.
 - 15 The chapter then examines how we can make personalisation of social care work for adults with autism – giving them greater choice and control over the services and support they receive. A key part of this is ensuring a smooth and successful transition to adult services for those people who have been diagnosed with autism as children.
 - 16 Over the last few years, the Government has made it clear that work is the best form of welfare, the most effective route out of poverty and a vital part of social inclusion. However, adults with autism are currently significantly under-represented in the labour market. That is why chapter 5 looks at how we will help adults with autism into work. It explains changes underway to the welfare system to better support adults with autism, through effective work preparation programmes and through improvements to our benefits and tax credit systems.
 - 17 While these chapters explain our overall direction, it is clear that the key to change lies at the local level. In chapter 6, therefore, we focus on building capacity and capability at local level to enable local partners to develop relevant services for adults with autism to meet identified needs and priorities. We set out some key recommendations, rooted in effective practice around the country, that local partners should consider in planning and commissioning services. In particular, we make it clear that we expect each local area to develop its own commissioning plan for

services for adults with autism – building on the outcomes of the Joint Strategic Needs Assessment (JSNA). Such plans help make it clear to all local partners, and local representative groups, how change will be delivered in each area.

- 18 The strategy is designed to set overall direction. It will be followed by a first-year delivery plan by 31 March 2010, and the publication of statutory guidance for health and social care and a full delivery plan by the end of 2010. It will be formally reviewed in 2013. Progress on delivering the strategy will be led nationally by a new autism programme board, which will be co-chaired by the Minister for Care Services and the Director-General of Social Care at the Department of Health (DH).

TERMINOLOGY

In producing this strategy, we recognise that there are a number of terms that different individuals and groups prefer to use, including autistic spectrum disorder, autistic spectrum condition, autistic spectrum difference and neuro-diversity. In this strategy, we use the term "autism" as an umbrella term for all such conditions, including Asperger syndrome. This is in line with the approach to terminology adopted by key autism representative organisations, including the National Autistic Society (NAS), as well as the NAO and the Public Accounts Committee (PAC) in their recent reports, and will help ensure the strategy is understood by and accessible to the widest possible audience.

For the purposes of this strategy, autism is defined as a lifelong condition that affects how a person communicates with, and relates to, other people. It also affects how a person makes sense of the world around them. The three main areas of difficulty, which all people with autism share, are known as the 'triad of impairments'. They are difficulties with:

- social communication (e.g. problems using and understanding verbal and non-verbal language, such as gestures, facial expressions and tone of voice)
- social interaction (e.g. problems in recognising and understanding other people's feelings and managing their own)

- social imagination (e.g. problems in understanding and predicting other people's intentions and behaviour and imagining situations outside their own routine).

Many people with autism may experience some form of sensory sensitivity or under-sensitivity, for example to sounds, touch, tastes, smells, light or colours. People with autism often prefer to have a fixed routine and can find change incredibly difficult to cope with. Many people with autism may also have other conditions such as attention deficit hyperactivity disorder (ADHD), a learning disability or dyspraxia.

Autism is known as a spectrum condition, both because of the range of difficulties that affect adults with autism, and the way that these present in different people. For example, Asperger syndrome is a form of autism. People with Asperger syndrome typically have fewer problems with speaking than others on the autism spectrum, but they do still have significant difficulties with communication that can be masked by their ability to speak fluently. They are also often of average or above average intelligence.



1. 'FULFILLING AND REWARDING LIVES': THE STRATEGY FOR ADULTS WITH AUTISM IN ENGLAND

Our vision for adults with autistic spectrum conditions

1.1 The Government's vision for transforming the lives of and outcomes for adults with autism is:

'All adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents.'

1.2 For adults with autism, this means:

- having a right to receive an assessment of need from social services
- getting the same opportunities for education and further education as everyone else
- being supported to get a job and stay in work
- being able to choose where to live – just like anyone else

- having relationships and social networks
- having their health needs properly met in a way which is appropriate for someone with autism
- being safe from hate crime and discrimination
- living in a society where people understand, respect and accommodate difference, and
- receiving support to live independently, as appropriate.

1.3 This vision is grounded firmly within an equality and human rights approach. It is based on the fundamental principle that adults with autism have the same rights as everyone else, and that they should be able to access services and participate in society on an equal basis.

1.4 We know that – despite the significant strides made over the last decade to increase equality and tackle exclusion – adults with autism are currently not treated fairly. They, and the people who care for them, have often been badly let down by public services which have failed

to recognise or respond to their needs. This must change.

Realising our vision

1.5 The vision set out above is a long-term goal. Achieving it requires a cultural shift, where the complexities and challenges of autism are understood not only by public services but also more widely within society. It also requires many of the changes currently underway within public services to be embedded: approaches such as personalisation in care provision, *Work Choice* and integrated local commissioning are essential to giving adults with autism the right support in the right way.

1.6 But the benefits of achieving this vision are huge. While we know that some adults with autism do live fulfilling lives, making successful and important contributions to their communities, the economy and their own families, currently too many adults with autism are not able to do this. Too many are dependent on benefits for their income and on the care and support of their families, not only for housing but simply to cope with their everyday lives. For those without this support, the outlook is worse: the risk of severe health and mental health problems, homelessness, and descent into crime or addiction. The costs in financial terms to public services are enormous: the costs in emotional terms for both adults with autism and their families more devastating still. By improving the lives of adults with autism, by enabling them to live independently, supporting

them into work and while at work, and by identifying their health needs earlier, the impact will be immense.

1.7 This strategy is an essential step towards realising our vision. It builds on the work that is already underway to transform the services and support available to adults with autism, in particular the Autism Act 2009. While the strategy sets the direction for this long-term change, its focus is on the shorter term – specifically, the next three years – after which **we commit to formally reviewing progress and revising the strategy as necessary**. During these three years, our strategy focuses on:

- increasing awareness and understanding of autism among frontline professionals
- developing a clear, consistent pathway for diagnosis in every area, which is followed by the offer of a personalised needs assessment
- improving access for adults with autism to the services and support they need to live independently within the community
- helping adults with autism into work, and
- enabling local partners to plan and develop appropriate services for adults with autism to meet identified needs and priorities.

- 1.8 **To oversee progress against the strategy, and provide overall direction and governance, DH is now setting up a national autism programme board, which will be co-chaired by the Minister for Care Services and the Director-General of Social Care. The board will include representatives from other government departments as well as stakeholder groups.**

The Autism Act 2009: a legislative landmark

- 1.9 The Autism Act was created in response to increasing evidence that a significant proportion of adults with autism, across the whole autistic spectrum, are excluded both socially and economically. For example, estimates suggest that only 15% of adults diagnosed with autism are in employment,² health outcomes are worse than for the population at large, and a large number of adults with autism continue to live with their families rather than independently in their own homes. This is not acceptable, and it is clear that action needs to be taken locally, regionally and nationally to lead change. While we recognise that the economic climate, and particularly the budgetary constraints on all public services, which are compelled to do more with less, make it a difficult time for public services to respond to a new strategy, we can no longer ignore the moral imperative

to address the unmet needs of so many members of our society.

- 1.10 *Valuing People Now*,³ the Government's strategy for people with learning disabilities, recognised that adults with autism are some of the most excluded and least heard people in society – and that service providers, commissioners and policy makers were not specifically addressing their needs. While action being taken forward under *Valuing People Now* will benefit those adults with autism who also have learning disabilities – approximately half of them – the Government is clear that more must be done to support all adults across the whole autistic spectrum.
- 1.11 Building on the evidence set out in a series of important and telling reports, including *I Exist* (published by NAS),⁴ the Autism Act 2009 sets out the Government's commitment to improve inclusion and ensure adults with autism are able to participate fully in society.

The immediate impact of the Autism Act

- 1.12 The Autism Act 2009 was the first ever piece of legislation designed to address the needs of one specific impairment group: adults with autism. The publication of this unique and groundbreaking Act has brought the challenges faced by adults with autism to the fore as never before.

2. NAS (2008) *Think Differently – Act Positively: Public perceptions of autism*, p. 19 (www.autism.org.uk/content/1/c6/01/47/21/think%20diff%20act%20pos.pdf)

3. DH (2009) *Valuing People Now: A new three-year strategy for people with learning disabilities*

4. NAS (2008) *I Exist: The message from adults with autism in England*

It has already helped raise awareness of autism, generating widespread media and public discussion. It demonstrates that the Government recognises autism as a lifelong condition that has a major impact on the lives of both those people with the condition, and those who care for and support them.

1.13 The development of the Act, meanwhile, highlighted a range of issues and challenges around support for adults with autism which government bodies have already begun to address.

- To further increase knowledge on the prevalence of autism in adults, DH is funding a study to explore rates of autism in a representative sample of adults in England. This will report its findings in 2011.
- This comes in addition to the DH commitment, set out in *Valuing People Now* (2009), to establishing a new three-year Public Health Observatory (PHO) in relation to people with learning disabilities. The work of this new PHO will include the collation of existing data on the prevalence of people with autism who also have a learning disability, what services they access, and the quality of those services.
- To improve processes around diagnosis, referral and management of autism, NICE is developing two new clinical guidelines – one covering adults,

and one covering children and young people.

- To help put the needs of adults with autism on the map in every area, estimates of numbers of adults with autism will be included in the revised core data set for JSNAs, due to be published in spring 2010.
- To reinforce the requirement under the DDA that services should make reasonable adjustments for adults with autism, the 2010/11 NHS Standard Contract for Mental Health and Learning Disability Services includes, for the first time, specific reference to adults with autism.
- To help drive forward the personalisation agenda in social care for adults with autism, the Social Care Institute for Excellence (SCIE) is working with NAS to produce an *At a Glance Personalisation Briefing on Autism* – one of a series of such briefings for different groups.
- To accelerate the development of effective local services for adults with autism, DH is planning to extend its programme of Payment by Results for Mental Health to include adults with autism more effectively. The recently published care clusters which act as a national currency (common contracting and payment unit) will be available for use in 2010/11, but do not adequately capture the care requirements of adults with autism. Therefore DH will work with

autism experts during 2010 to consider how this can be addressed.

- As part of ongoing measures to inform good practice in services at transition, it will be important to explore through research the specific experiences of young people with autism and their families of multi-agency transition services. That is why DH and the Department for Children, Schools and Families (DCSF) are funding a study, which will report in January 2012.
- In response to a PAC comment that "university students with autism may need to use Disabled Students' Allowances (DSAs) to fund social, rather than course-related, support",⁵ the Department for Business, Innovation and Skills (BIS) will take steps to clarify the types of support that students with autism can pay for with their DSA.

1.14 There are also emerging indications that the needs of adults with autism are becoming recognised more widely, and that local services are beginning to evolve to meet those needs. The Care Quality Commission report *The State of Health Care and Adult Social Care in England 2009* found that 83% of local authorities surveyed were now considering the needs of adults with autism in JSNAs, commissioning strategies and plans.⁶ We now need to build on this momentum.

1.15 In developing the Act, Parliament recognised that much had already been done to improve the lives of children and young people with autism. It also acknowledged that actions now underway would continue to support children and young people more effectively. As a result, the focus of the Act is on adults, and it specifically requires the development of "a strategy for meeting the needs of adults in England with autistic spectrum conditions by improving the provision of relevant services to such adults by local authorities, NHS bodies and NHS foundation trusts".⁷ This document provides that strategy.

1.16 The Act also mandates the development of statutory guidance for health and social care to support the implementation of the strategy. This will be published no later than 31 December 2010 and must include guidance about:

- "(a) the provision of relevant services for the purpose of diagnosing autistic spectrum conditions in adults;
- (b) the identification of adults with such conditions;
- (c) the assessment of the needs of adults with such conditions for relevant services;
- (d) planning in relation to the provision of relevant services to persons with autistic spectrum conditions as they move from being children to adults;

5. House of Commons PAC (2009) *Supporting people with autism through adulthood*

6. Care Quality Commission (2009) *The State of Health Care and Adult Social Care in England: Key themes and quality of services in 2009*

7. Autism Act 2009, section 1 (1)

- (e) other planning in relation to the provision of relevant services to adults with autistic spectrum conditions;
- (f) the training of staff who provide relevant services to adults with such conditions;
- (g) local arrangements for leadership in relation to the provision of relevant services to adults with such conditions.”⁸

The statutory guidance will build on the core areas of activity set out in this strategy.

Implementing the strategy

- 1.17 **We will also publish a first year delivery plan by 31 March 2010**, setting out our priority actions to make change happen, including the development of regional delivery plans. This will be followed by a further delivery plan, giving more detailed plans for the longer term.
- 1.18 This strategy, along with the statutory guidance and delivery plans, is also an integral part of the Government’s response to the NAO report and the PAC report. The Government agrees with the conclusions set out in both of these important reports; the core themes of the NAO report – better strategy and planning, based on good information and raising levels of knowledge and awareness of the nature of autism and the potential needs of autistic people – are at the heart of this strategy.

1.19 We have examined the recommendations made by both the NAO and PAC in depth, particularly in the light of the responses to the consultation conducted during summer 2009, and these are reflected in this strategy. Where we believe that existing measures and approaches will better meet the objectives which NAO and PAC set out, we will make this clear. Further details on the actions we propose to take will be included in the first-year delivery plan, and some specific recommendations will be taken forward in that delivery plan and the statutory guidance that will follow.

1.20 Officials have also met NAO representatives to discuss ways to work together to build on the data modelling and analysis the NAO set out in its report, to improve our shared understanding of the costs and benefits of interventions to improve the lives of adults with autism.

The focus of the strategy

- 1.21 The strategy focuses on five core areas of activity:
- increasing awareness and understanding of autism among frontline professionals
 - developing a clear, consistent pathway for diagnosis in every area, which is followed by the offer of a personalised needs assessment
 - improving access to the services and support which adults with autism

8. Autism Act 2009, section 1 (5)

need to live independently within the community

- helping adults with autism into work, and
- enabling local partners to plan and develop appropriate services for adults with autism to meet identified needs and priorities.

These are important in themselves, but more significantly they are the foundations for the further change needed to achieve our long-term goal.

1.22 The approach in this strategy is to identify how to make existing policies work better for adults with autism. It does not depend on new investment – vital in the current economic context, where every public sector organisation is facing budget restrictions and is required to do more with less. It avoids putting increased burdens on frontline staff delivering public services, on businesses or on local planners with additional statutory requirements. It relies instead on the more substantial approach of ensuring mainstream services actively identify and respond to the needs of adults with autism.

Building on existing policy

1.23 This approach reflects the fact that there is already a wealth of government policy and initiatives that should support adults with autism. These together embody the

agenda to personalise public services and include *Valuing People Now* and *Valuing Employment Now*, *New Horizons*, *Putting People First*, *High Quality Care for All*, *World Class Commissioning*, *Creating Strong, Safe and Prosperous Communities*, *Transforming Adult Social Care*, *Access to Work*, *Work Choice*, *Improving Health*, *Supporting Justice*, Lord Bradley's review of people with mental health problems or learning difficulties in the criminal justice system and *Roadmap 2025*.⁹

1.24 These programmes are about wholly transforming the way public services are planned, commissioned and delivered. In many areas, the changes introduced through these initiatives are beginning to have an impact on people's lives, including the lives of adults with autism. Public services are adapting the way they work and building their skills and capacity. We believe it is important that these changes form the basis of the improved services and support available to adults with autism. We have heard the message that people are missing out because they don't fall into either the learning disability or mental health 'box'. This is unacceptable.

1.25 Personalisation is about assessing the particular needs of each individual and giving them choice and control to build the right package of care based on those needs. The goal of this strategy is to move from fitting people into services to fitting services to meet people's needs.

9. See the list of policies that apply to adults with autism at the end of this document (p. 72).

The core of our strategy

1.26 The first, and fundamental, step towards this is to **increase awareness and understanding of autism** across all public services – one of the NAO’s core themes. If frontline staff know more about autism they will be better able to recognise the condition and respond effectively when they are working with adults with autism. This is essential to making the existing policies work for adults with autism. As a minimum, autism awareness should be included as part of general equality and diversity training across the public sector. In certain professions – particularly health and social care – more specific training is required, both for those entering the profession and those already working. **We therefore commit to working with Skills for Health, Skills for Care, professional bodies and the Royal Colleges to ensure that effective training is developed.**

1.27 Increased awareness goes hand in hand with improving access to diagnosis. Many individuals and families have found that getting a diagnosis can be a difficult, time-consuming and frustrating process. Diagnosis can be important not only to individuals and families but also to those working with adults with autism. It is likely that staff will find it easier to help someone with autism if they know that this is their diagnosis.

1.28 That’s why the second strand of our strategy is to **develop a clear, consistent**

pathway for diagnosis of autism

across the country. To support this, NICE is developing a clinical guideline which will include diagnostic processes. Our aim is to increase capacity around diagnosis so that in every area of the country people have easier access to diagnosis if they want it.

1.29 Crucially, we will also ensure that diagnosis is not an end in itself. The NHS and Community Care Act 1990 places a duty on local authorities to assess a person who may be in need of community care services. Diagnosis of autism is a reason for such an assessment – and needs to be recognised as such.

1.30 An assessment of needs is a vital step towards the third strand of our strategy: to **improve access for adults with autism to the services and support they need** to live independently within the community. For many, this simply means being able to access mainstream services more easily – creating parity of access to services across the whole public sector. Such services are designed to be available to all: people with autism must be able to benefit from them.

1.31 Equality and human rights legislation, including the DDA, makes it clear that services are required to make reasonable adjustments for disabled adults: this includes adults with autism. **We commit to delivering guidance to indicate the kinds of adjustments that might usefully be made, from physical adjustments to premises to improving**

the ways those delivering services communicate with adults with autism.

1.32 Personalisation of social care aims to increase individuals' involvement in assessing their own care needs, and give them greater choice and control in planning the kind of care available. This can include provision of direct payments and personal social care budgets. It is essential that, despite the many challenges involved, this approach is made to work for adults with autism that need social care, enabling them to exercise choice and control over the care they receive.

1.33 To succeed in the emerging world economy, we must use the skills, talents and aspirations of all our people. The ability to get, and keep, a job and then to progress in work is the best route out of poverty. That is why a key principle of welfare reform is a focus on retention and progression, not just job entry. Enhancing skills is vital to achieve this. In recognition of the fact that adults with autism are significantly under-represented in the labour market, we believe it is essential that we focus on **helping adults with autism into work**. As part of this, and following feedback from adults with autism and their families that the benefits system can be difficult to understand, we are also continuing to clarify the system and the help people are entitled to. The forthcoming delivery plan will provide more details on some of the actions we will take.

1.34 Above all, the key to enabling adults with autism to play a fuller part in their communities lies in effective local services and support. Therefore the fifth strand of our strategy is to build capacity and capability at local level **to enable local partners to develop relevant services for adults with autism to meet identified needs and priorities**, learning from what already works and involving adults with autism in developing those services where appropriate. This should include consideration of the approach embodied in *Total Place* initiatives in breaking down the barriers between different services and increasing the use of pooled budgets to better meet the needs of the whole community.

1.35 DH has already provided guidance¹⁰ for Directors of Adult Social Services (DASS) that recommends the appointment of a joint commissioner/senior manager who has in his/her portfolio a clear commissioning responsibility for adults with autism. Now we set out our expectation that each local area should develop its own commissioning plan for adults with autism. This, along with the inclusion of estimated numbers of adults with autism within the core data set for JSNAs (see 1.13 above), will help ensure the needs of adults with autism are not overlooked.

10. DH (2008) *Services for adults with autistic spectrum conditions (ASC): Good practice advice for primary care trust and local authority commissioners*

Understanding the parameters of the strategy

1.36 The strategy seeks to represent the needs of those across the entire autistic spectrum, and those who care for and support them. It has been developed using the core principles of inclusivity and co-production, with extensive public consultation¹¹ and the involvement of an External Reference Group on autism. We have sought the views of adults with autism themselves, and also their families and informal carers, representative organisations and professionals working in any field who come into contact with adults with autism.

1.37 The consultation process also highlighted examples from around the country of effective ways to adjust and develop services to support adults with autism. The strategy – and particularly the forthcoming guidance – will share these examples, to help local commissioners and planners learn from what works.

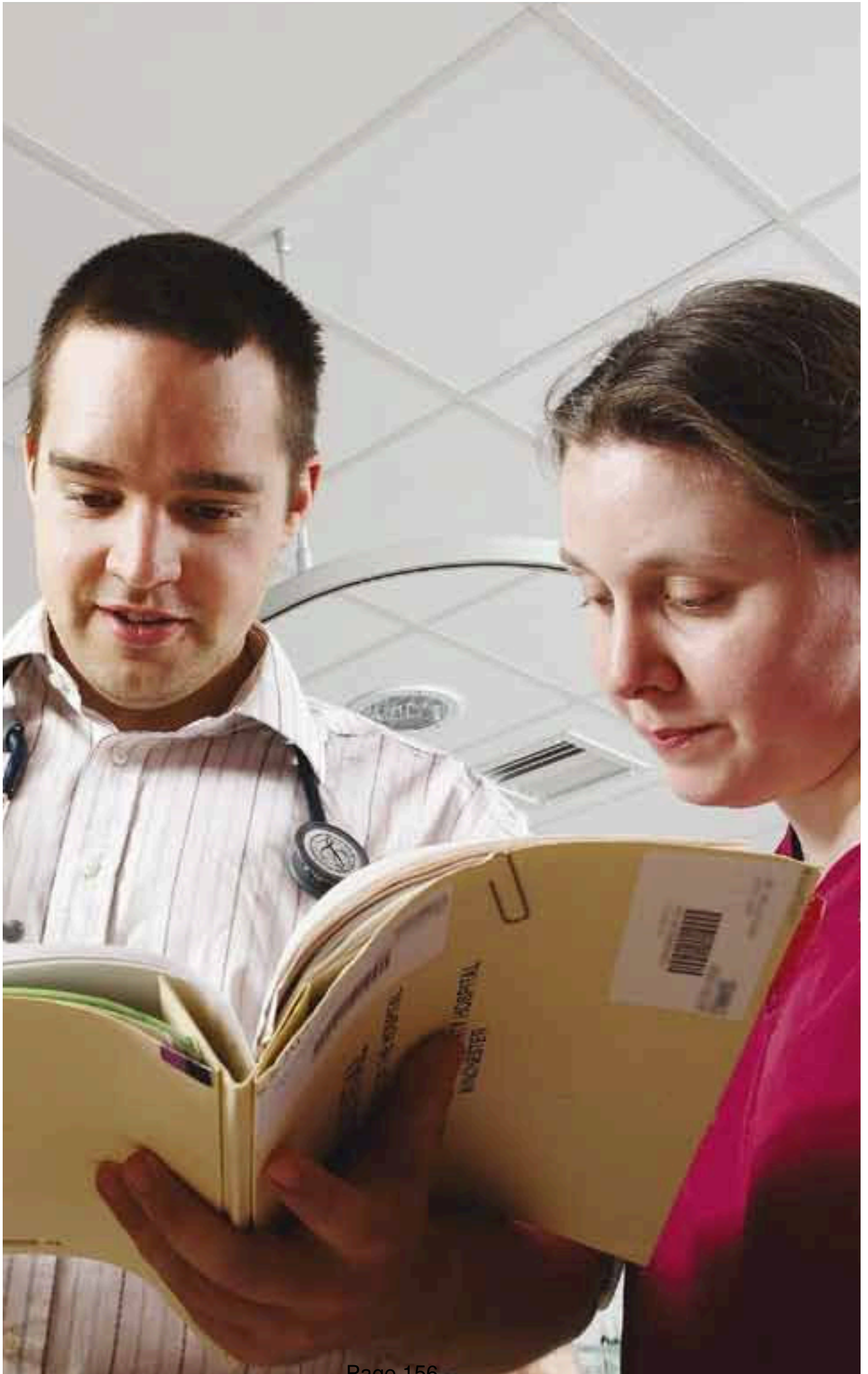
1.38 We believe that, over the next three years, many of these approaches will become more commonplace. Through this, we will gain a better understanding of best practice. Other ongoing activities, including the implementation of the autism strategy in Wales, as well as drawing on the evidence that we have and continue to gather about rates of autism, will also inform our future direction when the strategy is reviewed in 2013. This

review will naturally involve the views of stakeholders, and in particular the views of adults with autism and their families.

1.39 This strategy is a strong start to a long journey. Fundamental to delivering real inclusion and equality for people with autism is a change in culture, attitudes and behaviours across the public sector. That cannot be achieved overnight. That is why **we commit to keeping progress under review so that we can take further action if the improvements we seek are not delivered.**

1.40 Change will be a long-term process. But the actions and approach described below will deliver a real impetus and set a clear framework for development of local partnerships and services to transform the lives of people with autism.

11. The *Overarching report of findings from the Adult Autism Strategy consultation activities* is available at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110923
A summary of submissions received can be found at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111278



2. INCREASING AWARENESS AND UNDERSTANDING OF AUTISM

Frontline staff, from GPs to benefits advisers, acknowledge that their understanding of autism is limited. While most professionals know something about autism, they do not necessarily understand how autism affects people. This makes it hard for them to recognise autism and communicate appropriately. It also means they may have little idea of how to adapt their behaviour and their services.

In this chapter, we set out our strategy to increase understanding of autism by:

- improving autism awareness training for all frontline public service staff, in line with the needs of their job, and
- developing specialist training for staff in health and social care.

Awareness of autism today

2.1 *“Although most people have heard of autism, they do not actually understand the whole spectrum and how it affects people differently. Most will cite ‘Rain Man’ and assume that all autistic people are the same as the character in the film.”¹²*

- 2.2 As adults with autism, or their family and carers would testify, this is simply not the case – and this stereotyping is one of the biggest sources of frustration and causes of isolation.
- 2.3 While causing problems in all aspects of everyday life, a lack of understanding is most damaging in public services.
- It can mean adults with autism do not trust public services, and creates a barrier to their wanting to use them.
 - A lack of understanding that autism is a spectrum condition can lead to inappropriate, stereotypical or narrow responses. Adults with autism have told us about employment advisers who had recommended only certain types of jobs to them, social workers who had assumed that all people with autism have a learning disability, and others who had simply directed all adults with autism to Asperger syndrome support groups.
 - If staff do not know about autism and how it affects behaviour and responses, then they can have no idea of how to adjust the way they deliver services, their

12. This quotation comes from a consultation response. Throughout this strategy, we make frequent use of such responses, unedited. Any quotation in italics is a consultation response.

approach to communication or their expectations.

“Professionals have a habit of asking the person with an ASC [autism] for insight into their own problems e.g. why do you think you are feeling like this? The person struggles to find a reason and comes up with whatever they can think of at the time.”

“Service users [adults with autism] are often treated under general anaesthetic in hospital just to treat simple conditions because the person won’t keep still and alternative solutions for treatment have not been explored.”

- In the criminal justice system, police officers, probation services and courts may all be unaware of the communication challenges posed – leading to overly heavy-handed responses to incidents.

“People think that autistic people are being rude or arrogant and ban them from cafes, pubs, cinemas etc. They call the police who also believe the autistic person to be arrogant, rude etc and then arrest them for a public order offence.”

- 2.4 Many professionals recognise that this lack of understanding is a problem. The NAO report found that “eighty per cent of GPs feel they need additional guidance and training to manage patients with autism

more effectively”.¹³ This refers not only to knowing more about how to communicate with individual patients, but also to having the understanding to tailor treatment programmes or interventions to reflect the needs of patients with autism.

Improved understanding makes a big difference

- 2.5 Where professionals do understand autism, however, the impact on services – and on the lives of adults with autism – is immense. The consultation received several examples of this, with respondents citing GPs and dentists, colleges and universities, who have sought to understand autism and used that understanding to improve services. Our goal is to ensure that such understanding is more widespread. This is wholly in line with the NAO report and recommendations. However, increasing awareness and understanding of autism should be considered as a starting point and not a solution in itself.

- 2.6 Equally, there are many examples from within the community, of individuals who have informed themselves about autism to help them better respond to an adult they know or work with.

“My son’s cleaners are the most valuable of all his supporters. They have been on the internet, looking up Aspergers and are able to talk with him effectively. They clean his house well and he knows what they are

13. NAO (2009) *Supporting people with autism through adulthood*, p. 19, para 2.3

there for. They do not patronise, placate or criticise.”

Increasing awareness and understanding of autism

Improving autism awareness training for all frontline public service staff, in line with the needs of their job

2.7 When adults with autism use public services, all too often the onus is on them (or their carers) to explain to staff what having autism means. In some cases, this can affect their eligibility for financial support; in others, it can make a major difference to the advice they receive. When it comes to the criminal justice services, it can change the way that police officers or courts view a situation.

2.8 To tackle this and increase understanding of autism among frontline staff, **we recommend that autism awareness training should be included within general equality and diversity training programmes across all public services.** For example, autism awareness could be included as an integral part of the training strategy outlined in *Improving Health, Supporting Justice*.¹⁴ Extending equality and diversity training programmes in this way is not just good practice: it reflects the duty under the DDA to make reasonable adjustments for disabled adults – including adults with autism.

2.9 While it will be up to individual organisations to decide how to provide

such training, **the forthcoming statutory guidance will provide examples of best practice for health and social care, and emphasise the importance of involving adults with autism and their carers in developing and delivering training.**

2.10 This training should focus less on the theory of autism and more on giving staff an insight into how autism can affect people, drawing directly on the experiences and input of adults with autism and their families. This will better enable staff to understand the potential behaviours of adults with autism in different settings, so they can respond appropriately and make reasonable adjustments to better accommodate adults with autism.

2.11 A particular area where adults with autism have highlighted the need for increased awareness is among employment and benefits advisers. This reinforced the findings of the NAO report. Since November 2005, Jobcentre Plus has included autism-specific content as part of its training for new Disability Employment Advisers (DEAs). To enable existing DEAs to acquire and maintain their knowledge of autism, Jobcentre Plus has supported two autism tutorials held by the Employers' Forum on Disability. Events such as these help advisers, including DEAs, to develop an even greater understanding of autism and the issues related to employment. It will now build on this by **ensuring that autism awareness training is provided to all DEAs who have not yet received**

14. DH (2009) *Improving Health, Supporting Justice: The National Delivery Plan of the Health and Criminal Justice Programme Board*

it, and reviewing ongoing learning processes to make sure DEAs maintain and update their knowledge.

2.12 Jobcentre Plus has also focused on ways to improve the autism awareness of Personal Advisers and make sure they become aware of autism and the issues related to employment earlier in the training process than before. It has done this by specifically directing advisers, during their initial training, to guidance on autism, developed in consultation with individuals and organisations who understand autism and have expertise in responding to those with the condition.

2.13 Personal Advisers continue to have access to online training modules covering autism, as well as the advice of DEAs on specific disabilities.

2.14 **We believe it is therefore essential that autism awareness training is available to all staff in the criminal justice sector.** Currently, there is a programme of awareness training for prison staff which aims to raise awareness of the needs of prisoners who have learning disabilities. This programme, which is supported by the DH National Learning Disability Offender Steering Group, includes autism awareness.

Developing specialist training for staff in health and social care

2.15 Health and social care are sectors where the need for training is perhaps even greater. Staff here come into contact with adults with autism most frequently, and can

be highly influential in determining the kind of support adults with autism receive, both through needs assessment processes and in terms of the actual care and treatment prescribed or provided.

2.16 **We believe it is therefore essential that autism awareness training is available to everyone working in health or social care** – from specialist consultants to GP receptionists, whose response to an adult with autism in the waiting area or trying to book an appointment may influence their willingness to visit their doctor.

2.17 That training must lead not only to improved knowledge and understanding but also to changing the behaviour and attitudes of health and social care staff. To do this, training should reflect the actual situations staff work in.

2.18 **We will therefore work with partners to develop effective training modules and approaches which can be used by local authorities and primary care trusts (PCTs) to create training programmes locally.** The statutory guidance to be published in 2010 will provide examples of effective approaches, drawing on the experience of previous programmes – such as the training provided around learning disabilities – to improve the knowledge of frontline practitioners. This may include e-training modules and half-day or full-day training courses from experts in the diagnosis and management of autism.

2.19 DH has also recently commissioned the development of new online resources and information about autism for those working in the health and social care sectors.

These will provide an instantly accessible resource for professionals and practitioners to refresh their knowledge and improve their ability to understand and respond appropriately to people with autism.

2.20 Clearly, training the millions of people who work in the health and social care sectors is an enormous challenge and cannot happen overnight. **We will work with PCTs and local authorities to identify priority groups for training** – many of whom will be staff directly involved in providing residential or day care or supported living services.

2.21 The end goal is that all NHS practitioners will be able to identify potential signs of autism, so they can refer for clinical diagnosis if necessary (see chapter 3), but more importantly so they can understand how to adapt their behaviour, and particularly their communication, when a patient either has been diagnosed with autism or displays these signs. This in turn will mean that adults with autism feel more comfortable seeking healthcare – not only reducing the likelihood of challenging behaviour in healthcare settings, but more significantly meaning their health needs will be identified and addressed earlier.

2.22 We also want to see the development of specialist training in health and social

care so that staff – from consultants to community nurses – who wish to specialise in autism or develop further knowledge can do so, supported by their local health and social care community. The end goal here is that, within each area, there are some staff who have clear expertise in autism. They can then be consulted as required by colleagues.

2.23 While in-house training and continuous professional development (CPD) will raise awareness of staff already working in the healthcare sector, it is equally important that autism awareness is part of the training for those coming into healthcare professions. **We believe that autism awareness should be part of the core training curricula for doctors, nurses and other clinicians**, and we commit to working with the General Medical Council, which sets expected outcomes and standards for medical schools, and the Postgraduate Medical Education and Training Board to determine how we can deliver this goal. We are also working with the Royal College of General Practitioners, the Royal College of Nursing, the British Psychological Society and the Royal College of Psychiatrists to improve the quality of autism awareness training in their curricula. Finally, and crucially, we are also working with the sector skills councils (SSCs), Skills for Health and Skills for Care to develop the training materials, drawing on their expertise in how to build knowledge most effectively.

2.24 In social care, **we recommend that autism awareness should be an essential part of the training given to staff carrying out community care assessments**, and all local authorities are expected to ensure that their staff have had such training. Again, this is an approach that the NAO report endorsed. The statutory guidance will provide useful examples on how to do this, while emphasising that assessment itself should be conducted in line with the processes and principles adopted in the development of *Working to Put People First: The Strategy for the Adult Social Care Workforce in England*.¹⁵

2.25 There should also be more advanced training for those wishing to follow career pathways that will focus on working with adults with autism – such as becoming personal assistants, occupational therapists or residential care workers. This would help increase the capacity of the social care workforce to understand and meet the needs of adults with autism.

Raising awareness among and through employers

2.26 Engaging with employers has been a highly successful strand of DWP's work to support disabled people into employment. DWP is continuing to work with key employers at a national level to better engage them with the recruitment and retention of disabled people, including adults with autism. While this approach does not specifically

target any one disability, its aim is to increase opportunities for disabled people and overcome the barriers they face in finding work.

2.27 During 2007–2009, the *Employ Ability* campaign, with support from Jobcentre Plus, developed successful workshops to educate employers about the potential benefits and obligations of employing staff with all kinds of difficulties and disabilities. Jobcentre Plus is continuing to use the knowledge gained from this event to educate and positively influence employers.

2.28 This has the potential to deliver a number of benefits for adults with autism. As well as leading to more adults with autism being in work, it also provides a key means of changing attitudes about autism across the rest of the workforce. The knowledge that comes from working in close contact with adults with autism on a day-to-day basis is invaluable.

2.29 In line with this approach, the PAC recommended that DWP “work with employer organisations to raise awareness of the benefits of employing people with autism, and the adjustments needed to support them”.¹⁶

2.30 In response to this recommendation, **DWP is investigating whether existing campaigns and programmes such as *Employ Ability* can be extended**

15. DH (2009) *Working to Put People First: The Strategy for the Adult Social Care Workforce in England*

16. House of Commons PAC (2009) *Supporting people with autism through adulthood*

to include more examples of adults with autism.

2.31 Under the DDA, employers are required to make reasonable adjustments to workplace conditions and organisational processes to better support adults with autism. But as well as promoting the employment of adults with autism, another vital aspect is to help build an understanding among the wider workforce of what working with an adult with autism might mean. This need not be limited to those who directly work with an adult with autism, or the HR staff. Instead, as a family care group recommended, *“For large organisations the general staff training guidance should include autism awareness training to a level where staff know the potentially difficult situations which could arise and feel confident enough to manage them successfully”*.

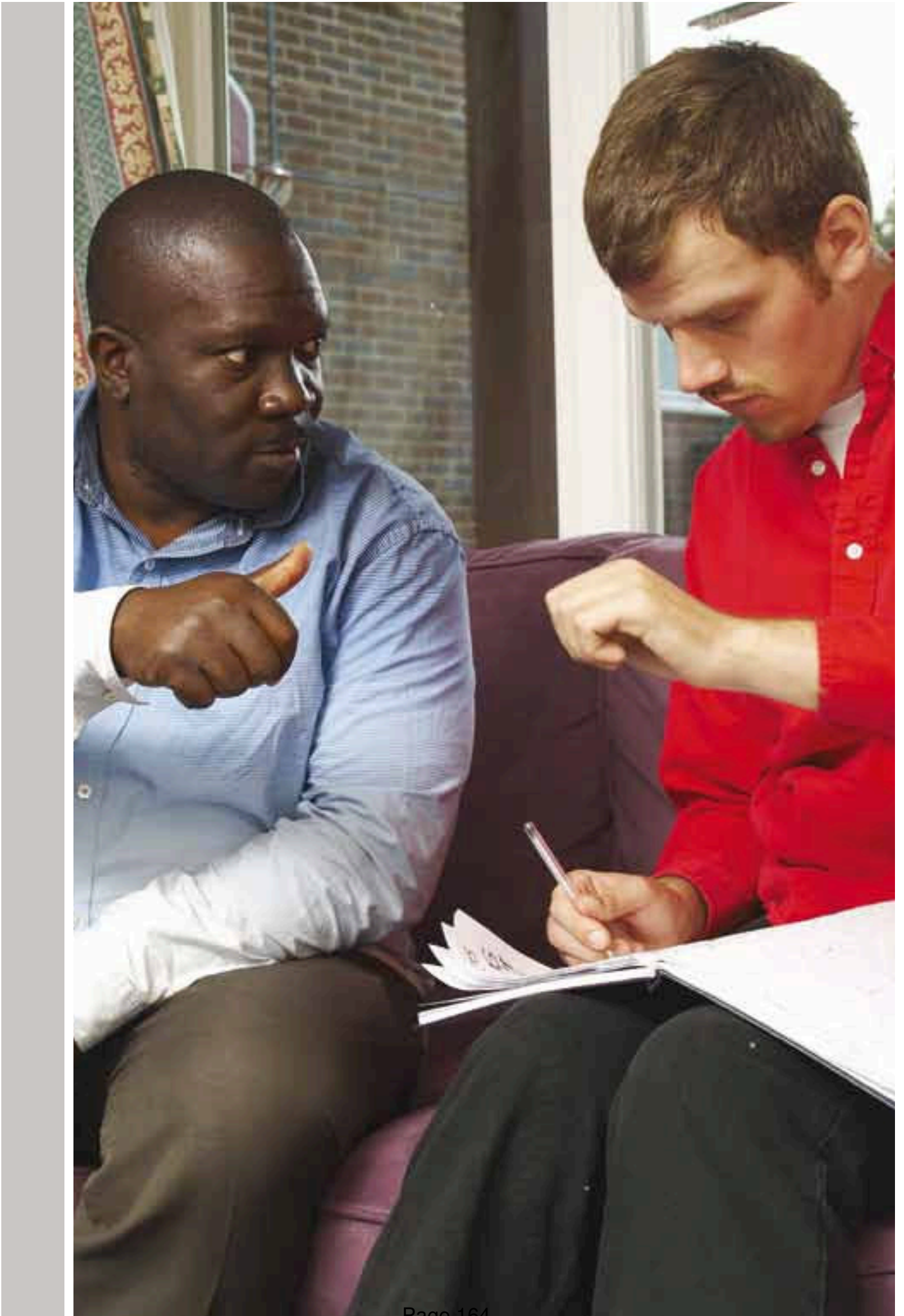
2.32 This can be easily integrated into diversity awareness training and – like other aspects of such training – helps build understanding, reduce conflict and above all improve working performance and culture. Government organisations can lead the way in this, and in future **it will be expected that autism awareness training is included in the equality and diversity planning and single equality schemes of all central government departments.**

Raising public awareness

2.33 One of the benefits of this approach to raising awareness of autism through

public services and employers is that it will also begin the process of raising public awareness more generally, reducing stereotypes and misconceptions.

2.34 This kind of increased public awareness is essential to achieving our long-term vision of a society that accepts and understands adults with autism.



3. DEVELOPING A CLEAR, CONSISTENT PATHWAY FOR DIAGNOSIS OF AUTISM

For many adults, receiving a clinical diagnosis of autism is an important step towards a fulfilling life. It can not only help them and their families understand their behaviour and responses, but should also help with access to services and support, if they need them.

Currently, diagnosis can be a complex and lengthy process. Adults with autism talk of having to battle hard – sometimes for years – to get a diagnosis, and then finding that diagnosis is being challenged when they try to access services.

This strategy makes recommendations for changing that process to develop a clear and consistent pathway for diagnosis in every area, and:

- increasing capacity around diagnosis
- ensuring a diagnosis is recognised as a reason for a community care assessment or reassessment, and
- providing relevant information to adults with autism and their family or carers *at the point of diagnosis* to help them understand the condition and access local support.

Diagnosis today

- 3.1 As with any condition, identification of possible autism is the essential first step to effective support. But for many adults with autism, there is a need and a desire for a formal clinical diagnosis – something that they can then refer to when seeking to access services. This can be as important a step for parents or carers as for the individual with autism.
- 3.2 Diagnosis is particularly important for adults who have not previously had their condition recognised: their life to date may have been greatly affected by a sense of not fitting in, of not understanding the way they respond to situations or why social settings, for example, are difficult. It is equally important for their families or those who care for and support them: in line with the Think Family agenda, it can be an important step in ensuring that support takes account of how autism can affect the whole family.
- 3.3 This is the case even for those who are already receiving support for a learning disability or mental ill-health: diagnosis of autism can change the way they are treated and supported.

3.4 The majority of those diagnosed with autism received their diagnosis as children. DCSF and DH have worked closely over a number of years to encourage early identification of potential autism and seek to link this with relevant support in schools. As these processes continue to strengthen, and are backed by improvements to the transition process into adulthood, we should see a reduction in the numbers of adults with autism who have not yet received a diagnosis.

3.5 However, throughout the consultation process, respondents have repeatedly described their problems in accessing diagnostic services – and in gaining relevant support if they are diagnosed.

“Diagnosis in our case it took 46 years. I had tried and tried to get a diagnosis because we suspected Autism – no one would listen. One psychiatrist even said to me ‘How could a diagnosis help? It wouldn’t alter your situation.’”

“I don’t want other parents receiving an ASC [autism] diagnosis for their child being told to go away and find out about it, nor do I want people to be continually told that they won’t get an assessment or that ‘you don’t want to label them’.”

Local areas taking the initiative

3.6 While these kinds of problems are widespread, many local areas have taken the initiative and developed diagnosis and assessment services, linked directly to initial support.

- To increase access to diagnosis, the Tees, Esk and Wear NHS Foundation Trust has piloted a multi-disciplinary team consisting of a consultant clinical psychologist, a consultant psychiatrist and a speech and language therapist. The team takes referrals from across the Trust area of over-18s who are thought to have autism, irrespective of their cognitive ability. Anyone referred will have already been assessed for mental health needs: the focus here is on identifying autism. In just over a year, the team received over 100 referrals.
- In Glasgow, an autism resource centre provides a range of services for adults with autism and their families or carers, starting with diagnosis. From there, it offers support and information about education, training, housing, employment, leisure and social opportunities and what support is available from health and social care.
- In the London Borough of Newham the approach is built around providing training to partners in the area, including colleges, voluntary groups and community groups, to help identify those who may benefit from an assessment. Assessment is made easier to access, with anyone meeting certain criteria entitled to individual assessment to understand their needs. While the assessment is carried out by healthcare practitioners, much of the signposting and support is provided by the partners.

- One of the most widely known services is the Liverpool Asperger Team, funded by the Liverpool PCT. It was established in 2003 in response to findings from a local steering group that people with Asperger syndrome were most likely to fall through the gaps in service provision. The multi-disciplinary team of ten staff provides diagnosis of Asperger syndrome, as well as direct support through its managed care pathway. It also works with other local services, providing direct advice and support as well as promoting awareness of Asperger syndrome.

3.7 We want to build on approaches such as these to ensure diagnosis is more easily accessible, no matter where an individual lives, and that it leads to valuable support for adults with autism.

Developing a clear, consistent pathway for diagnosis

Building on increased awareness to increase referrals

3.8 We believe the underlying issue around diagnosis is a lack of awareness of autism among health and social care staff in particular. The steps set out in chapter 2, covering training for all health and social care staff, will therefore make a significant difference to the likelihood of being referred for diagnosis: if staff are more aware of autism, they will be more likely to identify potential cases and feel better equipped to refer.

3.9 However, there also needs to be a cost-effective referral pathway for autism available in every area, which GPs, mental health practitioners and those working in the voluntary sector are aware of and can follow. **The forthcoming NICE guideline will set out a model care pathway(s), which will form the foundation for local commissioners to develop referral and care pathways in their areas, supported by their strategic health authority where necessary.**

3.10 Best practice shows that in areas where an autism lead is appointed, the profile of the condition is raised and services for adults with autism improve. Because of this, **we recommend that local areas appoint a lead professional to develop diagnostic and assessment services for adults with autism.** These professionals will need to work closely with the local specialised commissioning group, as specialised services for Asperger syndrome and autism are included in the definition set for specialised commissioning.

Increasing capacity around diagnosis

3.11 By 2013, when this strategy will be reviewed, we expect there to be a clear pathway to diagnosis in every area. While we recognise that specialist diagnostic services have proved a highly effective way of making diagnosis more accessible in many areas, it is not expected that a diagnostic team or service will be located in all areas. Instead, the most important step for now is that a diagnostic service should be easily accessible for all areas.

3.12 To achieve this, we also need to examine ways to increase capacity around the process. We recognise that diagnosis of autism in adults is often highly complex, particularly where there is little or no information regarding early development. However, in other cases, diagnosis may be more clear-cut: in such cases, a swifter, less resource-intensive diagnostic process would be of real value. Through the consultation process, a number of different models were suggested, ranging from specialist services to GP diagnosis to online toolkits to enabling dedicated nurse practitioners – such as those who already work with adults with autism on a daily basis – to diagnose. Future developments could also see the introduction of a ‘triage’ arrangement to identify people who need access to a diagnostic service.

3.13 The feasibility of these different methods is being examined by NICE, with the help and involvement of NAS. **While developing the forthcoming clinical guideline, NICE will consider how to make the diagnostic process more accessible and consistent.**

Linking diagnosis to a rigorous assessment of individual need

3.14 Diagnosis alone is not enough: the fundamental change we want to see is that diagnosis leads to a person-centred assessment of need, in line with the NHS and Community Care Act 1990. Under this Act, local authorities have a duty to assess a person who may be in need of community care services – either at the

individual’s request, or in certain situations where the local authority believes care services may be necessary. **Diagnosis of autism should be recognised as a reason for assessment.**

3.15 Such an assessment, carried out by trained practitioners and taking account of the communication needs of adults with autism, will be the key to unlocking care services throughout a person’s lifetime. It will provide a comprehensive view of the person’s condition and how it affects them – drawing on the experiences and views of the person themselves, their family and carers. This will then be an important part of their records in the future, and can be referred to when necessary to inform care decisions or support applications for additional services.

3.16 Where the needs assessment shows that there is a greater requirement for immediate support – ranging from health or social care to advocacy or skills training – there will be a clear description of such needs, making it easier for the person or their carers to access that support. For example, those with additional mental health needs may require further support from local mental health services: the assessment can act as a trigger for this.

3.17 Where the person’s needs are low-level, it may lead to no extra support or services at that time. But because the assessment has been completed, if the person’s circumstances change – for example, if they become unemployed, experience

bereavement or come into contact with the criminal justice system – they will be able to seek a reassessment and be better able to access support when they need it.

3.18 Equally, where someone has previously had a needs assessment, and is then diagnosed as having autism, this should be recognised as a potential reason for reassessment.

3.19 **It is best practice that diagnosis of autism is recognised as a catalyst for a carer's assessment.** Though anyone who provides a regular and substantial amount of care for someone aged 18 or over is entitled to request a carer's assessment, it should be offered to them specifically after diagnosis. This is in line with the duty on local authorities under the Carers (Equal Opportunities) Act 2004 to inform carers, in certain circumstances, of their right to an assessment of their needs.

3.20 Linking diagnosis so clearly with assessment of needs is an important cultural change, reducing the emphasis on diagnosis itself. This should help professionals to feel confident in referring someone for diagnosis, as instead of pathologising the condition, the focus is on diagnosis as a step towards needs assessment and providing the right level of help to the adult with autism.

3.21 Diagnosis and early assessment can also play a vital role in preventative approaches. Currently, too many adults with autism only come to the attention of services when they reach crisis point: a severe

mental health problem, physical illness, homelessness or coming into contact with the criminal justice system. By recognising their needs earlier, and responding to them, we hope to prevent adults with autism reaching such crises – something that is beneficial not only to them and their families but also to wider society.

3.22 It must be reiterated that adults with suspected autism do not need to wait for diagnosis to request and receive a community care assessment: they or their carers are already entitled to request one if they believe they require support. Similarly, local authorities are able to offer an assessment to adults with suspected autism without needing formal diagnosis.

Reviewing eligibility criteria for social care

3.23 In response to concerns about the way in which Fair Access to Care Services (FACS) guidance, issued by DH in 2003, has been implemented in some local authorities, and in recognition of the vital new policy context articulated in *Putting People First*, the Commission for Social Care Inspection (CSCI) was asked to review the application of eligibility criteria for social care and its impact on people.

3.24 Following their recommendations, FACS guidance has been revised and will be published in February 2010. This aims to support fair and transparent implementation of eligibility criteria, within the new policy context of personalisation and prevention, and will act as a bridge towards wider social care reform. It also

reiterates that people who do not meet the eligibility threshold should still be able to expect adequate signposting to alternative sources of support.

3.25 Alongside the revised FACS guidance, SCIE is in the process of developing an online training resource for social care staff to ensure that the criteria are applied more consistently across the country.

Providing relevant information to adults with autism and their family or carers at the point of diagnosis

3.26 Diagnosis of autism can be a life-changing moment for both the person diagnosed and their family. Support for both, therefore, needs to start at that point: not some weeks after when they can next get an appointment. In many circumstances, the immediate needs are:

- information about autism – what it is and how it affects those who have the condition, and
- information about sources of help for the individual and their family – from telephone helplines to local voluntary groups.

3.27 While some adults diagnosed get this kind of information – particularly where diagnosis is made by a specialist service provider – too many do not, and have to search hard for support. We want to change this situation and increase the quality and consistency of information

provided to newly diagnosed adults with autism and their families.

3.28 **To help local authorities and PCTs develop the right kinds of information, the forthcoming statutory guidance will provide more details of what information adults with autism and their family or carers are likely to need after diagnosis.** Based on this, local organisations may wish to develop shared templates for information. Clearly, it is essential that any such information is provided in accessible ways, drawing on guidance such as the Office for Disability Issues (ODI) top tips for accessible communication.¹⁷

3.29 The NHS Choices website can also be a valuable resource of information for adults with autism and their families. Its section 'Living with autism' provides general information about autism and diagnosis, as well as links to sources of help: www.nhs.uk/Livewell/Autism/Pages/Autismhome.aspx

17. See www.odi.gov.uk for more information



4. IMPROVING ACCESS FOR ADULTS WITH AUTISM TO THE SERVICES AND SUPPORT THEY NEED TO LIVE INDEPENDENTLY WITHIN THE COMMUNITY

Equality of access is a fundamental principle of UK public services. But it is clear that, too often, adults with autism are not currently able to access the services or support they need. This strategy sets out to change this and ensure that adults with autism are able to benefit fully from mainstream public services by:

- reiterating the DDA requirement for services to make reasonable adjustments for adults with autism
- enabling adults with autism to benefit from personalisation of social care, and
- improving transition planning to give people with autism the right start in their adult life.

Accessing services and support today

4.1 For many adults with autism, mainstream public services can be largely – or completely – inaccessible. While some of this is due to a lack of understanding

among staff, there are also a number of other factors. Many people with autism are hypersensitive to light and noise; they have significant difficulties with communication; they struggle with the formats, language and instructions of forms or standard letters from organisations such as banks or GPs. Therefore when they seek to access mainstream services, from healthcare to employment advice and benefits to education, they struggle to cope with the way those services are offered.

“Many people with autism experience problems with crowded and noisy environments such as doctors’ surgeries and hospital waiting rooms.”

4.2 The consequences of this can be seen in a variety of different outcomes.

- In healthcare, it is clear that many adults with autism have become reluctant to see a GP or other professional. This can mean diagnosis and treatment of often minor conditions can be delayed to the point where they become far more damaging.

- Educational settings which do not make adjustments for people with autism can make it harder for adults with autism to complete courses and gain qualifications, as well as missing out on the social aspects of college life.
- Difficulties with transport can make it even harder for adults with autism to access other community services and activities, serving to increase their exclusion.

4.3 While similar stories could be told of other disabilities, where people struggle to access services and support, it is clear that adults with autism face particular challenges with using mainstream public services.

How some services have responded

4.4 There are excellent examples of how services have responded to the needs of adults, making small adjustments to become far more accessible. For example, a dentist in Easington in County Durham schedules appointments for adults with autism at either the beginning or very end of the day, depending on when it is best for them, and they don't have to wait in the waiting room. Some adults with autism go for a preliminary visit to be shown what a dental surgery is like and what noises they will hear. Individual doctors – both GPs and in hospitals – have come in for praise, as have some DEAs.

4.5 Many parents told the consultation of how colleges had taken account of the needs of students with autism:

“Our local college South Downs in Waterlooville has been excellent. They have a disability committee organised by the disability team, run by the students and even have an Asperger specialist. They have a quiet room for any disabled person to use when necessary. They have an excellent no bullying policy, and all the tutors my daughter has been taught by have been wonderfully understanding and supportive. A wonderful example for other colleges to follow.”

4.6 The challenge ahead is to ensure that examples like these become the norm.

Ensuring that adults with autism can access the services and support they need

Requiring services to make reasonable adjustments for adults with autism

4.7 Since December 2006, under the disability equality duty, all public sector organisations are required to make reasonable adjustments to services to ensure they are accessible for disabled people. This duty includes making adjustments for people with autism. Too often, this aspect of the duty has been overlooked, with the focus mostly on physical and sensory impairments.

4.8 The Standard Contract for Mental Health and Learning Disabilities explicitly requires service specifications, and therefore service providers, to demonstrate how reasonable adjustments for adults with autism are made.

4.9 While it will remain up to individual organisations to decide on the adjustments that they can make, potential areas include:

- premises – for example, taking account of hypersensitivities and providing quiet or lower-light areas within educational or healthcare settings, prisons and police cells
- processes – such as scheduling appointments at less busy times, allocating extra time to adults with autism and being flexible about communication methods (i.e. less reliance on telephone-based services)
- communications – including avoiding ambiguous questions, not pressurising adults with autism in conversation and being aware of sensitivity to touch, ensuring essential documents and forms are available in accessible formats – in particular, easy read and formats that take account of sensory issues in their choice of colours, and
- planning and preparation – for example, offering opportunities for adults with autism to visit settings in advance to familiarise themselves with what to expect, such as visiting a court prior to giving evidence.

4.10 **DH has already committed to delivering guidance for mental health and learning disability services to indicate some of the kinds of adjustments that might usefully be made, from physical**

adjustments to premises to improving the ways those delivering services communicate with adults with autism.

This guidance will be available to all public services, and will draw on examples of the kinds of adjustments that have been made in health and social care settings, as well as on guidance such as the ODI's top tips for accessible communication. We will also work with adults with autism and autism representative groups in developing this guidance.

4.11 DWP has also underlined its commitment to making adjustments for adults with autism using Jobcentre Plus services. As well as making any *required* reasonable adjustments – such as making use of the most suitable environment or premises for conducting work focused interviews – **DWP will also ensure Jobcentre Plus advisers are aware both of the need to make suitable adjustments for adults with autism and of the kinds of adjustments that may be beneficial.**

4.12 Within the justice sector, one of the most important steps is to make sure that adults with autism have access to the support they need – whether as victims, witnesses or perpetrators of crimes. Teams that work within criminal justice agencies, such as the Criminal Justice Liaison Teams, should ensure that they have access to the expertise to support adults with autism. Developing pathways through the criminal justice system for adults with autism will help identify key players locally who may

be required to work alongside criminal justice staff.

over the care services they receive, in line with their assessed needs.

Enabling adults with autism to benefit from personalisation of social care

4.13 The goal of social care today is to deliver personalised services that give each individual the right support to live a more fulfilling life. We are committed to making this approach work for adults with autism.

4.14 As well as giving people more choice over the care and support services they access, personalisation also encourages a culture of innovation in terms of service development and delivery. It acts as a catalyst for local partners to work together to respond to individual needs, creating innovative packages of care and support that often go beyond traditional care services to include different forms of support that make a real difference.

4.15 We recognise that adults with autism will need additional support to make choices about their care, and that having choice is only of value when there are suitable services and support available to choose from within the local area. Therefore it will take some time for personalisation to be of benefit to all adults with autism that are eligible for social care. However, in many areas the process is underway, and statutory guidance will give examples of how this is working.

4.16 Personal budgets are an integral part of personalisation, giving adults more control

4.17 Adults with autism are eligible for personal budgets and direct payments, but indications suggest that, in some areas, they are not being offered them. We therefore reiterate their eligibility, and recommend that for those that need and want them, **adults with autism are able to access personal budgets and direct payments, in line with the assessment of their needs.**

4.18 This already happens in some areas, and some of the most commonly selected services are low level interpersonal support, such as personal assistants to help with administrative and domestic activities, advocacy and buddying services, to enable adults with autism to participate in different social and leisure activities.

4.19 Services such as these are vital for enabling adults with autism to live independently and access mainstream services. For example, consultation responses highlighted that adults with autism use such services to:

- help them budget and manage financial issues, from benefit applications to paying rent
- give them the support they need when talking to advisers, doctors or other professionals

- help them learn to cope with difficult and unfamiliar situations, from travelling on public transport to getting used to attending college or a new job, and
- open up mainstream social and leisure activities.

4.20 Importantly, they also help reduce the burden on family carers.

4.21 We recognise that access to services like these is inconsistent, and that there are not yet enough advocates available to support all those who would want one. This is true for all vulnerable people, not only adults with autism.

4.22 For adults with autism, many of the most effective advocacy and buddy schemes are delivered through the third sector and volunteer groups, who have a real insight into the challenges faced by adults with autism. However, funding is often a significant issue for such groups which makes it hard for them to increase their capacity. Given how valuable these services can be for individuals, we believe that more should be done to support volunteer and third sector groups to deliver these kinds of services. **We therefore encourage local authorities to explore how to support volunteer and third sector groups in planning and commissioning services locally.** One key route to do this may be through working with user-

led organisations¹⁸ for disabled people or Centres for Independent Living.

4.23 The ODI is currently working to develop the Right to Control,¹⁹ a new approach to giving disabled adults more choice and control over the support they receive. The Right to Control draws together a number of funding streams to ensure a streamlined provision of self-directed support for eligible disabled adults. Pilot schemes will be launched later in 2010. The programme implicitly supports increased choice for adults with autism, whether or not they also have a learning disability.

Supporting travel training

4.24 Public transport can be hugely daunting for many adults with autism – making them reluctant to use it, and so unable to participate fully in the community.

4.25 Travel training, developed under *Valuing People Now*, for adults with learning disabilities, has proved invaluable in helping build confidence in using public transport – including for those adults with autism who also have a learning disability.

4.26 **We recommend that travel training is made available nationwide for all adults with autism that would benefit from it.** While the delivery models will need to be adjusted to reflect the different needs of adults with autism, we believe it will be a vital enabler of improved participation in the community and of

18. HM Government (2005) *Improving the life chances of disabled people*. Recommendation 4.3

19. See the ODI website for more information: www.odi.gov.uk/working/right-to-control.php

greater independence – particularly when backed by more accessible information about transport, which is something the Department for Transport is working to deliver.

Ensuring transition planning gives people with autism the right start in their adult life

4.27 Through school, children with autism and their families will usually have access to support that helps them achieve and be included. It also provides a focal point of activity in the day. Therefore one way of improving access to services for adults with autism is by focusing on managing the transition to adulthood so that young people have access to the services they need from the start of their adult life.

4.28 For young people with statements of special educational needs (SEN) – which includes the majority of children and young people identified with autism in schools – there is a statutory transition planning process which begins in Year 9 and plans for the remainder of their school careers (often up to their 19th birthday) and their transition to adulthood. Young people with autism who do not have a statement of SEN may instead have a Health Action Plan that covers not only medical management of their condition, but also can look at social skills and strategies to enable self-care and independent living. In particular, this can help act as a route to access support in further or higher education.

4.29 However, as several reports have highlighted,²⁰ transition planning arrangements do not always work well for young people with autism.

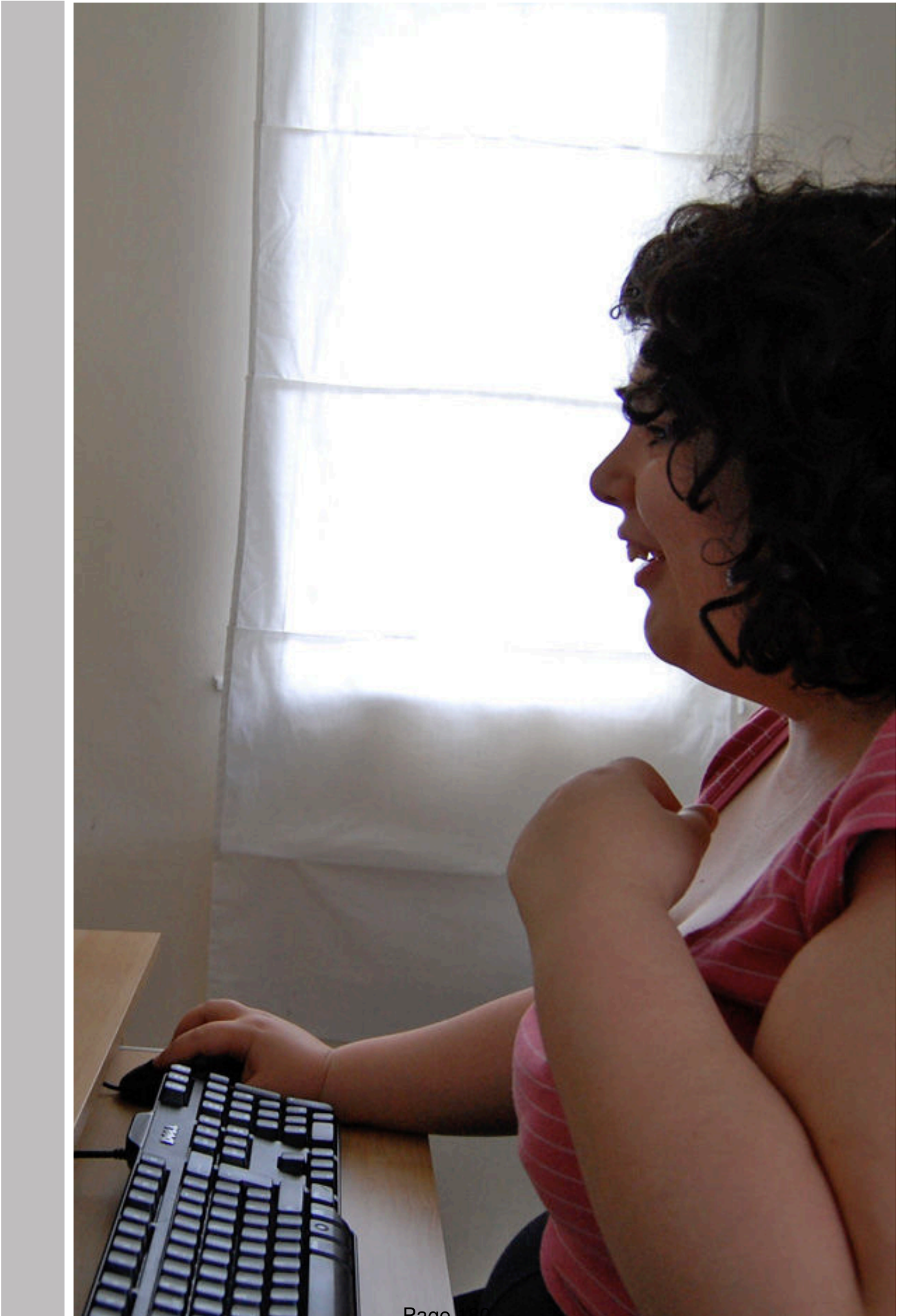
4.30 DCSF has continually sought to review the transition planning process in partnership with DH, to help drive improvements in its effectiveness. **Under *Aiming High for Disabled Children*, DCSF is investing £19 million in a Transition Support Programme to improve transition planning.** The programme aims to ensure that all local authorities have strategic arrangements in place to meet their statutory duties and follow existing guidance effectively. The Transition Support Programme provides funding and local adviser support to every local authority area to improve the transition experience for young people from age 14 as they plan for life after school. Every local area should be meeting minimum standards in transition or better by 2011.

4.31 The National Transition Support Team (NTST), based at the Council for Disabled Children, is contracted to deliver the Transition Support Programme. It is using its local self-assessment work to identify good practice in transition planning for disabled young people, including those with autism, and is promoting this through its website www.transitionsupportprogramme.org.uk.

4.32 While the Transition Support Programme will bring benefits to young people with

20. Transitions were considered in the House of Commons PAC report *Supporting people with autism through adulthood* and the NAO report of the same name. They were also the theme of the All-Party Parliamentary Group on Autism (2009) *Transition to adulthood: Inquiry into transition to adulthood for young people with autism*

all types of SEN, more needs to be known about the experiences that young people with autism and their families have of multi-agency transition services. That is why DH and DCSF are funding a study, which will report in January 2012.



5. HELPING ADULTS WITH AUTISM INTO WORK

The ability to get, and keep, a job and then to progress in work is the best route out of poverty, and a central part of social inclusion. We know that adults with autism are significantly under-represented in the labour market and we are committed to doing more to help adults with autism into work. This strategy focuses on four aspects of our activity to support adults with autism:

- ensuring adults with autism benefit from wider employment initiatives
- personalising welfare and engaging employers
- improving existing provision, and
- developing new approaches that will better support adults with autism.

The labour market and adults with autism

5.1 It is widely accepted that adults with autism are under-represented in the labour market. Research from NAS puts the employment level of adults with autism as low as 15%.²¹

This has not only financial consequences on adults with autism and their families, but also means that adults with autism miss out on the social inclusion and personal fulfilment that comes through work.

5.2 The impact is equally significant for the UK economy. Not only does it mean that many adults with autism are dependent on benefits, this under-representation also indicates that UK employers are not benefiting from the skills and talents adults with autism can offer in the workplace. As the recent NAO report²² emphasised, this is a major missed opportunity which – in the emerging world economy – must be addressed.

5.3 *Building Britain's Recovery: Achieving Full Employment*²³ reiterates the Government's aspiration of getting eight out of every ten people of working age into employment and creating a society in which everyone who wants to work is doing so. To reach an 80% employment rate, DWP will need to help many more people over 50, people with caring responsibilities, parents and disabled people into work – and give them the individually tailored support they need to do so. Adults with autism should benefit

21. NAS (2008) *Think Differently – Act Positively: Public perceptions of autism*, p. 19 (www.autism.org.uk/content/1/c6/01/47/21/think%20diff%20act%20pos.pdf)

22. NAO (2009) *Supporting people with autism through adulthood*

23. DWP (2009) *Building Britain's Recovery: Achieving Full Employment* (www.dwp.gov.uk/policy/welfare-reform/legislation-and-key-documents/building-britains-recovery/)

from this – and so should those who currently care for them.

5.4 The Government recognises that achieving this level of inclusion in the labour market is a long-term goal and that, within these groups, there are many individuals who are currently a long way from having the skills and capabilities required by employers. Some adults with autism fall into this category and require specialist support.

5.5 In *Valuing Employment Now*, our strategy to radically increase employment for people with learning disabilities, we set out a number of important changes to employment support for this group. Many people with learning disabilities also have autism, but many of the changes set out in *Valuing Employment Now* are designed to benefit adults with autism even if they do not have a learning disability.

- The commitment to improving the quality standards and workforce development for supported employment and increasing the quality, capacity and availability of job coaching will help improve the support offered to adults with autism.
- Project Search, the new internships programme for people with learning disabilities, is based on a US model which has proven to work well for adults with autism. It is designed to help them gain employment skills in a stable

environment and is being piloted in fourteen large employers across England. Young people with autism will be among the participants at some pilot sites.

- The insights and good practices identified through Getting A Life, the programme to understand how to improve support into work for young people with learning disabilities, will inform delivery of the autism strategy and initiatives to support people with autism into work over the coming years.

Ensuring adults with autism benefit from wider employment initiatives

5.6 Young people are a particular area of focus for the Government during this period of economic downturn. *Building Britain's Recovery: Achieving Full Employment* therefore announced over 100,000 new opportunities for young people, meaning that from January 2010 all 18-24 year olds, including those with autism, will be guaranteed a job, work placement or work related skills training from the six-month point of their claim to Jobseeker's Allowance (JSA). This will be delivered through:

- a new job created through the Future Jobs Fund²⁴
- help with getting an existing job in a key employment sector

24. The Future Jobs Fund, which is part of the Young Person's Guarantee, is worth around £1 billion and will create 170,000 new jobs – at least 120,000 for young people and a significant proportion in areas of high unemployment

- new work-focused training opportunities, and/or
- a place on a Community Task Force, delivering real help within local communities.

5.7 DWP will also increase the number of non-graduate internships from 10,000 to 20,000. As the economy recovers, the Government will continue to provide employment support so that people can find – and stay in – work. There are still uncertainties to confront and the Government will continue to provide support as the recovery continues.

5.8 **DWP is committed to ensuring that these programmes work for young people with autism, and that the choices and support they are offered reflect their specific needs.** The training for advisers outlined in chapter 2 of this strategy is essential to ensuring that this happens, as is the fact that this support will be available to young people with disabilities earlier. So, they will, for example, be able to access Future Jobs Fund opportunities at the thirteen-week point of their claim to JSA rather than after six months.

Personalising welfare and work support

5.9 The Government will continue to take forward welfare reform to personalise the support given to people seeking work. At the core of this process is the principle that

the ability to get and keep a job, and then to progress in work, is the best route out of welfare dependency. But the personal needs of individuals can differ vastly. Some require intensive support to build skills and overcome barriers to work, while others need little more than access to job opportunities.

5.10 This spectrum of needs in society as a whole is mirrored – if not intensified – when it comes to adults with autism. At one end of the autistic spectrum, many adults are highly skilled and often highly qualified. The support they need is very different from those who have struggled to get qualifications, or who have learning disabilities or mental ill-health.

5.11 At the higher functioning end of the autistic spectrum, the focus needs to be on enabling people to take the next step into work – perhaps giving them the extra support they need through the application process so they can demonstrate their skills, or helping them develop the social skills that are such a fundamental part of the workplace. While some of this involves working with the individuals themselves, it also demands our working with employers to change their perspectives and approaches.

5.12 Chapter 2 highlighted some of the ways DWP is already seeking to engage employers. There are also many examples of employers across the UK who have taken steps to better include adults with autism – from formal schemes such as

the successful mentoring programme at Goldman Sachs (which was highlighted in the autism strategy consultation document *A Better Future*) to individual employers and managers making a difference themselves.

“Our son has worked for an outdoor clothing firm (Saturday job) for at least 3 years, mainly because the team leader was prepared to take him on after he had completed 3 weeks of work experience and was prepared to learn about autism and make the necessary adjustments. This has been a very positive experience for our son and has given him the confidence to take on another part time job.”

5.13 Changing employer perspectives is a long-term process, but an important one. Employer organisations have an important role to play in highlighting the benefits of employing adults with autism, and organisations such as Prospects, NAS’s employment and training service, also work closely with employers to identify how they can best use the skills of their autistic staff.

5.14 But for those who need more help, we need to do more. We need to ensure that adults with autism get the information, advice and guidance they need to improve their skills and prepare for work. We need to ensure they receive the financial support they are entitled to. And we need to ensure that government-led programmes

to increase opportunities for work are accessible for adults with autism.

5.15 Our current approach to welfare reform aims to overcome these barriers and give all adults the personalised employment support and benefits advice they need to get them into work. In our Delivery Plan we will explain how Jobcentre Plus customer services and benefits processes address the needs of autistic people, and the issues and concerns identified during our consultation exercise and within NAS’s *Don’t Write Me Off*²⁵ report.

Reforming existing provision

5.16 DWP is committed to building pan-disability services for its customers, where provision is flexible and based on individual need, rather than a ‘one size fits all’ approach.

5.17 Following recommendations for improvement made by the NAO, the Prime Minister’s Strategy Unit report *Improving the life chances of disabled people*, the PAC and the views of many disabled people, employers, external delivery partners and Jobcentre Plus staff, DWP undertook a major review of its existing specialist disability employment provision (i.e. WORKSTEP, Work Preparation and the Job Introduction Scheme).

5.18 As a result, **this provision will be replaced by a new programme – Work Choice – from October 2010.** Work

25. NAS (2009) *Don’t Write Me Off*

Choice will be a pan-disability programme, designed to help customers who face complex disability-related barriers and have the highest support needs to find and keep a paid job, or progress in work. The new programme will provide specialist support for adults with autism where DWP mainstream provision may not be appropriate or does not meet the particular needs of the individual.

5.19 Work Choice customers will be encouraged to progress in their careers while they are on the programme and a new funding model will encourage increased progressions from Work Choice into unsupported employment, where this is appropriate for the individual customer.

5.20 Access to Work is a DWP programme that helps disabled people overcome work-related obstacles. It can provide support with such things as special equipment or software, support workers, and travel to and within work that many adults with autism will find helpful in getting and keeping employment. It is flexible, easy to access and shows high levels of satisfaction from disabled people and their employers. It has also been recognised by the NAO as highly cost-effective. In recognition of the high levels of demand for the programme and its success in helping disabled people get and keep jobs the Government committed in December 2008 to doubling the Access to Work budget to £138 million by 2013/14.

5.21 **Jobcentre Plus has now changed Access to Work to improve support services for customers with autism.**

The programme now offers customers the option of an Access to Work funded Job Coach as and when they require one – for example, when there are changes in a customer’s job at a later stage within the same employment. Previously, this support was only available in the first six months of the customer’s job.

5.22 DWP also recently announced its commitment to review Pathways to Work, its back-to-work programme available to all customers claiming incapacity benefits and Employment and Support Allowance (ESA) in Great Britain – which includes a large number of adults with autism. This review builds on the recently published statistics on the operation of the new medical assessment for ESA.

5.23 Pathways to Work was the first programme of tailored support for this customer group. It gives customers a flexible menu of different support options that can be tailored to their needs, including:

- Work-Focused Interviews (WFIs)
- help finding and applying for jobs
- help to manage a health condition or disability (Condition Management Programmes)
- training, and

- extra money to boost in-work income (the Return to Work Credit).

ensuring that back-to-work support is as personalised and co-ordinated as possible.

5.24 *Building Britain's Recovery: Achieving Full Employment* set out the underpinning principles for reform to Pathways: clarity of process and customer journey; flexibility, and tailoring of support to the needs of the individual; and placing rights and responsibilities at the heart of the relationship between customer and personal adviser. DWP is currently working with stakeholders to develop detailed proposals for reform, which will be published in spring 2010.

5.27 In December 2009, we published the results of an independent review led by Rachel Perkins that looked at how the Government could better help people with a mental health condition back to work. *Realising ambitions: Better employment support for people with a mental health condition*²⁶ made a number of recommendations which focused on ensuring that employment services better understand the needs of people with a mental health condition, and that health/social services see employment as part of a recovery approach and a health outcome.

5.25 The review will also look at how we can strengthen support for customers no matter what benefit they receive, including support for disabled people and those with a health condition on JSA. The Personalised Employment Programme, for example, which tests a more personalised system of support for a combined customer group of JSA and ESA claimants, including adults with autism, will provide important evidence to inform the future delivery model.

5.28 At the same time, we also published our response to the review *Work, Recovery and Inclusion*,²⁷ and *Working our way to better mental health: a framework for action*.²⁸

5.29 *Work, Recovery and Inclusion* listed a number of actions that DWP will take, including:

- doubling the capacity of mental health co-ordinators and using them to build networks at a local level between work and health/social services
- adapting Access to Work to ensure it is better targeted at people with mental health and fluctuating conditions,

Developing new approaches that will better support adults with autism

5.26 We know that adults with autism and mental health conditions can be at a double disadvantage in the labour market. This is why DWP is committed to

26. *Realising ambitions: Better employment support for people with a mental health condition* is a review commissioned by DWP and led by Rachel Perkins of South West London and St George's Mental Health Trust, supported by Paul Farmer of Mind and Paul Litchfield of BT

27. HM Government (2009) *Work, Recovery and Inclusion* (www.cabinetoffice.gov.uk/social_exclusion_task_force/psa/supporting_delivery/work-recovery-inclusion.aspx)

28. DWP and DH (2009) *Working our way to better mental health: a framework for action* (www.workingforhealth.gov.uk/initiatives/Mental-health-and-employment-strategy/default.aspx)

making it more flexible and piloting cover for small businesses for episodic absences

- piloting internships for people with mental ill-health and those who have been away from the labour market for a considerable period of time, and
- through the Equalities Bill, seeking to outlaw the inappropriate use of pre-employment questionnaires.

- test a range of early intervention job retention approaches, including the Fit for Work Service pilots and embedding Employment Advisers in Improving Access to Psychological Therapies (IAPT), and
- introduce a new network of mental health co-ordinators in each Jobcentre Plus district to improve access to co-ordinated health and employment support for jobseekers.

5.30 While we recognise that not all adults with autism also have mental ill-health, **we will make it clear that the actions and initiatives we are introducing – such as internships and cover for episodic absences – should be available to support adults with autism.**

Again, these initiatives should be seen as supporting and including adults with autism.

5.31 *Working our way to better mental health: a framework for action* is the first cross-government strategy to focus on mental health and employment. It provides a high-level framework to influence and inform policy development and sets out expectations of employers, healthcare professionals, organisations and individuals. Building on it, DWP will:

5.32 Many of the initiatives recognise the importance of co-ordinated health and employment support for jobseekers. They build on the strong partnerships already created with GPs through the Pathways Advisory Services pilots, which tested placing Jobcentre Plus advisers in GP surgeries. **These pilots are now being expanded to treble the capacity.**

- encourage employers, particularly those in the public sector, to offer more employment opportunities to people who have mental ill-health
- launch an occupational health advice line for smaller businesses in nine pilot sites across Great Britain

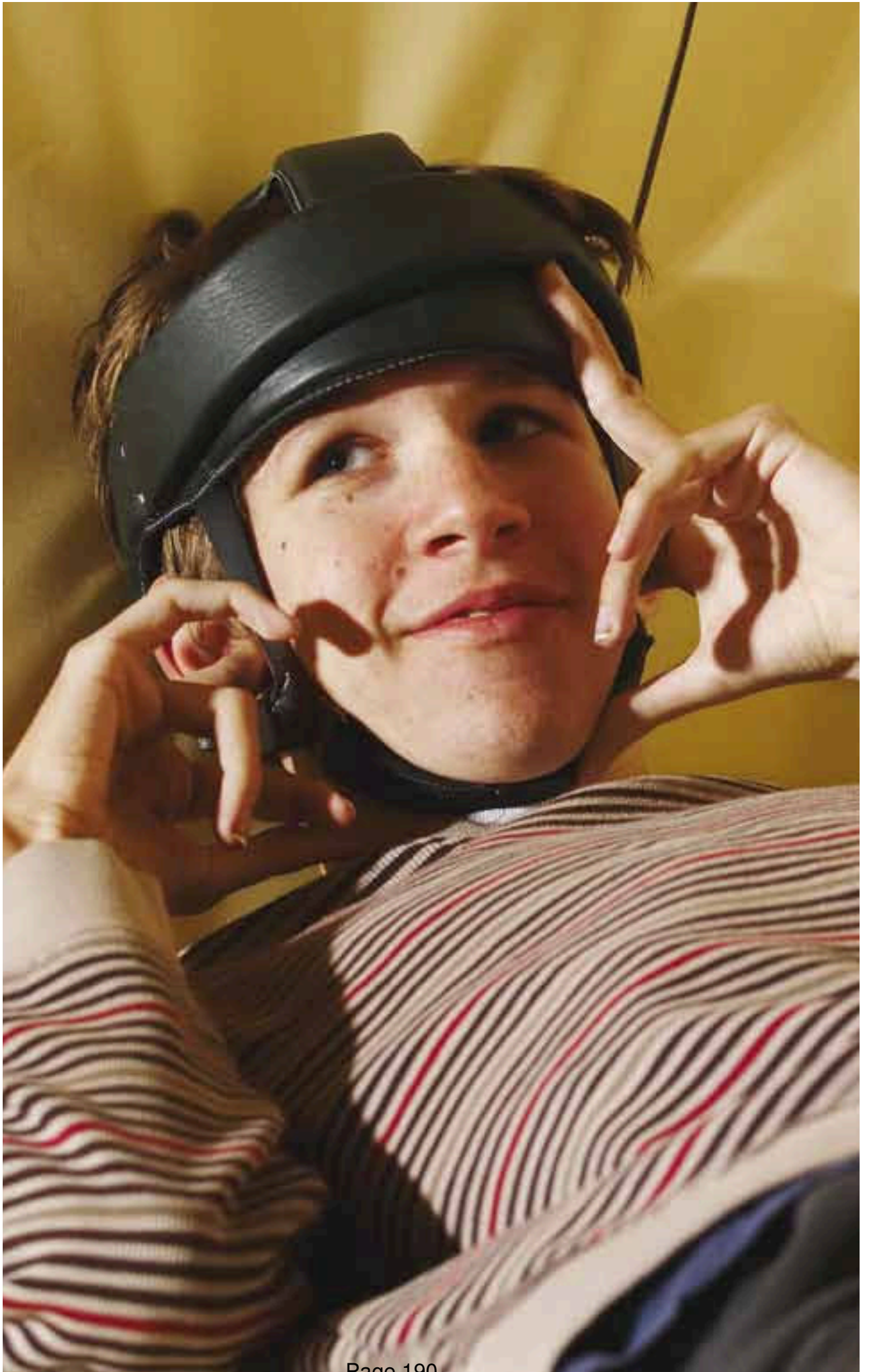
5.33 As part of the ongoing goal to personalise support for disabled people – including adults with autism – the ODI has worked with disabled people to develop the Right to Control. This will give disabled people greater choice and control over the support and services they receive, and shift the balance of power from the state to the individual. Disabled people taking part in the Right to Control trailblazers will have a legal right to:

- be told how much support they are eligible to receive
- decide and agree, with the public body, the outcomes they want to achieve, based on the objectives of the funding streams they access
- have choice and control over the support they receive, and
- be able to choose how they receive the support.

5.34 The Right to Control will include:

- Access to Work (DWP)
- Independent Living Fund (DWP)
- Specialist Disability Work Programmes, for example WORKSTEP (DWP)
- Disabled Facilities Grants (CLG)
- Non-statutory housing-related support (also known as Supporting People) (CLG).

5.35 From late 2010, around eight local authority areas in England will become trailblazer sites. The aim is to build on the approaches used by DH in piloting individual budgets for adults in receipt of social care with a greater focus on employment. Adult social care will be aligned with the Right to Control during the trailblazers.



6. ENABLING LOCAL PARTNERS TO DEVELOP RELEVANT SERVICES FOR ADULTS WITH AUTISM TO MEET IDENTIFIED NEEDS AND PRIORITIES

While central government can set the framework for improving the lives of adults with autism – removing barriers, working to increase awareness – much of the responsibility for delivery of this strategy sits locally. It is here that partners can come together to develop relevant services – and extend existing ones – that enable adults with autism to be included in society, reflecting the needs and priorities of the local area.

Increasingly, government is moving towards a model of area-based funding and service delivery. This in itself will help agencies and services come together to share resources to support adults with autism. To build on this, the strategy focuses on:

- putting the needs of adults with autism on the map in every area
- identifying and promoting service models that are proven to make a positive difference for adults with autism, and

- enabling adults with autism and their families to have greater choice and control over where and how they live.

Services for adults with autism today

- 6.1 The focus of this strategy is rightly to make it easier for adults with autism to access mainstream public services and to be fully included within society. However, specific services and support dedicated to adults with autism can play a pivotal role in enabling them to use mainstream services effectively.
- 6.2 These kinds of services help adults with autism to live more fulfilling lives within society – as do many user-led and voluntary support groups, which help adults with autism build friendships and share experiences. They also enable more adults with autism to live independently.
- 6.3 In its report *The State of Health Care and Adult Social Care in England 2009*, the Care Quality Commission cited examples of councils and PCTs working together in a number of ways to support adults with autism, including developing pathways

and protocols for people with Asperger syndrome and working with the third sector to develop a multi-agency strategy for people on the autistic spectrum.²⁹

Services are not available consistently

- 6.4 But while there are examples from across England and Wales of effective and relevant services for adults with autism, such services are not available consistently.
- 6.5 This is not just a 'postcode lottery': even within the same area, different adults with autism will have very different experiences, depending on factors as varied as their position on the autistic spectrum – sometimes services are available only to those with Asperger syndrome, for example – the professionals they have dealt with and even the way they came into the system. There remains a lack of co-ordination locally, particularly as, until now, adults with autism have not been seen as a priority in processes like the JSNA.

Enabling local partners to develop relevant services for adults with autism to meet identified needs and priorities

Putting the needs of adults with autism on the map in every area

- 6.6 Over the last few years, there has been a clear move in government policy towards area-based funding, which is designed to encourage a more collaborative approach to public services in each local area. Instead of each organisation developing its own

services within its own budget, local partners are better able to join up resources – both financial and human – to provide a more coherent response to the needs of the community.

- 6.7 The Total Place Pilots are adding to our experience and understanding of how local agencies can better work together for their communities. Over the coming months, key learning points from different models of integration will be reviewed and shared to make improved joint working more systematic across the NHS and local authorities.
- 6.8 Perhaps the most important tool locally, however, remains the JSNA, which requires all local partners to come together and identify priorities for services. **The JSNA core data set is currently being reviewed and estimates of numbers of adults with autism will be included when the revisions are published in spring 2010.** These estimates can be compared with the numbers of adults with autism known to services (such as learning disability or mental health services) to give an indication of possible unmet need. This can then inform the relevant single agency or joint strategic commissioning mechanisms required both to identify and meet the full health and wellbeing needs of all adults with autism.
- 6.9 Building on this, **we expect each local area to develop its own commissioning plan around services for adults with**

29. Care Quality Commission (2009) *The State of Health Care and Adult Social Care in England: Key themes and quality of services in 2009*

autism that reflects the output of the JSNA and all other relevant data around prevalence. This will need to be developed within the scope of existing resources and budgets, but, as many areas have shown, there is a clear business case to be made for improving the services available for adults with autism locally, and adopting a more preventative, supportive approach. For example, several areas have been able to reallocate resources from inappropriate placements of adults with autism in full-time psychiatric care; instead, they are able to provide day-to-day support that is more cost-effective and typically gives adults with autism greater independence.

6.10 To lead on this, **local authorities should follow the DH guidance which states that the Director of Adult Social Services (DASS) should ensure there is a joint commissioner/senior manager who has in his/her portfolio a clear commissioning responsibility for adults with autism.**³⁰ Experience suggests the best results come when this commissioner or senior manager is an integral part of mainstream commissioning processes. It is also important to reiterate that any professional leading on commissioning services for adults with autism will need to work closely with the local specialised commissioning group, as set out in paragraph 3.10.

6.11 As well as leading on the development of services for adults with autism in the

local area, this commissioner/manager should also participate in relevant local and regional strategic planning groups and partnership boards. For example, they could work closely with Valuing People Regional Leads and Deputy Regional Directors and others to ensure that personalisation is addressing the needs of adults with autism.

6.12 To support the work of this local commissioner/manager, local partners may also want to consider establishing a local autism partnership board that brings together different organisations, services and stakeholders locally and sets a clear direction for improved services. **The first-year delivery plan will provide examples of possible structures for such boards, drawing on best practice that already exists around the country.**

6.13 The key is that local partners come together in one place to discuss priorities and challenges together: how that might be done will need to be determined locally. We recognise that, in some areas, existing structures may fulfil the same purpose – such as Learning Disability Partnership Boards and Mental Health Local Implementation Teams (LITs) which have a separate sub-group reporting to them around the needs of people with autism. This may be an effective model to follow. Learning disability partnership boards have been successful in improving local planning of services for adults with learning disabilities. In a number of areas similar boards have been set up for autism.

30. DH (2008) *Services for adults with autistic spectrum conditions (ASC): Good practice advice for primary care trust and local authority commissioners*

Local services should build on this and support the development of local autism partnership boards.

6.14 To help set direction at a regional level, **DH will work with the Association of Directors of Adult Social Services (ADASS), strategic health authorities, local government offices, deputy regional directors and other key partners to support the development of a regional delivery plan for adults with autism in each government region.** This should set out the key regional priorities – such as better access to mainstream services, increased availability of housing, better relationships with employers – and also help map existing services across the region, identifying in particular voluntary sector services that would benefit from additional support and ways to build their capacity. The national autism programme board will provide the overall governance to support and oversee these regional plans.

6.15 **It is essential that the views of adults with autism and their carers are sought and taken into account in the development and delivery of services locally, in line with the duty to involve set out in *Creating Strong, Safe and Prosperous Communities*.**³¹

6.16 Together, the combination of clear local responsibility and shared regional direction will help strengthen the development of

services for adults with autism, and improve their access to mainstream services.

6.17 Service planning and the JSNA also require clear evidence about rates of autism. Building on the evidence we already have about the prevalence of autism,³² DH is funding a study to explore rates of autism in a representative sample of adults in England. The study will report its findings in 2011 and builds on a small-scale study which began in 2008 to help develop a suitable methodology for estimating prevalence accurately.

6.18 In addition, to aid information sharing about adults with autism in the future, **DH will lead the development of an agreed protocol for what information should be recorded and how it should be shared with other services. This protocol will also look at how information about numbers of adults with autism locally should be compiled and fed into centrally collated data about rates of autism.**

Identifying and promoting service models that are proven to make a positive difference for adults with autism

6.19 In most areas, services for adults with autism are typically provided through either mental health or learning disability services. While these offer valuable support to many of the adults with autism eligible for them, it is clear that, under this model, a large

31. Communities and Local Government (CLG) (2008) *Creating Strong, Safe and Prosperous Communities*

32. Autism rates were shown in the Alternative Provider Medical Services (APMS) 2007 study to be 1.0% of the adult population living in private households (or one in every 100 adults).

number of adults with autism will receive no specific help as they have neither mental ill-health nor a learning disability. Equally, some of those who use these services find that their needs are not fully met by them.

6.20 The consultation highlighted a number of models adopted in different areas of the country which provide dedicated services for adults with autism.

- In the Royal Borough of Windsor and Maidenhead (RBWM), a prevalence study led to the establishment of a full-time team of three (a team manager, a care manager and an assistant care manager) to support adults with autism. This team has a number of responsibilities, including being the key point of contact for issues relating to adults with autism, identifying best practice, and highlighting gaps in provision. The team will also be responsible for leading work with commissioners to ensure that appropriate services are established. So far, the team has developed a fortnightly social group, a health and wellbeing group and training for professionals. All team members also hold a caseload of work with individuals and they expect to support 50 individuals at any one time. The team works closely with local voluntary organisations and NAS to create an invaluable service that deals with every area relating to the lives of adults with autism who have previously not been eligible for services.
- The Somerset Asperger Syndrome Consultancy Team was founded in January 2005 and takes referrals from local community mental health teams. The team consists of a team manager, another social worker, a community nurse, two clinical psychologists (equivalent to one full-time team member) and, for the equivalent of one day a week, an occupational therapist. It is able to offer a variety of interventions to support professionals working directly with people with Asperger syndrome, including diagnosis, consultancy, training and preventative support. Since its creation in January 2005, the team has received approximately 300 referrals.
- The Nottinghamshire Adults with Asperger team was set up in 2007 and is funded by Nottinghamshire County Council to meet the needs of adults with Asperger syndrome and high functioning autism. A team of five social care staff works across the county, in close partnership with health services, to provide a range of support, from advice and assistance in getting a diagnosis (although it does not offer diagnosis) to community care assessments to advice and assistance in getting the correct benefits. It also focuses on important quality of life issues, such as help with finding suitable accommodation and related support, advice and help with using leisure facilities and information about self-help groups, social groups and groups for carers.

6.21 We believe such models can be of real value in giving adults with autism the support they need. However, while there are already many good examples of specialist services such as these, no particular model has become common practice across the NHS and social care. Instead, services have been developed to reflect local needs and priorities, with a clear business case.

6.22 Best practice shows that where outcomes for adults with ASC have improved this has been as a result of the development of local teams. Local services should look to build on this practice and consider developing teams in their local area.

6.23 Therefore **to enable local partners to develop relevant services in every area, DH will continue to identify best practice and promote effective service models** in the forthcoming statutory guidance. As suggested in the NAO report, this guidance will seek to highlight examples of cost-effective ways to develop higher quality appropriate services locally, rather than relying on expensive out-of-area placements. Our experiences around *Valuing People Now* will be invaluable in this.

6.24 As well as examining models for joint commissioning and service delivery, we will also seek to identify examples of community services that have had a positive impact. For example, a number of colleges have now developed programmes

for adults with autism that focus on social and living skills.

- West London Community College offers adults with autism courses in emotional health, sexual relationships and living in the community.
- In Weston-super-Mare, Weston College worked with NAS to develop a specialist inclusion programme for learners with autism, helping them succeed in mainstream education. Learners are able to access dedicated support and tutoring as well as additional courses to help build their confidence in independent living and social integration.

6.25 There are also many support groups, run by third sector organisations, people with autism and their families. These play an important role in giving adults with autism a social life, supporting them to build relationships and enabling them to meet others with autism without worrying about how they will be judged or viewed. They can also provide an invaluable setting for training in life skills, as well as social skills, for example in cooking, dealing with money and bills and relationship advice. **In line with the Government's response to the consultation on implementing the *Independent Living Strategy*,³³ ODI is looking at ways to build the capacity of disabled people's organisations, including those that support adults with autism.**

33. ODI (2008) *Involving disabled people: Government response to the consultation on implementation and monitoring of the Independent Living Strategy*

Enabling adults with autism and their families to have greater choice and control over where and how they live

6.26 The Government has stated that it aims “to enable people with learning disabilities and their families to have greater choice and control over where and how they live”.³⁴

This includes adults with autism, and, as underlined in *Putting People First* and the *Independent Living Strategy*, means that:

- the needs of adults with autism should be taken into account in local housing planning, design and allocation, in line with local priorities
- support should be available for adults with autism who want to, or have to, live independently – both on an ongoing basis and during the transition period into a new home, and
- adults with autism and their carers should be given help to understand the options available to them, including the financial help they may be entitled to.

6.27 Local authorities are already required under the DDA to take account of the needs of disabled adults when considering housing provision. This includes taking account of the needs of adults with autism and means that in allocating homes to adults with autism, housing services should take account of individuals’ needs, as identified through the needs assessment process – as they should for any other vulnerable adult.

6.28 This could involve a number of factors, such as:

- considering the location of any home allocated – and, particularly, proximity to established sources of support, including family carers
- recognising any sensitivities the adult has. While every individual has different needs, many adults with autism can find certain housing conditions distressing. A common example is hypersensitivity to harsh lighting; other issues exist around layout of a home and furniture and fittings. These can be addressed both in designing new homes and in making alterations to existing housing stock.

6.29 Housing design increasingly takes account of the needs of residents – such as older people and disabled people. The Homes and Communities Agency is responsible for housing design standards and, following the recent report *Housing our Ageing Population: Panel for Innovation*,³⁵ is set to revise best practice design criteria. This provides an ideal opportunity to look at housing provision for adults with autism. **Drawing on the expertise and input of specialist suppliers, the Homes and Communities Agency will incorporate, take account of and give reference to best practice on housing design for adults with autism in their forthcoming design and quality criteria standards.**

34. DH (2001) *Valuing People: A New Strategy for Learning Disability for the 21st Century*

35. The Housing Our Aging Population Panel for Innovation (HAPPI), CLG and DH (2009) *Housing our Ageing Population* (www.homesandcommunities.co.uk/Housing-Ageing-Population-Panel-Innovation)

6.30 As well as looking at housing design, local authorities are also required to make reasonable adjustments to processes such as choice-based lettings procedures to ensure they are accessible.

6.31 Valuing People Now partnership boards are already overseeing improvements to housing for adults with learning disabilities: their responsibilities also extend to adults with autism.

6.32 For adults with autism who want to, or have to, live independently, a support programme is almost as important as the availability of housing itself. This will build on the assessment of needs: levels of support might range from assistance with personal care and safety, to managing money, to help with decision-making. As indicated in chapter 4, many responses to the consultation indicated the benefits of low-level support, such as with administrative or domestic tasks, that can make a real difference to the levels of choice and control adults with autism have over where and how they live.

6.33 Though the Government's overall goal – as set out in the Independent Living Strategy – is to give disabled people who need support to go about their daily lives greater choice and control over how support is provided, we recognise that some adults with autism will continue to choose, and rely on, some form of residential care. This is particularly the case for older people,

who may not have family carers able to support them, and those with the most severe or complex needs.

Reforming Housing Benefit

6.34 Housing Benefit is an important source of income for many adults with autism and their families. DWP reforms to the administration of Housing Benefit have already cut both fraud and error. The challenge now is to reform Housing Benefit further so that it can help people into work. A lot of people are unaware that they can claim Housing Benefit when in work. DWP is therefore promoting a Housing Benefit awareness campaign with help from key stakeholders.

6.35 In December 2009, DWP launched a public consultation on the next stage of housing benefit reform.³⁵ The consultation, which closed on 22 February 2010, includes proposals for work incentives to remove some of the uncertainty that comes with moving into work.

6.36 In particular, DWP is considering further reforms to the size criteria, which might help people whose circumstances do not fit with current rules. For example, adults with autism (like other disabled adults) who receive help from a non-resident carer may miss out because the rules cannot provide them with an extra room where the carer is required to stay overnight. The consultation invited responses on ways of helping through Housing Benefit.

36. DWP (2009) *Supporting people into work: the next stage of Housing Benefit reform – Public Consultation* (www.dwp.gov.uk/consultations/2009/supportingpeopleintowork.shtml)

7. OUR NEXT STEPS

- 7.1 As made clear from the start of this document, this strategy is an important step on the road to a long-term goal. It builds on the landmark Autism Act 2009, setting a direction for future change and focusing on some of the elements needed to drive that change. Increased awareness of autism across public services is the essential starting point; consistent diagnosis helps formally recognise the condition and encourage public services to respond; and improved access to public services begins an ongoing process to ensure adults with autism get the support they need.
- 7.2 Above all, though, change needs to be driven locally, through strong local leadership, as set out in chapter 6.
- 7.3 To help enable local partners to provide this impetus and direction, we are producing:
- a first-year delivery plan, to be published by 31 March 2010, which sets out our priority actions
 - a full delivery plan for this strategy, by the end of 2010.
- 7.4 In addition, during 2010, DH will consult on and publish guidance under S7 of the Local Authority and Social Services Act 1970 to support the delivery of the strategy in health and social care. The guidance will be published in December 2010.
- 7.5 The NICE clinical guideline for children and young people is scheduled to be published in September 2010. The guideline for adults will follow at a later date.
- 7.6 We will assess the impact of all these actions – as well as the other steps already taken to transform services for adults with autism in England and Wales – as part of our formal review, in 2013. This review will be an inclusive and co-operative process, conducted with the involvement of all stakeholders but in particular adults with autism and their families. From there, we will identify and clarify what our next steps will be.
- 7.7 We know that the change needed to realise our vision will be a long-term process. But the actions and approach we have set out are designed to deliver a real impetus and set a clear framework for development of local partnerships and services to transform the lives of people with autism.

SUMMARY OF ACTIONS

'Fulfilling and rewarding lives': The strategy for adults with autism in England

- We commit to formally reviewing progress in three years' time and revising the strategy as necessary. (1.7)
- To oversee progress against the strategy, and provide overall direction and governance, DH is now setting up a national autism programme board, which will be co-chaired by the Minister for Care Services and the Director-General of Social Care. The board will include representatives from other government departments as well as stakeholder groups. (1.8)
- We will also publish a first year delivery plan by 31 March 2010. (1.17)
- We commit to working with Skills for Health, Skills for Care, professional bodies and the Royal Colleges to ensure that effective autism awareness training for health and social care professionals is developed. (1.26)
- We commit to delivering guidance to indicate some of the kinds of adjustments that might usefully be made, from physical adjustments to premises to improving the ways those delivering services communicate with adults with autism. (1.31)

- We commit to keeping progress under review so that we can take further action if the improvements we seek are not delivered. (1.39)

Increasing awareness and understanding of autism

- We recommend that autism awareness training should be included within general equality and diversity training programmes across all public services. (2.8)
- The forthcoming statutory guidance will provide examples of best practice for [providing training within] health and social care, and emphasise the importance of involving adults with autism and their carers in developing and delivering training. (2.9)
- [Jobcentre Plus will ensure] that autism awareness training is provided to all DEAs who have not yet received it. (2.11)
- We believe it is essential that autism awareness training is available to all staff in the criminal justice sector. (2.14)
- We believe it is essential that autism awareness training is available to everyone working in health or social care. (2.16)
- We will work with partners to develop effective training modules and approaches which can be used by local authorities

and PCTs to create training programmes locally. (2.18)

- DH has recently commissioned the development of new online resources and information about autism for those working in the health and social care sectors. (2.19)
- We will work with PCTs and local authorities to identify priority groups for training. (2.20)
- We believe that autism awareness should be part of the core training curricula for doctors, nurses and other clinicians. (2.23)
- We recommend that autism awareness should be an essential part of the training given to staff carrying out community care assessments. (2.24)
- DWP is investigating whether existing campaigns and programmes such as Employ Ability can be extended to include more examples of adults with autism. (2.30)
- It will be expected that autism awareness training is included in the equality and diversity planning and single equality schemes of all central government departments. (2.32)

Developing a clear, consistent pathway for diagnosis of autism

- The forthcoming NICE guideline will set out a model care pathway(s), which will form the foundation for local commissioners to develop referral and care pathways in their areas, supported by their strategic health authority where necessary. (3.9)

- We recommend that local areas appoint a lead professional to develop diagnostic and assessment services for adults with autism. (3.10)
- While developing the forthcoming clinical guideline, NICE will consider how to make the diagnostic process more accessible and consistent. (3.13)
- Diagnosis of autism should be recognised as a reason for assessment [under the NHS and Community Care Act 1990]. (3.14)
- Diagnosis of autism should also be recognised as a catalyst for a carer's assessment. (3.19)
- To help local authorities and PCTs develop the right kinds of information, the forthcoming statutory guidance will provide more details of what information adults with autism and their family or carers are likely to need after diagnosis. (3.28)

Improving access for adults with autism to the services and support they need to live independently within the community

- DH has already committed to delivering guidance for mental health and learning disability services to indicate some of the kinds of adjustments that might usefully be made, from physical adjustments to premises to improving the ways those delivering services communicate with adults with autism. (4.10)
- DWP will ensure Jobcentre Plus advisers are aware both of the need to make suitable

adjustments for adults with autism and of the kinds of adjustments that may be beneficial. (4.11)

- Adults with autism should be eligible for personal budgets and direct payments, in line with the assessment of their needs. (4.17)
- We encourage local authorities to explore how to support volunteer and third sector groups in planning and commissioning services locally. (4.22)
- We recommend that travel training is made available nationwide for all adults with autism that would benefit from it. (4.26)
- Under *Aiming High for Disabled Children*, DCSF is investing £19 million in a Transition Support Programme to improve transition planning. (4.30)

Helping adults with autism into work

- DWP is committed to ensuring that these programmes [announced in *Building Britain's Recovery: Achieving Full Employment*] work for young people with autism, and that the choices and support they are offered reflect their specific needs. (5.8)
- [Existing specialist disability] provision will be replaced by a new programme – Work Choice – from October 2010. (5.18)
- Jobcentre Plus has now changed Access to Work to improve support services for customers with autism. (5.21)

- We will make it clear that the actions and initiatives we are introducing [as part of *Work, Recovery and Inclusion*] – such as internships and cover for episodic absences – should be available to support adults with autism. (5.30)
- These pilots [placing Jobcentre Plus advisers in GP surgeries] are now being expanded to treble the capacity. (5.32)

Enabling local partners to develop relevant services for adults with autism to meet identified needs and priorities

- The JSNA core data set is currently being reviewed and estimates of numbers of adults with autism will be included when the revisions are published in spring 2010. (6.8)
- We expect each local area to develop its own commissioning plan around services for adults with autism that reflects the output of the JSNA and all other relevant data around prevalence. (6.9)
- Local authorities should follow the DH guidance which states that the Director of Adult Social Services (DASS) should ensure there is a joint commissioner/senior manager who has in his/her portfolio a clear commissioning responsibility for adults with autism. (6.10)
- The first-year delivery plan will provide examples of possible structures for [local autism partnership] boards, drawing on best practice that already exists around the country. (6.12)

- DH will work with the Association of Directors of Adult Social Services (ADASS), strategic health authorities, local government offices, deputy regional directors and other key partners to support the development of a regional delivery plan for adults with autism in each government region. (6.14)
- It is essential that the views of adults with autism and their carers are sought and taken into account in the development and delivery of services locally, in line with the duty to involve set out in *Creating Strong, Safe and Prosperous Communities*. (6.15)
- DH will lead the development of an agreed protocol for what information should be recorded and how it should be shared with other services. This protocol will also look at how information about numbers of adults with autism locally should be compiled and fed into centrally collated data about rates of autism. (6.18)
- To enable local partners to develop relevant services in every area, DH will continue to identify best practice and promote effective service models. (6.23)
- In line with the Government's response to the consultation on implementing the *Independent Living Strategy*, ODI is looking at ways to build the capacity of disabled people's organisations, including those that support adults with autism. (6.25)
- Drawing on the expertise and input of specialist suppliers, the Homes and Communities Agency will incorporate, take account of and give reference to best practice on housing design for adults with autism in their forthcoming design and quality criteria standards. (6.29)

LIST OF POLICIES THAT APPLY TO ADULTS WITH AUTISM

The list below summarises some of the key government policies and publications from recent years that apply specifically to adults with autism and that form the policy background in which this strategy has been developed.

This list is alphabetical and is by no means exhaustive. The fact that a policy or document is not included here does not mean it does not apply to adults with autism.

- *Access to Work* – a specialist disability programme delivered by Jobcentre Plus, which provides practical advice and financial assistance towards the support needed by disabled people to help them overcome work-related obstacles resulting from disability.
- *Aiming High for Disabled Children (2007)* – the Transition Support Programme works to support local areas to improve transition arrangements across health and social care, including consolidating person centred approaches.
- *The Bradley Review (2009)* – examines the extent to which offenders with mental health or learning disabilities could, in appropriate cases, be diverted from prison to other services, and the barriers to such diversion. The review makes a series of recommendations to Government including the organisation of effective liaison and diversion arrangements and the services needed to support them.
- *Building Britain's Recovery: Achieving Full Employment (2009)* – sets out Government plans to combat the effects of the recession and to help young people into jobs and training more quickly, to support older workers, and to deliver a more flexible, personalised service.
- *Creating Strong, Safe and Prosperous Communities (2008)* – provides statutory guidance to local authorities and their partners on creating strong, safe and prosperous communities. It covers the duty to involve, and duties around Local Area Agreements in the Local Government and Public Involvement in Health Act 2007.
- *Disability Discrimination Act (2005)* – promotes civil rights for disabled people and protects disabled people from discrimination. The Act requires public bodies to promote equality of opportunity for disabled people. It also allows the Government to set minimum standards so that disabled people can use transport easily.
- *High Quality Care for All (2008)* – the final report of Lord Darzi's NHS Next Stage Review. It responds to the 10 SHA strategic visions and sets out a vision for an NHS with quality at its heart.
- *Improving Health, Supporting Justice (2009)* – this national delivery plan contributes to key Government initiatives around protecting the public, reducing health inequalities, reducing

reoffending, and health improvement and protection.

- *Improving the Life Chances of Disabled People* (2005) – disabled people in Britain should have full opportunities and choices to improve their quality of life, and should be respected and included as equal members of society. A key area is independent living.
- *Independence and Opportunity: Our Strategy for Supporting People* (2007) Department for Communities and Local Government – intends to improve housing opportunities.
- *Independent Living Strategy* (2008) – a commitment to shared understanding of the principles and practice of independent living. Disabled people who need support to go about their daily lives will have greater choice and control over how support is provided; and disabled people will have greater access to housing, health, education, employment, leisure and transport opportunities and to participation in family and community life.
- *Mental Capacity Act* (2005) – came into force in 2007 providing a clearer legal framework for people who lack capacity, for those caring for them and for the professionals who work with them by setting out key principles. It puts people who lack capacity at the heart of the decision-making process – this includes people with autism and those who may not find it easy to express their choice in words. The Act requires an assumption that people have capacity to make decisions for themselves unless there is evidence to the contrary.
- *National Service Framework on Long Term (Neurological) Conditions* (2005) – sets out quality requirements and the evidence base for services to people with long-term neurological conditions resulting from disease of, injury or damage to, the body's nervous system. It applies to health and social care services working with other key agencies, such as providers of transport, housing, employment, education, benefits and pensions.
- *National Service Framework for Mental Health – five years on* (2004) – key relevance is continued work to tackle social exclusion.
- *New Horizons: Working together for better mental health* (2009) – a cross-government programme of action with the twin aims to: improve the mental health and wellbeing of the population; improve the quality and accessibility of services for people with poor mental health.
- *Our Health, Our Care, Our Say: A New Direction for Community Services* (2006) – services should become more responsive, focusing on people with complex needs, and shifting care and support closer to home.
- *Putting the frontline first: smarter government* (2009) – sets out how the Government will improve public service outcomes while achieving the fiscal consolidation that is vital to help the economy grow. The plan has three central actions: to drive up standards by strengthening the role of citizens and civic society, to free up public services by recasting the relationship between the centre and the frontline, and to streamline the centre

of Government, saving money for sharper delivery.

- *Putting People First (2007)* – key relevance is the provision of information, advice and advocacy, early intervention and re-enablement, prevention and personalisation. Maintains that access to high quality support should be universal and available in every community. Local, statutory and voluntary and private sector organisations should be fully engaged in this transformation.
- *Roadmap 2025 (2009)* – sets out how government departments are working towards disability equality by 2025. The document lists achievements since 2005 and plots the next steps in improving services, access and opportunities in 14 broad areas such as employment, housing, travel and tackling discrimination.
- *Safeguarding Adults: A Consultation on the Review of the 'No Secrets' Guidance (2008)* – to safeguard and protect adults who may become vulnerable and enable them to live safely in their local communities and not be constrained by abuse.
- *Valuing Employment Now: real jobs for people with learning disabilities (2009)* – sets out an ambitious goal to increase radically the number of people with learning disabilities in employment by 2025.
- *Valuing People: A New Strategy for Learning Disability for the 21st Century (2001)* – focuses on achieving full lives for people with learning disabilities and aims to redress inequalities.
- *Valuing People Now (2009)* – restates the principles and priorities in the Valuing People White Paper, and is committed to achieve its aims within the next three years with a delivery plan.
- *Work Choice* – a new pan-disability programme will, from October 2010, help customers who face complex disability related barriers and have the highest support needs to find and keep a paid job or progress while in work. This will include adults with autism. The new programme will provide specialist support where DWP mainstream provision may not be appropriate or does not meet the particular needs of the individual.
- *World Class Commissioning (2007)* – the world class commissioning programme aims to transform dramatically the way health and care services are commissioned in England.



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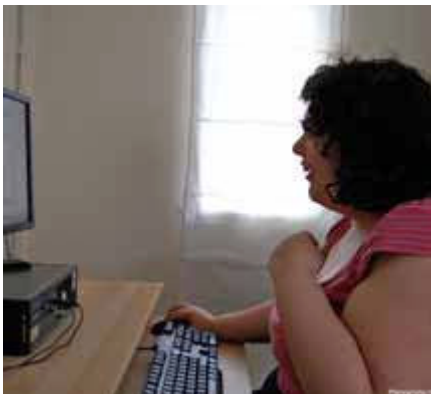
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Towards "Fulfilling and rewarding lives"

The first year delivery plan for adults with autism in England



Prepared by

Department of Health

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First published 2nd April 2010

Published to DH website, in electronic PDF format only.

<http://www.dh.gov.uk/publications>

Towards 'Fulfilling and rewarding lives' the first year delivery plan

DH INFORMATION READER BOX

Policy	Estates
HR / Workforce	Commissioning
Management	IM & T
Planning /	Finance
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Document Purpose	For Information
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Gateway Reference	14087
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Title	Towards fulfilling and rewarding lives
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Author	Department of Health
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Publication Date	02 Apr 2010
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Target Audience	PCT CEs, NHS Trust CEs, SHA CEs, Care Trust CEs, Foundation Trust CEs , Local Authority CEs, Directors of Adult SSs
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Circulation List	Medical Directors, Directors of PH, Directors of Nursing, PCT PEC Chairs, PCT Chairs, NHS Trust Board Chairs, Directors of HR, Directors of Finance, Allied Health Professionals, GPs, Voluntary Organisations/NDPBs
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Description	Towards fulfilling and rewarding lives: the first-year delivery plan sets out the governance structure and the actions, with timescales and responsibilities, that will be taken in the first year to support the implementation of 'Fulfilling and rewarding lives': The strategy for adults with autism in England (2010)
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Cross Ref	Fulfilling and rewarding lives': The strategy for adults with autism in England (2010)
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Superseded Docs	N/A
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Action Required	N/A
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Timing	N/A
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Contact Details	Social Care Policy and Innovation Department of Health Unit 124, Wellington House 133-155 Waterloo Road London SE1 8UG
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For Recipient's Use	
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Towards “Fulfilling and rewarding lives”

This is the first year delivery plan for the strategy for adults with autism in England. It follows the publication of the strategy, *Fulfilling and rewarding lives*, on 3 March 2010. The aim of this delivery plan is to show:

- how the strategy is being taken forward over the next twelve months
- the priorities for action in this first twelve months
- timelines and milestones associated with these priorities.

As the strategy made clear, change will be a long-term process. The primary focus in this first year is on setting up the governance arrangements and structures needed to drive future change, and the development of the statutory guidance and longer-term delivery plan, which will both be published by the end of 2010.

However, some specific actions are already being taken forward. This delivery plan identifies these and shows the considerable progress being made towards the end goal of fulfilling and rewarding lives for adults with autism. Some of these were initiatives that preceded the publication of the strategy – set out in the section Progress so far. Others indicate how we are moving forward, in particular:

- improving training around autism for frontline staff in health, social care and employment support – which the consultation for the strategy identified as a vital first step
- helping adults with autism into work – an essential priority, given the low numbers of adults with autism in employment.

This delivery plan is published on World Autism Awareness Day (2 April 2010), which this year is focusing on poverty. By giving adults with autism the right support into employment, we can make significant strides towards social, as well as economic, inclusion.

This first year delivery plan will be followed by statutory guidance for health and social care, and a three-year delivery plan, with milestones, timings and measures of success, by December 2010.

Brief overview of the strategy for adults with autism in England

The Government's vision is that:

'All adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents.'

The Autism Act 2009 underlined the Government's commitment to achieving this vision. It was the first ever piece of legislation designed to address the needs of one specific impairment group – adults with autism. It was followed in March 2010 with the strategy for adults with autism in England.

Towards fulfilling and rewarding lives: a strategy for adults with autism in England sets a direction for long-term change to realise our vision but also identifies specific areas for action over the next three years. These are:

- increasing awareness and understanding of autism among frontline professionals
- developing a clear, consistent pathway for diagnosis in every area, which is followed by the offer of a personalised needs assessment
- improving access for adults with autism to the services and support they need to live independently within the community
- helping adults with autism into work, and
- enabling local partners to plan and develop appropriate services for adults with autism to meet identified needs and priorities.

The approach taken in the strategy is to make existing policies work better for adults with autism. This approach reflects the fact that there is already a wealth of government policy and initiatives that should support adults with autism. Therefore the emphasis of the strategy is to avoid placing additional statutory requirements or financial burdens on frontline staff delivering public services, on businesses or on local planners.

The strategy can be found at:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113369

Progress so far

Rewarding and fulfilling lives underlined that the strategy itself is just one part of a wider process of change across government to improve the lives of adults with autism. It highlighted a number of actions which the government had already initiated to improve support for adults with autism. Progress against those actions since the publication of the strategy – as well as actions from the strategy -- is set out below.

- As announced in the strategy, a new Adult Autism Strategy Programme Board is being established. **The Board met for the first time on 31 March 2010.**
- The Department of Health (DH) is funding a study to explore rates of autism in a representative sample of adults in England. **The contract was awarded by the NHS Information Centre on 26 March 2010 to a consortium led by the University of Leicester. The other members of the consortium are the University of Glasgow, Kings College London and the National Centre for Social Research (NatCen).** Findings are expected in early 2011.
- As promised in *Valuing People Now* DH has launched a new Public Health Observatory (PHO) in relation to people with learning disabilities. **On 23 March 2010 the contract was awarded to the North East Public Health Observatory (NEPHO) at the Wolfson Research Institute at Durham University, in partnership with the Centre for Disability Research at Lancaster University.** This will collate existing information on the health and care needs of people with learning disabilities, what services they access, and the quality of those services, with the aim of improving health outcomes. This PHO will also collate information relating to adults with autism across the spectrum
- To improve processes around diagnosis, referral and management of autism, the National Institute for Health and Clinical Excellence (NICE) is developing two new clinical guidelines – one covering adults, and one covering children and young people. **The NICE guideline for children and young people is due for publication by September 2011. The guideline for adults will be published by June 2012.**
- To help drive forward the personalisation agenda in social care for adults with autism, the Social Care Institute for Excellence (SCIE) has worked with the National Autistic Society (NAS) to produce an *At a glance Personalisation Briefing on Autism*. **This was published on 18 February 2010 and can be found on the SCIE website, www.scie.org.uk.**

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- As part of ongoing measures to inform good practice in services at transition, DH and the Department for Children, Schools and Families (DCSF) is funding a study on transition from children's to adult services, which will report in January 2012.
By the end of the financial year 2010/2011, DCSF will have given some £200,000 from its Transition Support Programme under *Aiming High for Disabled Children* to DH to support this research.

Delivering the strategy

The most important immediate steps for delivering the strategy are setting up the governance structures which will set direction, oversee delivery and monitor progress. There are three key tiers of governance for the strategy:

1. The Adult Autism Strategy Programme Board, providing overall programme governance
2. The Delivery Group, reporting to the Programme Board
3. DH Deputy Regional Directors of Social Care and Partnerships, who will oversee progress on a regional level, working closely with local leads.

The governance arrangements will operate within the context of the Planning and Performance Frameworks.

The roles and responsibilities of these different groups are outlined below.

The Adult Autism Strategy Programme Board

The Adult Autism Strategy Programme Board will be responsible for overseeing progress against the Adult Autism Strategy, and providing overall direction and governance. The board will be accountable to the Minister for Care Services and the Director General of Adult Social Care, who are joint chairs of the board.

The board has now been established and consists of representatives from across central and local government and the voluntary sector as well as leading academics in the field of autism. DH will, through an open recruitment process, seek to include on the board an adult with autism, and a representative of family carers.

A full list of members can be found on the DH website at www.dh.gov.uk along with terms of reference for the board. These terms of reference include compliance with equalities duties. Papers for board meetings will in due course be published on the same website.

To help the board monitor progress against the strategy, a database/information system to monitor progress is being established.

The board will produce an Annual Report on the implementation of the strategy. The first of these will be published by 1 April 2011.

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One of the Programme Board's key activities for this year is to work with DH to develop a programme of activities and communication to raise awareness of the strategy. The programme will be complete by 31 November 2011.

The role of the Delivery Group and National Implementation Manager

To lead the delivery of the strategy, DH has appointed a National Implementation Manager and established a Delivery Group, to which the National Implementation Manager will report.

The Delivery Group will be accountable and report to the Adult Autism Strategy Programme Board. It consists of senior policy leads and the lead Deputy Regional Director for adults with autism. This group will:

- agree the programme plan and monitor progress
- oversee the use of budgets
- agree work to be commissioned to secure implementation
- quality assure work to be published through the programme
- analyse regional board progress reports and prepare papers for the Programme Board, and
- oversee the performance management for delivery, including the production of regional development plans.

The role of DH Deputy Regional Directors

DH Deputy Regional Directors of Social Care and Partnerships are based in the 9 Government Offices of the Regions, and have close links with Strategic Health Authorities. Their key role is to support at regional level the transformation of adult social care, as laid out in *Putting People First* and specific national strategies including *Fulfilling and rewarding lives*. In particular, they will lead regional planning and governance by:

- working with Directors of Adult Social Services and Directors of Children's Services, Government Offices, Strategic Health Authorities and third sector groups to ensure that there are strategic planning mechanisms/processes with meaningful representation from adults with autism and their carers. This should not specifically require the creation of new regional planning mechanisms or boards.
- producing regional delivery plans that demonstrate how the region will respond to the national delivery plan (see page 22 for more information on regional and local delivery plans).
- providing leadership and support for networks and other stakeholders and for building capacity in localities to support delivery of the strategy.

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- producing a regional action plan, agreed with key partners, by 31 March 2011, showing key milestones and deliverables, based on the findings of an analysis/scoping exercise.

The strategy encourages local authorities to follow DH guidance which states that the Director of Adult Social Services (DASS) should ensure there is a joint commissioner/senior manager who has in his/her portfolio a clear commissioning responsibility for adults with autism¹. Local leads will have a key role to play in supporting and working with Deputy Regional Directors in developing and delivering regional plans. More detail on the role of local government and local leads is set out later in this document.

Deputy Regional Directors will report and be accountable to, the Programme Board.

Working with stakeholders

The strategy was developed using the core principles of inclusivity and co-production, with extensive public consultation and the involvement of an External Reference Group on autism. In particular, it sought the views of adults with autism themselves, their families and informal carers, representative organisations and professionals working in any field who come into contact with adults with autism. It is essential that this approach continues during the implementation of the strategy and that clear processes are put in place for regular communication and consultation with adults with autism and their representatives.

Organisations that represent adults with autism have been invited to join the national Adult Autism Strategy Programme Board, and informal networks set up during the creation of the strategy will continue to be used to gather the input from stakeholders. There will also be formal consultation around the statutory guidance.

At both regional and local levels, we will encourage processes to be put in place to ensure that the views of adults with autism and their carers are sought and taken into account in the development and delivery of services locally. We will identify, in consultation with key stakeholders including adults with autism and carers, examples of best practice and promulgate these by March 2011.

¹ DH (2008) *Services for adults with autistic spectrum conditions (ASC): Good practice advice for primary care trust and local authority commissioners*

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This is in line with the duty to involve set out in *Creating Strong, Safe and Prosperous Communities*. This duty came into force on 1 April 2009 and is set out in section 138 of the Local Government and Public Involvement in Health Act 2007 and takes the form of an addition to the best value provisions of the Local Government Act 1999. The duty to involve seeks to ensure people have greater opportunities to have their say. The aspiration for the new duty is to embed a culture of engagement and empowerment. This means that authorities consider, as a matter of course, the possibilities for provision of information to, consultation with and involvement of *representatives of local persons* across all authority functions. Such consultation should involve groups which represent all equality strands.

Increasing awareness and understanding of autism among frontline professionals

The strategy placed a clear emphasis on autism awareness training for frontline professionals across the public sector. During this year, the focus is on the development of new materials in health and social care, and the reinforcement of existing training initiatives within Jobcentre Plus.

Increasing awareness and understanding of autism within health and social care

- As was announced at the launch of the strategy, DH has committed £500,000² to the development of training for health and social care staff. DH will work with Skills for Health, Skills for Care, the Royal College of Psychiatrists, the Royal College of General Practitioners, the British Psychological Society, the Social Care Institute for Excellence and the Royal College of Nursing to develop training materials by 1 December 2010. This includes the further development of online resources including the Skills for Health and Skills for Care toolkits, which will be particularly important for those already employed in the sectors. All training materials will take into account specific challenges in regard to various equalities duties.
- DH will work with SCIE, the Learning and Skills Council and relevant social and health care training bodies to ensure that autism awareness training can be incorporated into new and existing training portfolios.
- DH is working through the DH National Learning Disability Offender Steering Group to roll out autism awareness training to all staff in the criminal justice sector.
- Examples of best practice for providing training within health and social care will be included as part of the statutory guidance for health and social care, which will be published by end December 2010.

² £500,000 is centrally held and not part of allocations for local government or the NHS.

The statutory guidance will also include:

- best practice examples of effective local services for adults with autism
- examples of personalisation working successfully to give adults with autism more control over the social care they receive
- details of what information adults with autism and their family or carers are likely to need after diagnosis.

In producing the statutory guidance, DH will take account of all equality duties.

Increasing awareness and understanding of autism around benefits and employment advice

- As part of its response to both the autism strategy and its ongoing response to the points raised in the NAS campaign *Don't Write Me Off* (DWMO), Jobcentre Plus will ensure that autism awareness training is provided to all Disability Employment Advisors (DEAs) who have not yet received it by 1 January 2011. Since 2005/06, full training for DEAs has included autism awareness, and Jobcentre Plus policy has been that all new DEAs should receive this part of their training. The training includes
 - a discussion around the needs of adults with autism, and
 - advice and good practice in helping adults with autism (for example, at Work Focused Interviews, in setting job goals, during job search, and when entering employment).

A reminder about the training requirement was made at the telephone tutorial for DEAs and their line managers held on 31 March 2010.

- Jobcentre Plus is also seeking to improve awareness and understanding of autism across its whole workforce. The information given to DEAs on autism is also available to all staff; and Jobcentre Plus will be bringing this awareness information to everyone's attention during 2010/11 through existing internal communications channels and Staff Diversity Network Groups.
- Jobcentre Plus will also run specialist programmes, such as the Professionalism in Decision Making and Appeals programme for managers. This covers case-based assessment, considering what spectrums mean, and autism as a subject for coaching team colleagues as an assignment in the higher-level programme for Decision Makers. More than 250 staff have been on the programme so far and a

further 30 have just joined. The programme is currently running at the Disability and Carers Processing Unit in Blackpool and will shortly be delivered in the Midlands, Cardiff and Bristol. Further training will be rolled out across the regions during the summer.

- Awareness training about the implications of autism has been given, in parallel, to Customer Liaison Managers in Local Service. Around 400 Customer Liaison Managers in Local Service have now received this training with the particular aim of assisting them at appointee visits to Disability Living Allowance customers at age 16.
- In terms of assessing eligibility for benefits – and in particular, for Employment and Support Allowance (ESA) – all healthcare professionals working for Atos Healthcare who carry out medical assessments are now required to read evidence-based protocols on mental health conditions, which include information on autism, as part of their induction training. In addition, all healthcare professionals are required to engage in a programme of continuing medical education. Atos, in conjunction with DWP, has developed a number of training modules in autism to support this programme. These include:
 - a “learning set” on ADHD and Asperger syndrome for employed healthcare professionals
 - a distance learning module with accompanying DVD on Asperger syndrome for sessional doctors, and
 - a presentation on autism at a medical conference attended by all employed healthcare professionals in 2008.
- Atos is also developing a further distance learning module for sessional doctors called “*Life with Autism – seeing the individual*”. It is anticipated that a draft will be ready by the end of April 2010, and that this will be shared with NAS for comment, with the aim of making it widely available by the end of the year.

Increasing awareness and understanding of autism within government departments

- The strategy recommended that autism awareness training should be included within general equality and diversity training programmes across all public services. All public services and government departments have now been made aware of this and are currently evaluating how to act upon it. For example:

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- DWP is committed to reviewing its Disability Equality Scheme by spring 2011 in line with the Disability Equality Duty.
- During 2009, DCSF published DVD-based and online in-service autism training materials for early years providers and schools under its Inclusion Development Programme. These materials are currently being evaluated by the University of Warwick: a full report will be provided during 2011, with interim reports in the meantime. This, like the NICE guideline for children and young people with autism, is not directly part of the adult autism strategy but should be recognised as an integral element in realising the goals of the strategy – and the wider process of change for the adults of the future.

Increasing awareness and understanding of autism within businesses and the public

- One of the keys to achieving the Government's long-term vision for adults with autism is increasing awareness and understanding of autism within the wider community. The Programme Board will investigate the possibility of a nationwide communications campaign, delivered through stakeholders, that seeks to tackle the stigma often attached to autism, and will bring forward firm proposals by Autumn 2010. It will also examine the possibility of creating a network of "Autism Ambassadors" – local volunteers who actively represent and promote the needs of adults with autism in their area. The Board will consider how such a network could operate and what resources it would need.
- To specifically address the issue of lack of understanding of diversity at work, DWP has begun to review its campaigns and programmes, such as Employ Ability. The review will be completed by 1 January 2011 and it will aim to identify where more successful examples of adults with autism can be included.

Developing a clear, consistent pathway for diagnosis in every area, which is followed by the offer of a personalised needs assessment

DH is committed to improving access to diagnosis and developing a consistent care pathway for adults with autism. However, this will take some time and require local partners to develop the right pathways in each area. This year, the focus is on the forthcoming NICE clinical guideline for adults with autism, which will include a model care pathway.

- The model pathway set out in the NICE guideline will form the foundation for local commissioners to develop referral and care pathways in their areas, supported by their strategic health authority where necessary. In turn, this will help make diagnosis more accessible and consistent. The publication date of the NICE guideline will be confirmed shortly.
- However, even while the guideline is in development, it is important to reiterate the strategy recommendation that local areas appoint a lead professional to develop diagnostic and assessment services for adults with autism. This lead professional will then be in position to act on the model pathway set out in the NICE guideline, having had an opportunity first to examine existing services in the area.
- As set out in the strategy, there should be a clear pathway to diagnosis in every area by 2013.

From diagnosis to assessments

- As the strategy made clear, under the NHS and Community Care Act 1990, local authorities have a duty to assess a person who it appears to them may be in need of community care services – either at the individual's request, or in certain situations where the local authority believes care services may be necessary. DH would always have expected a diagnosis of autism to alert the local authority to a potential need for community care services and hence trigger the duty to assess under the 1990 Act, but the strategy makes this explicit. This message will be reiterated through a variety of communication channels, including the training for health and social care staff. Similarly, the fact that diagnosis of autism can also be a catalyst for a carer's assessment will be reiterated in the same way. Adults with suspected autism do not need to wait for diagnosis to request a community care assessment.

Improving access for adults with autism to the services and support they need to live independently within the community

Improving access to services and support is a long-term goal and will require a cultural change within public services. This year, therefore, the focus will be on providing services with guidance to help them take important steps in the right direction – from making reasonable adjustments to the way services are delivered to finding ways to increase choice and control for adults with autism.

Making reasonable adjustments to services

- As the strategy made clear, adults with autism are covered by the Disability Discrimination Act 2005 (DDA), which means that services are required to make reasonable adjustments to meet identified needs.
- By 1 January 2011, DH will publish guidance to indicate some of the kinds of adjustments that might usefully be made to better meet the needs of adults with autism – from physical adjustments to premises to improved communication. This guidance will be produced in partnership with the Office for Disability Issues and will be suitable for the whole range of public services, from mental health and learning disability services to colleges, GP surgeries to transport and leisure facilities. It will also be useful for – and applicable to – many private sector services too, such as banks. In developing the guidance, DH will work with adults with autism and autism representative groups.
- The guidance will also need to be supported by ongoing training for staff across public services.
- Jobcentre Plus is committed to providing support required by customers with autism using Jobcentre Plus services, and will make any required reasonable adjustments, such as finding the most suitable environment or premises for conducting work focussed interviews. Through its awareness training, Jobcentre Plus will ensure that advisers are aware of the need to make – and offer – such adjustments.
- DWMO identified that some adults with autism can encounter specific difficulties with completing their claims for benefits over the telephone. Customer service agents within the Jobcentre Plus Contact Centre Directorate (CCD) are therefore being trained to identify vulnerable customers who are having such difficulties, and to offer

them the opportunity to have their claim taken by a face-to-face First Contact Officer if necessary. It is also possible for a third party or advocate to complete the claim over the telephone on behalf of the customer and callers should be told that this is possible. Jobcentre Plus will continue to remind customer service agents of these responsibilities, and a reminder is planned to be issued within the CCD's Weekly Update on 2 April 2010.

Giving adults with autism more say in their care and support

- As the strategy underlined, the goal of social care today is to deliver personalised services that give each individual the right support to live a more fulfilling life. In many areas, adults with autism are now eligible for personal budgets and direct payments, in line with the assessment of their needs. However, because adults with autism will need additional support to make choices about their care, and having choice is only of value when there are suitable services and support available to choose from within the local area, it will take some time for personalisation to be of benefit to all adults with autism that are eligible for social care.

 - One of the key developments for adults with autism is the Right to Control. This is a wider programme for disabled people which will apply to many adults with autism. The Right to Control is about giving disabled people greater choice and control over how public money is spent to meet their individual needs and ambitions. It gives disabled people a legal right to:
 - be told how much support they are eligible to receive
 - decide and agree, with the public body, the outcomes they want to achieve, based on the objectives of the funding streams they access
 - have choice and control over the support they receive, and
 - be able to choose how they receive the support.

 - The ODI announced on 25 February 2010 the selection of eight trailblazing public authorities in England to test the Right to Control from late 2010. These can be found at www.officefordisability.gov.uk/working/right-to-control.php
- . Draft regulations for these Trailblazer sites were published at the same time and consultation will continue until 19 May 2010.

Helping adults with autism into work

Given that adults with autism are significantly under-represented in the labour market, it is clear that more needs to be done to help adults with autism into work. As the strategy indicated, there are a number of existing initiatives and programmes that will better support adults with autism and progress on these is scheduled for this year.

- The Government announced in the White Paper *Building Britain's Recovery* that it would review employment support for all disabled customers and those with health conditions. As part of the review, DWP recognised the importance of engaging with customers themselves to learn about their experiences of the benefit system and Pathways to Work support. At a number of stages throughout the review, DWP spoke with adults with autism and their representatives, seeking their views on what future employment support should look like. Proposals for reform of employment support for all disabled customers and those with health conditions will be published shortly, along with a timetable for delivery.
- In response to comments made during the strategy consultation and the concerns raised in *DWMO*, Jobcentre Plus will explore ways to improve the way that people with autism are supported. The Jobcentre Plus Head of Disability Service Development, other Jobcentre Plus policy representatives, and others will meet during the first quarter of 2010/11 to look at how to translate commitments into action and ensure better levels of awareness and disability confidence around autism.
- One specific concern raised in *DWMO* was around the need for adults with autism to provide sick notes from doctors to be eligible for benefits or programmes, or to explain absence from work. DWP has now revised the sick note procedure, following extensive consultation, and is due to launch the new "fit note" on 6 April 2010. The fit note will outline what work an individual or employee can do and is intended to help more people secure, and stay in, work rather than drift into long-term worklessness.

Reforming existing provision

- As outlined in the strategy, DWP's existing specialist disability provision will be replaced by a new programme – Work Choice – from 1 October 2010. Award of contracts will take place during spring 2010. Work Choice is a pan-disability

programme, and will provide specialist support for adults with autism where DWP mainstream provision may not be appropriate or does not meet the particular needs of the individual. More details about Work Choice can be found on the DWP website at www.dwp.gov.uk/supplying-dwp/what-we-buy/welfare-to-work-services/specialist-disability-employment. There will be a full evaluation of Work Choice during 2010/11, culminating with an evaluation report being produced by 3 September 2012.

- The strategy also reiterated that Jobcentre Plus has now changed Access to Work to improve support services for customers with autism. The changes described in the strategy are currently being implemented through a series of Jobcentre Plus pilots, and national implementation will begin from April 2010. Through Access to Work, Jobcentre Plus customers can now benefit from an Access to Work funded Job Coach as and when they require one. Previously, this support was only available for the first six months of the individual's employment. This change has already been introduced and adults with autism who move into employment will therefore have access to more flexible support during this year.

Building on *Valuing Employment Now*

- The autism strategy referred to *Valuing Employment Now* (VEN), the government strategy to radically increase employment for people with learning disabilities. Approximately 50% of people with autism will also have a learning disability, so VEN will be of benefit to many adults with autism. To maximise links with VEN and ensure that lessons learnt from its implementation – which is already underway – feed into the delivery of the autism strategy, the VEN delivery team leader will be part of the Autism Strategy Project Steering Group.
- VEN included a commitment to setting clear standards for supported employment. The Department for Business, Innovation and Skills (BIS) is working with awarding organisations to explore how to accredit standards and develop qualifications for job coaching. A draft definition of supported employment has now been published on the VEN resource hub, www.valuingpeople.gov.uk/venresources, for consultation and draft standards will follow. Once stakeholders have had an opportunity to comment, the Government will then develop national standards and explore how to accredit these and/or job coaches. This is so that all people in supported employment and

Towards 'Fulfilling and rewarding lives' the first year delivery plan

who use job coaches can be confident of getting quality support, and funders can have confidence in outcomes.

- Project Search is a new internships programme for people with learning disabilities, based on a US model which has proven to work well for adults with autism. Project Search will be extended from September 2010 with several new sites, in addition to those already operating at the Bath Royal United Hospital, Norfolk and Norwich University Hospital and Leicester.

Third sector approaches

- Government services and programmes are not alone in aiming to move people with autism into work. The NAS employment service, Prospects, is a specialist service supporting people who have autism into mainstream jobs. Prospects provide student support, work preparation programmes, job-finding support and employment support for people with an autism spectrum disorder (ASD). They also help employers with the recruitment, training and retention of staff with an ASD. NAS evaluations shows that between 1995 and 2003, 67% of the clients they supported found work. Furthermore, 70% of the pilot scheme's beneficiaries from 1995-97 were still in employment in 2003. NAS estimate the total saving to the Government was just under half a million pounds in less than three years.

Improving information about employment support and benefits for adults with autism

- DWP is conducting a customer-information review which will identify the best ways of communicating with its broad customer base – including adults with autism and their carers and representatives. Once the overall approach has been agreed, DWP will determine which publications need to be produced in easy-read format. It is anticipated that this will be done during the first half of the 2010/11 operational year.

Enabling local partners to plan and develop appropriate services for adults with autism to meet identified needs and priorities.

Much of the long-term responsibility for delivery of the strategy sits locally – in terms of developing relevant services, and extending existing ones, to enable adults with autism to be included in society. Clearly, this must reflect the needs and priorities of the local area, and given existing planning cycles and available resources, some areas will accelerate change further than others in the first year. However across the board, the focus is on putting in place regional delivery plans and structures to support local delivery, as well as developing resources and guidance for local partners to use.

Setting out the role of local government

- The strategy provided the opportunity for central government to strengthen and clarify the role of local government regarding the delivery of services to adults with autism and in placing local government at the heart of providing innovative and better service provision. In particular, it re-emphasized the importance of a joint commissioner/senior manager who has in his/her portfolio a clear commissioning responsibility for adults with autism.

- The Department for Communities and Local Government (CLG) will continue to work across Government to identify ways in which programmes aimed at improving care and transforming services can better address the needs of adults with autism. In particular, CLG will build on the work of the Total Place pilots to ensure services are joined up and tailored to the specific needs of local communities. This means involving a wide range of providers including local authorities, the NHS, community based organisations and the third sector.

- To support local government in adapting its ways of working, the Smarter Government White Paper and the recent consultation on Strengthening Local Democracy set out how people can drive service improvement themselves and have the necessary tools to hold Government to account. Government is supporting this by:
 - streamlining the national performance framework, to better enable local areas to set their own priorities and guide resources

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- reducing the number of revenue streams to local government. Budget 2010 recently announced specific proposals to reduce the level of ring-fencing for local authorities
- publishing guidance on aligning and pooling local-level budgets to frontline services. For example, in February 2010, it set out guidance on effective use of joint ventures by local authorities and their partners
- reducing centrally imposed burdens on the frontline from reporting, inspection and assessment. Timings of all assessments, inspections and reporting arrangements which focus on similar outcomes will be co-ordinated from 2010-11, and the development of a new cross government data gateway is under consideration.

Regional planning and local planning

- This year will see the development of regional delivery plans for adults with autism in each government region. These will demonstrate how the region will respond to the national delivery plan. The planning process will be led by DH Deputy Regional Directors of Social Care and Partnerships, and will be inputted into by local authorities and strategic health authorities. Deputy Regional Directors are also responsible for ensuring that from June 2010 there are strategic planning mechanisms/processes in place, with meaningful representation from adults with autism and their carers.
- Deputy Regional Directors of Social Care and Partnerships will need to consider how they work with partners, including NHS organisations in how they ensure implementation of the national delivery plan.
- Local areas will be encouraged to develop their own commissioning plans around services for adults with autism. Clearly, the first task is for local areas to gather the necessary data. To support them in doing this, DH will develop an organisation self-assessment tool for local areas to evaluate/measure progress. This will be available by end December 2010.
- The strategy highlighted the value of local autism teams in the areas where they had been developed. To support other local areas to build on this best practice and develop teams in their local areas, DH will provide sample business cases local

partners can use to support the setting up of specialist teams. These will be published by end December 2010.

- In addition, DH has already committed to leading the development of a protocol for what information should be recorded about adults with autism and how it should be shared with other services. The protocol will be complete by end December 2010.
- When implementing the strategy's recommendations health and social care bodies will need to bear in mind their responsibilities towards equalities. Health and social care bodies are expected to assure themselves that they are meeting all their equalities duties in relation to adults with autism, especially those duties under the Disability Discrimination Act.

Developing local governance structures

- The strategy underlines the value of establishing a local autism partnership board that brings together different organisations, services and stakeholders locally and sets a clear direction for improved services. Below are four examples of structures for local autism partnership boards that have made a significant difference to the services available in their areas. While the structures are different, the principles are the same: they bring together representatives from local authorities, PCTs and providers, along with adults with autism and their carers, to help develop services locally.
 - **Cornwall Autism Partnership**

The Cornwall Autism Partnership (CAP) was set up to develop better support for people with autism across Cornwall. The CAP enables more effective joint planning of services for people with autism through collaboration between the local Department of Adult Social Care, Cornwall PCT, and Cornwall Children, Schools and Families Directorate. The CAP also links in with other trusts and partnership boards including those focusing on learning disabilities, mental health, children and young people, carers and transitions. The joint commissioner with responsibility for autism chairs planning meetings at least every quarter. Attendees include leads from mental health, learning disability, children and young people, Connexions, and housing.

Autism Partnership Board – Gloucestershire

- The Gloucestershire Autism Partnership Board was set up in 2006. It meets quarterly to discuss and identify the needs of people with autism in the area, and to help plan the development of local services. The group consists of senior commissioners, housing representatives, Connexions and other professionals as well as adults with autism, their families and carers and local voluntary groups. A key focus of the Board is to work with mainstream agencies in order to develop better support for adults with autism. The Board is also looking to develop autism specific services.

- **Autism Services Development Groups and the Greater Manchester Autism Consortium**

The Greater Manchester Autism Consortium has been running for over ten years. It is based on a very localised model: every local authority in the consortium has set up a multi-agency Autism Services Development Group (ASDG) consisting of representatives from all statutory agencies, parents and carers, and, in some cases, adults with autism. The chair of each local group is on the consortium steering group. The individual groups look at what can be achieved in the local area by improving current provision within resources, and by better informing the commissioning process. The consortium also funds the NAS's Family Services Development Project, which provides information, advice and support to families across Greater Manchester. Data from this project is then fed back to inform the commissioning process.

- **North East Autism Consortium (NEAC)**

The North East Autism Consortium was established in 2006 to develop a regional approach to addressing the planning and service needs of adults with autism. In particular, it is working towards the development of a regional commissioning strategy and addresses the lack of integration with service provision across health and social care. Four service development groups have been established in the region, each tackling a specific area of services.

Key dates 2010/11

WHEN	WHAT	WHO
31 March 2010	Programme Board meets for first time	Programme Board
2 April 2010	First year delivery plan published	DH
6 April 2010	Sick note procedure replaced by "fit note", meaning adults with autism no longer have to go to their GP to be signed off from work to claim benefits	DWP
April 2010	Nationwide implementation of changes to Access to Work begins	DWP
May 2010	Indicative date for publication of draft statutory guidance for health and social care to be published for consultation	DH
from June 2010	Strategic planning mechanisms/boards should be in place in each region	DH Deputy Regional Directors
June 2010	Programme Board meets	Programme Board
June-July 2010	Public consultation events for statutory guidance take place	DH
September 2010	Consultation period ends for statutory guidance	DH
September 2010	Programme Board meets	Programme Board
1 October 2010	Work Choice, DWP's new specialist disability provision, goes live	DWP
Autumn 2010	Programme Board to bring forward proposals for a nationwide communications campaign, delivered in conjunction with stakeholders, that seeks to tackle the stigma often attached to autism	Programme Board
December 2010	New training materials for health and social care staff produced by DH, working with Skills for Health, Skills for Care, the Royal College of Psychiatrists, the Royal College of General Practitioners, the British Psychological Society, the Social Care Institute for Excellence and the Royal College of Nursing	DH

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December 2010	Programme Board meets	Programme Board
End December 2010	Self-assessment tool for local areas to evaluate progress in developing services for adults with autism made available	DH
End December 2010	Protocol for what information should be recorded about adults with autism and how it should be shared with other services to be completed	DH
End December 2010	Three-year delivery plan for strategy to be published	DH
End December 2010	Statutory guidance for health and social care to be published	DH
1 January 2011	Regional delivery plans to be complete	DH Deputy Regional Directors
1 January 2011	All Disability Employment Advisors (DEAs) to have received autism awareness training	Jobcentre Plus
1 January 2011	DWP review of campaigns to promote diversity at work (such as Employ Ability) to identify if and where more examples of adults with autism can be included to be completed.	DWP
1 January 2011	Guidance to indicate some of the kinds of adjustments that might usefully be made to better meet the needs of adults with autism to be published	DH
31 March 2011	Regional action plans, agreed with key partners, to be published showing key milestones and deliverables	DH Deputy Regional Directors
1 April 2011	First Annual Report on the implementation of the strategy to be published	Programme Board
Early 2011	Findings of prevalence study being conducted by consortium led by the University of Leicester to be published.	
September 2011	NICE guideline for children and young people to be published	NICE
June 2012	NICE guideline for adults with autism to be published	NICE

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

To: Adult Social Services Policy Overview and Scrutiny Committee –
25 June 2010

Subject: **OUTTURN MONITORING OF THE ANNUAL OPERATING
BUSINESS PLANS 2009/10**

Classification: Unrestricted

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

Introduction

1. (1) The purpose of this report is to present the outturn position of the annual operating plans for 2009 / 2010.

Policy Content

2. (1) Previously we have reported to the Committee our half year progress on the business plans. This report outlines the full year outturn position.

(2) The Business Plan outturn report, attached as Appendix 1, should be considered alongside the Budget Outturn 2009/10 also being presented to ASSPOSC today.

(3) The Outturn report follows a Corporate template and includes information about:

- Areas of progress
- Challenges
- Summary reporting against Business Plans
- Customer insight and engagement
- Towards 2010 summary position
- Environmental Performance: End of year progress.

Recommendations

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

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Background documents:

Half-Yearly Monitoring of the Annual Operating Business Plans, 2009/2010 - Adult Social Services Policy Overview and Scrutiny Committee 13 January 2010, Item B3

**Kent Adult Social Services
2009/10 End of Year Monitoring
May 2010**

This year has been a time of major change for the Directorate. We restructured in October 2009 and adopted an operational model to enable us to deliver self directed support. Service users and carers now have more choice and control about how and when they receive support.

In March 2010 we published our vision for the future of social care in Kent. "Active Lives Now" sets out our priorities for the next three years and describes how we will turn the national concordat 'Putting People First' and Kent's 'Active Lives' ten year vision into a reality.

During this time of transformation we have continued to maintain our performance, performing well in our external inspections and with the latest comparative data showing good performance against statutory neighbours.

1. Areas of Progress

a) Personalisation

We are delivering more personalised services through the self-directed support programme. We have made good progress with:

- **Growth in numbers of people taking personal budgets and direct payments**
- **Increased focus on person centred planning which maximises choice and control**
- **Working with the social care market to ensure there is a range of services offering people**
- **Continued integrated working with the NHS**
- **universal information and advice available for all**
- **Mechanisms to involve family members and other carers**
- **Appropriate safeguarding arrangements**
- **Effective quality assurance**

In order to drive forward the personalised agenda for service users and carers we have begun to put into place a range of services including:

- **Information, advice and guidance:** We have continued to make improvements to the way we deliver information and advice to members of the public to ensure that people can make informed choices including extending services available through

- Gateways
- Redesigning the KASS website and
- Ensuring the public has information about SDS, personal budgets and the transformation of services.

The Kent Contact and Assessment Service (KCAS) is the main access point for people wanting to contact Social Services. KCAS will signpost people to other appropriate agencies or will provide relevant information and advice. KCAS handles up to 90,000 contacts and referrals each year from the public and from main partner agencies.

- **Personal Budgets:** Numbers of people taking up personal budgets and direct payments continues to rise. Personal budgets for all new service users were introduced from April 2009 and since December 2009 have also been allocated to existing service users when they have their review. **At the end of March 2010 1019 people had received an approved Personal Budget.**

We are striving to exceed the minimum target of 30% take up by April 2011. Service Users (or third parties where appropriate) can be paid their direct payments through a bank account or via the Kent card (a pre-loaded payment card). Those clients who are unable to, or do not wish to manage their personal budget, but still want to manage their care and support are offered the option of using the KASS Client Money Service. Those who wish to have KASS manage their support and personal budget can still make this choice.

We are working jointly with the Eastern and Coastal Kent PCT on the Personal Health Budgets pilot. The Kent Card will be used as the mechanism for people to receive their personal health budget as a direct payment, so that people can have choice and control over their health related services.

KASS are supporting the Up2Us Kent project, funded by the Housing Associations Charitable Trust and which aims to look at ways that people can come together to use their personal budgets in a collaborative way.

- **Brokerage:** Brokers assist people who have a direct payment, want to manage their own support but may need some help to navigate the system and to find services that meet their needs. Pilots have been developed across service user groups including specialist brokers for people with a learning disability, blind and partially sighted people and those who self fund. We continue to develop Brokerage as a key part of enabling people to have the information advice and guidance they may need to exercise personal choice.

- **More choice for people with a Learning Disability:** The Good Day Programme is supporting people with learning disabilities to move away from traditional day services giving them choice and control over how they spend their time. The NHS learning disability re-provision programme is a good example of person centred planning in partnership with Health to move people from residential care to community settings, supporting people to live how they want, where they want. This year saw the transfer of 170 people with a learning disability from campus provision to private providers. Along side this was the investment of a capital programme to redesign and rebuild a number of registered properties into supported living services. The remaining people transferred (230) were already receiving social care services in Kent with a range of private and voluntary services. The transfer means that KASS now have the responsibility of commissioning, contracting and reviewing all social care services in Kent for people with a learning disability.
- Work is ongoing to implement personalisation across **Mental Health** services. The implementation of personal budgets in mental health will be started during the coming year. Cost setting guidance has been developed and workshops have been held across Mental Health teams, identifying people to lead on Self Directed Support.

b) Promoting Independence

Ensuring Carers are supported to have their own life: Supporting Carers is a Towards 2010 Target and work has continued to improve the services and support provided to carers. The KASS Carers' Assessment Policy was revised in April 2009 and the Carer's Strategy and Annual Report were launched in July 2009. A Carers Advisory Group is active in Kent, bringing together all the key strategic partners involved in supporting Carers together and a Mental Health Carers' support group is funded in each locality in Kent.

We have developed a range of innovative initiatives, for example the Kent Carers' Emergency Card – there are currently over 1140 Carers signed up to the scheme and the number is growing steadily. KASS provide a range of 'short breaks' which benefit Carers and the people they support. One-off direct payments are available to carers for relaxation away from caring and can be used as they wish.

In the latest Carers' Survey commissioned by Kent 68% of carers reported being satisfied with the help they received from Social Services.

(The second annual report is being presented to ASSPOSC as part of this agenda so please see papers for more detail.)

Enablement - intensive short term support, usually lasting up to 3 to 6 weeks. Its purpose is to support and encourage someone to lead as independent and fulfilling a life as they can. Enablement is part of the assessment process and helps us to decide if someone will require an on-going community service. At present, there is no charge for enablement. As at the end of February 2010, 801 people had benefitted from an enablement service. The majority of service users receive between 5-10 hours of enablement. Early indicators suggest that 71% of service users who completed a period of enablement did not require any kind of ongoing support from KASS.

Suitable Housing: A number of housing schemes providing accommodation for people with a whole range of needs from older people, through to people with learning disabilities have been developed through PFI's in partnership with District Councils. We fully expect there to be at least 417 new housing units built and ready for occupation by the end of 2010. Based on the success of Better Homes/Active Lives we have, in partnership with 5 District Councils, developed another PFI bid to deliver 228 units of social housing for vulnerable people.

KCAS can now provide fast access to community equipment and minor adaptations following first point of contact, speeding up the process and enabling people to stay at home for longer.

Access to work: We continue to invest in supported employment for people with learning disabilities, mental health conditions and physical disabilities across a mixed economy of providers. KASS is committed to ensuring people who want to work are supported in doing so and are developing a range of employment opportunities with the voluntary and community sector, social firms, co-operatives and other enterprises. Those services commissioned by KASS are focused on support with open employment that will promote social inclusion and combat social exclusion.

Kent is a demonstration site for Getting a Life. The emphasis of this project is to ensure that there are greater numbers of young learning disabled people going into employment from education.

c) Prevention

This is the 'cornerstone' of our ambition to promote independence.

Prevention through partnership: KASS has some excellent joint initiatives with the NHS including, dementia and stroke developments, tele-technology, intermediate care and enablement services. Those people who took part in the pilot "Independence through the voluntary action of Kent's elders" (INVOKE) programme reported improved health related quality of life and reduced stays in hospital. As part of the programme Community Matrons, Care Navigator and Community Information and Liaison Assistants have supported early intervention-

providing information, health promotion activities and support to ensure take up of benefits.

Intermediate care continues to develop across the county to support people who are discharged from hospital and explore ways to work together to reduce admissions. For example joint services such as rapid response have resulted in more people being treated in their own homes and has prevented them from being admitted to hospital.

Telecare and telehealth, is well developed and established in KASS and through partnership arrangements with the two PCTs. Data shows that the use of telehealth is associated with fewer hospital admissions (A & E visits and bed days of care) along with high patient and carer satisfaction and that the general and physical health of patients increased during the trial period.

The Live it Well website was launched in December 2009 to promote physical health and mental wellbeing for all.

d) Safeguarding

In partnership with other agencies the Directorate has worked to improve its safeguarding arrangements for adults in Kent. We have had a safeguarding action plan in place and have put into place a programme of events to help us raise awareness and to support people to report incidents that have caused them concern. As service users and carers move to self directed support we continuously seek ways to ensure that this reduces risks to their safety and have put into place a new positive risk policy supported by training for staff.

KASS have employed a Board Manager on behalf of the multi agency Board, a jointly commissioned post, to take forward the strategic development of safeguarding issues on behalf of the Safeguarding Board.

It was noted by the Independence, Wellbeing and Choice Inspection:

“The council and its partners gave high priority to adult safeguarding. The Kent and Medway Safeguarding Vulnerable Adults Committee was effectively managed and there was a wide range of stakeholder membership, including people who use services and carers. The council and its partners responded promptly to allegations that people were at risk of harm or abuse”.

e) Performance

Overall we were pleased with the outcome of our inspection. However we did identify a number of areas for improvement. An action plan was agreed with the

Care Quality Commission and has been worked on and monitored over the last year and progress was reported to ASSPOSC at the last meeting.

Kent has been one of three authorities working with the DoH to pilot a new outcomes based indicator. Although this is in the initial stages we have already been able to look at particular patterns of personal outcomes in different areas and the information that we are able to analyse will clearly support strategic commissioning and allow staff at a local level to start develop services to meet people's needs, particularly if they are not the traditional services of the past.

2. Challenges

Over the next year the Directorate faces significant challenges:

Demographic changes which have been well documented. The demand and complexity of need is a significant feature. Kent has an ageing population and people living longer with more complex conditions. These issues will continue to have a major impact on budgets and resources. For example the proportion of people being admitted to residential and nursing care with dementia is significantly increasing.

Recession and Public Sector Funding. The Impact of the recession is being felt in a number of areas in relation to the work of the Directorate but especially in the increase in demand for services. The indication is that there will be less resources available to social care in Kent as public spending will shrink over the next few years, grants will be reduced and ring fencing of budgets removed with partner organisations and providers also experiencing similar issues.

The Market. Personalisation is dependent on a vibrant market place offering a range of services that people want. Over 85% of services are now provided from outside of the Directorate and we must continue to work with the sector to make sure they are able to meet the new demands of self directed support, offer quality services and value for money.

Ordinary Residence. This issue has been documented in previous reports, including a report to Cabinet. People, mainly those with a learning disability, who have been placed in residential care in Kent and then decide to live independently here, have their support package funded by Kent and not the placing authority. KCC continues to lobby Government and has responded robustly on the review of the guidance, but in the short tem at least this is likely to be a significant resource pressure on KCC.

Active Lives for Adults (ALFA) is the Directorate's modernisation programme, and SDS has been a major strand of this work. Over the next year it will be

important to implement other strands of ALFA which include FaME (flexible and mobile working) and the modernisation of in house older people services. Following the first 6 months of operations we will take time to review the SDS model and make any improvements or adjustments necessary.

Workforce. It is essential that we continue to develop a strong, skilled and flexible workforce across the social care sector in Kent in order to deliver the challenging agenda of personalisation and prevention. Again there are likely to be demographic pressures as the population profile shows that there will be a decline in the number of people of working age. The Directorate is responding to these challenges and has put in place an integrated local area workforce strategy.

3. Progress against Business Plans - Exception reporting against both core services and forecast activity levels and projects, developments and key actions

A) CORE SERVICES AND FORECAST ACTIVITY LEVELS

All core services and forecast activity levels on track to be achieved or already completed.

B) PROJECTS, DEVELOPMENTS AND KEY ACTIONS

Total number of Projects/Development/Key Actions in Plan:		
Tasks Complete (Green) Number / % of total	Part Complete and being carried forward (Amber) Number / % of total	Red Tasks Number / % of total
66/69 96%	2/69 3%	1/69 1%

All projects, developments and key actions are completed apart from 3 outlined below. Many of the projects identified are part of the wider modernisation agenda for KASS and key deliverables were achieved in 09/10, however further developments will continue into 2010/11.

- **Projects reported as RED and AMBER**

Review and modernise the services provided in in-house Registered Care Centres	Feasibility studies and business cases developed on a project by project basis.	AMBER Further briefings will follow during the year to keep Members informed
Support Tonbridge and Malling Borough Council with redevelopment of the Coldharbour site	Dec 2009	RED- the funding for this redevelopment has been cancelled by Government
Implement changes from current licence agreements to new pitch agreements under Mobile Homes Act 1983 and review allocations policy and leaflets.	Dec 2009	AMBER- proposed regulations put on hold by the election. We await further developments

C) PERFORMANCE INDICATORS

Data is not shown for 07/08 as these are new indicators. All data is provisional for 09/10.

Indicator	2008/9 Actual	2009/10 Target	2009/10 Est	Trend ▲ improving ▶ not improving ▼ deteriorating
NI 125 – Achieving independence for older people through rehabilitation/intermediate care	75%	77%	78.5%	▲
NI130 - Social Care clients receiving self directed support (Direct Payments and Individual Budgets))	2342	3000	3909	▲
NI 132 Timeliness of social care assessments	83.4%	83.4%	83.3%	▶

NI 133 Timeliness of Social Care Packages	95%	95%	87.1%	▼ With the implementation of SDS, service users now complete their own support plan at a time of their choosing and this inevitably builds in a delay. In many cases they will also arrange their own services, again in their own time. DoH have acknowledged that this PI no longer fits with the personalisation agenda and it will be removed after next year.
NI 135 Carers receiving needs assessment or review and a specific carer's service or advice and information	29%	29%	40.2%	▲
NI 145 Adults with learning disabilities in settled accommodation	37%	37%	68.5%	▲ This is a new indicator. For 2008/09, it was based on a half year and then doubled. The results across the country varied significantly (from under 10% to more than 100%). As such, it is acknowledged that performance for 2008/09 is not representative. In addition, Kent has a significant amount of 'preserved rights clients'

				who are in residential care. Residential care does not count as settled accommodation.
C32 People aged 65+ helped to live at home per 1,000 population	77	73.93	75.85	▲ This is no longer an indicator
PAF C72. Admissions of supported residents aged 65+ to residential/ nursing care per 10,000-population aged 65 and over	84	82	77	▲ This is no longer an indicator
PAF C73. Admissions of supported residents aged 18-64 to residential/ nursing care per 10,000-population aged 65 and over	1.8	1.6	1.5	▲ This is no longer an indicator

d) Benchmarking information

External Inspection

Annual Performance Assessment- Published December 2009: The Care Quality Commission (CQC) no longer awards a star rating to Councils and has made the annual performance assessment a 'harder test'. Part of CQC's new approach is to comment on rather than score the capacity to improve domain.

Kent Adult Social Services was awarded 'Excellent' for the following outcomes by CQC.

- **Improved Quality of Life**
- **Making a Positive Contribution**
- **Economic Well-being**

This is an improvement on our performance last year when we had 2 out of 7 outcomes rated as excellent.

In addition the Directorate was inspected earlier in 2009 and the outcome was published in July 2009. The inspectors rated Kent Adult Social Services as follows:

- **Safeguarding Adults** **GOOD**
- **Delivering Preventative Services (focus on Older People)** **EXCELLENT**
- **Capacity to Improve** **EXCELLENT**

Comparative Data: latest data is from 2008/9

Comparative data 2008/9	Surrey	Essex	West Sussex	East Sussex	Hampshire	Kent
NI125: Achieving independence for older people through rehabilitation/intermediate care	73%	79%	65%	88%	75%	75%
NI132: Timeliness of social care assessments (RAP)	66.1%	82.0%	65.5%	88.2%	87.6%	83.4%
NI133: Timeliness of Social Care Packages (RAP)	84.9%	91.2%	93.7%	91.4%	90.2%	94.9%
NI135: Carers receiving needs assessment or review and a specific carer's service or advice and information	12.7%	25.2%	22.7%	22.1%	19.0%	28.7%

4. Customer Insight and Engagement

KASS continue to listen to service users and carers and to use data and intelligence to ensure we have a good understanding of the needs of local communities.

We continue to strengthen our partnerships with service users and carers to help us to set local priorities. During 2009/10 'Active Lives Now', was widely consulted on. It was written alongside an editorial board of service users and carers. We have reviewed our public involvement strategy, visiting community groups across Kent, particularly focusing on disadvantaged groups (e.g. BME groups, deaf groups, LD Partnership Groups, Disability Groups, Older People forums). We have also redesigned our Directorate Involvement Group in consultation with service users and carers, based on a partnership model, jointly chaired by a member of the public and a SMT Director, giving the public direct feed into SMT. This will enable us to work even more closely with a representative group and will act as a conduit for ideas, information and discussion, to inform both our planning and commissioning

A Joint Strategic Needs Assessment is in place, a mental health needs assessment and, during 2009, we developed a Learning Disability Needs Assessment in partnership with health. Joint Needs Assessments are used as

tools for future commissioning, along with information from MOSAIC which profiles local communities and our own demographic forecasting and performance data.

5. Towards 2010

Target	Sept 2008	Mar 2009	Sept 2009	Mar 2010
<p>Target 52: Increase the number of people (by 3,000) supported to live independently in their own homes. This will include:</p> <ul style="list-style-type: none"> • encouraging the development of more housing for older people, disabled people and those with special needs • encouraging more people to take control of their care/support through Direct payments • taking advantage of new technologies, such as expanding our Telehealth and Telecare programmes 	On course	On course	Done and ongoing	Done and ongoing
Target 53: Strengthen the support provided to people caring for relatives and friends	On course	On course	On course	On course
Target 54: Work with our colleagues in the health service to reduce the number of avoidable admissions to hospital and combine resources, where appropriate, to improve the health and well-being of the people of Kent	On course	On course	On course	On course
Target 55: Ensure better planning to ease the transition between childhood and adulthood for young people with disabilities and to promote their independence KASS/CFE	On course	On course	On course	Done and ongoing
Target 56: Improve older people's economic well-being by encouraging the take-up of benefits	On course	On course	On course	On course

6. Environmental Performance and Climate Change: End of Year Progress of Business Plan Objectives

KASS Directorate

Environmental Performance (including Climate Change Mitigation: energy savings / carbon savings)

Objective/target	On track/more progress needed/completed	Supporting performance data for measurable objectives (e.g. cost savings, paper savings etc)
Carbon Emissions from estates reduction by 2010	On track	Residential care/day care premises have reduced emissions by 1% compared with the 2004 baseline. At the same time gas usage has increased at all but 1 KASS office. This is expected to have increased due to the recent cold winter. Several KASS managed premises rated D (average) or C (better than benchmark) in their Display Energy Certificates, but this is a good result, because the test for A and B ratings are very rigorous.
Reduction in Carbon Emissions from travel	Complete but ongoing- we are increasing the target from 2% to 10% for 10-11	Mid year business miles data shows that the Directorate target of 2% reduction is on track to be delivered. Full-year results by mid-June are expected to show a 10-15% reduction against 08/09 full year. KASS has been a heavy user of BT MeetMe, especially during the snowy winter.
Implement actions to reduce waste- particularly paper based KCC Target to reduce waste by 10% and increase recycling rate to 50% by 2010	Complete but ongoing	Where full recycling programmes are in place using the KFM core contract the recycling target has been met. All premises have focused on improving hazardous waste disposal and recycling. The ISO 14001 audit process is helping identify ways of making more progress on this, including for co-located staff, shared premises and small outputs.
Report on compliance with ISO14001 (Audit reports, non-conformance, and corrective action)	On track- annual programme in place	22 audits completed in 2009. 7 offices, 8 care homes, 6 LD services and Supporting People team (now in CMY). Very positive audit report from independent ISO 14001 auditors, following May visit, confirming progress

		in 09/10.
Training	On track and ongoing	All staff are expected to complete this 5 minute basic awareness training on KNet. 147 staff have now completed this training online. Residential care and day service facilities are using hard copies for staff with no access to a computer. Roles & Relationships pop-ups were attended in 2009 and input to area and service management meetings have been held.
Green Guardians	On track and ongoing	A steadily-rising number of Green Guardians are continuing to raise awareness and encouraging good practice and we need to build on existing numbers to further this success. Where Green Guardians are already in place there is a higher level of engagement and awareness amongst staff 52 have been recruited to date from a baseline of 13 in March 2008. The aim is to recruit at least 1 Green Guardian in each KASS location. All KASS managed offices now have at least one Green Guardian Residential Care and Day Services are still under represented

Managing Climate Risk (how the Unit is preparing for how the changing climate in Kent (i.e., hotter, drier summers; milder, wetter winters; more extreme weather events) will impact business operations / service delivery)

Objective/target	On track/more progress needed/completed	Supporting performance data for measurable objectives (e.g. risk register updated, numbers of staff trained, business continuity, strategies)
Climate Change Risk and Adaptation action (NI 188)	On track	Health & Social Care has been identified as a high climate change risk sector for Kent. Key KASS staff

		<p>have been invited to participate in a Kent wide workgroup in order to review the risks and develop an action plan. All units need to consider the future impacts of Climate Change on their services and operations. Risk registers and business continuity plans are in place and regularly reviewed. KASS has a robust emergency plan in place to respond to all emergencies, including extreme weather events. The recent response to snow demonstrates the effectiveness of our response. Heat wave advice is available on Knet and sent out to providers annually.</p>
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<p>Additional support required from the Sustainability & Climate Change team? Please detail Support has been very useful. No additional support needed at present, and advice will be sought when necessary.</p>

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

To: Adult Social Services Policy Overview and Scrutiny Committee –
 25 June 2010

Subject: **2010 / 2011 ANNUAL OPERATING BUSINESS PLANS**

Classification: Unrestricted

Summary: The KASS Business Plans were presented to County Council on 31 March 2009. All Directorates were asked to take their Business Plans to Overview Committees.

Introduction

1. (1) The purpose of this paper is to present the Directorate annual operating business plans for 2010 / 2011. The Directorate level and all 6 service level plans are attached.

Policy Content

2. (1) The overall structure of the Business plans was amended this year given that Supporting People service had moved into the Communities Directorate. It was agreed that we would produce a Learning Disability plan for the first time to adequately describe the complexity and volume of work currently being under taken by that Service in partnership with Health.

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

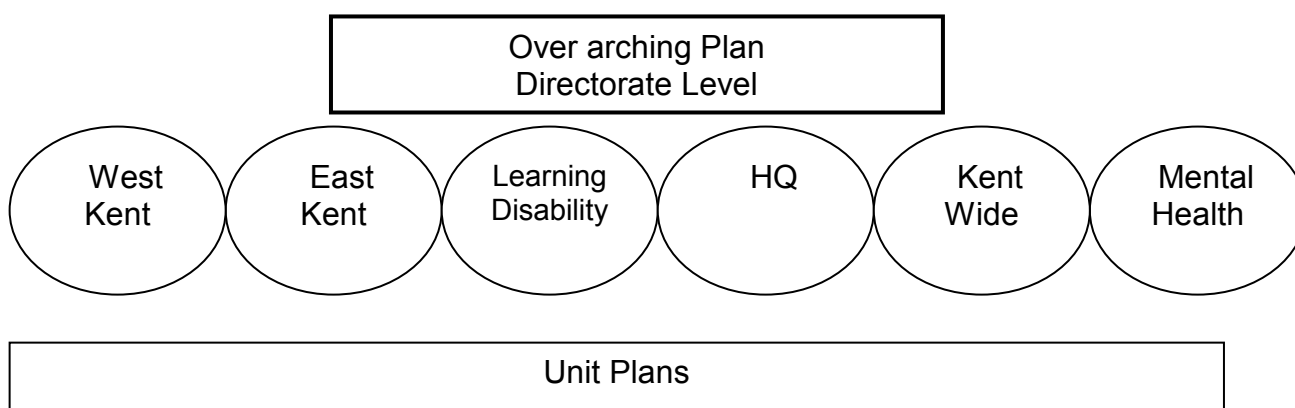


Fig. 1.1

(3) Each of the Service level plans has information that is specific to that service, including focus on performance targets and activity. The unit level plans focus on service delivery and service development. They feed directly into, team plans and individual action plans.

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

Recommendations

3. (1) Members are asked to NOTE the attached Business Plans and to CONSIDER any further comments to be made.

Nick Sherlock
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KENT ADULT SOCIAL SERVICES DIRECTORATE LEVEL BUSINESS PLAN 2010/11

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

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

1. INTRODUCTION TO THE DIRECTORATE

Overview of the Directorate – Managing Director’s Statement

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

1.1 Purpose of the Service

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

‘Active Lives’ sets out a common understanding of our key objectives amongst public, staff, partners and providers, supporting strong partnership working.

1.2 Overview of the Directorate

During 2009 we implemented a new structure to ensure that we can deliver social services in Kent that are responsive to need, focused on personalisation and prevention and are efficient. **Active Lives for Adults (ALfA) is a programme of total transformation for Kent Adult Social Services and for all those services which the Directorate commissions.** Self Directed Support is key to the delivery of personalised services described in Active Lives for Adults, and has underpinned the design of the new structure. This new structure went live on 1 October 2009 but will remain under review in order to ensure it is meeting need and continuing to deliver high quality services. The new structure will deliver efficiencies of £2.1million and a reduction in management posts by 32 posts.

The restructure resulted in the designation of 6 localities across Kent with each locality being supported by an assessment and enablement team and a number of co-ordination teams. (For more detailed information about the structures please see the Operational plans.)

This has been a challenging time for staff but we have managed to maintain good levels of performance against our national indicators indicating that front line services have been maintained during a period of extensive change. This is also confirmed by the positive feedback we received following the Care Quality Commission Annual Performance Assessment of KASS.

1.3 National Context

The shared vision and commitment to the transformation of adult social care articulated in Putting People First continues to drive forward our modernisation agenda.

New challenges in a national context have been:

Shaping the Future of Care Together’ released in July 2009, a green paper on social care funding which was out for consultation until November. This paper aims to establish a National Care Service, which confronts the challenges of funding social care equitably in the future against a background of rising demand and public services facing a period of austerity.

'Personal Care at Home' is the latest government white paper out for consultation, which places great emphasis on the role of preventative measures such as enablement to reduce dependency and increase independence, responding to people's desire to live in their own home for as long as possible.

Kent Adult Social Services has submitted a response to the consultation for 'Shaping the Future of Social Care Together' in a document called the 'Kent Proposition' that outlines our vision for social care. We are currently consulting with Members and stakeholders to prepare a response to the Personal Care at Home White Paper.

1.4 Local Context

In Kent these national drivers are given a local context through the priorities and targets set out in Vision for Kent, Kent Agreement 2, *Living Later Life to the Full* (KCC policy framework), Regeneration Framework, Towards 2010, Active Lives and the Directorate's new Kent Strategy: Active Lives Now (currently in draft for approval at County Council on April 1st 2010).

1.5 Priorities for 2010-11

The operational plans of the KASS Directorate detail the actions that underpin delivery of our priorities.

In order to deliver the national and local objectives key areas of work have been identified and are structured around the recently published Milestones document (Putting People First: Progress Measures for the Delivery of Transforming Adult Social Care Services. Sept 2009) against which we can measure our progress.

KASS will continue to implement its local programme of transformation to support delivery of these Milestones progress measures and the Active Lives for Adults (ALFA) programme.

Milestone 1 - Effective partnerships with people using services, carers and other local citizens

Strong partnerships with the public are at the centre of all the Directorate's activities and there are well established mechanisms in place. Key areas of focus will be:

- Ensuring black and ethnic minority groups and other disadvantaged groups are fully involved in the work of the Directorate
- Supporting carers with a focus on access to information and services.
- Working in partnership to enable people to feel safe and supported in their local communities
- Learning Disability Re- Provision Programme - The Directorate is working with partners to re-provide new person centred care and support for those adults with learning disabilities who have been supported by the NHS. This is a good example of partnership working with the NHS to deliver effective person centred services.
- Supporting the delivery of Valuing People Now.

Milestone 2 - Self-directed support and personal budgets

As outlined above the re-structure of the Directorate was essential in delivering Self Directed Support. Other areas of focus will include:

- Working with the social care market to ensure that there is a diverse range of services available
- Focus on offering personal budgets as well as direct payments to give people more choice
- Development of workforce and shaping business systems to deliver SDS, including flexible and mobile working
- Ensuring that Safeguarding underpins SDS through the implementation of the 'positive risk policy'.

Milestone 3 - Prevention and cost effective services

The recent inspection undertaken by the Care Quality Commission (CQC) rated the Council as excellent in the delivery of preventative services to older people. In 2010-11 our focus will be:

- Building upon and mainstreaming recent innovations such as INVOKE and Brighter Futures.
- As the Joint Strategic Needs Assessment identifies, the number of older people with dementia will increase significantly. Joint work with the NHS is in place to develop a range of community/support services for people with dementia and their carers/families. This will need further development to meet the predicted demand.
- Working with the Health Service to develop pathways of support focusing on strokes and falls.
- Continued development of community based services to support people with Learning disabilities, physical disabilities and mental health problems.
- Continually refining our approach to *return on investment* in respect of major investment as we go through modernisation.

Milestone 4 - Information and advice

The agreed action plan following the CQC Inspection identifies this as a key area. We will prioritise:

- Enabling black and ethnic minority groups and other disadvantaged groups to access information easily.
- Ensuring information is readily available for carers.
- Giving easy access to support and advice to those people who purchase their own services, ensuring we are effectively signposting them to other services if necessary and they are experiencing positive outcomes.
- Benefits Advice.

Milestone 5 - Local commissioning

The implementation of Self Directed Support will shift the balance of commissioning arrangements to the individual. It will be essential that there are overarching strategic commissioning arrangement in place to ensure this happens and people are offered services which enhance their independence and wellbeing.

- Underpinned by Joint Strategic Needs Assessments and other specialist assessments, the Directorate is significantly developing its integrated commissioning arrangements with the NHS. There is a series of arrangements in place to support joint commissioning including jointly funded and appointed posts.
- Identifying a joint programme of work with Public Health focused on prevention.
- Working with the District Councils. A number of housing schemes providing accommodation for people with a whole range of needs from older people, through to people with learning disabilities have been developed through Private Finance

Initiatives (PFI) in partnership with District Councils. We fully expect there to be at least 417 new housing units built and ready for occupation by the end of 2010. Based on the success of Better Homes/Active Lives we have, in partnership with 5 District Councils, developed another PFI bid to deliver 228 units of social housing for vulnerable people.

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

Business Continuity and Emergency Planning

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

The importance of this work has been highlighted by the threat of the flu pandemic. KASS has been working with its partners to put in place a range of strategies to minimise the potential disruption of swine flu. We also had strategies and plans in place that enabled us to respond effectively to the unusual cold weather conditions during December and January 2009/10 to keep services running for vulnerable people.

1.6 Challenges

The potential impact of the Personal Care at Home bill. The Bill was announced in the Queen's Speech 2009 and will provide for those with the greatest care needs by offering free personal care at home. Existing powers allow local authorities to provide certain community care services free of charge for up to six weeks. The Bill will remove this time limit in respect of personal care at home for those in the greatest need. The Government estimates that nationally the Bill would help around 400,000 people with care needs and guarantee free personal care for the 280,000 people with the greatest need. The concern is that this will not be fully funded by Government which will lead to Local Authorities having to find the shortfall from existing budgets.

Ordinary Residence. Kent has a large number of residential homes within its boundaries. Many of these homes have residents placed by other Local Authorities outside Kent. This is especially the case with people with Learning Disabilities. With the drive towards independence and personalisation, a significant number of people want to leave their unit and live in the community, often in the area where they have been placed (i.e. Kent). To enable these people to live independent, fulfilled lives they often need complex support packages. The legislation and guidance is unclear about who should pick up the cost for these packages, Kent or the Local Authority who originally placed the person. On a number of occasions the Secretary of State has arbitrated and often this has led to Kent funding the support package and taking responsibility for the person who is considered to be an '*ordinary resident*' of Kent. KCC have been putting forward representations to get clarity on the guidance, but in the short term at least this is likely to be a significant resource pressure on KCC.

Impact of Restructuring. As already outlined above it will be a challenge to maintain improvement whilst the new structure beds down.

Demographic issues. The numbers of people with learning disabilities is increasing. This means that demand and complexity of need are also increasing. Similar issues apply to the increase in the ageing population and the attending challenges such as an increase in long term conditions -diabetes and prevalence of dementia. These issues will continue to have a major impact on budgets and resources. For example the proportion of people being admitted to residential and nursing care with dementia is increasing significantly.

Recession and Public Sector Funding. The Impact of the recession is being felt in a number of areas in relation to the work of the Directorate.

- The people and families we work with. People are finding it harder to make 'ends meet' and to find employment. Consequently people find it harder to meet the charges for care and thus overall the Directorate's debt is increasing.
- Increase in demand for services. For example it is well documented that mental health issues increase during a time of recession.
- It is likely that there will be fewer resources available to social care in Kent as we are expecting a reduction in Public Sector Funding.
- Partner organisations and the social care market are also experiencing similar challenges.

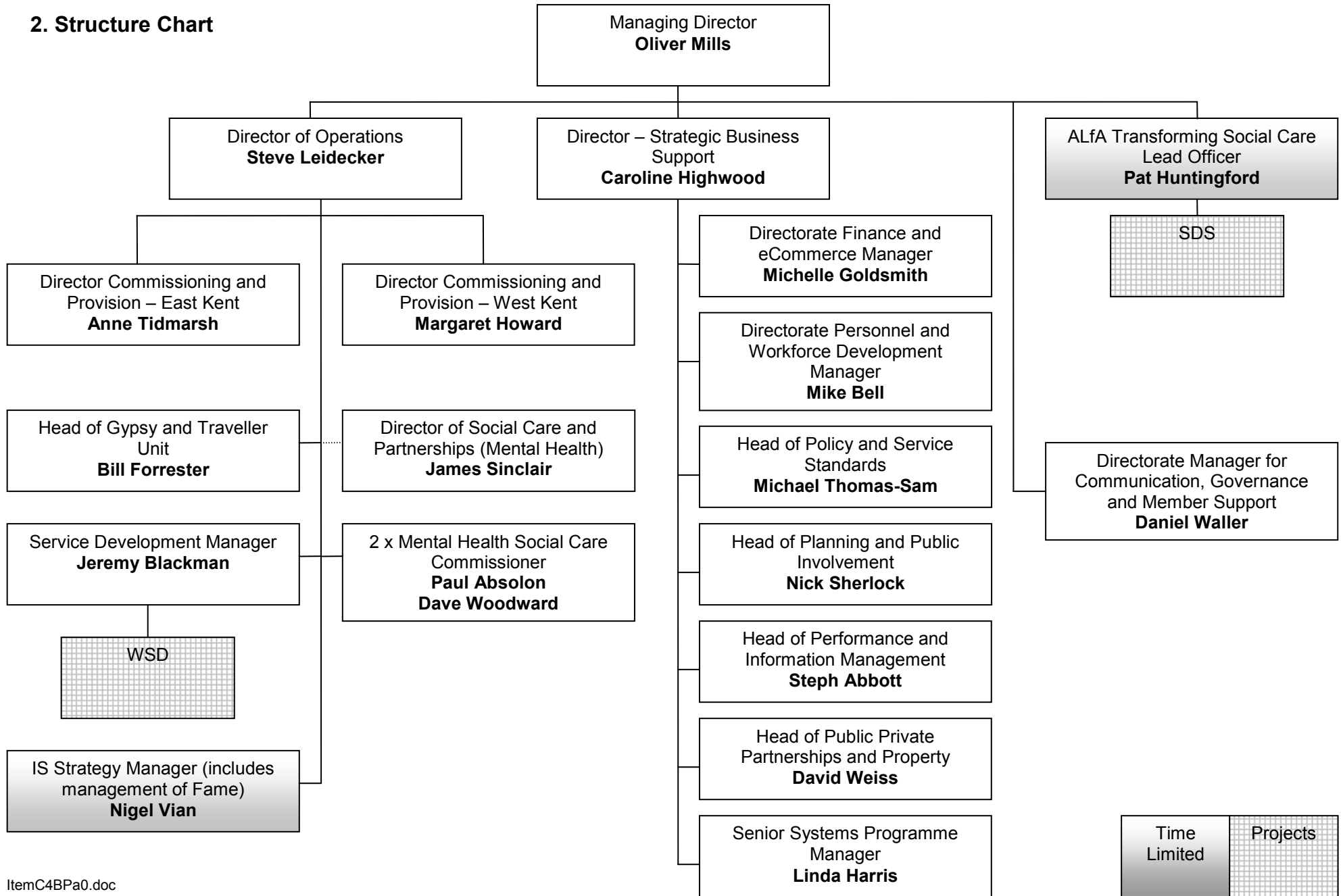
The Market. There are a number of challenges in working with the private and voluntary sector over the next year. These include:

- working with the sector to make sure they are able to meet the new demands of self directed support
- ensuring that we continue to have a pricing structure that offers value for money
- supporting the market to deliver good quality services
- Less resources available to private and voluntary sector

Oliver Mills

Managing Director

2. Structure Chart



Legislation: The legislative framework under which Adults Services operates includes:

- The National Assistance Act 1948
- White Paper: “Our Health, Our Care, Our Say”
- Green Paper: “Independence, Choice and Wellbeing”
- Putting People First December 2007
- The Chronically Sick and Disabled Persons Act 1970
- The Disabled Persons (Service, Consultation and Representation) Act 1986
- The NHS and Community Care Act 1990
- The Health & Social Care Act 2001
- The National Service Framework for Older People
- The National Service Framework for Long Term Conditions
- Health and Social Care Act 2008
- Race Relations Amendment Act 2000
- The Delayed Discharges Regulations 2003
- Fair Access to Care Services
- Charging for Residential Accommodation Guide
- Fairer Charging Guidance
- Local Government Act 1999
- Human Rights Act 2000
- No Secrets Guidance
- Carers Acts (1995, 2001, 2004)
- Carers Strategy
- Caravan Sites and Control of Development Act, 1960
- Housing Act, 2004
- Criminal Justice and Public Order Act, 1994
- Disability Discrimination Act 1995
- The Protection from Harassment Act, 1997
- The Health Act 1999
- Human Rights Act 2000
- Planning and Compulsory Purchase Acts, 2004
- Planning Circular 01/2006
- The Housing Grants Construction and Regeneration Act 1996

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

- ‘*New Horizons*’- December 2009 a cross government programme of action to improve mental health and well being of the population and improve the quality and accessibility of services for people with poor mental health.
- Mental Health Act 1983
- Mental Health (Patients in the Community) Act 1995
- Mental Capacity Act 2005 (including Deprivation of Liberty Safeguards which became operational in April 2009)
- Mental Health Act 2007

Affordable Levels – Activity 20010/ 11

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

Budget Code	County Figures	Affordable Activity for end of Year 2011
	OLDER PEOPLE	
41B	P&V Residential OP	1573
41M	P&V Residential OPMH	1249
41C	P&V Nursing OP	1083
41N	P&V Nursing OPMH	257
45E	P&V Domiciliary	6892
45K	KHCS Domiciliary	NA
4E5	OP Reablement (SCRG)	597
4H5	OP Extra Care Sheltered Housing	77
45B	Direct Payments - On-going	857
45B	Direct Payments - One offs	78
	LEARNING DISABILITY	
42B	P&V Residential	576
46E	P&V Domiciliary	650
46H	ILS In-House	NA
46X	ILS P&V	136
46B	Direct Payments - On-going	742
	Direct Payments - One offs	87
46W	Supported Accommodation & Adult Placement	449
	PHYSICAL DISABILITY	
43B	P&V Residential	236
47K	KHCS	973
47E	P&V domi	NA
47H	ILS In-House	NA
47X	ILS P&V	45
47B	Direct Payments - On-going	768
	Direct Payments - One offs	88
47W	Supported Accommodation	15

3. Directorate BUDGET

2009/10		ACTIVITY/BUDGET LINE	2010/11									
FTE	CONTROLLABLE EXPENDITURE £'000		FTE	EMPLOYEE COSTS £'000	RUNNING COSTS £'000	CONTRACTS & PROJECTS £'000	TRANSFER PAYMENTS & RECHARGES £'000	GROSS EXPENDITURE £'000	EXTERNAL INCOME £'000	INTERNAL INCOME £'000	CONTROLLABLE EXPENDITURE £'000	CABINET MEMBER
1,251.22	153,383.5	EK	573.28	19,608.8	3,151.8	108,004.0	-62.8	130,701.8	-34,484.2	-466.4	95,751.2	Graham
												Gibbens
907.45	128,138.5	WK	1014.47	31,192.3	5,163.5	85,073.4	40.0	121,469.2	-26,588.8	-628.4	94,252.0	
New plan for 10/11		Learning Disability	566.37	17,463.0	4,352.3	96,743.0	-922.5	117,635.8	-16,888.2	-0.0	100,747.6	
262.02	21,719.9	Mental Health	262.02	10,664.3	859.5	13,830.3	-293.8	25,060.3	-2,549.7	0.0	22,510.6	
362.36	28,781.0	Headquarters	362.34	18,365.0	3,794.0	12,453.9	7,723.4	42,336.3	-19,693.7	-375.4	22,267.2	
		Kent Wide										
		Gypsy & Traveller		266.9	33.1	340.8	6.0	646.8	-318.7	0.0	328.1	
		Sensory Services		987.3	416.2	1,208.7	-94.4	2,517.8	-154.7	0.0	2,363.1	
		Community Services		751.6	3,312.1	379.9	74.0	4,517.6	-1,213.9	0.0	3,303.7	
		Kent Supported Employment		1,631.2	307.5	211.5	-204.9	1,945.3	-643.8	-18.4	1,283.1	
		Kent Contact & Assessment Service		1,178.7	3.2	0.0	619.1	1,801.0	0.0	-155.7	1,645.3	
134.09	8,038.80	Kent Wide Total	118.52	4,815.7	4,072.1	2,140.9	399.8	11,428.5	-2,331.1	-174.1	8,923.3	
2,878.14*	340,061.70	TOTALS	2897.0	102,109.1	21,393.2	318,245.5	6,884.1	448,631.9	-102,535.7	-1,644.3	344,451.9	

* There has not been an overall increase in staff numbers (see below). Total reported in Business Plans in 2009/10 was 2897FTE and this remains the same for 2010/11. Supporting People staff transferred to Communities Directorate have not been included in this budget sheet for 09/10. As part of the restructure 18.86FTE were transferred out and an equivalent number of FTE were transferred in.

Staffing Figures

2009/2010 Total	2010/11 Total
2897.00 fte	2897.00 fte

Comments:

Since the publication of the 2009 – 2010 Business Plans, the Directorate has gone through a major restructure. To reflect the new structure a Learning Disability plan has been introduced. Although the overall staffing figures remain the same for KASS, there is in some plans differences in staffing numbers as a result of the restructure.

Grade Breakdown:

2009/10		2010/11	
Grade J (KS13) and above	Below Grade J (KS13)	Grade J (KS13) and above	Below Grade J (KS13)
48.85	2848.15	48.85	2848.15

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

Performance Management: Performance information shown below is KASS wide

Indicators for Towards 2010 Targets

Performance Measure or Activity	Accountable Manager	Monitoring Frequency	Actual performance 2008/09	Actual performance 2009/10	Target performance 2010/11	Link to strategic priority
T2010 – Target 52 Number of people supported by community based services provided by Kent Adult Social Services including through voluntary sector funding) to live independently.	Michael Thomas-Sam	Annually	32,983	35,473	34,027	T2010
T2010 – Target 53 Strengthen the support provided to people caring for relatives and friends.	Naomi Hill	Annually	New Indicator	46.9%	70%	T2010
T2010 -Target 55 Ensure better planning to ease the transition between childhood and adulthood for young people with disabilities and to promote their independence	Michael Thomas- Sam Colin Feltham	Annually	New Indicator	73%	80%	T2010
T2010 – Target 56 Number of older people who are in receipt of/with underlying entitlement to Attendance Allowance	Chris Grosskopf	Annually	38,300	39,310 (Actual as at May 09)	36,290 (Target met)	2010
T2010 – Target 56 Number of older people who are in receipt of Pension Credit	Chris Grosskopf	Annually	71,240	71,850	73,780	T2010
T2010 – Target 56 Number of older people in receipt of council tax benefit	Chris Grosskopf	Annually	54,250	54,920	56,270	T2010

Key National and Local Indicators

Performance Measure or Activity	Accountable Manager	Monitoring Frequency	Actual performance 2008/09	Estimated performance 2009/10	Target performance 2010/11	Link to strategic priority
NI 125 – Achieving independence for older people through rehabilitation/ intermediate care	Steph Abbott	Monthly	75%	77%	79%	LAA/ National Indicator
NI 130 Social Care clients receiving self directed support (Direct Payments and Individual Budgets)	SMT	Monthly	2342	3000	It is not possible to give targets for 2010/11 as they will not be set until April 2010	National Indicator
NI 132 Timeliness of social care assessments (RAP)	SMT	Monthly	83.4%	85%	Targets set April 2010	National Indicator
NI 133 Timeliness of Social Care Packages (RAP)	SMT	Monthly	95%	95%	Targets set April 2010	National Indicator
NI 135 Carers receiving needs assessment or review and a specific carer's service or advice and information	SMT	Monthly	29%	29%	Targets set April 2010	National Indicator
NI 136 People supported to live independently through social services (all ages)	SMT	Monthly	34213	34300	Targets set April 2010	National Indicator
NI 145 Adults with learning disabilities in settled accommodation	Steph Abbott	Quarterly	37%	40%	Targets set April 2010	National Indicator
NI 146 Adults with learning disabilities in employment	Steph Abbott	Quarterly	9.5%	40%	Targets set April 2010	National Indicator
Number of supported residents with mental health problems in residential/ nursing care	Steph Abbott	Monthly	187	192	Targets set April 2010	MH Specific
Number of service users in receipt of domiciliary care as at 31 st March	Steph Abbott	Monthly	536	480	Targets set April 2010	MH Specific
Number of service users receiving a Direct Payments as at 31 st March	Steph Abbott	Monthly	138	137	Targets set April 2010	MH Specific

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

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

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

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

Project/ development/ key action	Account-able Manager	Deliverables or Outcomes for 2010/11	Target date of delivery/ completion	Link to strategic priority and National Milestones document
Putting People First				
Continue to implement the ALFA Modernisation agenda to deliver effective services focussed on personalisation and prevention Page 270	SMT	<ul style="list-style-type: none"> • Improve the level of personalisation, choice and control • Increase take up of personal budgets • Increase take up of enablement services • Full implementation of SDS • Modernisation of in house services • Implementation of FAME • Work with social care market to develop diverse range of services • Continue to ensure risks are assessed and managed through implementation of positive risk policy 	Ongoing	Milestone 2 - Self-directed support and personal budgets Active Lives Active Lives for Adults
Continue to ensure that people who use services, carers and the general public are at the heart of and actively involved in the development and shaping of services.	SMT	<ul style="list-style-type: none"> • Everyone is involved in shaping and developing services including BME groups and carers • Self funders are effectively signposted to services that meet their needs and supported to achieve good outcomes • New Directorate Involvement Framework and new Public Involvement Strategy in place Continue to explore and develop the way we deliver and share information, ensuring effective advice and guidance is in place for all at the time they need it. 	Ongoing	Milestone 1 - Effective partnerships with people using services, carers and other local citizens Milestone 4- Information and advice Active Lives, Living Later Life to the Full
Support to Carers	SMT	<ul style="list-style-type: none"> • Continue to implement multi-agency Carer’s Strategy. • Ensure Information, advice and guidance is readily accessible to carers 	March 2011	Milestone 3 -Prevention and cost effective services

Project/ development/ key action	Account-able Manager	Deliverables or Outcomes for 2010/11	Target date of delivery/ completion	Link to strategic priority and National Milestones document
		<ul style="list-style-type: none"> Carers JSNA in place and influencing planning Annual report to ASSPOSC Continue to develop new and innovative ways to support carers 		Active Lives, Active Lives for Adults Living later Life to the Full Active Lives Now
Delivery of Valuing People Now in line with National Delivery Plan	Kent Partnership Board, Valuing People Now - Delivery Manager	<ul style="list-style-type: none"> Continued modernisation of day services. Greater levels of personalisation, choice and control Complete the independent review of the Partnership Board and implement recommendations made 	Ongoing	Milestone 1 - Effective partnerships with people using services, carers and other local citizens Putting People First, Valuing People Now Active Lives Now
Ensuring the availability of high quality services				
Create a culture of continuous improvement and review: provide systems, processes and knowledge that meet the needs of the Directorate and support innovation as we modernise services	SMT	<ul style="list-style-type: none"> Deliver good quality data with effective ICT systems in place; SWIFT upgraded, AIS implemented and flexible and mobile working developed- delivering against new ICT strategy Maintain financial viability, delivering agreed MTFP savings and a balanced outturn in difficult financial circumstances Take forward the lessons from Margate Taskforce and Total Place Return on investment: Demonstrate evidence of effectiveness of interventions to shape the future investment and direction of services 	Ongoing	Milestone 3 – Prevention and cost effective services Active Lives Active Lives Now
Manage the relationship with CQC	SMT	<ul style="list-style-type: none"> Continue to implement the action plan agreed with CQC to drive forward continuous improvement Respond to the Inspectorate's information requests as required 	July 2010	Milestone 3 -Prevention and cost effective services Active Lives
Working in partnership				
Develop housing solutions for	SMT	<ul style="list-style-type: none"> Excellent Homes for All 	Ongoing	Valuing People Now

Project/ development/ key action	Account-able Manager	Deliverables or Outcomes for 2010/11	Target date of delivery/ completion	Link to strategic priority and National Milestones document
vulnerable people		<ul style="list-style-type: none"> Continue to develop supported housing with Districts for people with a learning disability or mental health problems Extra Care sheltered housing in place 		Active Lives, Active Lives for Adults Living later Life to the Full
The transfer of people with learning disabilities from the NHS to social care.	Head of Strategic Commissioning (LD) and Head of Service, LD	Complete the transfer of over 400 individuals currently having their services commissioned and funded by the East and West PCTs in Kent to Kent Adult Social Services.	2010-2011	Milestone 3 -Prevention and cost effective services Valuing People Now, Our Health Our Say
Continue to develop partnership working with Health Page 272	SMT	Joint working with health on <ul style="list-style-type: none"> intermediate care dementia care: deliver national strategy including greater levels of jointly commissioned services and responding to the planned Select Committee findings Continue to reduce delayed transfers of care Pathway redesign on strokes and falls with PCTs Review of Joint Strategic Needs Assessment Integrated working and single assessment through FACE Joint sustainability with PCTs of post WSD work and increased usage of assistive technology 	Ongoing	Milestone 5 - Local commissioning Active Lives, Active Lives for Adults Living later Life to the Full Vision for Kent Towards 2010
Making best use of resources				
Personal Care at Home	SMT	<ul style="list-style-type: none"> Advise members and Chief Officers of implications of this Bill on KCC and influence national debate. Begin putting into plan a framework to deliver this Keep Members updated of the full implications of implementation 	2010-11	Milestone 3 -Prevention and cost effective services

Benchmarking information

External Inspection

Annual Performance Assessment- Published December 2009: The Care Quality Commission (CQC) no longer awards a star rating to Councils and has made the annual performance assessment a 'harder test'. Part of CQC's new approach is to comment on rather than score the capacity to improve domain.

Kent Adult Social Services was awarded 'Excellent' for the following outcomes by the CQC.

- **Improved Quality of Life**
- **Making a Positive Contribution**
- **Economic Well-being**

This is an improvement on our performance last year when we had 2 out of 7 outcomes rated as excellent.

In addition the Directorate was inspected earlier in 2009 and the outcome was published in July. The inspectors rated Kent Adult Social Services as follows:

- **Safeguarding Adults** **GOOD**
- **Delivering Preventative Services (focus on Older People)** **EXCELLENT**
- **Capacity to Improve** **EXCELLENT**

Comparative data 2008/9	Surrey	Essex	West Sussex	East Sussex	Hampshire	Kent
NI125: Achieving independence for older people through rehabilitation/intermediate care	73%	79%	65%	88%	75%	75%
NI132: Timeliness of social care assessments (RAP)	66.1%	82.0%	65.5%	88.2%	87.6%	83.4%
NI133: Timeliness of Social Care Packages (RAP)	84.9%	91.2%	93.7%	91.4%	90.2%	94.9%
NI135: Carers receiving needs assessment or review and a specific carer's service or advice	12.7%	25.2%	22.7%	22.1%	19.0%	28.7%

and information						
NI146:Adults with learning disabilities in employment	8.8%	7.9%	16.3%	8.2%	11.0%	9.5%

5. MEDIUM TERM PLAN, PRIORITIES & KEY CHALLENGES

As the Directorate continues on its journey of transformation resources have to be managed effectively and efficiently providing first class services that are fit for purpose and value for money. The Medium Term Plan provides a detailed breakdown of the Directorate's budget management plans.

Savings identified from the Medium Term Plan:

Amount £'000	Explanation of Addition/saving	What will be delivered as a result?
+£67K	Inflation and rising costs	Increased transport and food costs. This has been kept to a minimum with no uplifts to contracts with social care providers
+£100k	Unavoidable Government legislative pressures	Enhanced CRB Checks
+£6,460k	Increased demand for services	Increasing demand for services from adults with a Learning Disability who have complex needs, physical disability or mental health problems
-£250k	CAB	Saving on one off payment to CAB for 09/10
-£1,139k	Income generation	Additional income resulting from uplift in client income: increases in pensions and benefits
-£737K	Savings	-£420K- management restructure saving -£45K- fall out of early retirement costs -£58K- better targeting of spend on property maintenance -£214 -services provided by CED

All the changes in the priorities shown above are KASS wide.

In 2009 the restructure was a major area where the Directorate delivered efficiencies. Other areas include:

- Reducing transactional costs with further developments in e-commerce.
- Using technology to redesign more efficient services (telehealth) and enable self management of support.
- Improved collection of management & performance information (SWIFT).
- Joint pathways into services, single assessment process (FACE) and self assessment.
- Enabling people to have access to services through Kent Contact Assessment Service (KCAS), single assessment (FACE), self assessment, and 'fast track' provision of equipment.
- Modernisation of services.
- Total Place - The Directorate is playing a key role in the work being undertaken by KCC to pilot this national initiative.
- Working with the market to ensure the delivery of good quality, value for money services.
- Implementation of Action Plan following CQC Inspection.

DIRECTORATE APPROACH TO THE FOLLOWING KEY CORPORATE OBJECTIVES

Customer Insight & Community Engagement

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

The Directorate has continued its focus on involving service users and carers in a broad range of service developments. Examples include the Kent Strategy: Active Lives Now, the Policy Framework for Later Life, the Good Day Programme, Information, Advice and Guidance policy and staff recruitment. Through the Self Directed Support project service user and staff groups have been set up to advise on work going on across the project.

Across the county there are other well established user and public involvement forums which directly feed into the development of services, including Kent LINKs. The Kent LINK (Local Involvement Network) is an independent network of local people and community groups working together to influence and improve Kent's health and social care services.

The Learning Disability Partnership Board is a group of people who come from each of the 12 Districts of Kent. Most members are Joint Chairs of District Partnership Groups and include many people with a learning disability plus parents and carers.

Carers Reference Group and Carers Advisory Groups are in place and are currently supporting the development of a joint strategic needs assessment for carers.

A key initiative has been the re-configuring of the Directorate Involvement Group, so that it is now a made up of members of the public and will have direct link into SMT. It will be jointly chaired by a member of the public and a SMT Member.

The Directorate has also implemented a new Complaints process following our selection as a pilot Authority. The new regulations came into force on 1st April 2009 and we have linked directly with Health to create a joined up and productive process across the Health and Social Care field. (Making Experiences Count).

We continue to develop customer insight through:

- our consultations, surveys and questionnaires
- joint strategic needs assessments which help us recognise and plan for the needs of our local communities in the future
- Inviting service users to deliver an insight to staff about the experience of being a service user. Kent Adult Social Services Learning Resource Team has trained service users to become trainers in a project called 'SUSCES'. Thirteen Service users with mental health problems have spent the last year providing training on the Approved Mental Health Practitioner Course, providing training and mentoring for Social Work staff. They have also provided the sessions about the service users perspective on Directorate Induction Days, which are held monthly for all new staff working in the Directorate. In early 2009, the project was extended and ten service users with learning disability, physical disability and sensory disability were recruited and formed TREND- (Training enables never disables). The group have undertaken nine months of training and are working as trainers in Kent Adult Social Service Training programmes

- Learning lessons from our complaints and ensuring those lessons are fed back into service design and delivery
- Visiting service users, including recent visits to the Guru Nanak and Milan day centres to hear the views of BME groups.

Environmental Performance & Climate Change Adaptation

KCC has committed to reducing its impact on the environment and prepare for the impact of inevitable Climate Change. Kent Adult Social Services supports the delivery of the 3 year Sustainability and Climate Change action plan and corporate targets for reducing carbon emissions, water and waste within the ISO 14001 management system framework.

The KASS Environment Board meets regularly and has developed a Directorate action plan that is monitored and presented to the Senior Management Team twice a year. In 2009/10 KASS succeeded in its target to reduce business mileage by 2%.

Project/ development/ key action	Lead Accountability	Link to Corporate/ Directorate Target	Deliverables or outcomes planned for 2008/09	Target dates
Reduction of CO2 from buildings – energy efficiency	David Weiss/ Property Board	KCC Policy target T2010 42 NI 185(KCC) and 186(KA2)	Opportunities identified from energy efficiency assessments (DEC reports), environment audits, BetterWorkPlaces and refurbishment/modernisation	March 2011
Reduction of CO2 from travel & transport	Bill Forrester	KCC policy target NI 185(KCC) and 186(KA2)	Actions which support reductions in commuting and business travel or lower carbon transport. E.g. driver training for fuel efficiency	March 2011
Managing the climate risk (resilience to climate change)	Bill Forrester	NI 188 (KA2) KCC Policy target	Actions identified within risk registers and through climate change meetings/workshops to ensure that high-quality service delivery can be maintained in a changing climate.	March 2011
Water efficiency	David Weiss/pro property Board	KCC Policy target	Opportunities identified from asset reviews and refurbishment projects	March 2011
Waste reduction and recycling	David Weiss/pro property Board	KCC Policy Target	Opportunities identified from procurement, office best practice reviews or improving contracts	March 2011
Construction & refurbishment	David Weiss/Pro property Board	T2010 41, KCC Policy	Opportunities to implement energy and water efficiency, renewable energy and reduce waste	March 2011
Delivering leadership, building	SMT	NI 188(KA2)	Developing and training staff to deliver sustainability and prepare for climate change	March 2011

capability and engaging people			impacts. Provide resources to raise awareness including recruiting Green Guardians to every team	
Procurement and Resource efficiency	Linda Hardware	KCC policy, Backing Kent Business	Actions which support efficiency savings, local businesses e.g. Produced in Kent and sustainable purchasing e.g. FSC, recycled and fairtrade products	March 2011
Data and Monitoring	Board & SMT	NI 185, ISO 14001, KCC policy	Improving baseline data to enable improved monitoring of environmental actions i.e. staff mileage, paper consumption, energy, water and waste data.	March 2011
Community Leadership	LD Day Services	NI 186(KA2)	Opportunities to lead community projects leading to carbon reduction, water efficiency and waste reductions	March 2011

Capacity, Skills & Development Planning

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

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

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

It is essential that we continue to develop a strong, skilled and flexible workforce across the social care sector in Kent in order to deliver the challenging agenda of personalisation and prevention. Kent social care has an ageing workforce and there are likely to be demographic pressures as the population profile shows that there will be a decline in the number of people of working age. The Directorate is responding to these challenges and has put into place an integrated local area workforce strategy.

Kent Adult Social Services

West Kent

Annual Business Plan Summary 2010/11

EXECUTIVE SUMMARY

The gross expenditure for the services included in this business plan is
£121.469m.

This will deliver the following key outcomes, activities and projects:

- West Kent service provision for Older People, Physical Disability and Learning Disability
- Strategic Commissioning
- Ensuring the personalisation agenda is embedded within all local services and developments, ensuring people have choice and control
- To ensure that the personalisation agenda is embedded within all local services and developments for people with learning disabilities and their families, and is underpinned by person centred planning
- Delivery of the Directorate's modernisation agenda
- Delivery of the Carers Strategy
- Delivery of the Self Directed Support Project
- Further Development of Preventative services
- Effective Partnership working across District and Borough Councils, Health, private and voluntary sector organisations and other KCC Directorates

Number of KCC staff employed is **1014.47 FTE**

Accountable Manager – Margaret Howard

Portfolio Holder – Graham Gibbens

Director/Head – Oliver Mills

1. INTRODUCTION: RESPONSIBILITIES AND OUTLOOK

Core Purpose and Key Responsibilities of the Service

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

Following on from the implementation of Personalisation in line with 'Putting People First' a major restructure was delivered across Kent. The Personalisation agenda aims to ensure choice and empowerment for individuals, by encouraging the use of personal budgets. As it involves the total transformation of social care the whole of KASS was restructured to work in a completely different way within new teams. During this year we will be embedding the flexible and mobile ways of working.

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

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

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

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

In order to help us deliver this significant agenda we need to continue to work in partnership with colleagues in the Primary Care Trust, District and Borough Councils and the voluntary and private sector. This year we will be working strategically with the private and voluntary sector to ensure that they are informed and able to respond to changes required by service users.

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

Margaret Howard

Director - Commissioning and Provision, West Kent

OBJECTIVES OF THE SERVICE

The overall purpose of Adult Social Services is:

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

The core business objectives are:

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

We achieve these through supporting older people, people with physical or sensory impairments, people with a learning disability and people with mental health problems. We do this through the Case Managers working in the Assessment and Enablement and Co-ordination teams.

Kent Contact and Assessment Service (KCAS) is the initial point of contact with KASS and is one part of ensuring people have as much choice as possible over how they make a first contact, e.g. telephone, post, fax, SMS, on-line self assessment, on-line self referral or at one of the various Gateways established across Kent. KCAS will carry out contact assessments. KCAS is able to access enablement services, access to some equipment, adaptation services and some short term services, thereby providing early intervention in supporting vulnerable people in need. Whilst KCAS will cover the whole of Kent, it will be hosted by East Kent.

Assessment and Enablement Teams ensure that people get a fast and effective assessment, excellent access to enablement services and where they need longer term support are allocated a personal budget.

Enablement is a mainstream service, to be considered at all stages of the client journey. It is part of the assessment process and is an intensive, short term service of up to six weeks designed to offer support to people, who by reason of injury, frailty or illness wish to regain or extend their independent living skills. It is available in-house through the Assessment and Enablement teams and from designated providers within the private and voluntary sector.

Co-ordination Teams provide people with as much or little support as they need to find the solutions they want. It is focussed on supporting people to develop and implement their support plans, dealing with day to day issues related to the implementation of their support plan and carrying out financial reviews of support plans.

All new service users with long term support needs will have a personal budget. They will have more choice and control over the support they receive, and can choose to spend their personal budget on non-traditional services / support, if they wish and so long as their personal outcomes will be achieved in accordance with their approved support plan. Co-ordination will be a key element in ensuring that people have choice and control through:

- encouraging self-determination
- providing quality advice, information and guidance

- assisting people to develop, write, cost and implement their support plan
- assisting people to navigate the system.

Provision for Older People

The Provision - Modernisation (Older People) unit has been integrated into a single unit managed within the West Kent Area, but responsible for the whole county. They are responsible for 16 registered care centres and 5 stand alone day centres providing a range of services including residential, intermediate care, short break services and day care that, in line with Self Directed Support, work with individuals to promote their independence and ensure they have more fulfilled lives.

Work is underway with commissioners, service users and other key stakeholders to review the services as part of the modernisation programme to ensure they are flexible and responsive to meet changing needs whilst offering value for money and quality.

Kent Sensory Service

Provides services to people who are d/Deaf, deafblind, blind or have a visual impairment. This is a county-wide service hosted by East Kent. Reference should be made to the Kent wide Service Level Business plan.

Learning Disability

The Good Day Programme is a county wide change programme hosted for KASS by West Kent. The programme looks to change the commissioning and delivery of services for people with learning disabilities in the day, evening and weekends. Although the programme is hosted and sponsored by KASS, the outcomes from the programme involve cultural change across the whole local authority. The programme is planned to run across the next 4 business years 2008 - 2012 and is closely linked to the implementation of ALfA and Self Directed Support as well as the residential change programme.

Further details are in the Learning Disability Plan.

Strategic Commissioning Unit

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

Community Services Team

The role of this County wide Team is in managing the County wide Technician Service that provides equipment/minor adaptations to the homes of service users enabling them to remain living at home independently & safely. Integrating the Community Equipment Services (ICES) with Health, overseeing the County wide Blue Badge Service and working

closely with the Voluntary Sector e.g. Hi Kent, KAB & Kent's Home Improvement Agencies to ensure they support physically & sensory disabled service users.

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

Careline

Careline delivers the out of hours domiciliary care service. This is a county-wide service hosted by East Kent.

Kent Enablement at Home

This is the 'in-house' enablement provider. The purpose of an enablement service is to support and encourage individuals to lead as independent and fulfilling life as possible, for as long as possible.

An enablement service provides a time limited and intensively focused programme which aims to help the individual regain, maintain or develop daily living skills and the confidence to carry them out independently. Individuals are supported to take greater control of their lives and remain as independent as possible, eliminating or minimising the need for further intervention.

Kent Supported Employment

Kent Supported Employment aims to ensure disadvantaged people are proportionately represented in the workforce in Kent. This Service is managed by Chris Grogan as part of the West Kent Area Structure and further details can be found in the Kent Wide Business Plan 2010/ 11.

2. BUDGET PROFILE SUMMARY

Budget 2010/11

2009/10		ACTIVITY/BUDGET LINE	2010/11									
FTE	CONTROLLABLE		FTE	EMPLOYEE	RUNNING	CONTRACTS	TRANSFER	GROSS	EXTERNAL	INTERNAL	CONTROLLABLE	CABINET
	EXPENDITURE			COSTS	COSTS	& PROJECTS	PAYMENTS & RECHARGES	EXPENDITURE	INCOME	INCOME	EXPENDITURE	MEMBER
	£'000			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
		Older People										
		Residential Care		14,522.0	1,941.2	30,109.8	0.0	46,573.0	-13,931.0	0.0	32,642.0	Graham
		Nursing Care		0.0	0.0	20,128.7	0.0	20,128.7	-6,734.4	0.0	13,394.3	Gibbens
Page 284		Domiciliary Care		3,353.7	177.5	15,958.0	-295.8	19,193.4	-3,713.7	0.0	15,479.7	
		Direct Payments		0.0	0.0	1,963.9	0.0	1,963.9	-215.6	0.0	1,748.3	
		Other Services		1,816.0	701.3	4,946.2	0.0	7,463.5	-685.7	0.0	6,777.8	
		Total Older People		19,691.7	2,820.0	73,106.6	-295.8	95,322.5	-25,280.4	0.0	70,042.1	
		Physical Disability										
		Residential Care		0.0	0.0	5,282.7	0.0	5,282.7	-737.4	0.0	4,545.3	
		Domiciliary Care		0.0	0.0	3,201.6	295.8	3,497.4	-191.8	0.0	3,305.6	
		Direct Payments		0.0	0.0	2,339.4	0.0	2,339.4	-78.1	0.0	2,261.3	
		Supported Accommodation		0.0	0.0	66.0	0.0	66.0	-3.0	0.0	63.0	
		Other Services		106.0	313.2	910.1	0.0	1,329.3	0.0	0.0	1,329.3	
		Total Physical Disability		106.0	313.2	11,799.8	295.8	12,514.8	-1,010.3	0.0	11,504.5	
		All Adults Assessment & Related		8,665.8	547.6	167.0	0.0	9,380.4	-212.5	0.0	9,167.9	
		Strategic Management		82.9	1.5	0.0	0.0	84.4	0.0	0.0	84.4	
		Strategic Business Support		2,645.9	1,481.2	0.0	40.0	4,167.1	-85.6	-628.4	3,453.1	
907.45	128,138.5	TOTALS	1014.47	31,192.3	5,163.5	85,073.4	40.0	121,469.2	-26,588.8	-628.4	94,252.0	

3. PLANNED ACTIVITY (both core business and new projects)

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

The Managing Director is authorised to negotiate, settle the terms of, and enter the following agreements/projects:

In order to deliver the strategic priorities of the KASS Directorate similar activities can be found in both the East and West Kent's list of planned activity.

	Project/ development/key activity	a/c manager	Link to Corporate/Directorate Target or theme	Deliverables or outcomes planned for 2010/2011	Target dates
Putting people first					
1.	Developing early intervention and preventative services to support SDS. E.g working with the voluntary and community sector.	Heads of Service	Active Lives, Towards 2010, NI 136, NI 141 Living Later Life to the Full Regeneration Framework	Co-ordination and remodelling of the existing services to provide an even availability of the full range of services in the locality. Greater choice of services for clients on direct payments. Services modernised and provided in accessible multi-functional centres.	Services working to new specification March 2011
2.	Developing Brokerage services.	Head of Strategic commissioning	Active Lives, Towards 2010, NI 136, NI 141 Regeneration Framework	Learning from the pilot Brokerage Services in West and East Kent we will be developing an plan to ensure that Brokerage services are available for all client groups	Brokerage services in development by March 2011
3.	Developing the provision of advocacy services.	Head of Strategic Commissioning , Head of	Active Lives, Towards 2010, NI 136, NI 141	In line with recommendations from CQC we will be ensuring sufficient supply of advocacy.	March 2011

	Project/ development/key activity	a/c manager	Link to Corporate/Directorate Target or theme	Deliverables or outcomes planned for 2010/2011	Target dates
		Service (LD), Head of Strategic Commissioning (LD)			
4.	Map carers services, develop a robust action plan for the delivery of the Kent Carers Strategy	Heads of Service / Head of Strategic Commissioning	Kent Carers Strategy	Review overall provision that supports carers to ensure that carers have access to sustainable services that they need and to make effective use of the third year of the carers grant	June 2010
Ensuring the availability of high quality services					
5.	To identify potential local resources to create centres of excellence for dementia day and residential care.	Heads of Service, Head of Provision Modernisation, Head of PPP&P	Active Lives, Towards 2010, District plans, Kent Agreement, OP Modernisation Strategy	Provision of a centre of excellence to support respite and residential needs and encourage the delivery of outreach by voluntary organisations	Ongoing
6.	Review and modernise the services provided in in-house Registered Care Centres	Head of Provision, Older People	Active Lives, Towards 2010, Modernisation Strategy	Services modernised in line with SDS	Ongoing
7.	Together with HQ and East Kent review the Meals contract and ensure that	Head of Strategic Commissioning	Active Lives, Towards 2010, NI 136, NI 141	A responsive meals service available.	Arrangements in place for contract end March 2011

	Project/development/key activity	a/c manager	Link to Corporate/Directorate Target or theme	Deliverables or outcomes planned for 2010/2011	Target dates
	arrangements are in place for the end of the contract				
Working in partnership					
8.	Working in partnership with housing organisations utilising assistive technology in the development of Extra Care sheltered housing and home support.	Heads of Service	Active Lives, Towards 2010, Living Later Life to the Full Regeneration Framework	Support more elderly frail people to remain living independently in the community by enabling an innovative and effective range of services to be delivered.	Ongoing
9.	Joint working with health on intermediate care, dementia care and services for older people.	Heads of Service	Active Lives, Towards 2010,	Integrated pathways and service delivery.	Ongoing
10.	Collaborating with local leisure centre providers to ensure services are accessible and appropriate for older and disabled people.	Heads of Service	Active Lives, Towards 2010, Capital Strategy Living Later Life to the Full Regeneration Framework	Deliver the general KASS duty to provide for the health & well being of the community. More facilities in the community that are accessible to all members of the community, including people with disabilities	Business cases developed by March 2011

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	Project/ development/key activity	a/c manager	Link to Corporate/Directorate Target or theme	Deliverables or outcomes planned for 2010/2011	Target dates
Valuing, developing and supporting the social care workforce					
11.	Developing and supporting a flexible and mobile workforce in line with BWP	AMT	Active Lives, Towards 2010, Office Modernisation strategy	Use of new technology to enable staff to work from a variety of bases providing a more responsive and effective service and supporting environmental issues	Rolling programme
Making best use of resources					
12.	Ensure appropriate infrastructure services are secured by accessing developer contributions and other appropriate funding streams.	AMT, Sustainable communities Officer, Locality Team Managers	Active Lives, Towards 2010,	Improve capital infrastructure of the district to meet demographic changes and maintain focus on personalisation and inclusivity	Ongoing
13.	In partnership with District and Borough Councils and housing providers explore and develop supported housing and accommodation to be used for training for adults with physical and/or learning disabilities	Heads of Service	Active Lives, Towards 2010, District Community Strategy	A range of apartments with flexible community based support including focussing on the needs of those returning from residential settings. (also links with 7 above)	Ongoing

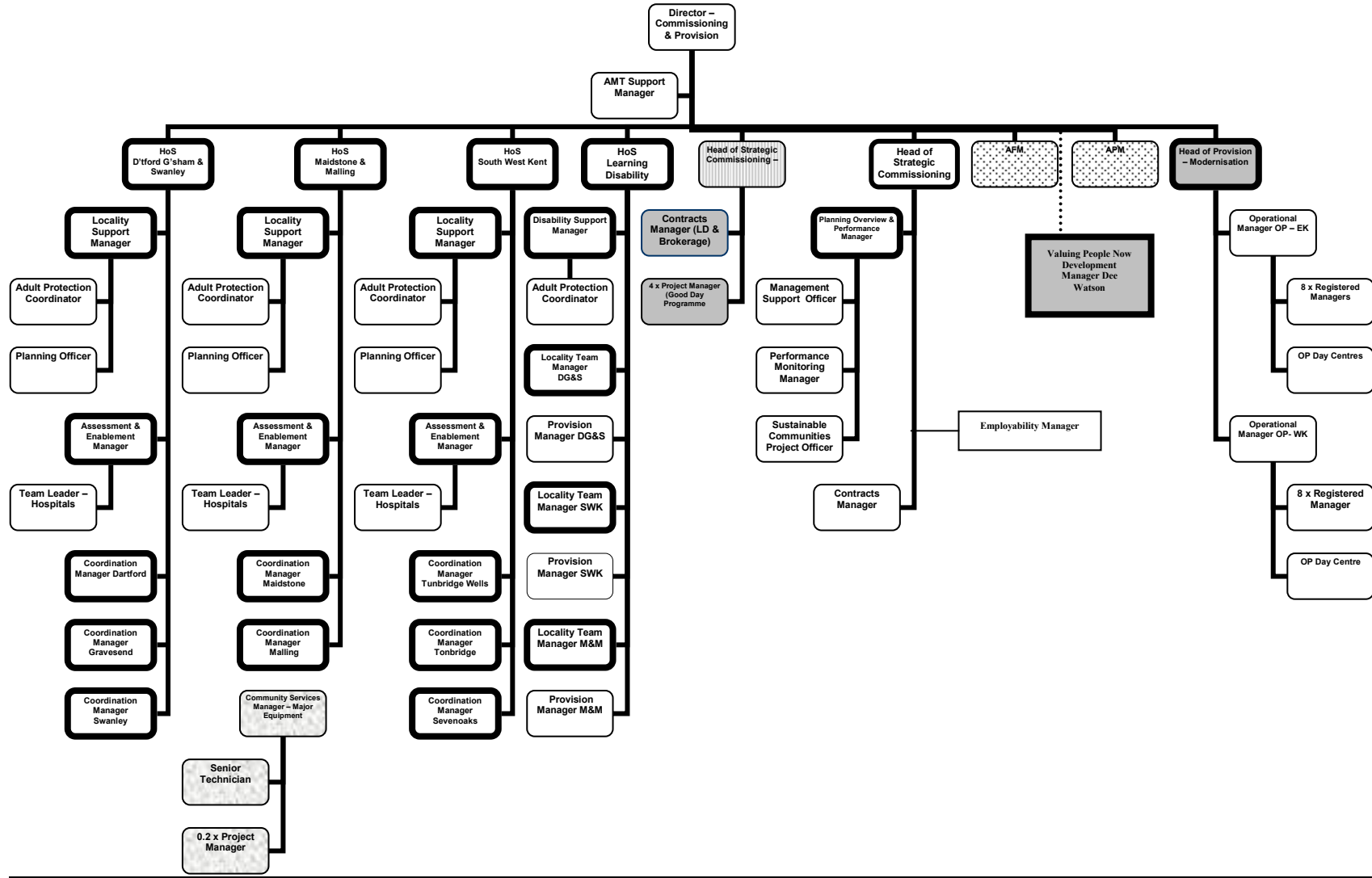
	Project/ development/key activity	a/c manager	Link to Corporate/Directorate Target or theme	Deliverables or outcomes planned for 2010/2011	Target dates
	with specialist housing need in order to offer a more appropriate response within the community.				
14.	To explore co-location of some KASS services with Health and District Council Partners. E.g. Gateway	AMT	Active Lives, Towards 2010, Office Modernisation strategy, Gateway	Establishment of support services and contact points with relevant colleagues and partners to meet business needs and to maximise efficiencies in property and support costs.	Ongoing

The business objectives set out in this plan are monitored to ensure they will be delivered. Risks associated with potential non-delivery, and the controls in place to mitigate those risks, have been assessed and documented as part of the annual operating plan process. Risk Registers and business continuity plans are maintained in relation to major projects and core business and are available on request.

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

4. STAFFING PROFILE

Structure chart



Staffing

	2009/10	2010/11
Grade KS 13 (or equivalent) and above	6.61	7.50
Grade KS 12 (or equivalent) and below	900.84	1006.97
TOTAL	907.45	1014.47
Of the above total, the estimated FTE which are externally funded	9.5	9.5

Since the publication of the 2009 – 2010 Business Plans, the Directorate has gone through a major restructuring. To reflect the new structure a Learning Disability plan has been introduced. Although the overall staffing figures remain the same for KASS, there is in some plans differences in staffing numbers as a result of the restructure.

In this plan the figures have varied as a result of:

- All Learning Disability staff are now shown in the Learning Disability plan.
- All Older People Provision staff are now only shown in the West Kent plan.

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

Performance Management

Performance information shown below is KASS wide

Performance Measure or Activity	Accountable Manager	Monitoring Frequency	Actual performance 2008/09	Estimated performance 2009/10	Target performance 2010/11	Link to strategic priority
NI 125 – Achieving independence for older people through rehabilitation/intermediate care	Steph Abbott	Monthly	75%	77%	79%	LAA/ National Indicator
NI 130 Social Care clients receiving self directed support (Direct Payments and Individual Budgets)	SMT	Monthly	2342	3000	It is not possible to give targets for 2010/11 as they will not be set until April 2010	National Indicator
NI 132 Timeliness of social care assessments (RAP)	SMT	Monthly	83.4%	85%	It is not possible to give targets for 2010/11 as they will not be set until April 2010	National Indicator
NI 133 Timeliness of Social Care Packages (RAP)	SMT	Monthly	95%	95%	It is not possible to	National Indicator

Performance Measure or Activity	Accountable Manager	Monitoring Frequency	Actual performance 2008/09	Estimated performance 2009/10	Target performance 2010/11	Link to strategic priority
					give targets for 2010/11 as they will not be set until April 2010	
NI 135 Carers receiving needs assessment or review and a specific carer's service or advice and information	SMT	Monthly	29%	29%	It is not possible to give targets for 2010/11 as they will not be set until April 2010	National Indicator
NI 136 People supported to live independently through social services (all ages)	SMT	Monthly	34213	34300	It is not possible to give targets for 2010/11 as they will not be set until April 2010	National Indicator
NI 145 Adults with learning disabilities in settled accommodation	Steph Abbott	Quarterly	37%	40%	It is not possible to give targets for 2010/11 as they will not be set until April 2010	National Indicator
NI 146 Adults with learning disabilities in employment	Steph Abbott	Quarterly	9.5%	40%	It is not possible to give targets for	National Indicator

Performance Measure or Activity	Accountable Manager	Monitoring Frequency	Actual performance 2008/09	Estimated performance 2009/10	Target performance 2010/11	Link to strategic priority
					2010/11 as they will not be set until April 2010	
Number of supported residents with mental health problems in residential/ nursing care	Steph Abbott	Monthly	187	192	No target available until April 2010	MH Specific
Number of service users in receipt of domiciliary care as at 31 st March	Steph Abbott	Monthly	536	480	No target available until April 2010	MH Specific
Number of service users receiving a Direct Payments as at 31 st March	Steph Abbott	Monthly	138	137	No target available until April 2010	MH Specific

KENT ADULT SOCIAL SERVICES DIRECTORATE

EAST KENT AREA

Annual Business Plan Summary 2010/11

EXECUTIVE SUMMARY

The gross expenditure for the services included in this business plan is
£130.702m.

This will deliver the following key outcomes:

- East Kent service provision for Older People, Physical Disability and Learning Disability
- Strategic Commissioning
- Ensuring the personalisation agenda is embedded within all local services and developments, ensuring people have choice and control
- To ensure that the personalisation agenda is embedded within all local services and developments for people with learning disabilities and their families, and is underpinned by person centred planning
- Delivery of the Directorate's modernisation agenda
- Delivery of the Carers Strategy
- Delivery of the Self Directed Support Project
- Further Development of Preventative services
- Effective Partnership working across District and Borough Councils, Health, private and voluntary sector organisations and other KCC Directorates

Number of KCC staff employed is **573.28 FTE**

Accountable Manager – Anne Tidmarsh

Portfolio Holder – Graham Gibbens

Director – Oliver Mills

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

1. INTRODUCTION: RESPONSIBILITIES AND OUTLOOK

Kent Adult Social Services (KASS) has embarked on a major programme of modernisation through the transformation programme '*Active Lives for Adults*' which will help us deliver our ten year vision as detailed in '*Active Lives*'. This will enable us to deliver adult social care in the future, against significant demographic pressures, along with the public's increasing expectation of the personalisation of their social care. Last year we went through a major reorganisation to achieve a flexible and mobile workforce trained and equipped to meet the challenges for the future. During this year we will be embedding the new ways of working.

These changes are in response to the Government's ambition to put people first through a radical reform of public services. This will enable people to live their lives as they wish; confident that services are of high quality, are safe and promote their own individual needs for independence, well-being, and dignity.

This holistic approach is set out in 'Putting people first: a shared vision and commitment to the transformation of adult social care'.

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

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

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

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

The Kent Adult Carers Strategy will be delivered in East Kent through a Commissioning Plan. This plan will be developed in partnership with carers organisations and the views of carers will be paramount in ensuring that the plan is realistic and achievable in supporting carers in East Kent.

In order to help us deliver this significant agenda we need to continue to work in partnership with colleagues in the Eastern and Coastal Kent Primary Care Trust, City, District and

Borough Councils and the private and voluntary sector, as well as other Directorates of KCC. We will be working strategically with the private and voluntary sector to ensure that they are informed and able to respond to these changes and those services required by users and carers.

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

Anne Tidmarsh
Director - Commissioning and Provision East

Purpose of the Service

The overall purpose of Adult Social Services is:

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

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

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

We will achieve this through:

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

There are three main elements to how we will support people in future:

- **Kent Contact and Assessment Service (KCAS)** – this is the initial point of contact with KASS and is one part of ensuring people have as much choice as possible over how they make a first contact, e.g. telephone, post, fax, SMS, on-line self assessment, on-line self referral, and at one of the various Gateways established across Kent. KCAS will carry out contact assessments. KCAS is able to access enablement services, fast track access to some equipment, adaptation services and some short term services, thereby providing early intervention in supporting vulnerable people in need. Whilst KCAS will cover the whole of Kent, it will be hosted by East Kent. Further details can be found in the Kent Wide plan.
- **Assessment and Enablement teams** – will ensure that people get a quick and effective assessment; excellent access to enablement services and where they need longer term support are allocated an indicative Personal Budget.

Enablement is a mainstream service, to be considered at all stages of the client journey. It is part of the assessment process and is an intensive, short term service of up to six weeks designed to offer support to people, who by reason of injury, frailty or illness wish to regain or extend their independent living skills. It is available in-house through the Assessment and Enablement teams and from designated providers within the private and voluntary sector.

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

All new people with long term support needs will have a personal budget. They will have more choice and control over the support they receive, and can choose to spend their personal budget on non-traditional services / support, if they wish and so long as their personal outcomes will be achieved in accordance with their approved support plan. Co-ordination will be a key element in ensuring that people have choice and control through:

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

The functions of “Assessment and Enablement” and “Co-ordination” have teams managed by a Head of Service within the three localities of Ashford / Shepway; Canterbury / Swale; and Dover / Thanet.

A pilot Brokerage service is being run in East Kent by the voluntary sector which enables anyone with a personal budget to seek support from a skilled broker outside of KASS to help them develop their support plan and to help them to determine how they will achieve meeting their approved outcomes within the resources that they have available.

Kent Enablement at Home

This is the ‘in-house’ enablement provider. The purpose of an enablement service is to support and encourage individuals to lead as independent and fulfilling life as possible, for as long as possible.

An enablement service provides a time limited and intensively focused programme which aims to help the individual regain, maintain or develop daily living skills and the confidence to carry them out independently. Individuals are supported to take greater control of their lives and remain as independent as possible, eliminating or minimising the need for further intervention.

Provision for Older People

The Provision - Modernisation (Older People) unit has been integrated into a single unit managed within the West Kent Area, but responsible for the whole county. They are responsible for 16 registered care centres and 5 stand alone day centres providing a range of services including residential, intermediate care, short break services and day care that, in line with Self Directed Support, work with individuals to promote their independence and ensure they have more fulfilled lives.

Work is underway with commissioners, service users and other key stakeholders to review the services as part of the modernisation programme to ensure they are flexible and responsive to meet changing needs whilst offering value for money and quality.

Learning Disability

There is an Area wide post dealing with strategic management for learning disability services with three learning disability locality teams and three Provision Managers. There is a separate Service Level Business Plan for Learning Disability to which reference should be made.

The Good Day Programme is a county wide change programme hosted for KASS by West Kent. The programme looks to change the commissioning and delivery of services for people with learning disabilities in the day, evening and weekends. Although the programme is hosted and sponsored by KASS, the outcomes from the programme involve cultural change across the whole local authority. The programme is planned to run until 2012 and is closely linked to the implementation of *Active Lives for Adults* and Self Directed Support as well as the residential change programme.

Kent Sensory Service

Provides statutory assessment, support, equipment, information, advice and guidance services to d/Deaf, deafblind and sight impaired people (This includes services to d/Deaf and deafblind people on behalf of Medway LA) It also manages an interpreting service for d/Deaf and deafblind people on behalf of KCC and in 2010/11 on behalf of a Kent public partnership; and a range of projects to promote sensory impaired people's independence and access to services.

Community Services Team

The Community Services Team manages the countywide Community Integrated Equipment service, which includes the Technician Service that provides equipment / minor adaptations to the homes of service users. It also manages the Blue Badge service. This Service is managed by Mark Hogan as part of the West Kent Area Structure and further details can be found in the Kent Wide Business Plan 2010/ 11.

Careline

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

Kent Supported Employment

Kent Supported Employment aims to ensure disadvantaged people are proportionately represented in the workforce in Kent. This Service is managed by Chris Grogan as part of the West Kent Area Structure and further details can be found in the Kent Wide Business Plan 2010/ 11.

Gypsy and Traveller Unit

The Gypsy and Traveller Unit promotes and supports independence and fair treatment through managing eight public sites, managing unauthorized encampments on KCC's land and supporting other councils to have enough sites. This Service is managed by Bill Forrester as part of the Headquarters Area Structure and further details can be found in the Kent Wide Business Plan 2010/ 11.

Strategic Commissioning Unit

The aim of this unit is to take overall strategic commissioning responsibility to:

- Match provision to individual needs, enabling the private and voluntary sector markets to develop provision in response to user and carer choice, ensuring that users and carers are at the centre in shaping such provision.
- Facilitate integrated commissioning with the Eastern and Coastal Kent Primary Care Trust.
- Enhance effective performance management information.
- Ensure effective commissioning, support and guidance is delivered through contracting facilities management and planning.
- Co-ordinate the complaints process and public involvement

2. BUDGET PROFILE SUMMARY

2009/10		ACTIVITY/BUDGET LINE	2010/11									
FTE	CONTROLLABLE EXPENDITURE		FTE	EMPLOYEE COSTS	RUNNING COSTS	CONTRACTS & PROJECTS	TRANSFER PAYMENTS & RECHARGES	GROSS EXPENDITURE	EXTERNAL INCOME	INTERNAL INCOME	CONTROLLABLE EXPENDITURE	CABINET MEMBER
	£'000			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
		Older People										
		Residential Care		0.0	0.0	42,040.2	0.0	42,040.2	-18,944.5	0.0	23,095.7	Graham
		Nursing Care		0.0	0.0	16,169.0	0.0	16,169.0	-5,251.8	0.0	10,917.2	Gibbens
		Domiciliary Care		2,933.0	277.6	24,234.3	-62.8	27,382.1	-6,602.7	0.0	20,779.4	
		Direct Payments		0.0	0.0	2,972.1	0.0	2,972.1	-229.4	0.0	2,742.7	
		Other Services		0.0	318.8	6,874.2	0.0	7,193.0	-713.5	0.0	6,479.5	
		Total Older People		2,933.0	596.4	92,289.8	-62.8	95,756.4	-31,741.9	0.0	64,014.5	
		Physical Disability										
		Residential Care		0.0	0.0	6,912.8	0.0	6,912.8	-1,190.9	0.0	5,721.9	
		Domiciliary Care		381.7	7.6	3,423.7	0.0	3,813.0	-247.6	0.0	3,565.4	
		Direct Payments		0.0	0.0	4,250.1	0.0	4,250.1	-166.5	0.0	4,083.6	
		Supported Accommodation		0.0	0.0	327.7	0.0	327.7	-5.0	0.0	322.7	
		Other Services		197.2	345.5	704.9	0.0	1,247.6	-11.0	0.0	1,236.6	
		Total Physical Disability		578.9	353.1	15,619.2	0.0	16,551.2	-1,621.0	0.0	14,930.2	
		All Adults Assessment & Related		14,175.1	496.9	0.0	0.0	14,672.0	-982.7	0.0	13,689.3	
		Strategic Management		113.3	4.4	0.0	0.0	117.7	0.0	0.0	117.7	
		Strategic Business Support		1,808.5	1,701.0	95.0	0.0	3,604.5	-138.6	-466.4	2,999.5	
1,251.22	153,383.5	TOTALS	573.28	19,608.8	3,151.8	108,004.0	-62.8	130,701.8	-34,484.2	-466.4	95,751.2	

3. PLANNED ACTIVITY

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

The Managing Director is authorised to negotiate, settle the terms of, and enter the following agreements/projects:

In order to deliver the strategic priorities of the KASS Directorate similar activities can be found in both the East and West Kent's list of planned activity.

Project/development/key action	a/c manager	Link to Corporate/Directorate Target or theme	Deliverables or outcomes planned for 2010-11	Target dates
Putting people first				
Developing early intervention and preventative services to support SDS. E.g. working with the voluntary and community sector.	Heads of Service	Active Lives, Towards 2010, District plans, Kent Agreement, NI 139, NI 141	Co-ordination and remodelling of the existing services to provide an even availability of the full range of services in the locality. Greater choice of services for clients on direct payments, self funders and for those who are ineligible for KASS services. Services modernised and provided in accessible multi-functional centres.	Services working to new specification March 2011
Map carers services, incorporating the county research and in partnership with carers organisations develop a robust action plan for the delivery of the Kent Carers Strategy	Heads of Service / Head of Strategic Commissioning	Kent Carers Strategy Towards T2010	Review overall provision that supports carers to ensure that carers have access to sustainable services that they need and to make effective use of the third year of the carers grant that comes to an end in March 2011.	June 2010
Developing	Head of	Active Lives	Review the pilot SDS Brokerage Services in	December 2010

Project/development/key action	a/c manager	Link to Corporate/Directorate Target or theme	Deliverables or outcomes planned for 2010-11	Target dates
Brokerage services.	Strategic commissioning	Self Directed Support	East Kent and develop a strategy to determine need to mainstream the service	
Develop a wider provision of advocacy services to include safeguarding.	Head of Strategic commissioning	Inspection Action Plan, Towards 2010	In line with recommendations of Care Quality Commission (CQC) evaluate the pilot advocacy service that supports clients involved in safeguarding procedures. The intention, if proved warranted, would be via remodelling the service across East Kent.	November 2010
Ensuring the availability of high quality services				
To implement the outcome of the consultation on the options for Lawrence House Residential Care Centre with a view to developing a centre of excellence for dementia day and residential care.	Head of Modernisation Head of Service Ashford / Shepway	Active Lives, Towards 2010, District plans, Kent Agreement, OP Modernisation Strategy	Outcome of consultation implemented with a view to the realisation of a capital receipt to develop a centre of excellence to support respite and residential dementia needs	Implementation completed by February 2011
To consult on the outcome of the outline Planning Application relating to the site of Cornfields Residential Care Centre	Head of Modernisation Head of Service Dover / Thanet	Active Lives, Towards 2010 Regeneration Framework	Outcome of consultation with a view to developing extra care sheltered housing	October 2010

Project/development/key action	a/c manager	Link to Corporate/Directorate Target or theme	Deliverables or outcomes planned for 2010-11	Target dates
Review and modernise the services provided in in-house Registered Care Centres County wide	Head of Modernisation and Heads of Service	Active Lives, Towards 2010, Modernisation Strategy	Services modernised in line with the transformation of social care. Feasibility studies and business cases developed on a project by project basis.	Ongoing
Together with HQ and West Kent review the Meals contract and ensure that arrangements are in place for the end of the existing contract County wide	Head of Strategic commissioning	Active Lives, Towards 2010, District plans, Kent Agreement, NI136 and NI 141	Continuation of a responsive meals service available.	Arrangements in place for contract end March 2011
Working in partnership				
Working in partnership with Supporting People and housing organisations utilising assistive technology in the development of Extra Care sheltered housing and home	Heads of Service	Active Lives, Towards 2010, District Plans, Kent Agreement, Living Later Life to the Full, Regeneration Framework	Support more elderly frail people to remain living independently in the community by enabling an innovative and effective range of services to be delivered	Ongoing

Project/development/key action	a/c manager	Link to Corporate/Directorate Target or theme	Deliverables or outcomes planned for 2010-11	Target dates
support.				
Joint working with health on intermediate care, dementia care and services for older people.	Heads of Service	Active Lives, Towards 2010, District plans, Kent Agreement,	Integrated care pathways in place and service delivery effectively provided across East Kent to reduce delayed transfers of care from the acute hospitals	Ongoing
Working with partner agencies to develop local accessible multi purpose centres, including the Gateway programme	Heads of Service / Head of Strategic Commissioning	Modernisation strategy, Gateway Towards 2010 Inspection Action Plan	Develop community resources in partnership with other agencies, including the voluntary and community sector to provide local points of contact as well as directly deliver services to communities.	Business cases developed as needed
Collaborating with local leisure centre providers to ensure services are accessible and appropriate for older, people with a learning disability and disabled people.	Heads of Service	Active Lives, Towards 2010, District plans, Kent Agreement, Capital Strategy, Living Later Life to the Full, Regeneration Framework	Deliver the general KASS duty to provide for the health & well being of the community. More facilities in the community that are accessible to all members of the community, including people with disabilities	Business cases developed by March 2011
Valuing, developing and supporting the social care workforce				
Developing a flexible and mobile workforce	AMT	Active Lives, Towards 2010, District plans, Kent Agreement, Office Modernisation strategy	Use of new technology to enable staff to work from a variety of bases as part of the flexible and mobile engagement (FaME) programme and Better Work Places.	March 2011
Making best use of resources				
Ensure appropriate infrastructure services are secured	Heads of Service / Head of Strategic	Active Lives, Towards 2010, District plans, Kent Agreement	Improve capital infrastructure of the localities to meet demographic changes due to the provision of new housing and	March 2011

Project/ development/key action	a/c manager	Link to Corporate/Directorate Target or theme	Deliverables or outcomes planned for 2010-11	Target dates
by accessing developer contributions and other appropriate funding streams.	Commissioning		maintain focus on personalisation and inclusion	
In partnership with District and Borough Councils and housing providers explore and develop supported housing and accommodation for adults with physical and/or learning disabilities with specialist housing need in order to offer a more appropriate response within the community.	Heads of Service	Active Lives, Towards 2010, District plans, Kent Agreement, District Community Strategy, Regeneration Framework	A range of accommodation with flexible community based support focussing on the needs of people with specialist housing needs.	Ongoing
To explore options for co-location of some KASS services with Health and District Council Partners.	Heads of Service	Active Lives, Towards 2010, District plans, Kent Agreement, Office Modernisation strategy, Gateway	Establishment of back office provision and contact points with relevant agencies to maximise efficiencies in property and support costs.	Ongoing
To be an effective partner in the Margate Taskforce to improve the quality of life, influence the	Head of Service Dover / Thanet	Kent Agreement 2 Active Lives Total Place Towards 2010	Using <i>Total Place</i> and the establishment of a local multi-tasked team to work with the local communities and to contribute to the closing of the gap between the deprivation indicators for those two wards and for the District of Thanet itself	March 2011

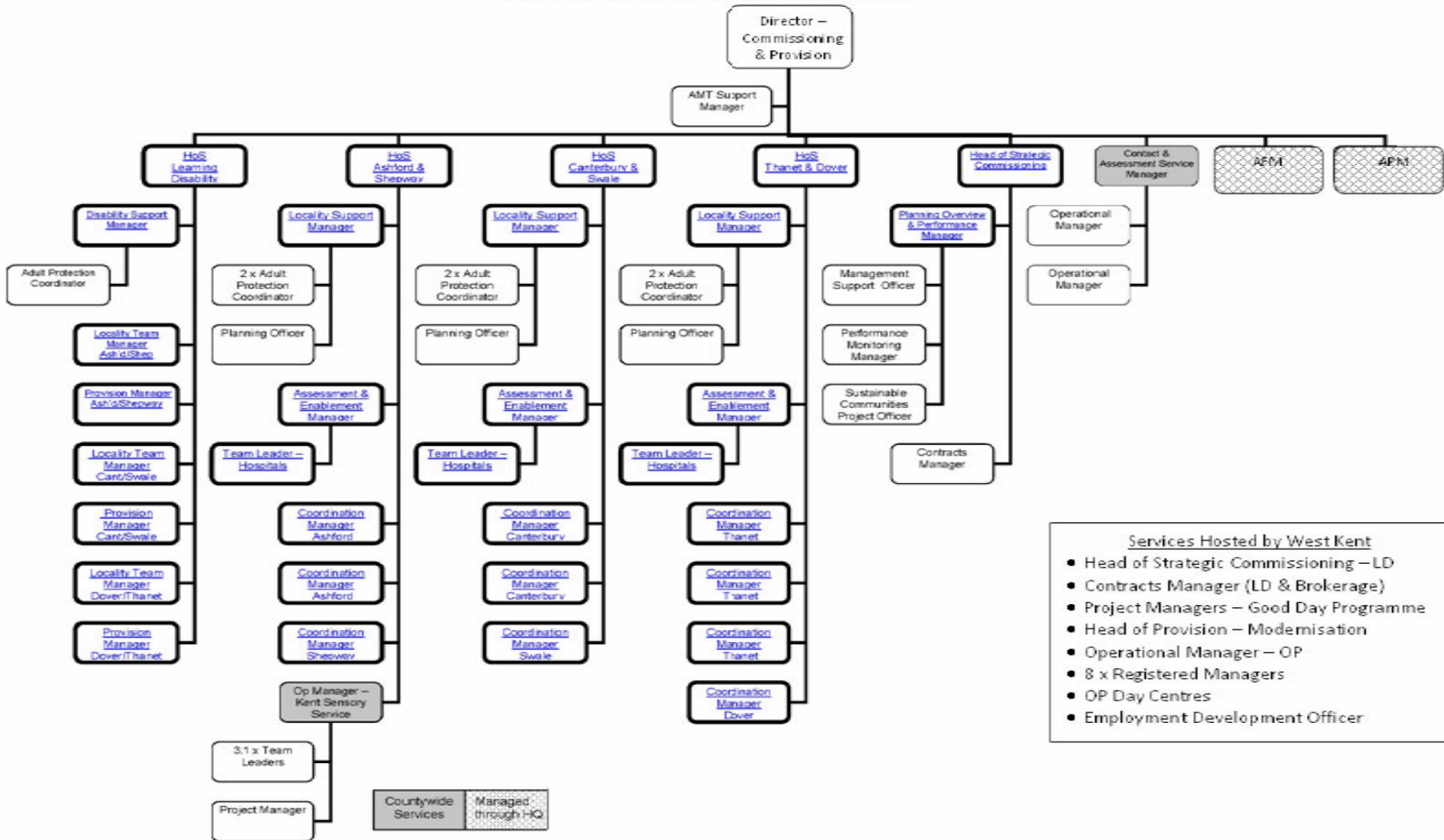
Project/ development/key action	a/c manager	Link to Corporate/Directorate Target or theme	Deliverables or outcomes planned for 2010-11	Target dates
redirection and delivery of services in the wards of Margate Central and Cliftonville West.				

The business objectives set out in this plan are monitored to ensure they will be delivered. Risks associated with potential non-delivery, and the controls in place to mitigate those risks, have been assessed and documented as part of the annual operating plan process. Risk Registers and business continuity plans are maintained in relation to major projects and core business and are available on request.

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

4. STAFFING PROFILE

EAST KENT AREA STRUCTURE



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

Staffing

	2009/10	2010/11
Grade KS 13 (or equivalent) and above	8	6.01
Grade KS 12 (or equivalent) and below	1243.22	567.27
TOTAL	1251.22	573.28
Of the above total, the estimated FTE which are externally funded	30.70	27.4

Since the publication of the 2009 – 2010 Business Plans, the Directorate has gone through a major restructuring. To reflect the new structure a Learning Disability plan has been introduced. Although the overall staffing figures remain the same for KASS, there is in some plans significant differences in staffing numbers as a result of the restructure.

In this plan the figures have varied as a result of:

- Some finance staff and Benefit Officers being transferred to the HQ plan
- All Learning Disability staff are now shown in the Learning Disability plan.
- Older people's provision is now shown in the West Kent plan.

5. KEY PERFORMANCE INFORMATION

KEY PERFORMANCE INDICATORS & ACTIVITY DATA FOR BUSINESS PLAN MONITORING

Performance Management

Performance information shown below is KASS wide

Performance Measure or Activity	Accountable Manager	Monitoring Frequency	Actual performance 2008/09	Estimated performance 2009/10	Target performance 2010/11	Link to strategic priority
NI 125 – Achieving independence for older people through rehabilitation/intermediate care	Steph Abbott	Monthly	75%	77%	79%	LAA/ National Indicator
NI 130 Social Care clients receiving self directed support (Direct Payments and Individual Budgets)	SMT	Monthly	2342	3000	It is not possible to give targets for 2010/11 as they will not be set until April 2010	National Indicator
NI 132 Timeliness of social care assessments (RAP)	SMT	Monthly	83.4%	85%	It is not possible to give targets for 2010/11 as they will not be set until April 2010	National Indicator

Performance Measure or Activity	Accountable Manager	Monitoring Frequency	Actual performance 2008/09	Estimated performance 2009/10	Target performance 2010/11	Link to strategic priority
NI 133 Timeliness of Social Care Packages (RAP)	SMT	Monthly	95%	95%	It is not possible to give targets for 2010/11 as they will not be set until April 2010	National Indicator
NI 135 Carers receiving needs assessment or review and a specific carer's service or advice and information	SMT	Monthly	29%	29%	It is not possible to give targets for 2010/11 as they will not be set until April 2010	National Indicator
NI 136 People supported to live independently through social services (all ages)	SMT	Monthly	34213	34300	It is not possible to give targets for 2010/11 as they will not be set until April 2010	National Indicator
NI 145 Adults with learning disabilities in settled accommodation	Steph Abbott	Quarterly	37%	40%	It is not possible to give targets for 2010/11 as they will not be set until April 2010	National Indicator
NI 146 Adults with learning		Quarterly	9.5%	40%	It is not	National

Performance Measure or Activity	Accountable Manager	Monitoring Frequency	Actual performance 2008/09	Estimated performance 2009/10	Target performance 2010/11	Link to strategic priority
disabilities in employment	Steph Abbott				possible to give targets for 2010/11 as they will not be set until April 2010	Indicator
Number of supported residents with mental health problems in residential/ nursing care	Steph Abbott	Monthly	187	192	No target available until April 2010	MH Specific
Number of service users in receipt of domiciliary care as at 31 st March	Steph Abbott	Monthly	536	480	No target available until April 2010	MH Specific
Number of service users receiving a Direct Payments as at 31 st March	Steph Abbott	Monthly	138	137	No target available until April 2010	MH Specific

KENT ADULT SOCIAL SERVICES

Learning Disability

Annual Business Plan Summary 2010/11

EXECUTIVE SUMMARY

The gross expenditure for the services included in this business plan is
£117.636 m.

This will deliver the following key outcomes, activities and projects:

- Implement the key priorities set out in Valuing People Now, a three-year strategy for people with learning disabilities
- To have an effective Learning Disability Partnership Board
- For people with a learning disability to have an opportunity to make an informed choice about where and with whom, they live which will increase a range of housing options available in Kent; residential, shared living, home ownership, assured tenancies.
- To ensure that the personalisation agenda is embedded within all local services and developments for people with learning disabilities and their families, and is underpinned by person centred planning
- To increase day, evening and employment opportunities for people with learning disabilities
- To secure access to and improvements in healthcare, with strategic Health Authorities and Primary Care Trust's

Number of KCC staff employed is **566.37 FTE**

Accountable Manager – Margaret Howard

Portfolio Holder – Graham Gibbens
Director/Head – Oliver Mills

1. INTRODUCTION: RESPONSIBILITIES AND OUTLOOK

Along side KASS' decision to embark on a major programme of modernisation the document *Valuing People Now* lays out the direction for the Learning Disability Team for the next 3 years as the national three year strategy for people with learning disabilities (2009-2012). The vision remains as set out in *Valuing People* in 2001; that all people with a learning disability are people first with the right to lead their lives like any others, with the same opportunities and responsibilities, and to be treated with the same dignity and respect. They and their families and carers are entitled to the same aspirations and life chances as other citizens.

The four guiding principles in *Valuing People* underpin the strategy, these are:

- Rights
- Independent living
- Control
- Inclusion

Valuing People Now covers 5 key areas to deliver these principles:

- **Including everyone**
- **Personalisation**
- **Having a Life**
- **People as citizens**
- **Making it happen**

Key objectives have been set for services for the next three years; 2009-2012 and these make up some of the key areas of work within Kent Adult Learning Disability Teams, these are:

- That leadership, delivery and partnership structures are put in place that will make sure that outcomes set out in the *Valuing People Now* strategy are delivered
- That there is effective commissioning in a way that best supports the right outcomes for people with learning disabilities and their families
- That the workforce across services are given the appropriate support and training to equip them with the values, skills and knowledge to deliver the *Valuing People Now* priorities for all people with learning disabilities.

Learning Disabilities will have a clear position in the new performance frameworks for the NHS and local authorities and there will be a comprehensive range of data sets and reporting mechanisms.

In order to deliver such an ambitious agenda the KASS restructure has brought 6 of the Community Learning Disability Teams into 3 Localities managed by 3 Locality Team Managers in the West of Kent and in East the 6 teams are still based in Districts but managed by 3 Locality Team Manager's.

The team provides a Care Manager service to 3,878 individuals plus additional people with a learning disability allocated to the health members of the teams but funded by other local authorities. The teams purchase a range of services which include residential and nursing care, day care, supported living, domiciliary care, transport and direct payments

Direction of Travel

1. Residential Change Programme

People with a learning disability in Kent, the government and Valuing People Now are saying that services for people with a learning disability should change. Too few people with a learning disability have a choice as to where they live or with whom, and too few have homes of their own, with rights as tenants or owners, compared to the general adult population.

Kent has a significant number of people with a learning disability still living in residential care and the county has an oversupply of care homes many being situated in the coastal towns in Kent. The Residential Change Programme will have a strategic approach to improving the range of housing options for people across the county.

A number of initiatives and investments will ensure this is delivered for the people of Kent:-

- Private Finance Initiative (PFI) a partnership project between 8 district councils and KASS to provide 58 additional purpose built fully accessible housing made available for people with a learning disability
- The NHS transfer of social care will deliver 2 capital projects that will improve housing options. The first is an investment of over 12 million pounds to redesign properties within the Campus Re-provision programme which will deliver 33 new supported living opportunities and the second will bring a further 21 properties which will be redesigned or sold and money reinvested in social housing for rent for people with a learning disability in West Kent
- Current residential providers are talking to commissioners and working with CQC to deregister existing care homes and move to other models of care. A workshop was held with providers in 2009 and a further one is planned for 2011
- In 2009 the Kent Partnership Board and The Joint Planning and Policy Board for Housing signed off the Kent Housing Action Plan for people with a learning disability living in Kent. The fifth aim of the plan was to produce a toolkit to support the implementation of the Action Plan and this was launched across all districts in 2009. Now, during 2010 we can begin to implement the plan.

2. NHS Transfer of commissioning and funding to KASS

This is the transfer of responsibility and funding for the commissioning of social care for adults with a learning disability from the National Health Service to Kent County Council which involves KASS taking social care commissioning responsibility for 400 people with a learning disability, many of whom have profound and complex needs. The associated budget transfer is likely to be in the excess of 25 million pounds.

We are now in the second year of this three year transfer programme. 2009 saw the transfer of 170 people with a learning disability from campus provision to private providers along side this was the investment of a capital programme to redesign and rebuild a number of registered properties into supported living services. This complex and innovative project gained a Winners Award at the NHS West Kent Staff awards for 2009 in the category- Considerable Challenges!

The remaining people transferred (230) were already receiving social care services in Kent with a range of private and voluntary services. The transfer means that KASS now have the responsibility of commissioning contracting and reviewing all social care services in Kent for people with a learning disability.

3. The Good Day Programme

We will continue to put into place the Good Day Programme offering an alternative to traditional day care provision. This has already seen a range of key achievements across Kent, for example in Maidstone a Cafe service for the Marsham Street Community Building has opened, servicing all the Voluntary Organisations and visitors to this centre. All of these achievements and initiatives are part of an ongoing project plan which will continue through 2010 up to 2014 involving a significant range of partnerships within the local communities.

4. District Partnership Groups (DPG)

There are 12 DPG's across Kent which have seen some significant key achievements as they establish themselves within the local communities. We will continue to develop these groups.

Some developments for next year will include:

- Improving sports opportunities for people with a learning disability, Dover already has a Focus Group in place and Canterbury is setting up a similar group from January 2010
- Building Inclusive communities; access, information and investment

5. Gateways and Adult Changing Places Opening across Kent

Gateway's opened in Tunbridge Wells and Tonbridge giving a central point for people with a learning disability to get support and advice and accessible changing facilities for people in the community. There are also Changing Places at Bluewater, Maidstone Gateway, Tenterden Gateway, Dover Gateway and Thanet Gateway with future investments across further years in Ashford Stour Centre, Deal library, Thanington Neighbourhood Resource Centre in Canterbury, Westwood Cross, Dartford, Folkestone and Herne Bay Ashford.

6. Transitional Work and the Transitional Protocols

Transitional Care Management and Care Management Assistant posts are working across Kent in order to implement the Transitional Protocols launched in 2009. Key achievements have been to have transitional processes in place, early identification of young people's needs, improving planning and resource need and reducing crisis working.

Kent is a demonstration sight for "Getting a Life" and through cross agency work has used person centred reviews for young people (Year 9 forward) producing clear person centred outcomes including individualised 16+ education packages and paid employment outcomes. This has centred on close work with 2 "trail blazing" Schools, a range of F.E. Colleges and Supported Employment.

7. Employment

KASS has recently started an Employment Project with Innovation and Efficiency South East (IESE) specifically targeting people with complex needs, those from BME communities, people on the Autistic Spectrum and ex offenders with learning disabilities. This project will interlink with a number of other projects including the Good Day Programme, Residential Change Programme and Getting a Life.

KASS is also working closely with the Tizard Centre, The University of Kent, regional Valuing People Support Team, The Challenging Behaviour Foundation and others to develop an Employability Hub for people with Complex Needs. This forms one of the actions within Valuing Employment Now – National Strategy.

KASS will continue to link employment aspirations from person centred plans to supporting opportunities towards work.

8. Safeguarding Vulnerable Adults

Another priority for the future is the continued complex work we are doing around Safeguarding Vulnerable Adults. We have already worked hard in some very complex cases to ensure that people with a learning disability are safeguarded whilst moving into greater independence and a much improved community presence.

There have been a number of actions in partnership with Police, and across KCC, to raise awareness and tackle hate crime, taking forward the lessons learnt from the Pilkington case in Leicestershire.

2. BUDGET PROFILE SUMMARY

Budget 2010/11

2009/10		ACTIVITY/BUDGET LINE	2010/11									CABINET MEMBER
FTE	CONTROLLABLE EXPENDITURE £'000		FTE	EMPLOYEE COSTS £'000	RUNNING COSTS £'000	CONTRACTS & PROJECTS £'000	TRANSFER PAYMENTS & RECHARGES £'000	GROSS EXPENDITURE £'000	EXTERNAL INCOME £'000	INTERNAL INCOME £'000	CONTROLLABLE EXPENDITURE £'000	
		Learning Disability										
		Residential Care		2,248.5	308.8	62,726.9	0.0	65,284.2	-12,791.0	0.0	52,493.2	Graham
		Domiciliary Care		3,058.6	119.7	5,534.0	-885.7	7,826.6	-949.1	0.0	6,877.5	Gibbens
		Direct Payments		0.0	0.0	7,747.1	0.0	7,747.1	-185.1	0.0	7,562.0	
		Supported Accommodation		393.7	62.0	12,512.8	-239.6	12,728.9	-2,140.1	0.0	10,588.8	
		Other Services		7,613.2	3,599.5	7,822.2	202.8	19,237.7	-735.0	-0.0	18,502.7	
	0.0	Total Learning Disability		13,314.0	4,090.0	96,343.0	-922.5	112,824.5	-16,800.3	-0.0	96,024.2	
		All Adults Assessment & Related		4,149.0	262.3	400.0	0.0	4,811.3	-87.9	0.0	4,723.4	
	0.0	TOTALS	566.37	17,463.0	4,352.3	96,743.0	-922.5	117,635.8	-16,888.2	-0.0	100,747.6	

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3. PLANNED ACTIVITY

Project/ development/key action	a/c manager	Link to Corporate/Directorate Target or theme	Deliverables or outcomes planned for 2010/11	Target dates
Putting People First				
Delivery of Valuing People Now in line with National Delivery Plan	Kent Partnership Board, Valuing People Now - Delivery Manager	Putting People First, SDS, Valuing People Now (including Cabinet Report)	<p>Publish Independent Review of Partnership Board and District Partnership Groups- (NDTi)</p> <p>Followed by Creation of Action Plan</p> <p>Including Everyone in Valuing People Now – increase representation of those who are hard to reach, including development of Family Carer involvement</p> <p>Partnership Board Annual Report (as per DH Specification) incorporating JSNA, PSA 16 and other performance measures.</p> <p>Ensure Action/Implementation groups and work progresses across VPN Targets – Personalisation, Health, Housing, Employment, Family Carers, Crime and Justice, Transition, Workforce Development, Citizenship</p> <p>Kent Valuing People Now - Delivery Plan</p> <p>Linkage established between Kent Learning</p>	<p>May 2010</p> <p>July 2010</p> <p>Across 2010/11</p> <p>February 2011</p> <p>June 2010</p> <p>April 2010</p> <p>Across 2010/11</p>

Project/ development/key action	a/c manager	Link to Corporate/Directorate Target or theme	Deliverables or outcomes planned for 2010/11	Target dates
			Disability Partnership Board and Kent Partnership / LSP structure Producing better linkage and real engagement from partner organisations and authorities for people with learning disabilities (Including those beyond KASS eligibility) Valuing People Now celebration Day Re- launch Partnership Board Website and include Person Centred Planning site	Across 2010/11 June 2010 April 2010
Valuing Employment Now- Delivery Plan	Employability Development Manager, VPN Delivery Manager	Valuing Employment Now, KCC Employability Strategy, Better Days for People with Learning Disability in Kent	Delivery Plan for VEN in Kent developed across agencies including KCC, DWP, JC+, Connexions and F.E. sector	August 2010
Improvement and Efficiency South East Employment (IESE) Project	IESE Project Manager Job Action Group Employability Development Manager, VPN Delivery Manager	Vision for Kent Regeneration Framework	Roll out of IESE project on Employment and People with more complex needs – including 12 job outcomes. Production of Tool kit to support people with learning disability into paid employment Creation of Employability Hub (network) focused on people with complex needs in partnership with Tizard (University of Kent), regional VPST, Challenging Behaviour Foundation, Kent Supported Employment, and others	March 2011 April 2010

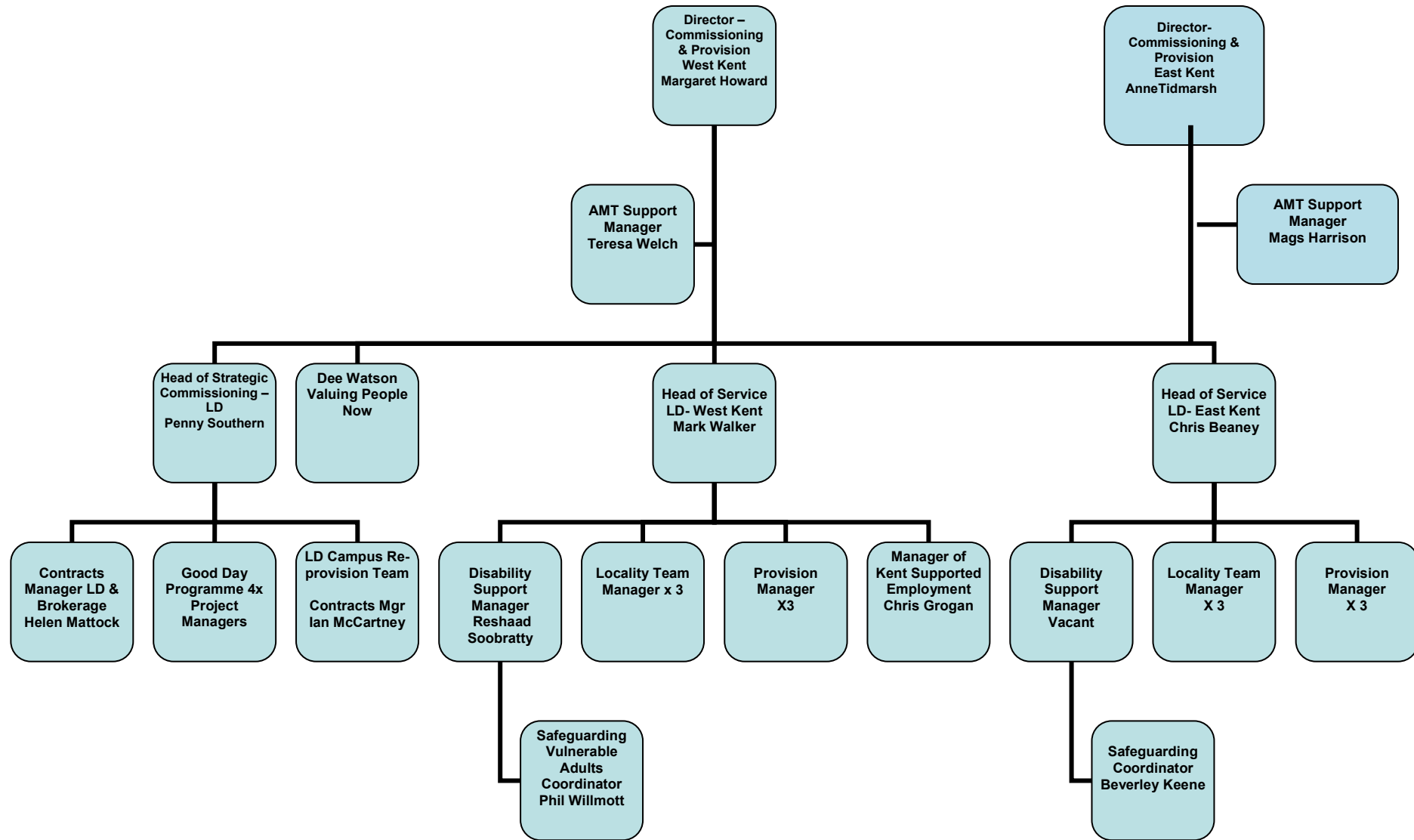
Project/ development/key action	a/c manager	Link to Corporate/Directorate Target or theme	Deliverables or outcomes planned for 2010/11	Target dates
Getting a Life	Getting a Life Project Manager, VPN Delivery Manager	Valuing People Now, Transition 2010Executive, Towards 2010, Valuing Employment Now, SDS	Project to continue to develop and implement person centred approaches to transition into adulthood and towards employment at selected sights. Project Close – integrating lessons learnt and best practice into local mainstream practice.	Across 2010/11 March 2011
Disability Sports Development	Kent Partnership Board Head of Service LD head of Commissioning PCT	Valuing People Now; the Big Health Check, Kent's Disability Sports Strategy	The Good Day Programme along side the Disability Sports Officers will map the current community involvement by people with a learning disability at local sporting venues. A specification will then be draw up to target area's of need where individuals through their Person centred Plan have expressed a wish to participate in a sport. Through the JSNA we will also identify groups of individuals who would benefit from being introduced to a sporting activity	2010-2012
Residential Change Programme	Head of Strategic Commissioning (LD) and Head of Service, LD Contracts and Brokerage Team	Valuing People Now, Towards 2010	A strategic approach to how we work with the market place to increase the range of housing options across Kent working with current and new providers to move towards a range of supported living opportunities. Rochester Rd, Hadlow Rd and Park Farm will be commissioned projects resulting in 10 supported living placements. Work has also been undertaken with private providers to deregister residential services and remodel to supported living visits/meetings to providers have and will continue to take place and a Supported Living Conference	2010-2012

Project/ development/key action	a/c manager	Link to Corporate/Directorate Target or theme	Deliverables or outcomes planned for 2010/11	Target dates
			will be held in the summer to support this agenda further	
Working in partnership				
To publish a Joint Strategic Needs Assessment for People with a Learning Disability in Kent	Head of Strategic Commissioning – LD / Head of Planning and Public Involvement	Active Lives Vision for Kent	Publish a JSNA and a Joint Strategic Commissioning Strategy for people with a learning disability in Kent	2010/2011
Transition	Head of Service LD East	Transition protocols	Work in partnership with Children's Services and Housing providers to take forward the Aiming Higher Short Breaks to independence Transformation Programme. (This specifically relates to Ashford but the progression has been between CFE and Ashford Borough Council although there has been representation from Adult Social Services.)	
To work along side Libraries across Kent for the inclusion of people with learning disabilities	Head of Services – LD West and East	Valuing People Now	To be a member of the Kent Strategy for Literacy and Reading Implementation group and to roll out Library Passport Programme for people with a learning disability and provide training for library staff in customer care when working with people with a learning disability	2010
The transfer of people with learning disabilities from the NHS to social care	Head of Strategic Commissioning (LD) and Head of Service, LD	Valuing People Now, Our Health, Our Care, Our Say	The transfer of over 400 individuals currently having their services commissioned and funded by the East and West pct's in Kent to Kent Adult Social Care Services. In addition to this 8 permanent staff have been recruited to provide	2010-2011

Project/ development/key action	a/c manager	Link to Corporate/Directorate Target or theme	Deliverables or outcomes planned for 2010/11	Target dates
			their case work management review services and implement KASS charging policy	
Housing Action Plan for people with a Learning Disability living in Kent	Kent Partnership Board and District Partnership Groups Head of Strategic Commissioning –LD and Head of Service- LD	Valuing People Now, Towards 2010 Regeneration Framework	Each District will implement the 4 aims set out in the Kent LD Housing Action Plan. Local housing Forum, housing needs survey, easy read housing information, housing training	2010-2012
Valuing, developing and supporting the social care workforce				
Increase levels of Personalisation (SDS) for people with learning disabilities in Kent	SDS Project Team, Head of Strategic Commissioning –LD, Head of Service- LD, Kent Partnership Board (VPN Delivery Manager)	Putting People First, SDS, Valuing People Now Regeneration	Self-Direct Support – workshops and Training for all staff in Learning Disability Service in KASS. Development of link between Kent Partnership Board and SDS implementation Continued support towards creation and development of Independent Brokerages across Kent. Demonstrate increase and up take of personal budgets for people with learning disabilities and Family Carers.	February/March 2010 Across 2010/11 Across 2010/11 Across 2010/11
Making best use of resources				
Review of Respite services across Kent	Head of Strategic Commissioning	Active Lives and Carer’s Strategy	Carer’s Strategy and Carer consultation has identified a need to review the strategy for respite for people with a learning disability this will map	Review 2010 and Respite build 2010-

Project/ development/key action	a/c manager	Link to Corporate/Directorate Target or theme	Deliverables or outcomes planned for 2010/11	Target dates
	(LD) and Head of Service, LD Contracts and Brokerage Team		the current provision and usage of services identify the gaps and make recommendations for the future. Planned activity is the new build in Tunbridge Wells Rusthall respite centre 4 beds unit fully accessible	Occupation March 2011

4. STAFFING PROFILE



Staffing

	2009/10	2010/11
Grade KS 13 (or equivalent) and above		2.00
Grade KS 12 (or equivalent) and below		564.37
TOTAL		566.37
Of the above total, the estimated FTE which are externally funded		10.8

Since the publication of the 2009 – 2010 Business Plans, the Directorate has gone through a major restructuring. To reflect the new structure a Learning Disability plan has been introduced. Although the overall staffing figures remain the same for KASS, there is in some plans differences in staffing numbers as a result of the restructure.

The Learning Disability Plan is new for this year. In previous years the staff allocated in this plan have been recorded in the East Kent Plan, West Kent Plan and the Kentwide Plan

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

Performance Management

Performance information shown below is KASS wide

Performance Measure or Activity	Accountable Manager	Monitoring Frequency	Actual performance 2008/09	Estimated performance 2009/10	Target performance 2010/11	Link to strategic priority
NI 130 Social Care clients receiving self directed support (Direct Payments and Individual Budgets)	SMT	Monthly	2342	3000	It is not possible to give targets for 2010/11 as they will not be set until April 2010	National Indicator
NI 132 Timeliness of social care assessments (RAP)	SMT	Monthly	83.4%	85%	It is not possible to give targets for 2010/11 as they will not be set until April 2010	National Indicator
NI 133 Timeliness of Social Care Packages (RAP)	SMT	Monthly	95%	95%	It is not possible to give targets for 2010/11 as they will not be set until April 2010	National Indicator
NI 135 Carers receiving needs assessment or review and a specific carer's service or advice and information	SMT	Monthly	29%	29%	It is not possible to give targets for 2010/11 as they will not be set until April 2010	National Indicator

Performance Measure or Activity	Accountable Manager	Monitoring Frequency	Actual performance 2008/09	Estimated performance 2009/10	Target performance 2010/11	Link to strategic priority
NI 136 People supported to live independently through social services (all ages)	SMT	Monthly	34213	34300	It is not possible to give targets for 2010/11 as they will not be set until April 2010	National Indicator
NI 145 Adults with learning disabilities in settled accommodation	Steph Abbott	Quarterly	37%	40%	It is not possible to give targets for 2010/11 as they will not be set until April 2010	National Indicator
NI 146 Adults with learning disabilities in employment 331	Steph Abbott	Quarterly	9.5%	40%	It is not possible to give targets for 2010/11 as they will not be set until April 2010	National Indicator

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KENT ADULT SOCIAL SERVICES DIRECTORATE

HEADQUARTERS

Annual Business Plan Summary 2010 – 2011

EXECUTIVE SUMMARY

The gross expenditure for the services included in this business plan is
£42.336m.

This will deliver the following key outcomes:

- Set the strategic vision, policy and direction of KASS
- Drive the modernisation agenda
- Deliver Self Directed Support, ensuring it is embedded across the Directorate
- Manage, monitor and review KASS' performance, finances, activity, staffing and resources
- Manage the Directorate's relationship with CQC and support the external inspection process
- Ensure effective communication and relationships with Members, partners and stakeholders
- Ensure the public are at the centre of everything we do
- Support the development of housing for vulnerable adults
- Deliver Corporate requirements for reporting, planning and monitoring
- Develop effective and accessible information for the public
- Influence national policy and guidance and implement new initiatives

Number of KCC staff employed is **362.34 FTE**

Accountable Managers – Caroline Highwood, Pat Huntingford, Daniel Waller

Portfolio Holder – Graham Gibbens
Director/Head – Oliver Mills

1. INTRODUCTION: RESPONSIBILITIES AND OUTLOOK

PURPOSE OF THE SERVICE AND OPERATING CONTEXT

Strategic Headquarters sets the overall direction of Kent Adult Social Services (KASS) and supports the Areas in delivering the Directorate's objectives. More specifically, this involves working with Members to set strategic direction, vision and policy for KASS and ensuring this is communicated to and implemented by all managers and staff. Headquarters gives a strategic direction to drive the modernisation agenda and develops a comprehensive programme to redesign services and systems in partnership with Health, independent, voluntary and community organisations. Headquarters undertakes a strategic role in working with other KCC Directorates to meet County Council targets and objectives.

This plan brings together all aspects of the KASS Headquarters activity and budget delivered through four strands.

KEY RESPONSIBILITIES AND OBJECTIVES OF THE SERVICE

1. Strategic Business Support

The Director of Strategic Business Support manages the services and functions that operate at Headquarters, ensuring resources are managed effectively (budgets, staff, information technology, property) and is supported in this by the following teams and units:

- **Policy and Service Standards Unit** ensures the Directorate develops effective strategic and operational policies, involving partners, the public, service users and carers, to deliver high quality social care services for all adults and their carers in line with national policies and County Council priorities. The unit responds to initiatives, guidance and policy, which this year will include: the implementation of No Secret Guidance; building on the Vision for Kent proposal; the White Paper on Long Term Care; the ASD Act and the KCC Member Select Committee Report and the Law Commission Review of Adult Social Care Law. This team ensures that sound policies and procedures are in place to safeguard vulnerable adults.
- **Planning and Public Involvement Team** ensures through our Public Involvement Strategy that the Directorate puts service users and carers first, they have an active role in planning and monitoring services provided and they receive high standards of customer care. The team manages and co-ordinates Corporate monitoring requirements and business planning and leads on co-ordinating the Directorate's response to external regulatory requirements of the Care Quality Commission (CQC). The team leads on identifying and proposing responses to all the Directorate's risks and leads on development and implementation of appropriate emergency planning and business continuity planning arrangements.
- **Public Private Partnerships and Property Team** project manage and deliver major projects including PFI and capital developments that are key to the Modernisation Programme. The team leads on the Directorate's management and maintenance of property, including the Office Strategy and delivery of the Strategic Property functions, involving co-ordinating and making best use of the Directorate's property portfolio and assisting in its modernisation. A key focus is to develop supported housing for vulnerable adults and supporting Areas in the modernisation of older people's services.

- **Performance and Information Management Unit** provides in depth analysis of demand, demographics, service delivery, quality, cost, projections and safeguarding in relation to aspects of social care, as well as analysis in relation to partnerships, planning, policy, staffing and finance. The team also promotes and supports the role of performance management throughout the Directorate, by using robust and meaningful data analysis, reporting and data quality strategies which includes all accountable staff across the county.
- **Finance** support the Directorate in delivering a balanced financial outturn and provide high quality financial support and advice in respect of building the Medium Term Financial Plan (MTFP) and monitoring and closing both the revenue and capital budgets in order to adhere to financial regulations implemented by County Council. The department manages the risk associated with debt and provides debt recovery support to help reduce debt levels. They manage all systems to ensure that ORACLE, Client Billing, Transaction Data Matching and the Kent Card are administered.
- **Personnel and Development** develop and implement workforce planning, to ensure we continue to deploy a competent, professional and appropriately skilled workforce over the medium to long term as needs evolve. This includes partnership work with the independent sector, in addition to looking at our own workforce. The department manages the training and development agenda to ensure the cost effective future provision of a skilled, knowledgeable workforce required to help the people of Kent live safely and independently in their local communities.
- **Social Care Support Systems** co-ordinate and prioritise the use of information systems requirements and manage the Electronic Services Programme Unit, including SWIFT.

2. ALfA Transforming Social Care

The ALfA Transforming Social Care Lead Officer manages the delivery of Self Directed Support and oversees the infrastructure of changing services required to deliver the Transformation of Social Care Agenda.

This involves overseeing the development, implementation and evaluation of the personalisation agenda across KASS through the Self Directed Support project and overseeing the development of a communication strategy to ensure managers, staff and key partners are fully aware of changes required to ensure transformation of adult social care. The project team also manages the development of an effective, needs-based and fair Resource Allocation System for SDS Personal Budgets and leads on establishing effective user-led organisations.

3. Strategic Operations

The Director of Operations manages the following projects at Headquarters:

- **Whole Systems Demonstrator and Assistive Technologies**, involving the development of preventative technologies, TeleHealth and Telecare, to support independent living. These will be embedded by 2011.
- **Flexible and Mobile Engagement (FaME)** delivers the full range of mobile and flexible working solutions across all KASS service units, in line with the KCC Better Workplaces Programme and the KASS FaME Programme Brief.

4. Governance, Member Support and Communication

Governance, Member Support & Communication provides a key support service to the Strategic Management Team and ensures there are strong links with the Cabinet and elected Members of KCC and is responsible for the management of all governance issues. It ensures that Directorate communications are as inclusively accessible as possible and communication happens in a timely and appropriate manner with all stakeholders, notably people who use KASS services, the public, partner organisations and our staff.

The legislative/ statutory context and the KCC context within which KASS operates are shown in the Directorate Level Business Plan.

2. BUDGET PROFILE SUMMARY

2009/10		ACTIVITY/BUDGET LINE	2010/11									CABINET MEMBER
FTE	CONTROLLABLE EXPENDITURE £'000		FTE	EMPLOYEE COSTS £'000	RUNNING COSTS £'000	CONTRACTS & PROJECTS £'000	TRANSFER PAYMENTS & RECHARGES £'000	GROSS EXPENDITURE £'000	EXTERNAL INCOME £'000	INTERNAL INCOME £'000	CONTROLLABLE EXPENDITURE £'000	
		Older People										
		Residential Care		-4.8	0.0	-303.5	0.0	-308.3	-341.0	0.0	-649.3	Graham
		Nursing Care		0.0	0.0	7,911.7	0.0	7,911.7	-8,214.8	0.0	-303.1	Gibbens
		Domiciliary Care		-3.5	0.0	1,309.5	0.0	1,306.0	-173.6	0.0	1,132.4	
		Direct Payments		0.0	0.0	45.0	0.0	45.0	-6.9	0.0	38.1	
		Other Services		312.0	1,057.5	1,193.0	0.0	2,562.5	-919.2	0.0	1,643.3	
		Total Older People		303.7	1,057.5	10,155.7	0.0	11,516.9	-9,655.5	0.0	1,861.4	
Page 337		Physical Disability										
		Residential Care		0.0	0.0	563.4	0.0	563.4	-208.0	0.0	355.4	
		Domiciliary Care		0.2	0.0	407.3	0.0	407.5	-19.2	0.0	388.3	
		Direct Payments		0.0	0.0	432.2	0.0	432.2	-24.0	0.0	408.2	
		Supported Accommodation		0.0	0.0	83.9	0.0	83.9	-10.0	0.0	73.9	
		Other Services		101.6	356.1	176.4	0.0	634.1	-298.7	0.0	335.4	
		Total Physical Disability		101.8	356.1	1,663.2	0.0	2,121.1	-559.9	0.0	1,561.2	
	All Adults Assessment & Related		3,656.5	146.8	333.0	3.4	4,139.7	-110.9	-126.6	3,902.2		
	No Recourse to Public Funds		0.0	100.0	0.0	0.0	100.0	0.0	0.0	100.0		
	Strategic Management		1,081.1	5.5	0.0	0.0	1,086.6	0.0	-27.4	1,059.2		
	Strategic Business Support		13,221.9	2,008.9	302.0	1,023.4	16,556.2	-593.9	-221.4	15,740.9		
	Support Services Purchased from CED		0.0	119.2	0.0	6,696.6	6,815.8	0.0	0.0	6,815.8		
	Specific Grants		0.0	0.0	0.0	0.0	0.0	-8,773.5	0.0	-8,773.5		
323.36	28,781.0	TOTALS	362.34	18,365.0	3,794.0	12,453.9	7,723.4	42,336.3	-19,693.7	-375.4	22,267.2	

3. PLANNED ACTIVITY

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

The Managing Director is authorised to negotiate, settle the terms of, and enter the following agreements/projects:

Project/development/key action	a/c manager	Link to Corporate/Directorate Target or theme	Deliverables or outcomes planned for 2010/2011	Target dates
Putting People First				
Ensure all SDS project team activity is embedded into mainstream business	SDS Project Team	Putting People First Transformation Adult Social Care Agenda	Agreed plans to progressively transfer the knowledge, systems, processes and supporting material to the relevant part of the business.	September 2011
Support the drive to increase the number of people receiving their personal budget as a Direct Payment	SMT	Putting People First Transformation Adult Social Care Agenda Regeneration Framework	Increase the number of people who receive personal budgets in line with the target set in the Milestones document.	Ongoing
Comprehensive review of information for the public and staff - making a step change in information, advice and guidance to provide an improved service to citizens	Pat Huntingford/ Daniel Waller	Putting People First Transformation Adult Social Care Agenda	Comprehensive review of printed information for staff and the public. Updated printed information in formats wanted by stakeholders, as identified with Public Involvement Team. Update of Directorate information on kent.gov.uk Rebuild Knet (intranet).	June 2010
Progress Carer initiatives across KASS and Kent Public Health Department	Michael Thomas-Sam	Active Lives Putting People First	Includes the promotion of health, psychological and emotional health checks; improving access to physical, leisure and social activities and the introduction of hospital discharge planning procedures.	Ongoing
Implementation of Fairer Contribution Guidance	Michael Thomas-Sam	Active Lives Vision for Kent	New guidance introduced.	March 2011
Implementation of the	Michael	Active Lives	Revised Ordinary Residence Guidance in place.	March 2011

Project/ development/key action	a/c manager	Link to Corporate/Directorate Target or theme	Deliverables or outcomes planned for 2010/2011	Target dates
revised Ordinary Residence Guidance	Thomas-Sam	Vision for Kent		
Revise governance arrangements for safeguarding	Michael Thomas-Sam	Active Lives Vision for Kent	Governance arrangements agreed and implemented.	March 2011
Evaluation of SDS Project	Pat Huntingford	Transformation of Adult Social Care	Ensure staff make up is correct, processes are reviewed and enablement is a financially viable service.	Ongoing until 2011
Resource Allocation System (RAS)	SDS Executive	Putting People First Transformation Adult Social Care Agenda	Explore the feasibility of RAS, a decision will be made regarding implementation.	September 2010
Re-shaping of Directorate Involvement Group	Nick Sherlock/ Pat Huntingford	Active Lives Putting People First	To re-configure the Directorate Involvement Group to ensure there is a direct link between SMT and the public.	July 2010
Ensuring the availability of high quality services				
Enablement Services are working to full capacity	Pat Huntingford	Putting People First Transformation Adult Social Care Agenda Active Lives	We are seeing a return on investment as less people take long term support packages (particularly) domiciliary. Ensure enablement is embedded into core services.	Ongoing
Delivery of the Inspection Action Plan following Independence, Choice and Wellbeing Inspection in March 2009	Nick Sherlock	Independence, Wellbeing and Choice Inspection	Achieve delivery of recommendations and outcomes identified in the Inspection Action Plan, within specified deadlines. Progress will be monitored closely by the KASS Strategic Management Team and will also be reported to Members on a regular basis. CQC will also monitor progress of the action plan.	Ongoing
Manage, on behalf of the Directorate, the CQC relationship and respond to routine and extra requests for information	Nick Sherlock/ Steph Abbott	CQC Performance Framework	Ensure the CQC Performance Framework is managed to ensure that Kent's performance is fully assessed. This involves: Self Assessment Survey, Routine Business Monitoring Meetings, Annual Review Meeting and reviews and special studies. Ensure CQC fully recognise the work undertaken by KASS and the outcomes it is having for the people of Kent.	Ongoing throughout 2010 – 2011

Project/ development/key action	a/c manager	Link to Corporate/Directorate Target or theme	Deliverables or outcomes planned for 2010/2011	Target dates
Assistive technologies (Telehealth and Telecare) available for appropriate service users	Service Development Manager	Active Lives Putting People First	Increased usage of assistive technology.	September 2010
Working in partnership				
Excellent Homes for All Housing PFI	David Weiss	Active Lives Towards 2010 Transformation Adult Social Care Agenda Kent and District Council Housing Strategies	Partner selected to deliver 229 supported apartments including 5 extra care schemes and supported housing for people with mental health problems.	Ongoing until 2013
Broadmeadow Dementia Centre	Lynn Egercz	Active Lives Towards 2010 Transformation Adult Social Care Agenda Dementia Strategy	Construction of extension to Broadmeadow for the provision of services for older people with dementia.	Ongoing until 2011
Support the work with Age Concern (Age UK) and other voluntary sector partners on the personalisation agenda	Michael Thomas-Sam	Active Lives Vision for Kent Putting People First Transformation Adult Social Care Agenda Regeneration Framework	Develop the community and voluntary sector to provide more choice to the individual. KASS will continue to stimulate and shape the market and identify new ways in which people can take control, for example, a more proactive role in the development of independent sector services which will manage money for people.	March 2011
Development and co-ordination of JSNA and specialist assessments (e.g. Learning Disability & Carers)	Nick Sherlock	JSNA Active Lives Kent Agreement 2 Regeneration Strategy	Ensure there is in place key assessments to inform the commissioning of services to meet current and future need.	March 2011
Valuing, developing and supporting the social care workforce				
FaME Flexible and Mobile Engagement	Nigel Vian	Kent Environment Strategy	Completion of the programme by full encryption of all mobile devices; deployment of portable IT kit to work	31 st December

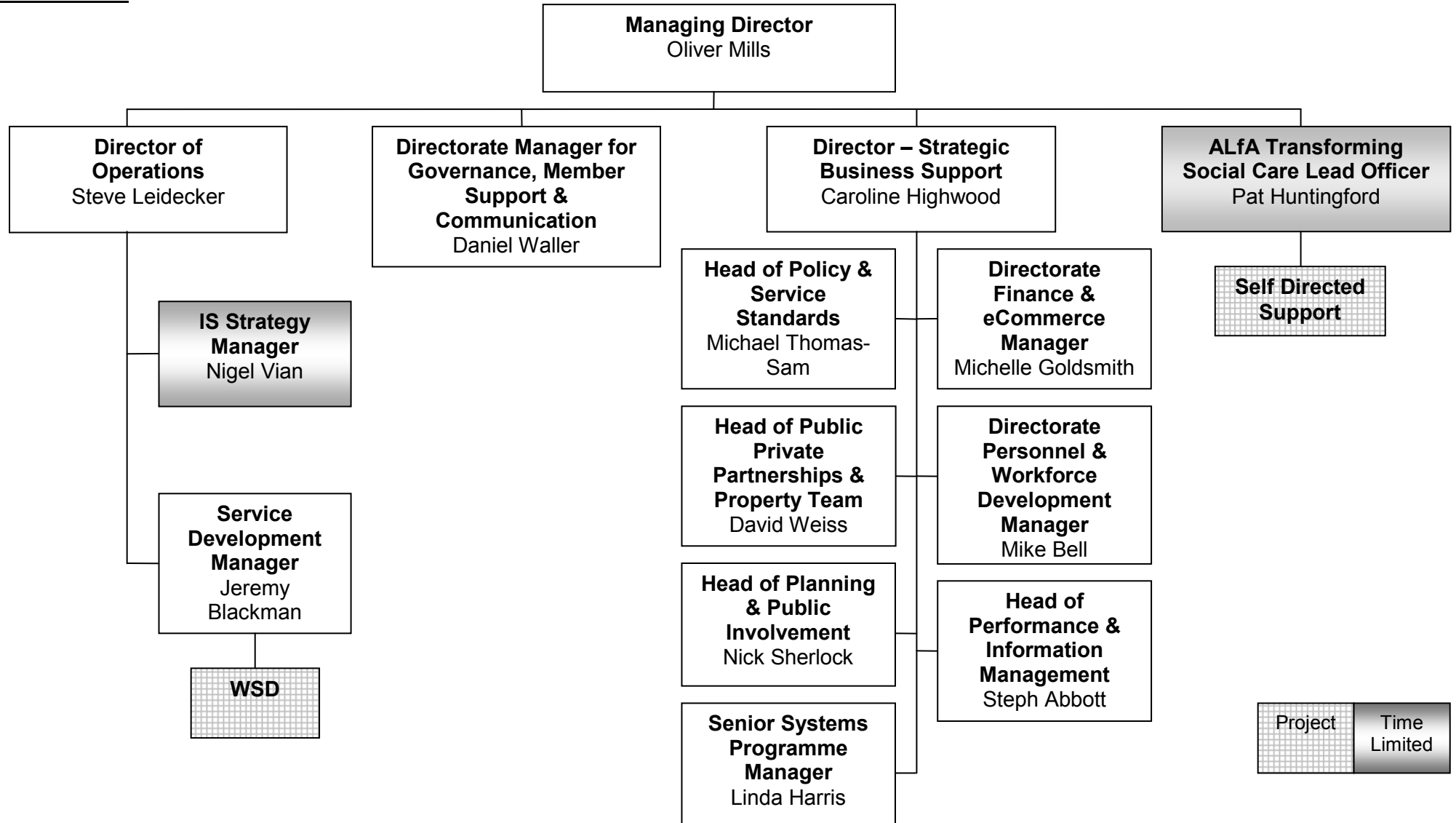
Project/development/key action	a/c manager	Link to Corporate/Directorate Target or theme	Deliverables or outcomes planned for 2010/2011	Target dates
Programme			flexibly; deployment of new Microsoft Sharepoint IT infrastructure to support mobile working through the use of dynamic assessment related e-forms; delivery of e-collaborative working for teams and projects through virtual spaces within Sharepoint; secure the technical solution for Electronic Document Record Management to meet obligations under new Adult Social Care Record (ASCR).	2010
Procure and implement the new AIS front end to SWIFT	Linda Harris	Transformation Adult Social Care Agenda	A significantly easier system to use, with improved functionality for personalisation and allowing process improvements and efficiencies.	March 2011
Making best use of resources				
Manage and improve the debt level, along with associated processes	Michelle Goldsmith	Value for Money	Debt is managed effectively.	Ongoing through 2010 – 2011
Reviewing and renewing Domiciliary Care contract	Linda Hardware	Putting People First Active Lives	New contract in place.	March 2011
Implementation of revised FACS	Michael Thomas-Sam	Active Lives Vision for Kent	FACS is in place across the Directorate.	March 2011
Implementation of Free Personal Care at Home (if receives Royal Assent)	Michael Thomas-Sam	Active Lives Vision for Kent	Members are updated and are aware implications of implementation. Directorate has a plan to deliver this.	March 2011
e-commerce	Michelle Goldsmith	Value for Money	Exploring e-commerce projects to support effective and efficient solutions	Ongoing

The business objectives set out in this plan are monitored to ensure they will be delivered. Risks associated with potential non-delivery, and the controls in place to mitigate those risks, have been assessed and documented as part of the annual operating plan process. Risk Registers and business continuity plans are maintained in relation to major projects and core business and are available on request.

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

4. STAFFING PROFILE

Structure chart



Staffing

	2009/10	2010/11
Grade KS 13 (or equivalent) and above	24.92	27.83
Grade KS 12 (or equivalent) and below	298.44	334.51
TOTAL	323.36	362.34
Of the above total, the estimated FTE which are externally funded	30.62	34.15

Since the publication of the 2009 – 2010 Business Plans, the Directorate has gone through a major restructuring. To reflect the new structure a Learning Disability plan has been introduced. Although the overall staffing figures remain the same for KASS, there is in some plans differences in staffing numbers as a result of the restructure.

In this plan the figures have varied as a result of:

- Increase of externally funded time limited project posts to support the Self-directed support project
- Debt Recovery staff - transfer of posts from Corporate Finance
- District Finance staff - transfer of posts from East/West Areas
- Area Benefit Officers - transfer of posts from East/West Areas

5. KEY PERFORMANCE INFORMATION

Performance Management

Performance information shown below is KASS wide.

Performance Measure or Activity	Accountable Manager	Monitoring Frequency	Target performance 2009/10	Estimated performance 2009/10	Target performance 2010/11	Link to strategic priority
NI 125 – Achieving independence for older people through rehabilitation/intermediate care	Steph Abbott	Monthly	75%	77%	79%	LAA/ National Indicator
NI 130 Social Care clients receiving self directed support (Direct Payments and Individual Budgets)	SMT	Monthly	2342	3000	It is not possible to give targets for 2010/11 as they will not be set until April 2010	National Indicator
NI 132 Timeliness of social care assessments (RAP)	SMT	Monthly	83.4%	85%	It is not possible to give targets for 2010/11 as they will not be set until April 2010	National Indicator
NI 133 Timeliness of Social Care Packages (RAP)	SMT	Monthly	95%	95%	It is not possible to give targets for 2010/11 as they will not be set until April 2010	National Indicator
NI 135 Carers receiving needs assessment or review and a specific carer's service or advice and information	SMT	Monthly	29%	29%	It is not possible to give targets for 2010/11 as they will not be	National Indicator

Performance Measure or Activity	Accountable Manager	Monitoring Frequency	Target performance 2009/10	Estimated performance 2009/10	Target performance 2010/11	Link to strategic priority
					set until April 2010	
NI 136 People supported to live independently through social services (all ages)	SMT	Monthly	34213	34300	It is not possible to give targets for 2010/11 as they will not be set until April 2010	National Indicator
NI 145 Adults with learning disabilities in settled accommodation	Steph Abbott	Quarterly	37%	40%	It is not possible to give targets for 2010/11 as they will not be set until April 2010	National Indicator
NI 146 Adults with learning disabilities in employment	Steph Abbott	Quarterly	9.5%	40%	It is not possible to give targets for 2010/11 as they will not be set until April 2010	National Indicator
Number of supported residents with mental health problems in residential/ nursing care	Steph Abbott	Monthly	187	192	No target available until April 2010	MH Specific
Number of service users in receipt of domiciliary care as at 31 st March	Steph Abbott	Monthly	536	480	No target available until April 2010	MH Specific
Number of service users receiving a Direct Payments as at 31 st March	Steph Abbott	Monthly	138	137	No target available until April 2010	MH Specific

KENT ADULT SOCIAL SERVICES DIRECTORATE

KENTWIDE UNIT/DIVISION

Annual Business Plan Summary 2010/11

EXECUTIVE SUMMARY

The gross expenditure for the services included in this business plan is
£11.429m.

This will deliver the following key outcomes, activities and projects:

- Kent Contact and Assessment Service
 - Kent Sensory Services
 - Gypsy and Traveller
 - Community Services Team
 - Kent Supported Employment

Number of KCC staff employed is **118.52 FTE**

Accountable Manager – Director of Operations- Steve Leidecker

Portfolio Holder – Graham Gibbens
Director – Oliver Mills

1. INTRODUCTION: RESPONSIBILITIES AND OUTLOOK

This Business Plan brings together five key county wide services. The service responsibilities are:

Kent Sensory Services – provides statutory assessment, support, equipment, information, advice and guidance services to d/Deaf, deafblind and sight impaired people (This includes services to d/Deaf and deafblind people on behalf of Medway LA) It also manages an interpreting service for d/Deaf and deafblind people on behalf of KCC and in 2010/11 on behalf of a Kent public partnership; and a range of projects to promote sensory impaired peoples independence and access to services.

Gypsy and Traveller Unit – promotes and supports independence and fair treatment through managing eight public sites, managing unauthorised encampments on KCC's land and supporting other councils to have enough sites.

Community Services Team - manages the countywide Community Integrated Equipment service, which includes the Technician Service that provides equipment / minor adaptations to the homes of service users. It also manages the Blue Badge service.

Kent Supported Employment - aims to ensure disadvantaged people are proportionately represented in the workforce in Kent.

Kent Contact and Assessment Service – is the main access point for people wanting to contact Social Services about themselves or others for the first time, or those wanting to re-open a previous involvement. KCAS will carry out contact assessments and is able to access enablement services, fast track access to some equipment, adaptation services and some short term services, thereby providing early intervention in supporting vulnerable people in need.

KCC context

The Kent Adult Social Services Directorate drive is to target early prevention, intervention and enablement services to maintain independence and promote choice across all services for Adults and Older People. The services contained within this Kent wide plan are no exception and they are committed to the development of personalised services for all.

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

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

The size and scope of service delivery

Kent Sensory Services – The number of statutory assessments forecast for 2009/10 are

Deaf Services (East and West) 525

Medway Deaf Services 129

Hi Kent 837

KAB 7358

Total 8849

Approximately 2,700 people a year are provided with equipment and approximately 97% of this is delivered within 7 days.

340 interpreter bookings were organised for d/Deaf and deafblind people in 2008/9.

- **Traveller and Gypsy Services** - Service delivery with site provision is across the whole of the KCC area, but concentrated most in Sevenoaks, Tonbridge & Malling, Canterbury, Swale, Dover and Tunbridge Wells.
- **Community Services Team** – In 2008/09 KASS Integrated Community Equipment Services and County Technician Service which provided some 26,000 people with equipment & minor adaptations. This resulted in nearly 40,000 items being supplied, 90% of which were within 7 working days. Indications to date would suggest that 2009/10 final outturn will be of similar magnitude.

The Blue Badge service manages some 26,000 applications each year on behalf of new and existing badge holders.

- **Kent Supported Employment** –
 - Numbers of individuals supported in 2010/11 is projected to be 328
 - This is projected to be made up of 69% with Learning Disabilities, 12% with Mental Health issues and 19% Others (made up of Physical and other “not known at this time”)
 - If KSE is successful in securing a major contract under the Work Choice programme, then the projections should be increased but it is not possible to speculate by how much; as there are 5 potential Prime Providers each offering a different contract to KSE the range of income over the 5 year program cycle is: £237K to £1,311,200
- **Kent Contact and Assessment** – KCAS handles up to 120,000 contacts and referrals each year from the public and from the main partner agencies including Police, Probation, Education and NHS, and a wide range of other statutory, voluntary and independent organisations.

Priorities

- **Kent Sensory Services** – Is modernising specialist sensory services in line with mainstream Self Directed Support developments. The Unit is actively implementing the personalisation agenda with the aim of achieving greater choice and control and improved outcomes for sensory impaired clients. There is also an ongoing focus on improving d/Deaf, sight impaired and deafblind people's access to a wide range of services.

- **Traveller and Gypsy Services** – Future aims include i) working with District partners and Registered Social Landlords to establish socially rented and private site accommodation to meet identified needs ii) impacting more substantially on anti-social behaviour on the particular sites where it occurs, iii) widening access to health and social care services, youth services and the like iv) strengthening partnerships with a wide range of stakeholders to enhance Gypsy and Traveller employment prospects.

- **Community Services Team** – By putting people first CST will develop the shared vision and commitment to the transformation of adult social care. A commitment to independent living and personalised services is underpinned by high quality prevention, early intervention and the support of enablement services to reduce hospital admissions and the demand for residential care.

- **Kent Supported Employment** – Aims include: widening the scope of the service, to include those experiencing disadvantage in the labour market through ethnic identity or faith, and those experiencing multiple disadvantage. Projects include:
 - **IESE Program (Improvement and Efficiency South East):** This project aims to demonstrate cost-savings in supporting people to gain and maintain paid employment. It will focus on 2 groups of people - those with mild to moderate learning disabilities; and those with complex needs (defined as severe LD; LD and challenging behaviour; LD and MH; LD from BME community; LD and ex-offenders). The aim is to release funds from day services and for these to be reinvested back into supported employment. Tizard Centre will be doing the financial evaluation to identify cost savings (which will be reinvested back into supported employment). Further details are in the Learning Disability Plan.

 - **Project Search:** Thanks to the Project Search initiative, Kent County Council and their in-house provider Kent Supported Employment will work with the East Kent Hospitals University NHS Trust, Vista Leisure and Thanet College to make new opportunities available. Kent is one of just 14 places across the country chosen to take part in Project Search, which will create intern programmes giving people with learning disabilities a better chance of getting a job and living independently

 - **Kent Contact and Assessment Service:** KCAS continues to develop its services to offer improved access to people and is in a strong position to support the delivery of Self Directed Support. The priorities for the next year include:
 - Continue to develop provision enablement services at the point of first contact
 - Develop urgent care provision at first contact
 - Signposting people, including self funders, to other appropriate agencies
 - Providing information and advice relevant to the nature of the enquiry.

2. BUDGET PROFILE SUMMARY

2009/10		ACTIVITY/BUDGET LINE	2010/11									
FTE	CONTROLLABLE EXPENDITURE		FTE	EMPLOYEE COSTS	RUNNING COSTS	CONTRACTS & PROJECTS	TRANSFER PAYMENTS	GROSS EXPENDITURE	EXTERNAL INCOME	INTERNAL INCOME	CONTROLLABLE EXPENDITURE	CABINET MEMBER
	£'000			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
		SENSORY SERVICES										Graham
		Physical Disability										Gibbens
		Other Services		97.2	320.6	1,208.7	-94.4	1,532.1	-9.7	0.0	1,522.4	
		Total Physical Disability		97.2	320.6	1,208.7	-94.4	1,532.1	-9.7	0.0	1,522.4	
		All Adults Assessment & Related		890.1	95.6	0.0	0.0	985.7	-145.0	0.0	840.7	
		TOTALS - SENSORY SERVICES		987.3	416.2	1,208.7	-94.4	2,517.8	-154.7	0.0	2,363.1	
Page 351		COMMUNITY SERVICES						0.0				
		Older People						0.0				
		Other Services		0.0	2,219.1	70.0	74.0	2,363.1	-763.4	0.0	1,599.7	
		Total Older People		0.0	2,219.1	70.0	74.0	2,363.1	-763.4	0.0	1,599.7	
		Physical Disability									0.0	
		Other Services			1,087.1	109.9	0.0	1,197.0	-396.1		800.9	
		Total Physical Disability		0.0	1,087.1	109.9	0.0	1,197.0	-396.1	0.0	800.9	
		All Adults Assessment & Related		554.0	5.9	200.0		759.9	-54.4		705.5	
		Strategic Business Support		197.6				197.6			197.6	
		TOTALS - COMMUNITY SERVICES		751.6	3,312.1	379.9	74.0	4,517.6	-1,213.9	0.0	3,303.7	
		KENT SUPPORTED EMPLOYMENT						0.0				
		Learning Disability									0.0	

2009/10		ACTIVITY/BUDGET LINE	2010/11										CABINET MEMBER
FTE	CONTROLLABLE EXPENDITURE		FTE	EMPLOYEE COSTS	RUNNING COSTS	CONTRACTS & PROJECTS	TRANSFER PAYMENTS	GROSS EXPENDITURE	EXTERNAL INCOME	INTERNAL INCOME	CONTROLLABLE EXPENDITURE		
	£'000			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
		Other Services		1,597.9	268.4	211.5	-204.9	1,872.9	-643.8	-18.4	1,210.7		
		Total Learning Disability		1,597.9	268.4	211.5	-204.9	1,872.9	-643.8	-18.4	1,210.7		
		Mental Health											
		Other Services		33.3	39.1	0.0	0.0	72.4	0.0	0.0	72.4		
		Total Mental Health		33.3	39.1	0.0	0.0	72.4	0.0	0.0	72.4		
		TOTALS - KENT SUPPORTED EMPLOYMENT		1,631.2	307.5	211.5	-204.9	1,945.3	-643.8	-18.4	1,283.1		
		GYPSY & TRAVELLER UNIT											
		Gypsy & Traveller Unit		266.9	33.1	340.8	6.0	646.8	-318.7		328.1		
		TOTALS - GYPSY & TRAVELLER UNIT		266.9	33.1	340.8	6.0	646.8	-318.7	0.0	328.1		
		KENT CONTACT & ASSESSMENT SERVICE											
		All Adults Assessment & Related		1,178.7	3.2	0.0	619.1	1,801.0	0.0	-155.7	1,645.3		
		TOTALS - KENT CONTACT & ASSESSMENT SERVICE		1,178.7	3.2	0.0	619.1	1,801.0	0.0	-155.7	1,645.3		
134.09	8,038.8	TOTALS - KENT WIDE	118.52	4,815.7	4,072.1	2,140.9	399.8	11,428.5	-2,331.1	-174.1	8,923.3		

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3. PLANNED ACTIVITY

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

The Managing Director is authorised to negotiate, settle the terms of, and enter the following agreements/projects:

Project/development/key action	a/c manager	Link to Corporate/Directorate Target or theme	Deliverables or outcomes planned for 2010/11	Target dates
Putting People First				
Implement deafblind strategy (Sensory Services)	Beryl Palmer	Active Lives & Vision for Kent	Continued establishment of new team, systems, and processes. Implementation of key elements of the strategy	May 2010 March 2011
Review Hi Kent and KAB contracts in the context of SDS (Sensory Services)	Beryl Palmer	Active Lives & Vision for Kent Regeneration Framework Living Later Life to the Full	New SLAs developed based on a personalisation approach	March 2011
Improve services and support to Deaf carers (Sensory Services)	Jo Frazer	Active Lives & Vision for Kent	Carers of Deaf people identified and provided with information, advice , guidance and support	March 2011
Project Search (KSE)	Chris Grogan	Active Lives & Vision for Kent, PSA 16	Making new work opportunities available to those disadvantaged in the workplace	Ongoing from 09/10
Ensuring the availability of high quality services				
Develop high quality Integrated Community Equipment Service (ICES) (Community Equipment)	Mark Hogan/ Vincent Wilson	Active Lives & Vision for Kent. Living Later life to the full	ICES stores & pooled arrangements with Health and third sector. -Streamline County Technician Service to work closely with in house and external agencies where appropriate. -Work closely with Kent Contact Assessment Service to manage growth in provision of	September 2011

Project/development/key action	a/c manager	Link to Corporate/Directorate Target or theme	Deliverables or outcomes planned for 2010/11	Target dates
			proportionate assessment referrals & Enablement service packages	
Develop Action plan to improve services to learning disabled/sensory impaired people (Sensory Services)	Beryl Palmer/ Team Leader Deafblind	Active Lives & Vision for Kent	Action plan developed, agreed and implementation commenced	January 2011
Consultation with Medway Council for future contract for Deaf Services (Sensory Services)	Beryl Palmer	Active Lives and Vision for Kent	Carry out consultation exercise Implement agreed process	September 2011
Urgent Care Provision (KCAS)	Keith Lyon	Active Lives and Vision for Kent	Urgent care provision - wide range of customer services commissioned from first contact immediately delivered to safeguard and improve daily living.	June 2010
Support Swale Borough Council in meeting overall accommodation needs, particularly the public site needs. (Gypsy and Traveller Unit)	Bill Forrester	Active Lives and Vision for Kent	New site accommodation for people who either have none, or inadequate provision. Public consultation Funding bid made to HCA New sustainable community in Swale Health and wellbeing benefits for new occupants and those previously living nearby ad hoc arrangements	June 2010 for grant bid; October 2010 for planning consent
Promoting Access to Health and Social Care services (Gypsy and Traveller Unit)	Gary Franklin	Active Lives & Vision for Kent	Liaise with East & West Kent PCT's Arrange direct discussions between health professionals and Gypsies and Travellers	December 2010
Supporting the Establishment of a	Gary Franklin	Active Lives & Vision for Kent	Forum in place	June 2010

Project/ development/key action	a/c manager	Link to Corporate/Directorate Target or theme	Deliverables or outcomes planned for 2010/11	Target dates
Gypsy and Traveller run Kent Forum (Gypsy and Traveller Unit)				
To assume management responsibility for Water Lane and Stilebridge sites. (Gypsy and Traveller Unit)	Gary Franklin	Active Lives & Vision for Kent	Prepare Management Agreement Recruit Site Manager	April 2010
Working in partnership				
Implement changes from current licence agreements to new pitch agreements under Mobile Homes Act 1983. (Gypsy and Traveller Unit)	Gary Franklin	Active Lives & Vision for Kent	Work with CLG and other authorities to achieve a model pitch agreement Consultation of licensees	April 2010
Establish Eye Clinic Liaison pilot projects in East and West Kent (one year) (Sensory Services)	Beryl Palmer	Active Lives & Vision for Kent Regeneration Framework Living Later Life to the Full	Sensory impaired people are in receipt of personalised services Eye clinic Liaison Officer posts established In 2 hospitals Sight impaired people receive information, advice, emotional support in eye clinics	October 2011
Valuing, developing and supporting the social care workforce				
WorkChoices (KSE)	Chris Grogan	Active Lives & Vision for Kent, PSA 16	Providing most or all of the staffing for the DWP's successful prime contractor for Kent and Medway	October 2010 start and On going
Making best use of resources				
Evaluate & implement Blue	Mark Hogan / Derrick	Active Lives & Vision for Kent	Updated service compliant with DfT recommendations.	April 2010

Project/development/key action	a/c manager	Link to Corporate/Directorate Target or theme	Deliverables or outcomes planned for 2010/11	Target dates
Badges Services reform strategies following Department for Transport (DfT) recommendations (Community Equipment)	Douglas			
Manage & support KASS response to TCES agenda (Community Equipment)	Mark Hogan and SDS Project Team	Active Lives & Vision for Kent	Transformed Community Equipment Services	April 2010
Asset Database improvement (KSE)	Chris Grogan	Active Lives & Vision for Kent, PSA 16	Including full histories of clients and employers on the database, to enable comprehensive tracking and review	Ongoing from 09/10
IESE (KSE)	Chris Grogan	Active Lives & Vision for Kent, PSA 16	Demonstrating cost-savings in supporting people to gain and maintain paid employment	Ongoing from 09/10
Improvement in access to KCAS and customer first contact resolution (KCAS)	Keith Lyon	Active Lives and Vision for Kent	New public access routes and improved telephone contact handling abandon rate	Ongoing
Modernisation of Sensory Services in line with SDS developments (Sensory Services)	Jo Frazer	Active Lives & Vision for Kent Regeneration Framework Living Later Life to the Full	Additional outcome Sensory impaired people have improved access to KCC services Implementation of SDS Sensory project plan	March 2011

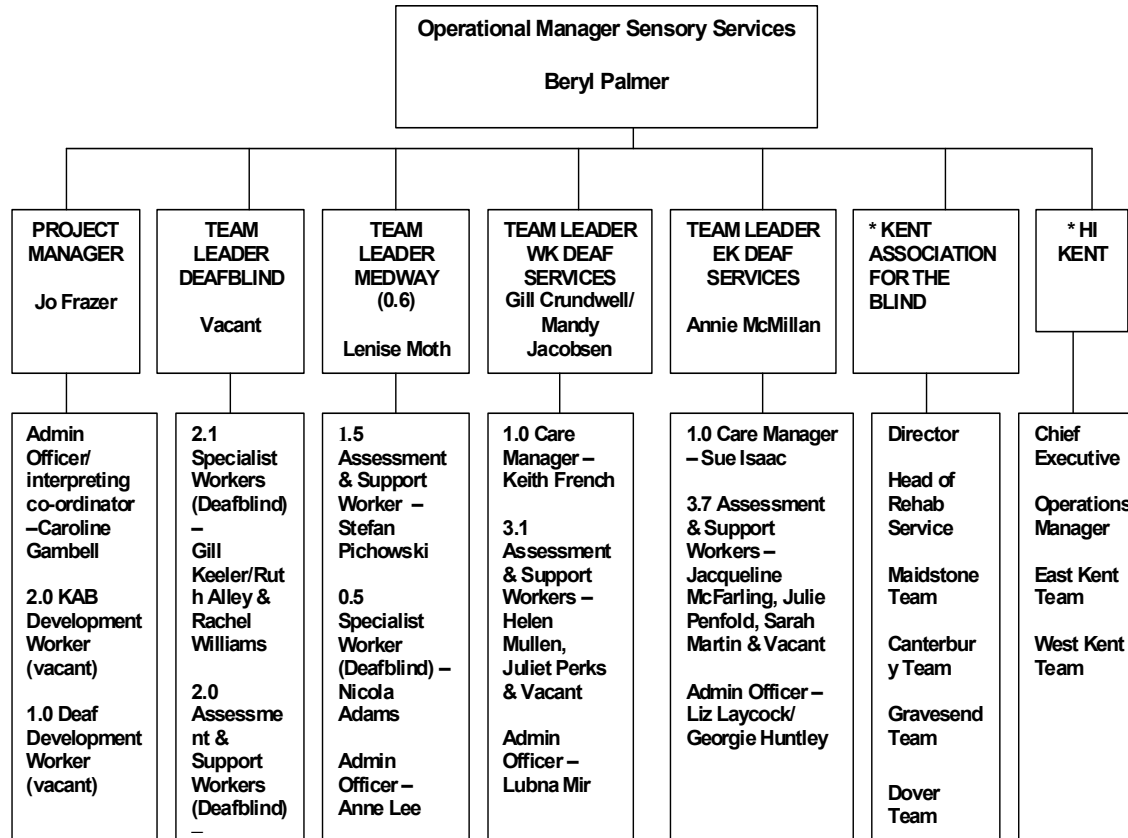
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In line with financial regulations, any capital projects on this list will be subject to a prior "gateway review" by the Project Advisory Group and in consultation with the Leader.

4. STAFFING PROFILE

Structure chart

Kent Sensory Services

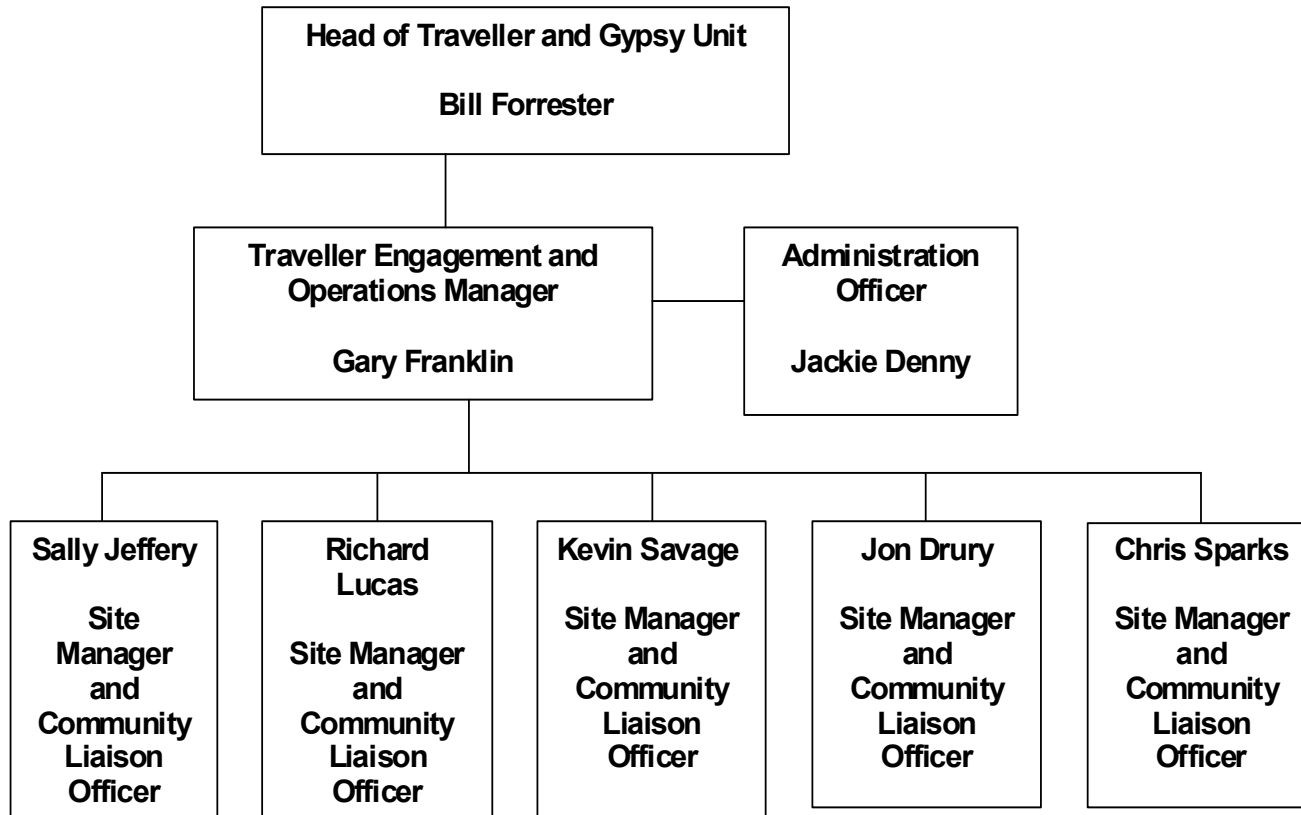


***Kent Association for the Blind and Hi Kent are two voluntary agencies contracted by KASS to provide statutory assessments and related services to sight impaired, and deaf people in Kent**

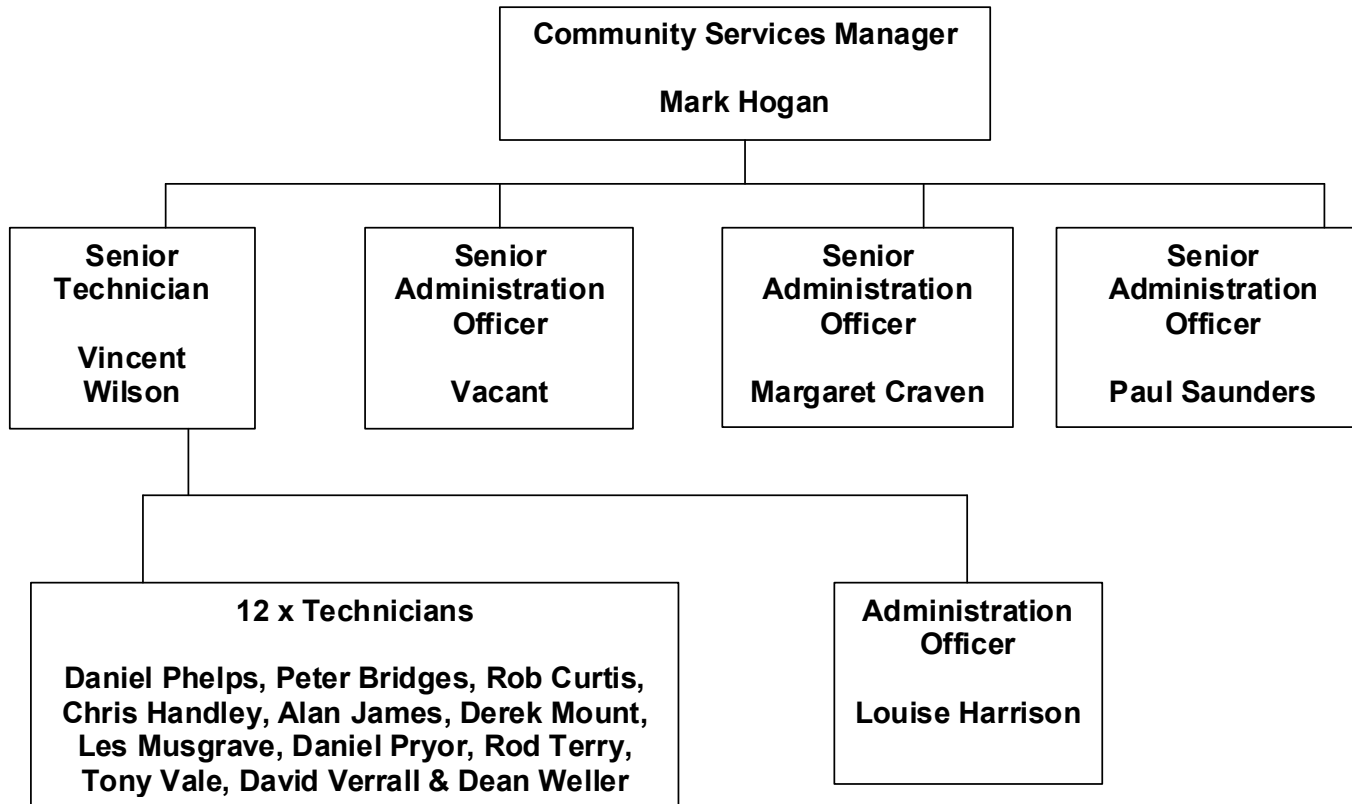
Structure changes

New Deafblind team with 2 Assessment and Support Workers and 1 Team Leader. Required to address new government guidance - Section Seven see above and implement the Deafblind strategy.

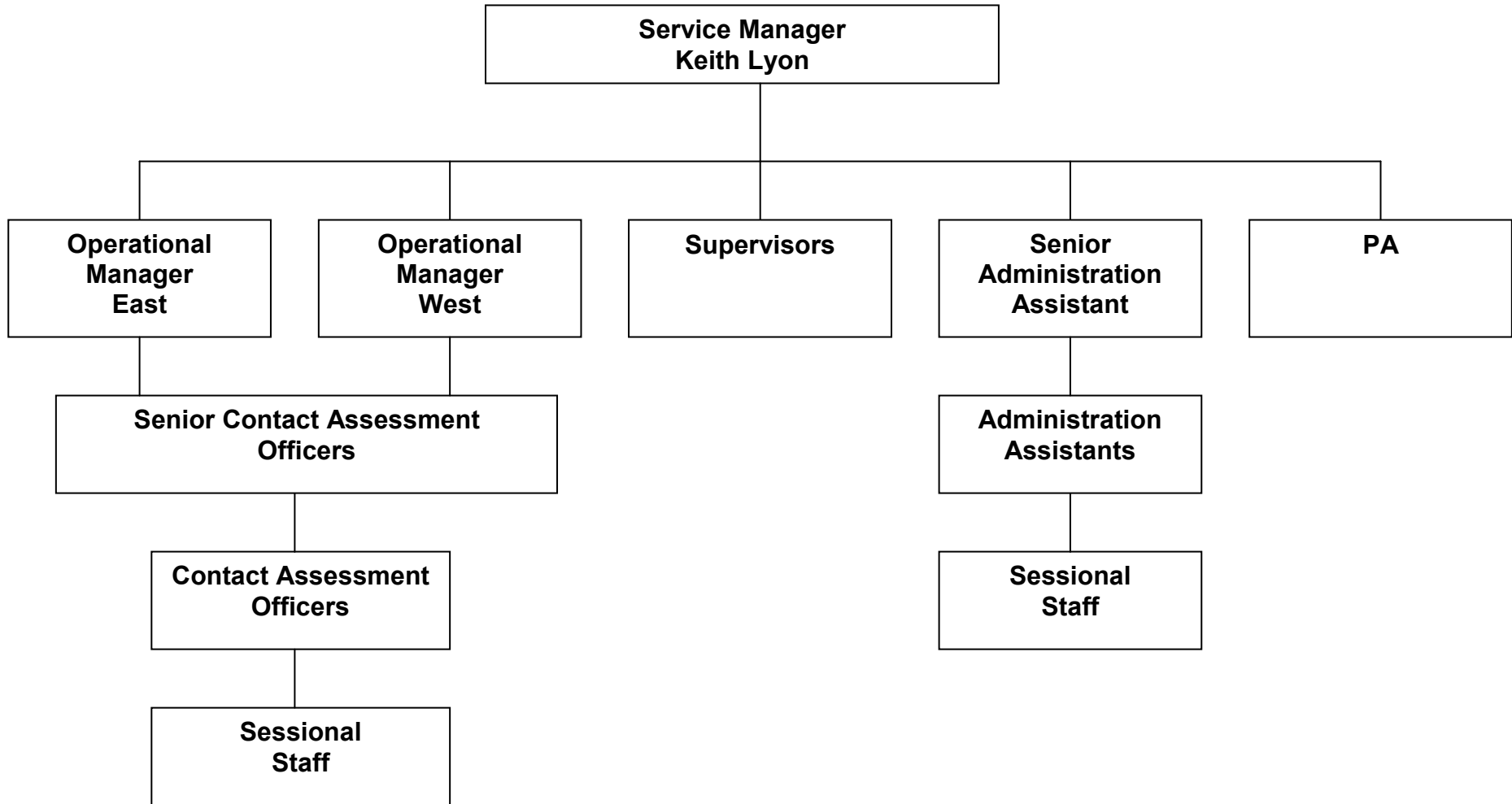
Traveller and Gypsy Service



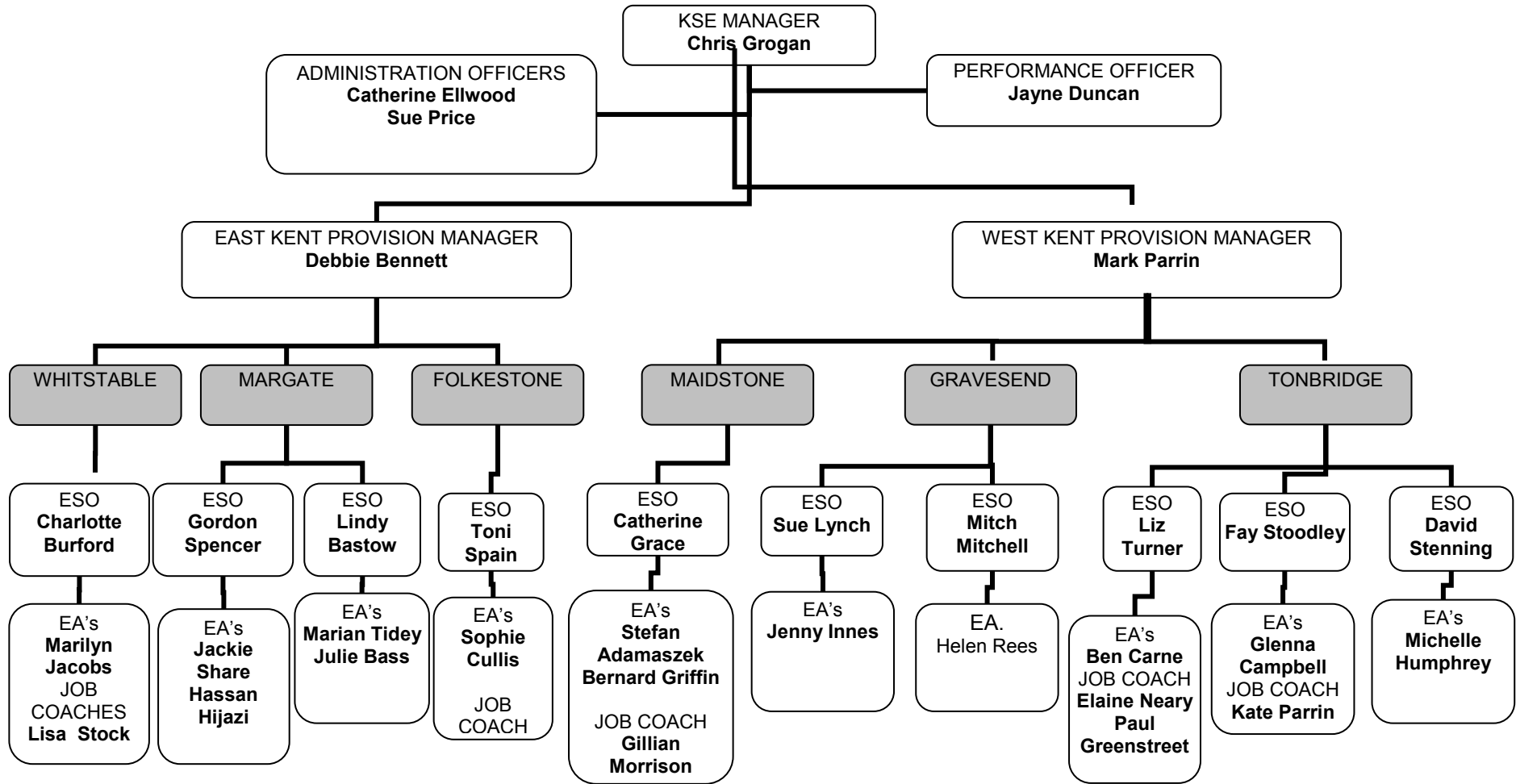
Community Services Team



Kent Contact Assessment Service



Kent Supported Employment



Staffing

	2009/10	2010/11
Grade KS 13 (or equivalent) and above	2.00	1.00
Grade KS 12 (or equivalent) and below	132.09	117.52
TOTAL	134.09	118.52
Of the above total, the estimated FTE which are externally funded	3.00	7.4

Since the publication of the 2009 – 2010 Business Plans, the Directorate has gone through a major restructuring. To reflect the new structure a Learning Disability plan has been introduced. Although the overall staffing figures remain the same for KASS, there is in some plans differences in staffing numbers as a result of the restructure.

In this plan the figures have varied as a result all Learning Disability staff are now shown in the Learning Disability plan.

5. PERFORMANCE INDICATORS & ACTIVITY DATA FOR BUSINESS PLAN MONITORING

Performance Management

Performance information shown below is KASS wide

Performance Measure or Activity	Accountable Manager	Monitoring Frequency	Actual performance 2008/09	Estimated performance 2009/10	Target performance 2010/11	Link to strategic priority
NI 125 – Achieving independence for older people through rehabilitation/intermediate care	Steph Abbott	Monthly	75%	77%	79%	LAA/ National Indicator
NI 130 Social Care clients receiving self directed support (Direct Payments and Individual Budgets)	SMT	Monthly	2342	3000	It is not possible to give targets for 2010/11 as they will not be set until April 2010	National Indicator
NI 132 Timeliness of social care assessments (RAP)	SMT	Monthly	83.4%	85%	It is not possible to give targets for 2010/11 as they will not be set until April 2010	National Indicator
NI 133 Timeliness of Social Care Packages (RAP)	SMT	Monthly	95%	95%	It is not possible to give targets for 2010/11 as they will not be set until April 2010	National Indicator
NI 135 Carers receiving	SMT	Monthly	29%	29%	It is not	National

Performance Measure or Activity	Accountable Manager	Monitoring Frequency	Actual performance 2008/09	Estimated performance 2009/10	Target performance 2010/11	Link to strategic priority
needs assessment or review and a specific carer's service or advice and information					possible to give targets for 2010/11 as they will not be set until April 2010	Indicator
NI 136 People supported to live independently through social services (all ages)	SMT	Monthly	34213	34300	It is not possible to give targets for 2010/11 as they will not be set until April 2010	National Indicator
NI 145 Adults with learning disabilities in settled accommodation	Steph Abbott	Quarterly	37%	40%	It is not possible to give targets for 2010/11 as they will not be set until April 2010	National Indicator
NI 146 Adults with learning disabilities in employment	Steph Abbott	Quarterly	9.5%	40%	It is not possible to give targets for 2010/11 as they will not be set until April 2010	National Indicator
Number of supported residents with mental health problems in residential/ nursing care	Steph Abbott	Monthly	187	192	No target available until April 2010	MH Specific
Number of service users in receipt of domiciliary care as	Steph Abbott	Monthly	536	480	No target available until	MH Specific

Performance Measure or Activity	Accountable Manager	Monitoring Frequency	Actual performance 2008/09	Estimated performance 2009/10	Target performance 2010/11	Link to strategic priority
at 31 st March					April 2010	
Number of service users receiving a Direct Payments as at 31 st March	Steph Abbott	Monthly	138	137	No target available until April 2010	MH Specific

Local Performance Measures:

Performance Measure or Activity	Accountable Manager	Monitoring Frequency	Actual performance 2008/09	Estimated performance 2009/10	Target performance 2010/11	Link to strategic priority
Occupancy Rate	Gary Franklin	Monthly	98%	98%	100%	Kent Agreement 2 – Theme 8 – reducing numbers of empty homes
Rent Return on Occupied Plots	Gary Franklin	Monthly	97%	95%	98%	Operating to Cash Limit
Rent Arrears	Gary Franklin	Monthly	3%	5%	2%	Operating to Cash Limit
Pitches Re-Let within 14 Days	Gary Franklin	Monthly	100%	98%	100%	Kent Agreement 2 – Theme 8 – reducing numbers of empty homes
Total Plots from which there has been an eviction	Gary Franklin	Monthly	1%	0%	0%	Kent Agreement 2 – Theme 8 – preventing homelessness
East and West Kent SLA	Chris Grogan	Monthly	60%	85%	90%	KASS Agreement
DWP External funded contracts	Chris Grogan	Monthly	80%	90%	95%	KASS cash limit Agreement

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Kent Adult Social Services

Mental Health

Annual Business Plan Summary 2010/11

EXECUTIVE SUMMARY

The gross expenditure for the services included in this business plan is
£25.060 m.

This will deliver the following key outcomes, activities and projects:

- Mental Health Assessment
- Mental Health Advice
- Mental Health Treatment
- Opportunities for positive life experiences
- Joint Commissioning and priorities with NHS

Number of KCC staff employed is **262.02 FTE**

Accountable Manager – Director of Operations – Steve Leidecker

Portfolio Holder – Graham Gibbens
Director/Head – Oliver Mills

1. INTRODUCTION: RESPONSIBILITIES AND OUTLOOK

Core Purpose and Key Responsibilities of the Service

The Mental Health Joint Strategic Needs Assessment for Kent and Medway estimates that there are:

- 163,00 to 190,000 people with common mental health problems at any one time, of whom 25% need treatment
- More than 60,000 in Kent have severe Mental Health problems such as schizophrenia and severe depression and 12,000 are likely to suffer more enduring and long term illness

Kent County Council plays a significant role in the provision of services to people who need support for mental health difficulties. These services range from informal support in the community for help with social integration through to the assessment, treatment and intervention for individuals with more complex needs. Assessment, monitoring and support services are provided by 250 KCC staff seconded into the Kent and Medway NHS and Social Care Partnership Trust (K.M.P.T). These services include interventions under the Mental Health Act and the commissioning of major support packages such as domiciliary and residential care. The seconded staff form part of an integrated, multi-disciplinary mental health service within the Trust.

The Trust provides a broad range of services treating and supporting individuals with moderate mental health problems as well as those with more complex needs who require crisis assessment, inpatient treatment and specialist after care. The Trust also provides a range of other specialist services, for children (CAMHS), those with dual diagnosis, and detoxification services.

The KCC Mental Health Commissioning Team works in strong collaboration with Medway PCT which is the lead PCT for Mental Health Commissioning across Kent.

KCC commission a range of services, in partnership with Medway PCT, to support mental health recovery, promote independence and enhance social inclusion. These services include specialist employment support, advocacy, specialist supported accommodation; mental health forums, informal day support, crisis telephone support and carers support services. In the main these service are provided by the voluntary sector partners and district councils with residential social landlords for supported accommodation. In addition, the KCC Mental Health Commissioning Team is closely integrated with the Public Health and Mental Health Promotion agendas across Kent in order to promote the links between good physical and mental health.

The Unit Plan focuses on the resources - staff and money - contributed by KCC, but it must be appreciated that this is only a fraction (roughly a fifth) of the whole integrated service. Services have been jointly commissioned in partnership with the two Primary Care Trusts for the population of Kent in accordance with the National Service Framework for Mental Health.

National Developments

The government has recently launched a new 10 year strategy for Mental Health entitled New Horizons. The Strategy moves from a previous strategy which focused on developing services for individuals with complex needs, to one which focuses on a public health approach to dealing with mental health issues. The new strategy aims to prevent the development of long term mental health conditions by intervening early whenever possible. The New Horizons' strategy has several key themes:

- prevention of mental ill health and promoting mental health
- early intervention
- tackling stigma
- strengthening transitions
- personalised care

New Horizons promotes good mental health and well-being, whilst improving services for people who have mental health problems. Social and environmental problems are important precursors to poor mental health. Investing in responses to unemployment, debt, poor housing and social isolation will help create resilient communities and empower people to be in control of their care. The New Horizons Strategy supports KCC objectives as set out in Towards 2010 and Active Lives which focuses on promoting independence for people with mental health problems so they can live in their own home (or live as independently as possible within a residential home), have a choice over the support or services that they get and are in control of the support or services that they receive.

KCC Commissioners will be working in partnership with PCT colleagues to implement the New Horizons Strategy through the development of a joint Kent and Medway Strategy for Mental Health. A key element of the strategy will focus on delivering more personalised services for people with mental health difficulties through the introduction of Indicative Personal Budgets which will be available for eligible mental health service users from April 2010.

There is a raft of legislation that affects Adult Social Services as a whole as shown in the Directorate Level Plan.

Priorities

A Vision and Five Year Kent and Medway Strategy for Mental Health has been achieved. Our efforts will be targeted on the following 10 commitments.

By 2015 we will have:

- Built coalitions between all elements of public services, the voluntary sector, and the independent sector that focus on collaborative endeavour and shared enterprise to improve mental health and wellbeing.
- Lessened the stigma, discrimination and unhelpful labelling attached to mental ill health and those using mental health services.
- Reduced the occurrence and severity of common mental health problems, particularly by targeted actions to improve wellbeing for more of those people at higher risk – those in more deprived communities, those in black and minority ethnic communities, and those who are seldom heard.
- Demonstrably improved the life expectancy and the physical health of those with severe mental illness, and demonstrably improved the recognition of mental health needs in the treatment of all those with physical conditions. A key aspect of this work is to work with health promotion in tackling health inequalities focused on areas of deprivation.
- Reduced the number of suicides.
- Ensured that all people with a significant mental health concern, or their carers, can

access a crisis response service at any time and an urgent response within 24 hrs - and that service contact points are more local.

- vii. Ensured that all people using services are offered a personalised service, giving them more choice and control over the shape of support they receive wherever the care setting is.
- viii. Delivered better recovery outcomes for more people using services, and in the most appropriate setting for them.
- ix. Ensured that more people with both mental health needs and drug and/or alcohol dependency (dual diagnosis) are receiving an effective service.
- x. Delivered effective mental health services in prisons in ways that ensure the safety of more offenders with mental health problems.

2. BUDGET PROFILE SUMMARY

Budget 2010/11

2009/10		ACTIVITY/BUDGET LINE	2010/11									CABINET MEMBER
FTE	CONTROLLABLE EXPENDITURE		FTE	EMPLOYEE COSTS	RUNNING COSTS	CONTRACTS & PROJECTS	TRANSFER PAYMENTS & RECHARGES	GROSS EXPENDITURE	EXTERNAL INCOME	INTERNAL INCOME	CONTROLLABLE EXPENDITURE	
	£'000			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
		Mental Health										
		Residential Care		0.0	0.0	6,455.8	0.0	6,455.8	-772.1	0.0	5,683.7	Graham
		Domiciliary Care		0.0	0.0	980.1	-254.8	725.3	0.0	0.0	725.3	Gibbens
Page 373		Direct Payments		0.0	0.0	601.8	0.0	601.8	0.0	0.0	601.8	
		Supported Accommodation		0.0	0.0	434.6	0.0	434.6	0.0	0.0	434.6	
		Other Services		1,348.2	135.6	5,358.0	0.0	6,841.8	-901.9	0.0	5,939.9	
		MH A&R		9,316.1	723.9	0.0	-39.0	10,001.0	-875.7	0.0	9,125.3	
262.02	21,719.9	Total Mental Health		10,664.3	859.5	13,830.3	-293.8	25,060.3	-2,549.7	0.0	22,510.6	
262.02	21,719.9	TOTALS	262.02	10,664.3	859.5	13,830.3	-293.8	25,060.3	-2,549.7	0.0	22,510.6	

3. PLANNED ACTIVITY (both core business and new projects)

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

Project/development/key action	a/c manager	Link to Corporate/Directorate Target or theme	Deliverables or outcomes planned for 2010/11	Target dates
Putting People First				
Launch Joint MH Strategy with PCT which has lead on Mental Health.	D. Woodward, P, Absolon	T2010, NI149, NI 150	<ul style="list-style-type: none"> - Extensive consultation with the public has taken place and the Strategy will be launched by July. After this the tasks will be: - Further public discussion will take place. - Putting into place the action plan and key priorities 	March 2011
Work with the Trust and partners to tackle health inequalities with a focus on disadvantaged groups particularly black and ethnic minority groups.	Paul Absolon	T2010, Active Lives	<ul style="list-style-type: none"> - Less health inequalities for disadvantaged groups 	March 2011
Ensuring the availability of high quality services				
Continue to implement the action plan following the independence, well-being and choice inspection (with a focus on safe guarding)	Sue Bromley	T2010	<ul style="list-style-type: none"> - Increased numbers of completed adult protection alerts. More effective safeguarding of vulnerable adults. - Resolve overlap with Serious and Untoward Incidents (SUI) - Drive up quality - Improve the level of training 	Feb 2011
Joint protocols and training across agencies in relation to safeguarding children in the mental health arena.	Sue Bromley	T2010	Joint Protocols for Safeguarding training for MH staff.	Feb 2011

Project/ development/key action	a/c manager	Link to Corporate/Director ate Target or theme	Deliverables or outcomes planned for 2010/11	Target dates
Working with partners to tackle physical health problems for people with Mental Health difficulties in a targeted way to reduce health inequalities and increase life expectancy.	James Sinclair	T2010 , Living Later Life to the Full	<ul style="list-style-type: none"> - Partnership with Charlton Athletic launched with KMPT - Building relationships with health promotion in East and West Kent - Active mobs linked to MH projects in Swale and Thanet. - Active Minds - Healthy walk initiatives 	March 2011
Training for MH Staff on FACs Criteria and the implications for personalisation and personal budgets.	James Sinclair Mary Macdonald	T2010	Application of FACs to support the personalisation agenda	March 2011
Develop support brokerage in Mental Health.	Paul Absolon Dave Wooward	T2010	Look at a range of innovative ways of delivering Brokerage including the launch of 'signpost kent' web based assessment and support brokerage tool.	March 2011
Establish Employment advisors in Early Intervention Psychosis teams.	Dave Woodward, Paul Absolon	NI150. T2010	Increased numbers of young MH service users supported to return to employment or in full time education	Dec 2010
Working in partnership				
To work with other KCC Directorates, including Communities (focusing on people with mental health difficulties who are disadvantaged due to poor literacy skills) and Public Health (focusing on Health inequalities and prevention in mental health)	Dave Woodward	Kent Literacy strategy	<ul style="list-style-type: none"> - Develop a Kent wide Approach to Literacy and Reading - Reducing social isolation - Improving confidence <p>Refer to above section on physical health programmes</p>	March 2011

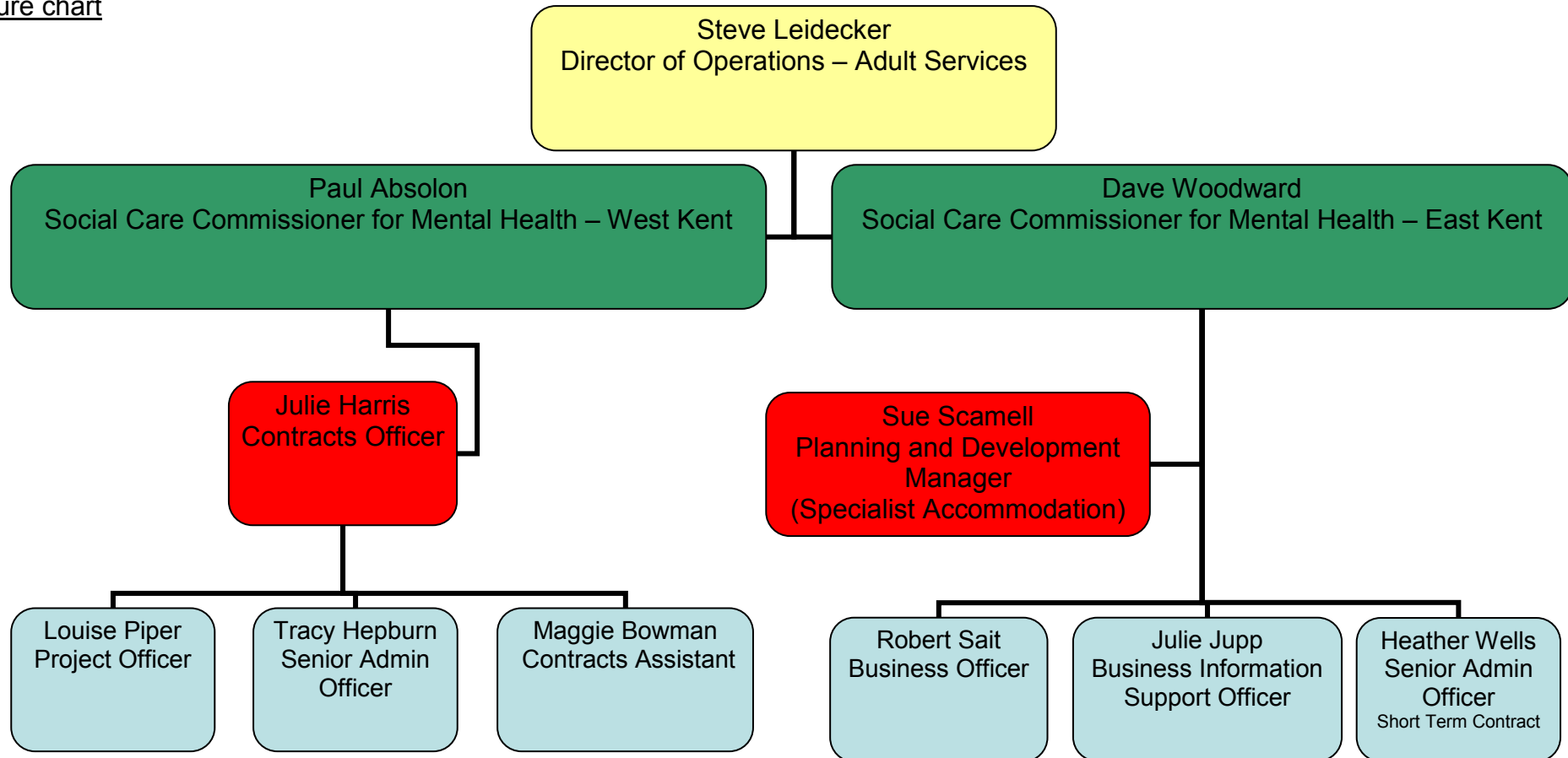
Project/ development/key action	a/c manager	Link to Corporate/Director ate Target or theme	Deliverables or outcomes planned for 2010/11	Target dates
To provide additional capacity within the Horizons service across the Eastern and Coastal directorate.	Sue Scammell	NI150 Regeneration Framework, Living Later Life to the Full	20 additional units of supported accommodation across East Kent.	March 2011
Work with partners to develop a seamless transition for young people from CAMHS to adult mental health services	Dave Woodward/ CFE	T2010	Continuation of seamless support into adulthood for this group.	March 2011
Work with the market to ensure that services are focused on: Personalisation Promoting Independence Recovery	Dave Woodward, Paul Absolon	T2010, Active Lives	Have in place a flexible market which can respond to personalisation, promoting independence and recovery.	March 2011
Valuing, developing and supporting the social care workforce				
Develop a range of new strategies to support the recruitment and retention of competent staff and support current staff .	Mary Macdonald Julie Cudmore	Workforce strategy	Improved staff retention.	March 2011
Making best use of resources				
To Modernise supported accommodation from shared accommodation to individual apartments.	Sue Scammell	T2010, Regeneration Framework	To re provide the 3 MCCH properties in Maidstone to a brand new development in central Maidstone.	Feb 2011
To work with partners to pilot a mental health hub to improve early access to mental health services. This will reduce costs by co-location of services	Dave Woodward	Active Lives	Learn lessons from the pilot and if successful roll out across the county	March 2011

The business objectives set out in this plan are monitored to ensure they will be delivered. Risks associated with potential non-delivery, and the controls in place to mitigate those risks, have been assessed and documented as part of the annual operating plan process. Risk Registers and business continuity plans are maintained in relation to major projects and core business and are available on request.

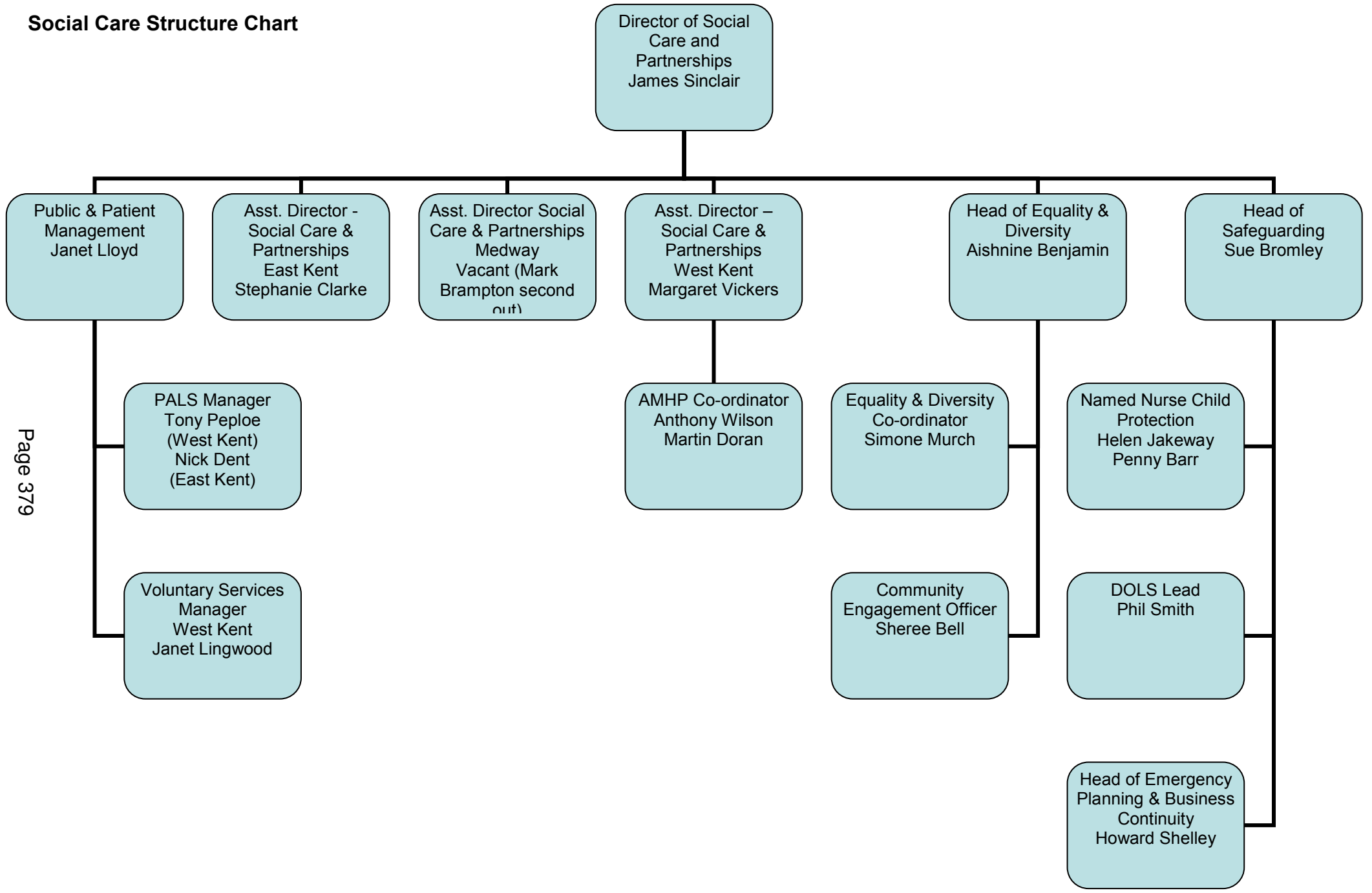
In line with financial regulations, any capital projects on this list will be subject to a prior "gateway review" by the Project Advisory Group and in consultation with the Leader.

4. STAFFING PROFILE

Structure chart



Social Care Structure Chart



Staffing

	2009/10	2010/11
Grade KS 13 (or equivalent) and above	6.32	4.51
Grade KS 12 (or equivalent) and below	255.70	257.51
TOTAL	262.02	262.02
Of the above total, the estimated FTE which are externally funded	26.40	28.25

Since the publication of the 2009 – 2010 Business Plans, the Directorate has gone through a major restructuring. To reflect the new structure a Learning Disability plan has been introduced. Although the overall staffing figures remain the same for KASS, there is in some plans differences in staffing numbers as a result of the restructure.

In this plan there are no significant changes.

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

Performance Management

Performance information shown below is KASS wide

Performance Measure or Activity	Accountable Manager	Monitoring Frequency	Actual performance 2008/09	Estimated performance 2009/10	Target performance 2010/11	Link to strategic priority
NI 132 Timeliness of social care assessments (RAP)	SMT	Monthly	83.4%	85%	It is not possible to give targets for 2010/11 as they will not be set until April 2010	National Indicator
NI 133 Timeliness of Social Care Packages (RAP)	SMT	Monthly	95%	95%	It is not possible to give targets for 2010/11 as they will not be set until April 2010	National Indicator
NI 135 Carers receiving needs assessment or review and a specific carer's service or advice and information	SMT	Monthly	29%	29%	It is not possible to give targets for 2010/11 as they will not be set until April 2010	National Indicator
NI 136 People supported to live independently through		Monthly	34213	34300	It is not possible to	National Indicator

Performance Measure or Activity	Accountable Manager	Monitoring Frequency	Actual performance 2008/09	Estimated performance 2009/10	Target performance 2010/11	Link to strategic priority
social services (all ages)	SMT				give targets for 2010/11 as they will not be set until April 2010	
Number of supported residents with mental health problems in residential/ nursing care	Steph Abbott	Monthly	187	192	No target available until April 2010	MH Specific
Number of service users in receipt of domiciliary care as at 31 st March	Steph Abbott	Monthly	536	480	No target available until April 2010	MH Specific
Number of service users receiving a Direct Payments as at 31 st March	Steph Abbott	Monthly	138	137	No target available until April 2010	MH Specific

2008/09

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

To: Adult Social Services Policy Overview & Scrutiny Committee –
25 June 2010

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

Classification: Unrestricted

Summary: A report on the final outturn expenditure against budget for
Kent Adult Social Services.

Introduction

1. (1) This is the final report for 2009-10 to this Committee on the 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 was arranged for November to discuss the future Budget and MTP proposals in more detail. At its April meeting the Scrutiny

Board recommended that all POSCs need to formulate their arrangements for contributing to the development of the budget so that they are able to have an input at an earlier stage than previous years. In particular POSCs should consider whether the Informal Member Groups set up following the November 2009 meeting should meet regularly between now and December when the draft budget needs to be finalised for formal consultation. This was re-affirmed at a recent training session for all Overview and Scrutiny members.

Kent Adult Social Services 2009/10 Financial Outturn - Revenue

3. (1) The revenue outturn was reported to Cabinet on 14th June and an extract of this report is attached. The overall position for the Directorate was a net overspend of £0.182m.

(2) Table 1 sets out the original budget, final approved cash limit and spending for each budget line within the Kent Adult Social Services Directorate. The changes between the original budget and final approved cash limit are all within KCC's "virement" rules as set out in Financial Regulations.

Table 1

Budget Book Heading	Original Published Budget (Net)	Approved Cash Limit (Net)	Final Outturn (Net)	Variance from Cash Limit (Net)
	N	N	N	N
	£'000s	£'000s	£'000s	£'000s
Adult Services portfolio				
Older People:				
- Residential Care	54,854	55,049	54,477	-572
- Nursing Care	23,828	24,140	24,886	746
- Domiciliary Care	38,732	36,689	35,280	-1,409
- Direct Payments	3,917	4,202	4,262	60
- Other Services	16,979	17,007	16,640	-367
Total Older People	138,310	137,087	135,545	-1,542
People with a Learning Difficulty:				
- Residential Care	55,341	52,790	55,069	2,279
- Domiciliary Care	6,506	6,054	5,486	-568
- Direct Payments	5,890	5,381	6,681	1,300
- Supported Accommodation	6,503	8,431	8,531	100
- Other Services	18,137	18,249	17,368	-881
Total People with a LD	92,377	90,905	93,135	2,230
People with a Physical Disability				
- Residential Care	10,479	10,267	10,981	714
- Domiciliary Care	7,109	6,878	7,193	315
- Direct Payments	6,121	6,447	6,604	157
- Supported Accommodation	405	386	371	-15
- Other Services	4,903	5,293	4,567	-726
Total People with a PD	29,017	29,271	29,716	445

Budget Book Heading	Original Published Budget (Net)	Approved Cash Limit (Net)	Final Outturn (Net)	Variance from Cash Limit (Net)
	N	N	N	N
	£'000s	£'000s	£'000s	£'000s
Adult Services portfolio				
All Adults Assessment & Related	34,414	35,234	34,396	-838
Mental Health Service				
- Residential Care	5,618	5,482	6,563	1,081
- Domiciliary Care	903	627	651	24
- Direct Payments	386	602	317	-285
- Supported Accommodation	292	435	484	49
- Assessment & Related	9,184	9,106	8,811	-295
- Other Services	5,641	5,832	5,484	-348
Total Mental Health Service	22,024	22,084	22,310	226
Supporting People	32,882	0	0	0
Gypsy & Traveller Unit	341	341	425	84
Strategic Management	1,303	1,325	1,212	-113
Strategic Business Support	21,325	19,110	17,812	-1,298
Support Services purchased from CED	7,462	7,301	7,294	-7
Specific Grants	-38,637	-7,636	-6,651	985
Adult Services controllable	340,918	335,122	335,304	182

(3) Although the over spend of £0.182m is a decrease of £0.013m from the figure reported last month, the Directorate was unable to achieve all of the management action required to reach a balanced outturn position. The risk of this happening has been highlighted in previous reports to Cabinet. Within the small reduction overall are some larger compensating movements as follows:

- +£0.403m Older People Residential Care – almost half of the increase relates to the final adjustments to the bad debt provision. Alongside this was an increase in clients from 2,729 in January to 2,740 in February and again to 2,751 by the end of March, as well as small increases against preserved rights costs, in-house provision and integrated care centres as well as a decrease in the actual income against what was expected.
- +£0.421m Older People Nursing Care – this is mainly because an additional £0.134m is required for the bad debt provision and there have also been increases in the number of clients in permanent nursing care and the amount of non permanent weeks of care required. The amount of income is approximately £200k less than previously expected.
- -£0.225 Older People Domiciliary Care – this line reduced following release of the balance of the creditor provision made in 2008-09 in respect of the Transaction Data Matching (TDM) system. As agreed with the external auditors, the provision was made last year following a

detailed review of payments to suppliers against the number of hours ordered through Swift (the client activity system), which suggested that additional costs could be invoiced for. During 2009/10 this position has been monitored and discussed with providers with the result that some of the creditor has proved not to be needed and has therefore been released to reduce the revenue position.

- +£0.180m Learning Disability Residential Care – this is primarily due to income being lower than expected.
- -£0.421m Learning Disability Domiciliary Care – just under £0.100m relates to the TDM issue already referred to within Older People Domiciliary Care, and a further £0.060m relates to re-phasing of expenditure against the Social Care Reform Grant.
- -£0.446m Learning Disability Supported Accommodation – £0.227m of this reduction relates to additional continuing healthcare funding for a placement following arbitration. The number of clients is also less than anticipated with a number of placements not now expected to start until the new financial year.
- -£0.114m Physical Disability Domiciliary Care – this is primarily as a result of releasing the balance of the creditor provision made in 2008-09 in respect of the TDM issue referred to above.
- -£0.161m All Adults Assessment & Related – this is mainly due to further slippage in posts funded through the Social Care Reform and the Learning Disability Campus Grant.
- -£0.115m Strategic Business Support – this is mainly due to further slippage in posts funded through the Social Care Reform and the Learning Disability Campus Grant.
- +£0.300m Specific Grant Income – this is because more grant income is being rolled forward as a receipt in advance to cover the costs that have re-phased in to 2010-11, as referred to above. Of this £0.170m relates to the Learning Disability Campus Grant and £0.130m relates to the Social Care Reform Grant.

Kent Adult Social Services 2009/10 Financial Outturn - Capital

4. (1) Table 2 identifies the planned and actual spend on all capital projects in 2009/10. Appendix 1 includes an extract from the report which went to Cabinet on 14 June 2010.

Table 2

Project Description	2009-10 Outturn			
	Original Published Budget	Approved Budget	Final Outturn	Variance from Budget
	£'000	£'000	£'000	£'000
Rolling Programme				
Asset Maintenance	691	532	377	-155
Home Support Fund	970	1,015	1,045	30
Rolling Programme Total	1,661	1,547	1,422	-125
Approval To Spend				
Learning Disability Development Fund	123	154	163	9
Edenbridge Community & Leisure Centre	209	23	24	1
Princess Christian Farm	614	614	549	-65
Crispe House-Refurbishment & Provision	94	52	2	-50
FAME	1,876	235	183	-52
Gypsy site Modernisation	0	43	43	0
Trinity Foyer	0	60	60	0
PFI Excellent Homes	1,200	0	0	0
Modernisation of Day Services for Physically Disabled People in NW Kent	0	109	51	-58
Beaney Centre	300	0	0	0
Broadmeadow Build	0	7	7	0
Community Care Centre Thameside-The Bridge	0	32	19	-13
Bower Mount Project	0	2	3	1
Public Access Development	282	159	106	-53
Rusthall	0	0	1	1
Approval To Spend-Total	4,698	1,490	1,211	-279
Approval To Plan				
Mental Health Single Capital Pot	100	3	-1	-4
Social & Healthcare Centre in Dartford	2,620	10	1	-9
IT Infrastructure Grant	388	388	291	-97
Approval To Plan-Total	3,108	401	291	-110
Projects At Initial Planning Stage				
Broadmeadow Extension	1,800	270	224	-46
Projects At Initial Planning Stage-Total	1,800	270	224	-46
PFI Lifecycle Costs	0	0	250	250
Overall Total	11,267	3,708	3,398	-310
Total Should be (Exc Big PFI) & as per June Cabinet	11,267	3,708	3,398	-310

(2) The movements from the original budget and the approved cash limit have been reported in monitoring during the year and the cash limits were changed when the capital programme in 2010/13 medium term plan was approved in February.

Kent Adult Social Services 2009/10 Debt

5. (1) The outstanding debt as at the end of March was £14.157m compared with January's figure of £15.054m (reported to Cabinet in March) excluding any amounts not yet due for payment (as they are still within the 28 day payment term allowed). Within this figure is £1.643m of sundry debt compared to £2.521m in January. Also within the outstanding debt is £12.514m relating to Social Care (client) debt which is a small reduction of £0.019m from the last reported position. More detail is attached in Appendix 1 which shows an extract from the report which went to Cabinet on 14 June 2010.

Recommendations

6. (1) Members of the Policy Overview and Scrutiny Committee are asked to:
- a) NOTE the revenue and capital financial for outturn for 2009/10
 - b) Members are asked to consider how the POSC should contribute to the development of the 2011/12 budget and to agree that an Informal Member Group be asked to meet on a regular basis in order to get a fuller understanding of the implications of potential budget reductions and to report back to the full POSC.

Michelle Goldsmith
Directorate Finance Manager
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Background documents: None

To: CABINET – 14 June 2010 (Extract from Report)

By: John Simmonds, Cabinet Member – Finance
Lynda McMullan, Director of Finance

- (1) REVENUE AND CAPITAL BUDGET OUTTURN 2009-10
- (2) REVENUE BUDGET ROLL FORWARD
- (3) CAPITAL BUDGET ROLL FORWARD
- (4) 2009-10 FINAL MONITORING OF KEY ACTIVITY INDICATORS

REVENUE AND CAPITAL BUDGET OUTTURN 2009-10

REVENUE BUDGET OUTTURN 2009-10

TABLE 1: PROVISIONAL FINAL REVENUE OUTTURN BY PORTFOLIO

Portfolio	Budget	Provisional Outturn	Variance	Variance per last report	Movement
	£k	£k	£k	£k	£k
KASS	+335,122	+335,304	+182	0	+182

The overall position for the portfolio has moved by +£0.182m since the last report to Cabinet. The overall gross position for the portfolio has only marginally moved since the last report to Cabinet, with a net reduction of £0.013m from the £0.195m last reported, however as highlighted as a risk in recent reports to Cabinet, KASS were unable to achieve all of the management action required to reach a balanced outturn position. However, within this there have been some larger compensating movements between service lines. The main movements are:

- +£0.403m Older People Residential Care – approximately half of this movement relates to the final adjustments to the bad debt provision. Although estimates of the impact on each budget line are made throughout the year, it is only at year end that the split between client groups is actually known, so there are always likely to be movements. Client numbers have also increased from 2,729 in January to 2,740 in February and again to 2,751 by the end of March with a subsequent impact on expenditure. There have also been small increases against preserved rights, in-house provision and integrated care centres as well as a decrease in the actual income against what was expected.
- +£0.421m Older People Nursing Care – this is mainly because an additional £0.134m is required for the bad debt provision and there have also been increases in the number of clients in permanent nursing care and the amount of non permanent weeks of care required. The amount of income is approximately £200k less than previously expected.
- -£0.225 Older People Domiciliary Care – this is primarily as a result of releasing the balance of the creditor provision made in 2008-09 in respect of the Transaction Data Matching (TDM) system. The provision was made last year following a detailed review of payments to suppliers against the number of hours ordered through Swift (the client activity system), which suggested that additional costs could be invoiced for. The calculation of this provision was agreed with the council's external auditors. The position has been monitored and discussed with providers throughout the year and as a result some of the creditor has proved not to be needed and has therefore been released to reduce the revenue position.
- +£0.180m Learning Disability Residential Care – this is primarily due to income being lower than expected.
- -£0.421m Learning Disability Domiciliary Care – of this movement £0.088m relates to the TDM issue already referred to within Older People Domiciliary Care, and a further £0.060m relates to re-phasing of expenditure against the Social Care Reform Grant.

- -£0.446m Learning Disability Supported Accommodation – of this £0.227m relates to additional continuing healthcare funding for a placement following arbitration. The number of clients is also less than anticipated with a number of placements not now starting until the new year.
- -£0.114m Physical Disability Domiciliary Care – this is primarily as a result of releasing the balance of the creditor provision made in 2008-09 in respect of the TDM issue referred to above.
- -£0.161m All Adults Assessment & Related – this is mainly due to further slippage in posts funded through the Social Care Reform and the Learning Disability Campus Grant.
- -£0.115m Strategic Business Support – this is mainly due to further slippage in posts funded through the Social Care Reform and the Learning Disability Campus Grant.
- +£0.300m Specific Grant Income – this is because more grant income is being rolled forward as a receipt in advance to cover the costs that have re-phased in to 2010-11, as referred to above. Of this £0.170m relates to the Learning Disability Campus Grant and £0.130m relates to the Social Care Reform Grant.

CAPITAL BUDGET OUTTURN 2009-10

The following changes have been made to the capital programme since the last report to Cabinet:

Cash Limit Changes

	£000s 2009-10	£000s 2010-11
Kent Adult Social Services	-134	134

TABLE 3: PROVISIONAL FINAL CAPITAL OUTTURN BY PORTFOLIO

Portfolio	Budget	Provisional Outturn	Variance	Variance per last report exc re-phasing	Movement
	£k	£k	£k	£k	£k
KASS	+3,708	+3,398	-310	-350	+40

Kent Adult Social Services Portfolio:

The capital outturn for the portfolio has moved by +£0.040m since the previous reported position. This main changes being:-

- Flexible and Mobile Engagement/SWIFT enhancement projects (rephasing -£0.114m): elements of these projects are joint working partnerships with the NHS. A decision was taken very late in the financial year not to order remaining permanent hardware until interim solutions had been tested and verified with the NHS.
- Westview/Westbrook/Better Homes lifecycle costs (PFI) (+£0.249m): the accounting for PFI has changed and part of the unitary costs are now capitalised.

Overall this leaves a residual balance of -£0.095m on minor projects.

2. REVENUE BUDGET ROLL FORWARD PROPOSALS

		£k
Provisional outturn variance:	KASS portfolio	182
	Transfer from Finance portfolio	-301
		-119
Committed roll forwards:		
▪	Contribution to Integrated Community Equipment Store pooled budget	119
	This represents KCC's share of the underspend of the ICES Board. Under the terms of the S75 agreement, we have an obligation to provide this funding to the pooled budget. The underspending relating to partners contributions has been 'rolled forward' as a receipt in advance.	
		119
UNCOMMITTED		0

3. CAPITAL RE-PHASING

The 2010-11 Capital Programme will be adjusted to reflect the re-phasing as follows:-

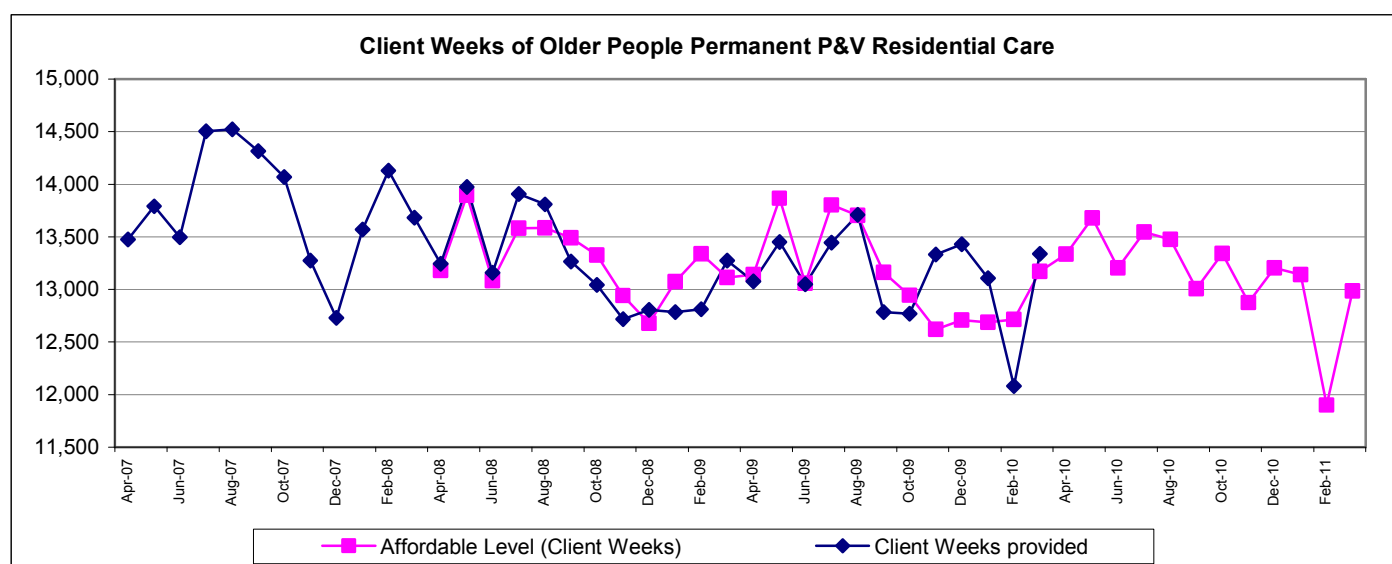
KASS	2009-10	2010-11	2011-12	Future Years	Total
	£k	£k	£k	£k	
Modernisation of Assets					
Amended total cash limits	533.0	1,107.0	267.0	275.0	2,182.0
re-phasing	-153.0	153.0	0.0	0.0	0.0
Revised project phasing	380.0	1,260.0	267.0	275.0	2,182.0
Total re-phasing >£100k	-153.0	153.0	0.0	0.0	0.0
Other re-phased Projects below £100k	-407.0	407.0			
TOTAL RE-PHASING	-560.0	560.0	0.0	0.0	0.0

4. 2009-10 FINAL MONITORING OF KEY ACTIVITY INDICATORS

The affordable levels included for 2010-11 are based on the approved budget, however KASS will be reviewing the split of their budget across service groups in light of the outturn and any changes will be requested in the first full monitoring report for 2010-11, to be reported to Cabinet in September. The affordable levels of activity will therefore change as a result of this exercise.

1.1 Number of client weeks of older people permanent P&V residential care provided compared with affordable level:

	2007-08		2008-09		2009-10		2010-11
	Affordable Level (Client Weeks)	Client Weeks of older people permanent P&V residential care provided	Affordable Level (Client Weeks)	Client Weeks of older people permanent P&V residential care provided	Affordable Level (Client Weeks)	Client Weeks of older people permanent P&V residential care provided	Affordable Level (Client Weeks)
April		13,476	13,181	13,244	13,142	13,076	13,335
May		13,789	13,897	13,974	13,867	13,451	13,679
June		13,495	13,084	13,160	13,059	13,050	13,204
July		14,502	13,581	13,909	13,802	13,443	13,543
August		14,520	13,585	13,809	13,703	13,707	13,475
September		14,316	13,491	13,264	13,162	12,784	13,007
October		14,069	13,326	13,043	12,943	12,768	13,340
November		13,273	12,941	12,716	12,618	13,333	12,875
December		12,728	12,676	12,805	12,707	13,429	13,206
January		13,568	13,073	12,784	12,685	13,107	13,140
February		14,131	13,338	12,810	12,712	12,082	11,899
March		13,680	13,114	13,275	13,172	13,338	12,987
TOTAL	169,925	165,546	159,287	158,793	157,572	157,568	157,690

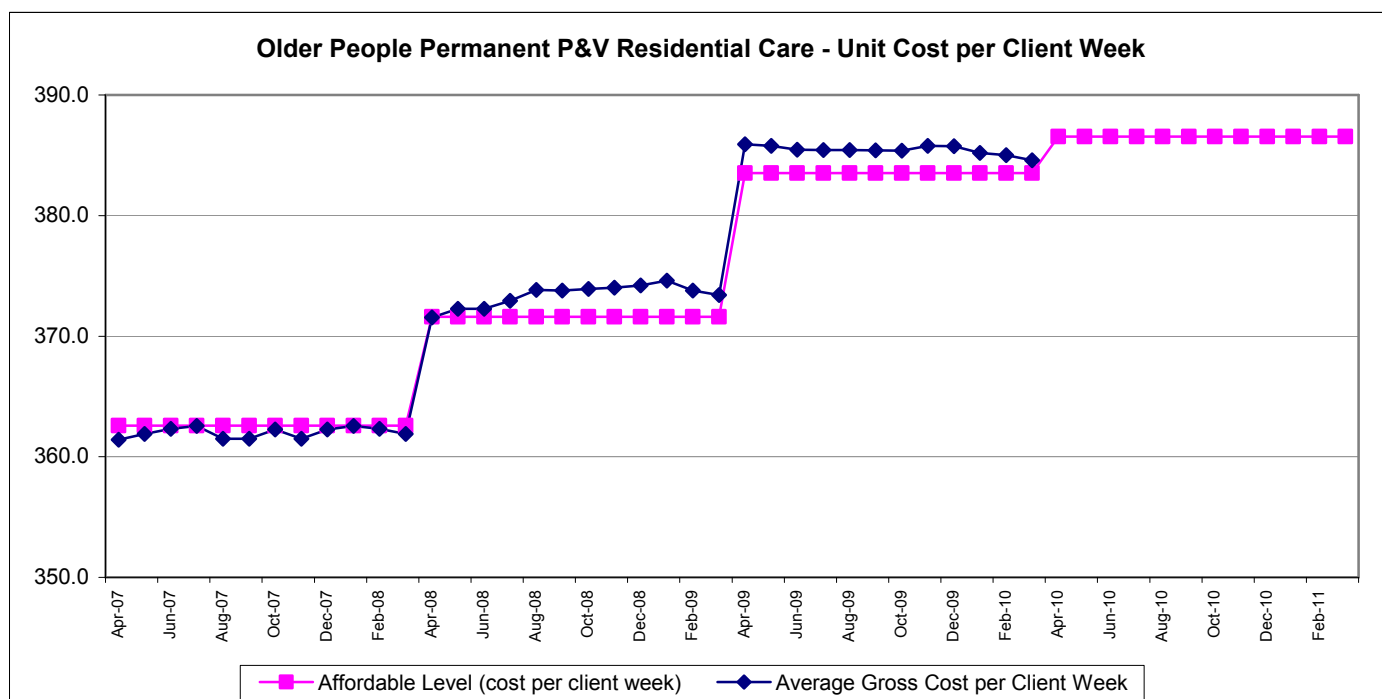


Comments:

- The above graph reflects the number of client weeks of service provided as this has a greater influence on cost than the actual number of clients. The actual number of clients in older people permanent P&V residential care at the end of 2007-08 was 2,917 and at the end of March 2009 it was 2,832. In December, the number was 2,774 and the numbers continued to decrease to 2,751 in March.
- The outturn position is 157,568 weeks of care against an affordable level of 157,572, a difference of four weeks. Using the actual unit cost of £384.59, this reduced level of activity generated an underspend of £2k.

1.2 Average gross cost per client week of older people permanent P&V residential care compared with affordable level:

	2007-08		2008-09		2009-10		2010-11
	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)
April	362.60	361.41	371.60	371.54	383.52	385.90	386.54
May	362.60	361.90	371.60	372.28	383.52	385.78	386.54
June	362.60	362.31	371.60	372.27	383.52	385.47	386.54
July	362.60	362.56	371.60	372.94	383.52	385.43	386.54
August	362.60	361.50	371.60	373.84	383.52	385.44	386.54
September	362.60	361.50	371.60	373.78	383.52	385.42	386.54
October	362.60	362.27	371.60	373.91	383.52	385.39	386.54
November	362.60	361.50	371.60	374.01	383.52	385.79	386.54
December	362.60	362.27	371.60	374.22	383.52	385.76	386.54
January	362.60	362.56	371.60	374.61	383.52	385.20	386.54
February	362.60	362.31	371.60	373.78	383.52	385.01	386.54
March	362.60	361.90	371.60	373.42	383.52	384.59	386.54

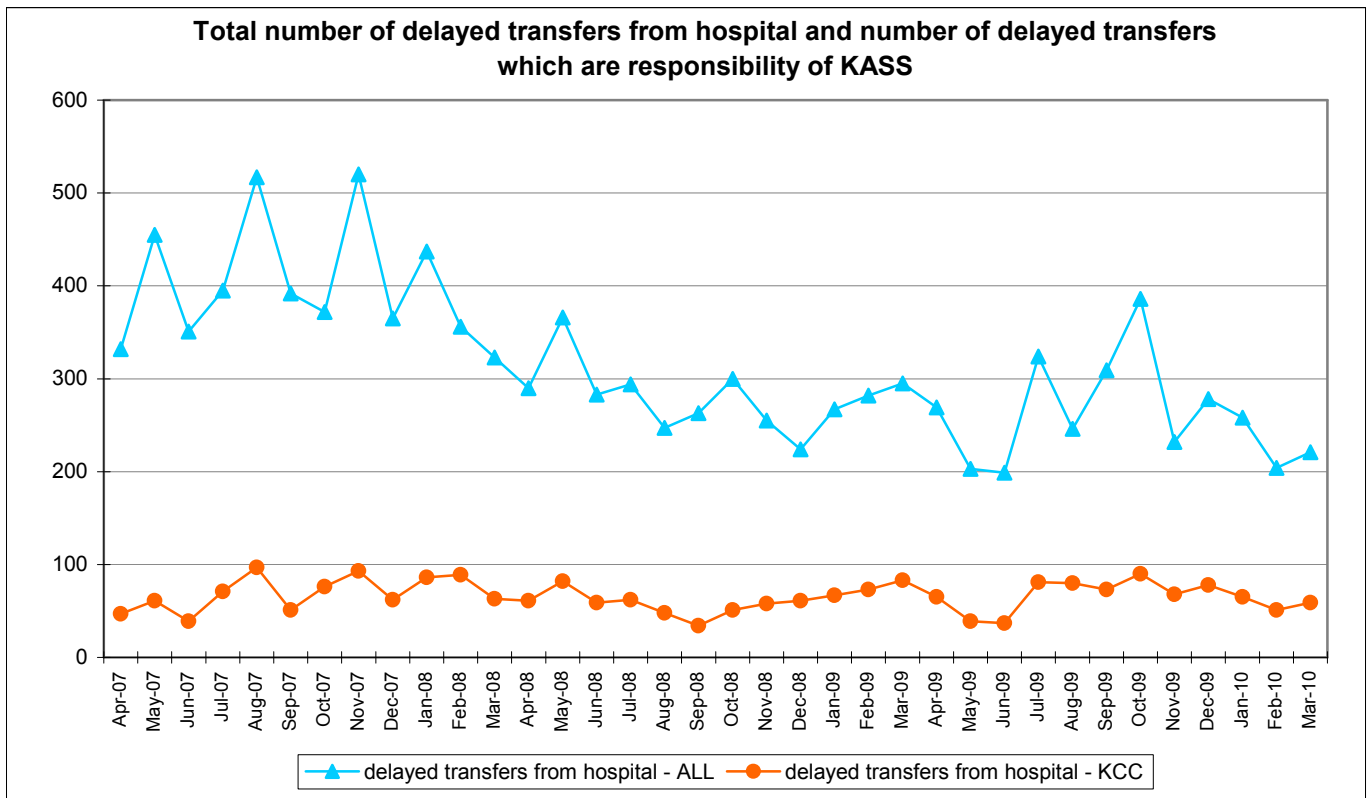


Comments:

- The increase in unit cost over the last year is higher than inflation, but reflects the increasing proportion of clients with dementia.
- The unit cost of £384.59 is higher than the affordable cost of £383.52 and this difference of +£1.07 added £169k to the outturn position when multiplied by the affordable weeks.

1.3 Total of All Delayed Transfers from hospital compared with those which are KASS responsibility:

	2007-08		2008-09		2009-10	
	ALL	KASS responsibility	ALL	KASS responsibility	ALL	KASS responsibility
April	332	47	290	61	269	65
May	455	61	366	82	203	39
June	351	39	283	59	199	37
July	395	71	294	62	324	81
August	517	97	247	48	246	80
September	392	51	263	34	309	73
October	372	76	300	51	386	90
November	520	93	255	58	232	68
December	365	62	224	61	278	78
January	437	86	267	67	258	65
February	356	89	282	73	204	51
March	323	63	295	83	221	59

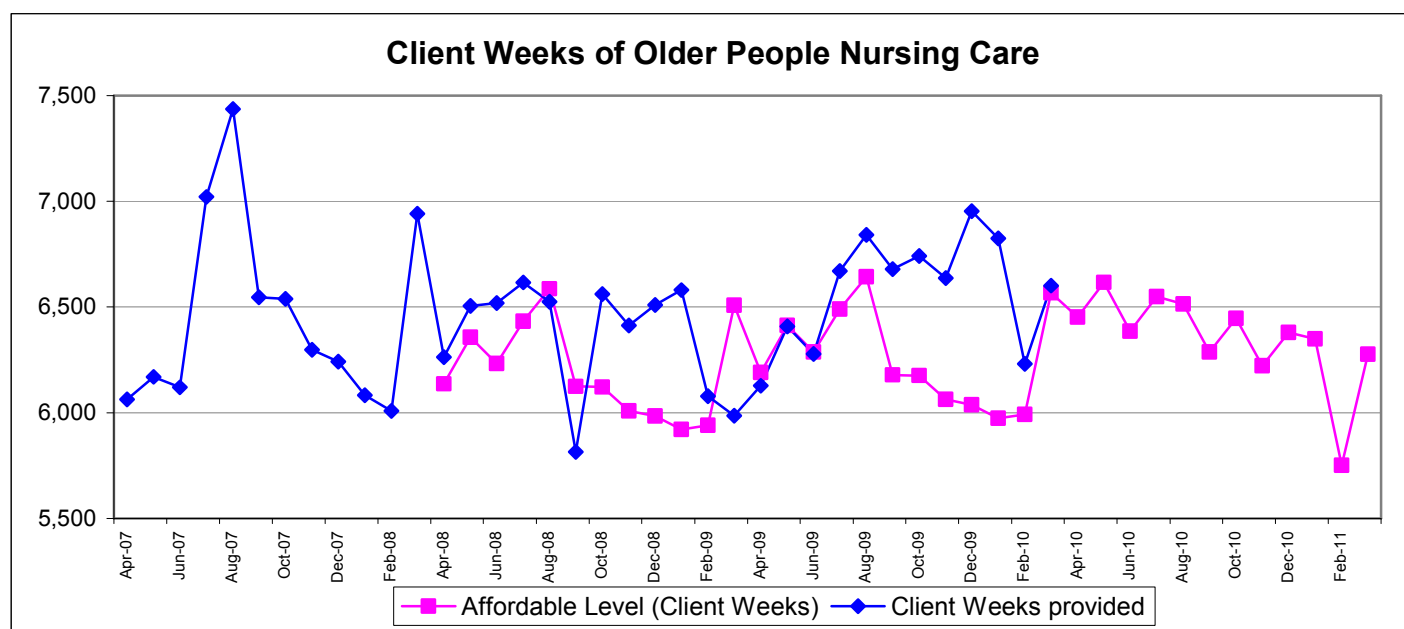


Comments:

- The Delayed Transfers of Care (DTCs) show the numbers of people whose movement from an acute hospital has been delayed. Typically this may be because they are waiting for an assessment to be completed, they are choosing a residential or nursing home placement, or waiting for a vacancy to become available. This figure shows all delays, but those attributable to Adult Social Services, and therefore subject to the reimbursement regime, are a minority. There are many reasons for fluctuations in the number of DTCs which result from the interaction of various different factors within a highly complex system across both Health and Social Care.
- This activity information is obtained from a national database based on data provided by the PCTs.

2.1 Number of client weeks of older people nursing care provided compared with affordable level:

	2007-08		2008-09		2009-10		2010-11
	Affordable Level (Client Weeks)	Client Weeks of older people nursing care provided	Affordable Level (Client Weeks)	Client Weeks of older people nursing care provided	Affordable Level (Client Weeks)	Client Weeks of older people nursing care provided	Affordable Level (Client Weeks)
April		6,062	6,137	6,263	6,191	6,127	6,452
May		6,170	6,357	6,505	6,413	6,408	6,616
June		6,120	6,233	6,518	6,288	6,279	6,386
July		7,020	6,432	6,616	6,489	6,671	6,548
August		7,436	6,586	6,525	6,644	6,841	6,514
September		6,546	6,124	5,816	6,178	6,680	6,288
October		6,538	6,121	6,561	6,175	6,741	6,446
November		6,298	6,009	6,412	6,062	6,637	6,222
December		6,243	5,984	6,509	6,037	6,952	6,380
January		6,083	5,921	6,580	5,973	6,824	6,349
February		6,008	5,940	6,077	5,992	6,231	5,752
March		6,941	6,507	5,985	6,566	6,601	6,277
TOTAL	74,707	77,463	74,351	76,367	75,008	78,992	76,230

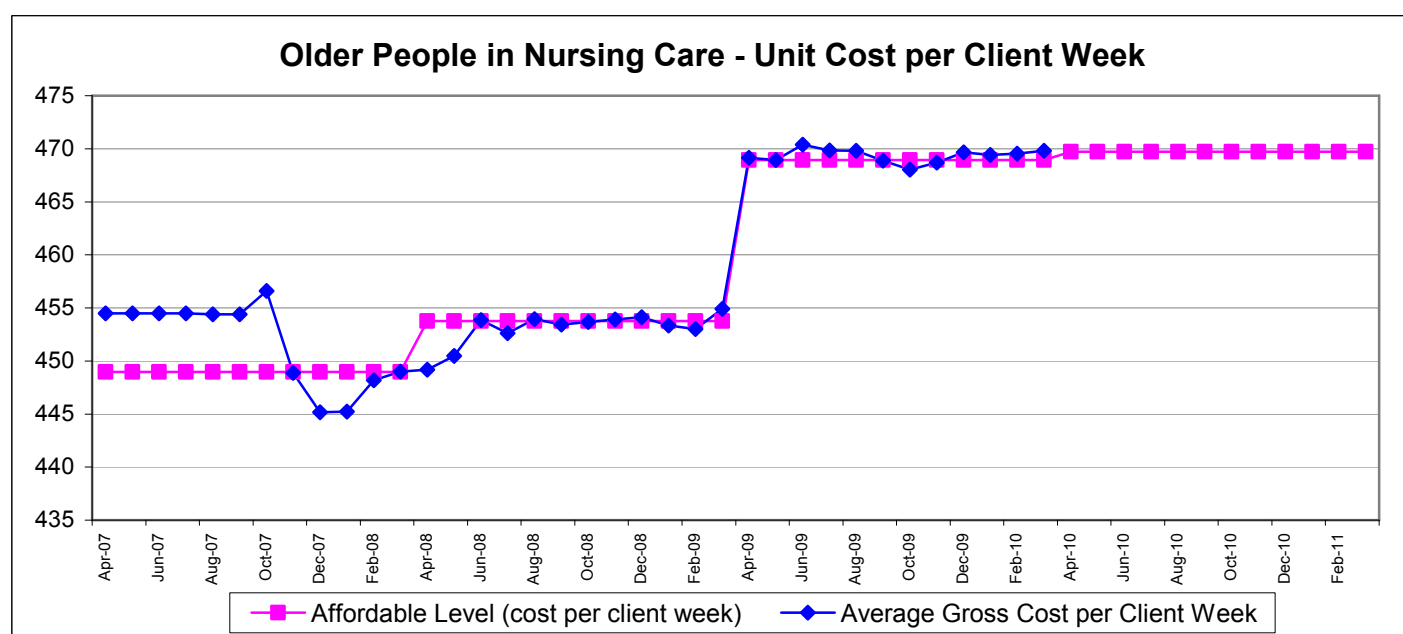


Comment:

- The above graph reflects the number of client weeks of service provided as this has a greater influence on cost than the actual number of clients. The actual number of clients in older people nursing care at the end of 2007-08 was 1,386, at the end of March 2009 it had decreased to 1,332, and in December it had increased slightly to 1,386, but decreased again to 1,374 in March.
- The outturn position is 78,992 weeks of care against an affordable level of 75,008, a difference of 3,984 weeks. Using the actual unit cost of £469.80, this additional activity added £1,872k to the outturn position.
- There are always pressures in permanent nursing care which may occur for many reasons. Increasingly, older people are entering nursing care only when other ways of support have been explored. This means that the most dependent are those that enter nursing care and consequently are more likely to have dementia. In addition, there will always be pressures which the directorate face, for example the knock on effect of minimising delayed transfers of care. Demographic changes – increasing numbers of older people with long term illnesses – also means that there is an underlying trend of growing numbers of people needing nursing care.

2.2 Average gross cost per client week of older people nursing care compared with affordable level:

	2007-08		2008-09		2009-10		2010-11
	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)
April	448.98	454.50	453.77	449.18	468.95	469.15	469.71
May	448.98	454.50	453.77	450.49	468.95	468.95	469.71
June	448.98	454.50	453.77	453.86	468.95	470.37	469.71
July	448.98	454.50	453.77	452.61	468.95	469.84	469.71
August	448.98	454.40	453.77	453.93	468.95	469.82	469.71
September	448.98	454.40	453.77	453.42	468.95	468.88	469.71
October	448.98	456.60	453.77	453.68	468.95	468.04	469.71
November	448.98	448.88	453.77	453.92	468.95	468.69	469.71
December	448.98	445.16	453.77	454.13	468.95	469.67	469.71
January	448.98	445.22	453.77	453.33	468.95	469.42	469.71
February	448.98	448.17	453.77	453.02	468.95	469.55	469.71
March	448.98	449.00	453.77	454.90	468.95	469.80	469.71

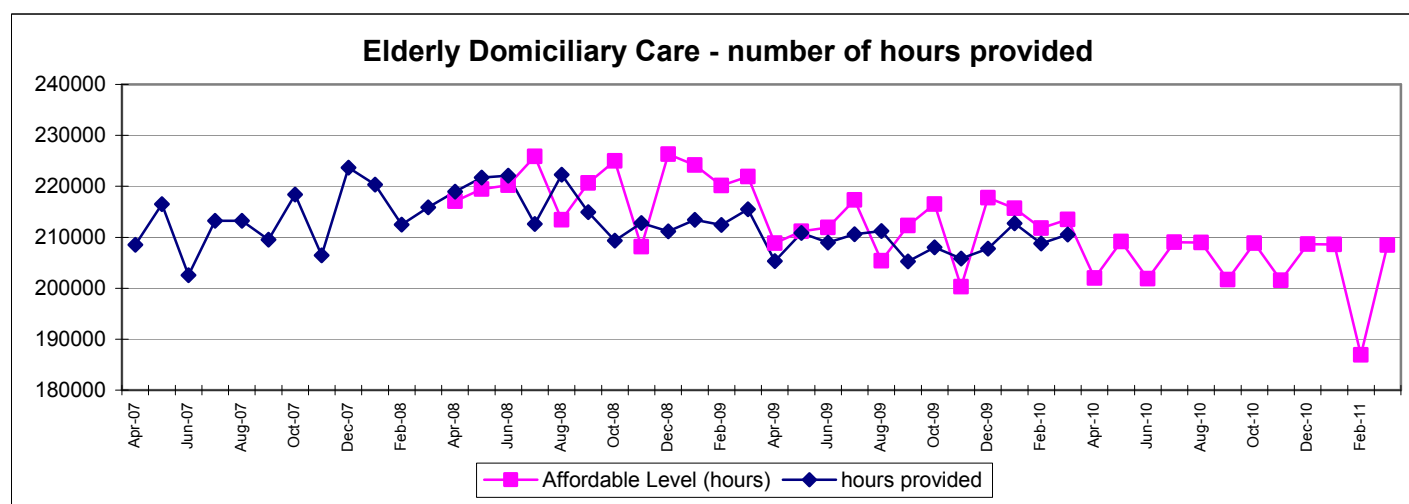
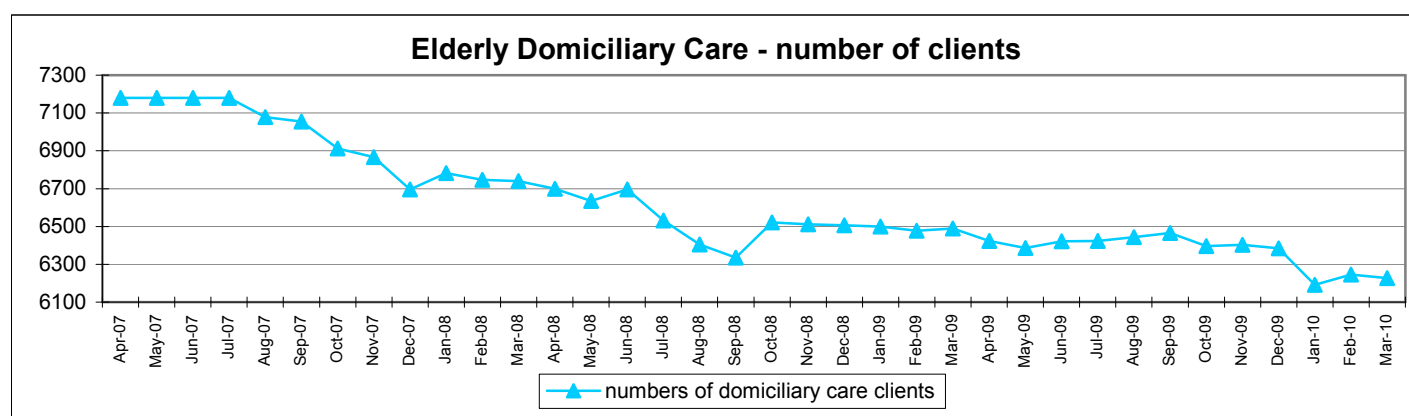


Comments:

- As with residential care, the unit cost for nursing care will be affected by the increasing proportion of older people with dementia who need more specialist and expensive care
- The unit cost of £469.80 is slightly above the affordable cost of £468.95 but does fluctuate with the differing placements within it (non OPMH, OPMH and non permanent). The difference in unit cost of £0.85 caused an overspend of £63k when multiplied by the affordable weeks.

3.1 Elderly domiciliary care – numbers of clients and hours provided in the independent sector:

	2007-08			2008-09			2009-10			2010-11
	Affordable level (hours)	hours provided	number of clients	Affordable level (hours)	hours provided	number of clients	Affordable level (hours)	hours provided	number of clients	Affordable level (hours)
April		208,524	7,179	217,090	218,929	6,700	208,869	205,312	6,423	201,963
May		216,477	7,180	219,480	221,725	6,635	211,169	210,844	6,386	209,137
June		202,542	7,180	220,237	222,088	6,696	211,897	208,945	6,422	201,836
July		213,246	7,180	225,841	212,610	6,531	217,289	210,591	6,424	209,006
August		213,246	7,079	213,436	222,273	6,404	205,354	211,214	6,443	208,941
Sept		209,504	7,054	220,644	214,904	6,335	212,289	205,238	6,465	201,646
Oct		218,397	6,912	225,012	209,336	6,522	216,491	208,051	6,396	208,810
Nov		206,465	6,866	208,175	212,778	6,512	200,292	205,806	6,403	201,520
Dec		223,696	6,696	226,319	211,189	6,506	217,749	207,771	6,385	208,680
Jan		220,313	6,782	224,175	213,424	6,499	215,686	212,754	6,192	208,614
Feb		212,499	6,746	220,135	212,395	6,478	211,799	208,805	6,246	186,892
March		215,865	6,739	221,875	215,488	6,490	213,474	210,507	6,227	208,487
TOTAL	2,610,972	2,560,774		2,642,419	2,587,139		2,542,358	2,505,838		2,455,532



Comments:

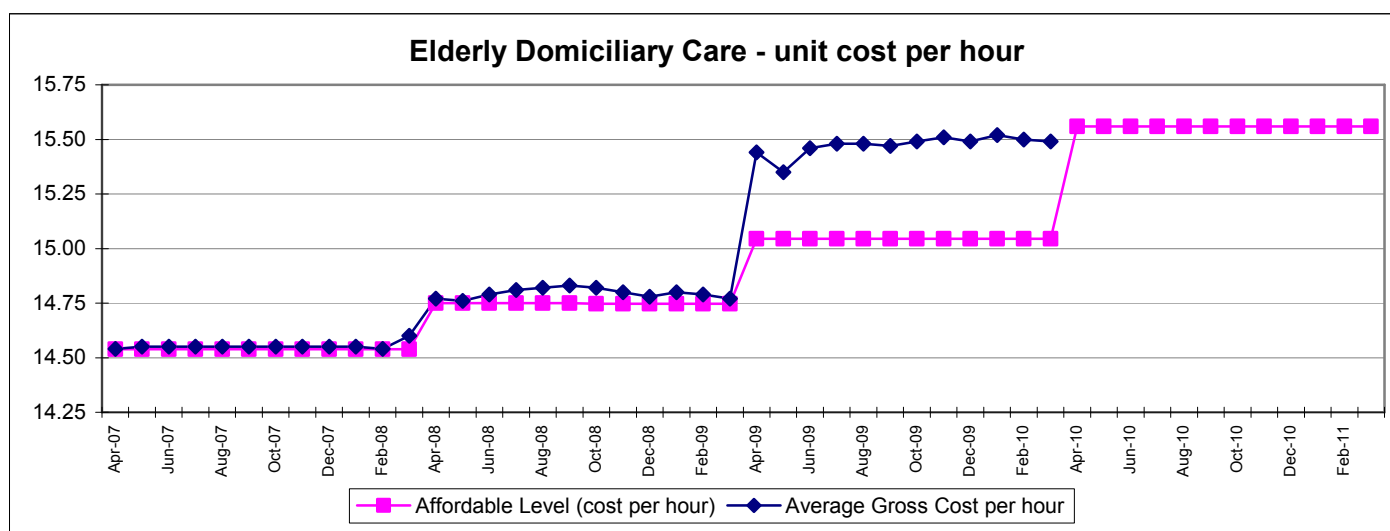
- Figures exclude services commissioned from the Kent HomeCare Service.
- At outturn, 2,505,838 hours of care had been delivered against an affordable level of 2,542,358, a difference of 36,520 hours. Using the actual unit cost of £15.491 this reduction in activity generated an underspend of £566k.
- The number of people receiving domiciliary care has decreased since 2008/09, and we would not expect the number of domiciliary care clients to be significantly increasing for several reasons. Firstly, the success of preventative services such as intermediate care, rapid response and ongoing service developments with the voluntary sector and other organisations mean that we continue to prevent people from needing 'mainstream' domiciliary care. The LAA target focuses on how we can ensure

that people are helped back to their own homes successfully with very minimal support. In the voluntary sector, people can access services, very often involving social inclusion (e.g. luncheon clubs and other social activities), without having to undergo a full care management assessment. Secondly, public health campaigns and social marketing aimed at improving people’s health is already starting to result in healthier older people. Increase in the use of Telecare and Telehealth similarly reduces the need for domiciliary care, and it is possible that this trend will continue despite the growth in numbers of older people. Thirdly, in Kent, as well as nationwide, the take up of direct payments by older people, has for the first time, reached similar levels as people with physical disabilities.

- With the implementation of Self directed support within the Directorate and a key emphasis on enablement services, which is a short term but intensive service, we would expect the average hours per person to increase and this is starting to happen.

3.2 Average gross cost per hour of older people domiciliary care compared with affordable level:

	2007-08		2008-09		2009-10		2010-11
	Affordable Level (Cost per Hour)	Average Gross Cost per Hour	Affordable Level (Cost per Hour)	Average Gross Cost per Hour	Affordable Level (Cost per Hour)	Average Gross Cost per Hour	Affordable Level (Cost per Hour)
April	14.50	14.54	14.75	14.77	15.045	15.44	15.56
May	14.50	14.55	14.75	14.76	15.045	15.35	15.56
June	14.50	14.55	14.75	14.79	15.045	15.46	15.56
July	14.50	14.55	14.75	14.81	15.045	15.48	15.56
August	14.50	14.55	14.75	14.82	15.045	15.48	15.56
September	14.50	14.55	14.75	14.83	15.045	15.47	15.56
October	14.50	14.55	14.75	14.82	15.045	15.49	15.56
November	14.50	14.55	14.75	14.80	15.045	15.51	15.56
December	14.50	14.55	14.75	14.78	15.045	15.49	15.56
January	14.50	14.55	14.75	14.80	15.045	15.52	15.56
February	14.50	14.54	14.75	14.79	15.045	15.50	15.56
March	14.50	14.60	14.75	14.77	15.045	15.49	15.56

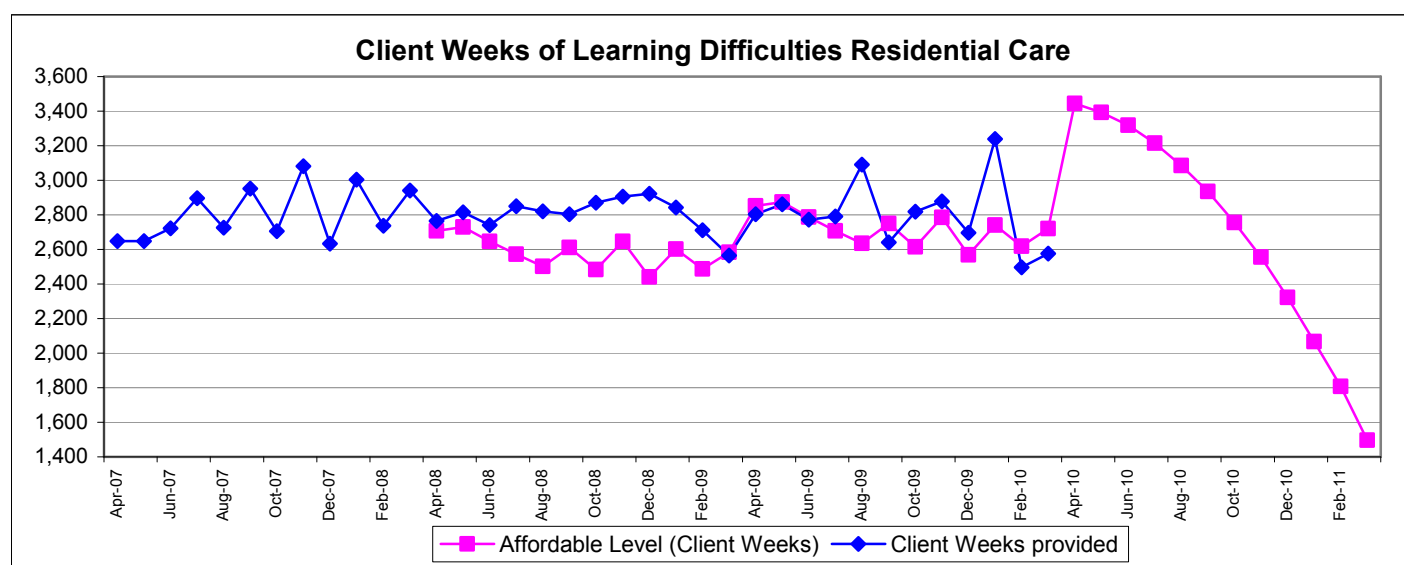


Comments:

- Average unit cost per week has increased more than inflation and is likely to reflect the same issues outlined above concerning more intense packages and higher levels of need.
- The actual unit cost of £15.491 is slightly higher than the affordable cost of £15.045 and this difference of £0.446 gave an overspend of £1,136k when multiplied by the affordable hours.

4.1 Number of client weeks of learning difficulties residential care provided compared with affordable level (non preserved rights clients):

	2007-08		2008-09		2009-10		2010-11
	Affordable Level (Client Weeks)	Client Weeks of LD residential care provided	Affordable Level (Client Weeks)	Client Weeks of LD residential care provided	Affordable Level (Client Weeks)	Client Weeks of LD residential care provided	Affordable Level (Client Weeks)
April		2,648	2,707	2,765	2,851	2,804	3,445
May		2,648	2,730	2,815	2,875	2,861	3,393
June		2,722	2,647	2,740	2,787	2,772	3,318
July		2,897	2,572	2,850	2,708	2,792	3,215
August		2,725	2,502	2,821	2,635	3,091	3,086
September		2,952	2,611	2,803	2,750	2,640	2,936
October		2,706	2,483	2,870	2,615	2,818	2,755
November		3,081	2,646	2,906	2,786	2,877	2,555
December		2,633	2,440	2,923	2,569	2,696	2,323
January		3,004	2,602	2,842	2,740	3,238	2,066
February		2,737	2,487	2,711	2,619	2,497	1,807
March		2,941	2,584	2,565	2,721	2,576	1,497
TOTAL	30,984	33,695	31,011	33,611	32,656	33,662	32,396

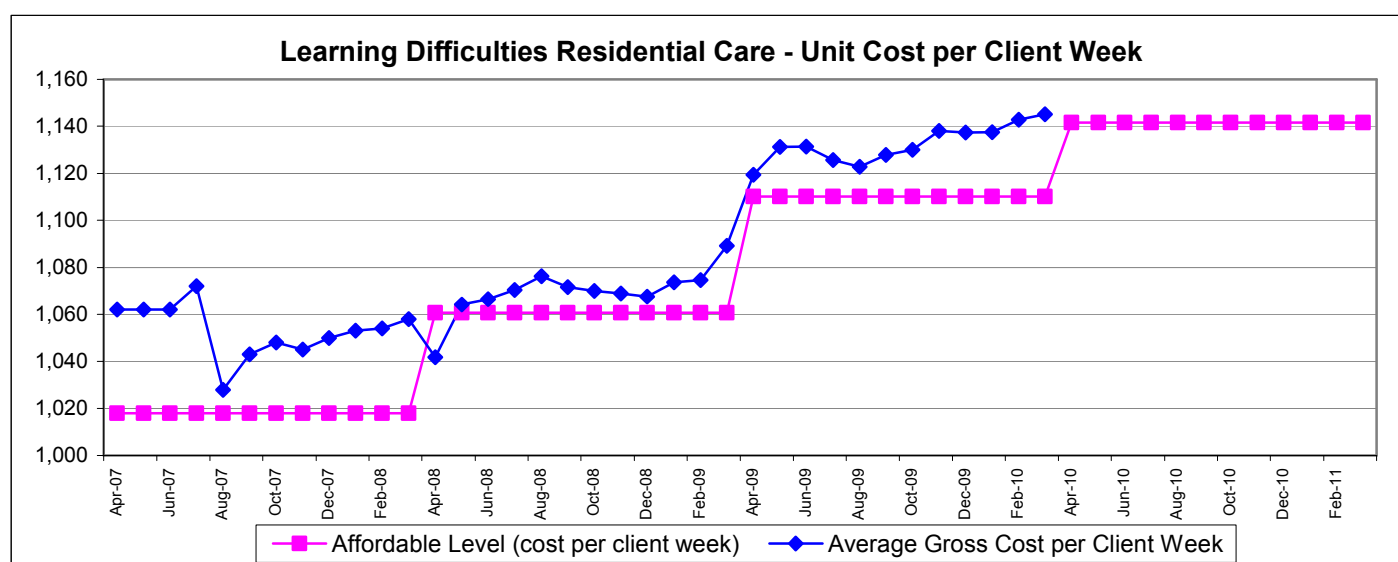


Comments:

- The above graph reflects the number of client weeks of service provided as this has a greater influence on cost than the actual number of clients. The actual number of clients in LD residential care at the end of 2007-08 was 633, at the end of 2008-09 it was 640 (with some much higher numbers during the year) and at the end of March 2010, 632.
- The outturn is 33,662 weeks of care against an affordable level of 32,656, a difference of 1,006 weeks. Using the actual unit cost of £1,145.12 this additional activity added £1,153k to the outturn position.

4.2 Average gross cost per client week of Learning Difficulties residential care compared with affordable level (non preserved rights clients):

	2007-08		2008-09		2009-10		2010-11
	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)
April	1,018.00	1,062.00	1,060.70	1,041.82	1,110.15	1,119.42	1,141.54
May	1,018.00	1,062.00	1,060.70	1,064.19	1,110.15	1,131.28	1,141.54
June	1,018.00	1,062.00	1,060.70	1,066.49	1,110.15	1,131.43	1,141.54
July	1,018.00	1,072.00	1,060.70	1,070.50	1,110.15	1,125.65	1,141.54
August	1,018.00	1,028.00	1,060.70	1,076.27	1,110.15	1,122.81	1,141.54
September	1,018.00	1,043.00	1,060.70	1,071.59	1,110.15	1,127.79	1,141.54
October	1,018.00	1,048.00	1,060.70	1,070.02	1,110.15	1,130.07	1,141.54
November	1,018.00	1,045.00	1,060.70	1,068.95	1,110.15	1,137.95	1,141.54
December	1,018.00	1,050.00	1,060.70	1,067.59	1,110.15	1,137.28	1,141.54
January	1,018.00	1,053.00	1,060.70	1,073.71	1,110.15	1,137.41	1,141.54
February	1,018.00	1,054.00	1,060.70	1,074.67	1,110.15	1,142.82	1,141.54
March	1,018.00	1,058.00	1,060.70	1,089.10	1,110.15	1,145.12	1,141.54

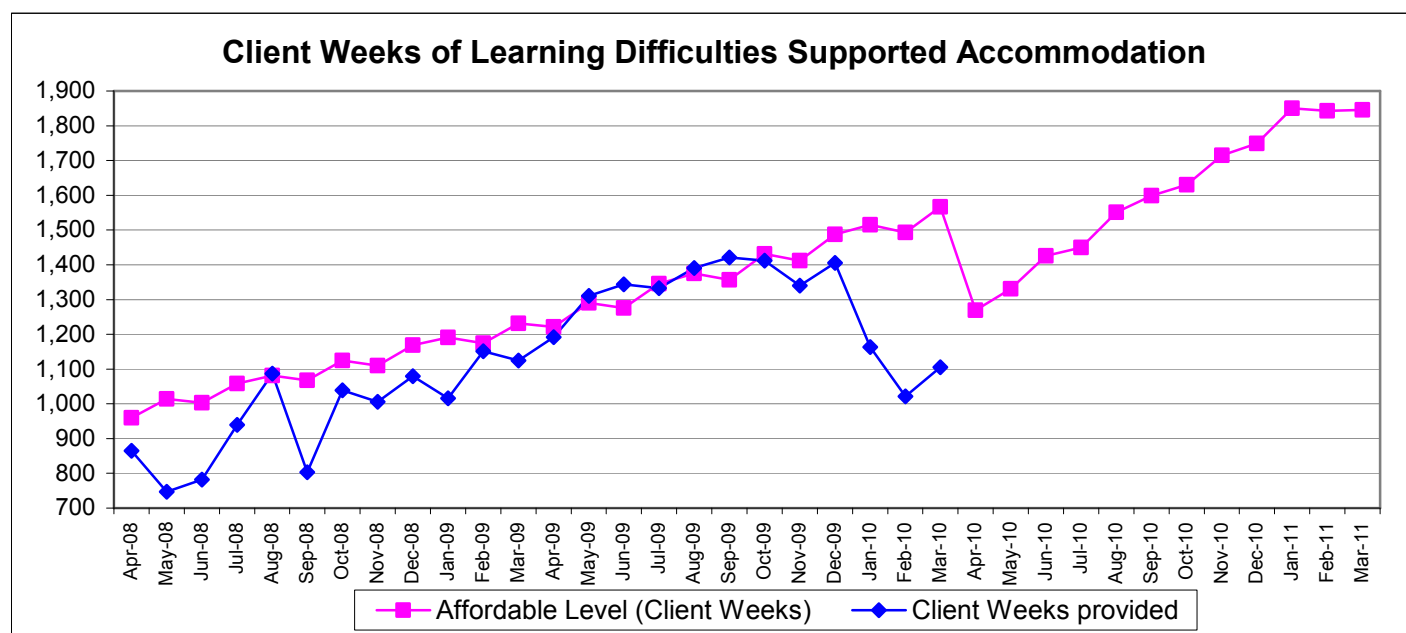


Comments:

- Clients being placed in residential care are those with very complex and individual needs which makes it difficult for them to remain in the community, in supported accommodation/supporting living arrangements, or receiving a domiciliary care package. These are therefore placements which attract a very high cost, with the average now being over £1,100 per week. It is expected that clients with less complex needs, and therefore less cost, can transfer from residential into supported living arrangements. This would mean that the average cost per week would increase over time as the remaining clients in residential care would be those with very high costs – some of whom can cost up to £2,000 per week. In addition, no two placements are alike – the needs of people with learning disabilities are unique and consequently, it is common for average unit costs to increase or decrease significantly on the basis of one or two cases.
- The unit cost of £1,145.12 is higher than the affordable cost of £1,110.15 and this difference of £34.97 added £1,142k to the outturn position when multiplied by the affordable weeks.

5.1 Number of client weeks of learning difficulties supported accommodation provided compared with affordable level:

	2007-08		2008-09		2009-10		2010-11
	Affordable Level (Client Weeks)	Client Weeks of LD supported accommodation provided	Affordable Level (Client Weeks)	Client Weeks of LD supported accommodation provided	Affordable Level (Client Weeks)	Client Weeks of LD supported accommodation provided	Affordable Level (Client Weeks)
April			960	865	1,221	1,192	1,269
May			1,014	747	1,290	1,311	1,331
June			1,003	782	1,276	1,344	1,426
July			1,058	939	1,346	1,333	1,450
August			1,081	1,087	1,375	1,391	1,551
September			1,067	803	1,357	1,421	1,599
October			1,125	1,039	1,431	1,412	1,630
November			1,110	1,006	1,412	1,340	1,715
December			1,169	1,079	1,487	1,405	1,749
January			1,191	1,016	1,515	1,163	1,850
February			1,174	1,151	1,493	1,021	1,843
March			1,231	1,125	1,567	1,105	1,846
TOTAL	7,618	11,156	13,183	11,639	16,770	15,438	19,259

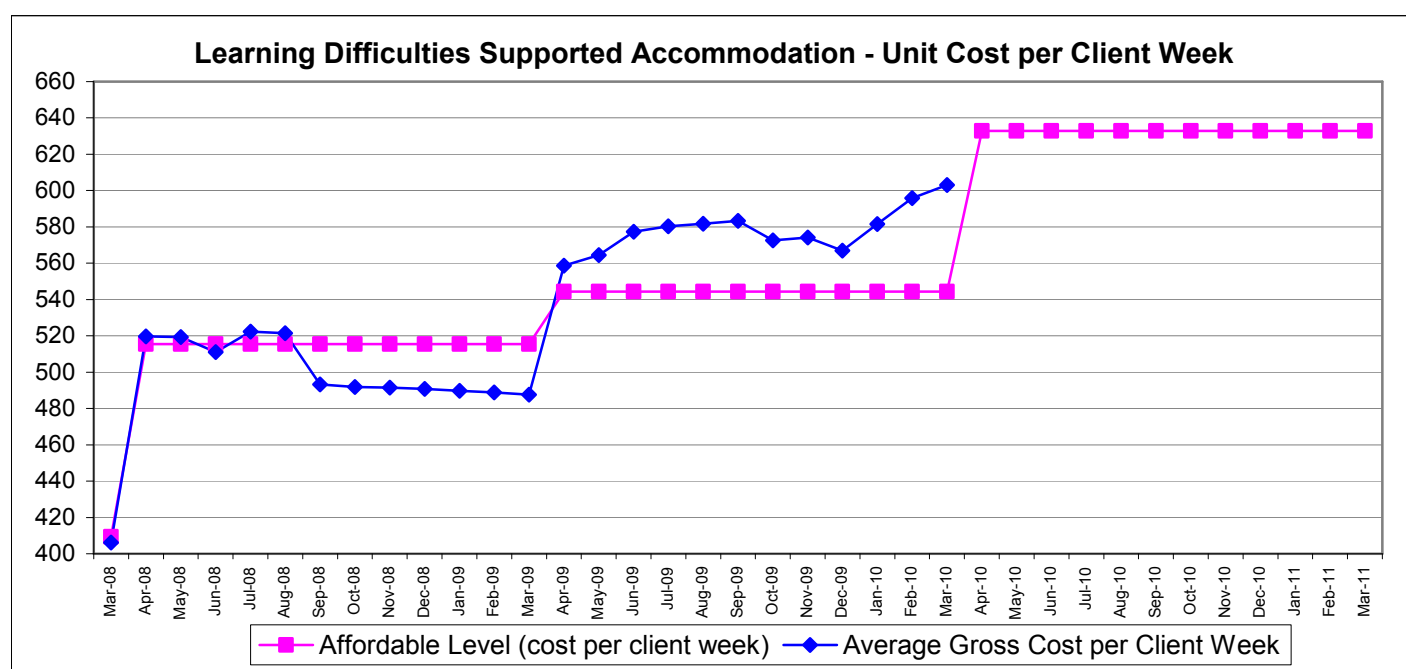


Comments:

- The above graph reflects the number of client weeks of service. The actual number of clients in LD supported accommodation at the end of 2007-08 was 193 and at the end of March 2009 it was 233. As at the end of March 2010, the numbers had increased to 309.
- The outturn position is 15,438 weeks of care against an affordable level of 16,770, a difference of 1,332 weeks. Using the final unit cost of £603.08 this reduction in activity provided a saving of £804k.
- Like residential care for people with a learning disability, every case is unique and varies in cost, depending on the individual circumstances. Although the quality of life will be better for these people, it is not always significantly cheaper. The focus to enable as many people as possible to move from residential care into supported accommodation means that increasingly complex and unique cases will be successfully supported to live independently.

5.2 Average gross cost per client week of Learning Difficulties supported accommodation compared with affordable level (non preserved rights clients):

	2007-08		2008-09		2009-10		2010-11
	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)
April			515.41	519.60	544.31	558.65	632.92
May			515.41	519.40	544.31	564.49	632.92
June			515.41	511.10	544.31	577.33	632.92
July			515.41	522.30	544.31	580.27	632.92
August			515.41	521.40	544.31	581.76	632.92
September			515.41	493.33	544.31	583.26	632.92
October			515.41	491.85	544.31	572.59	632.92
November			515.41	491.47	544.31	574.24	632.92
December			515.41	490.83	544.31	566.87	632.92
January			515.41	489.75	544.31	581.53	632.92
February			515.41	488.90	544.31	595.89	632.92
March	409.31	406.18	515.41	487.60	544.31	603.08	632.92

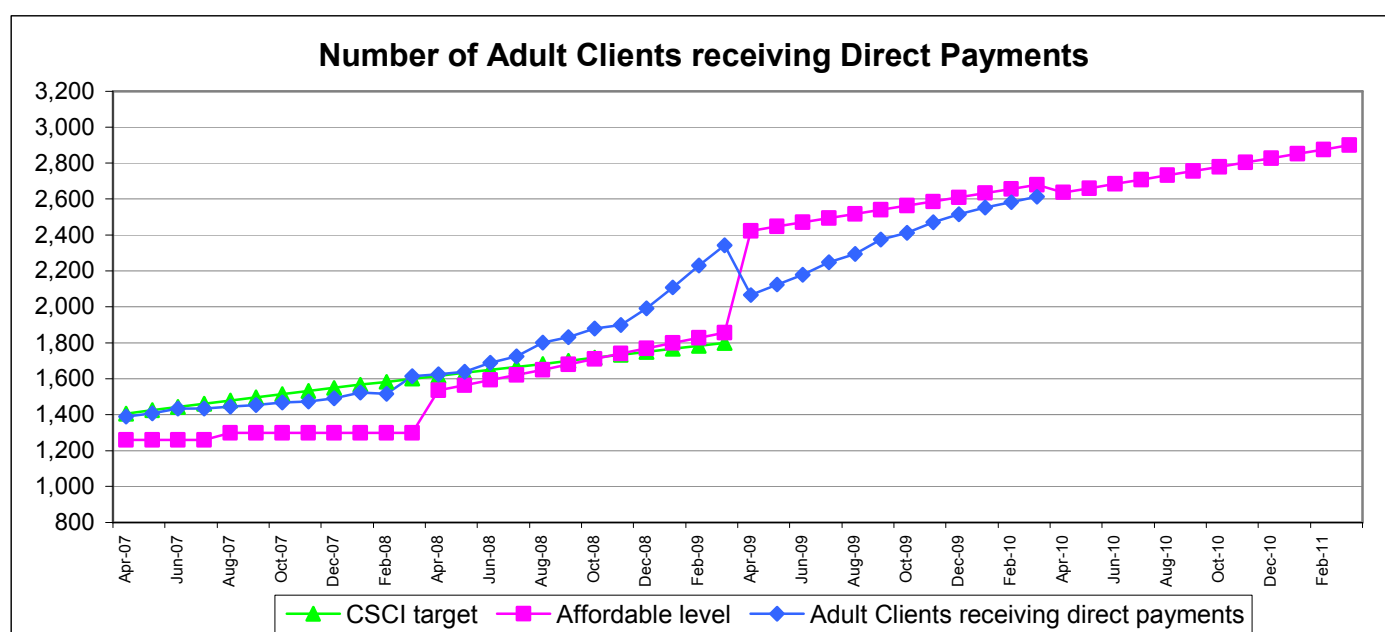


Comments:

- The actual unit cost of £603.08 is lower than the affordable cost of £544.31 and this difference of £58.77 generated an overspend of £986k when multiplied by the affordable weeks.
- The costs associated with these placements will vary depending on the complexity of each case and the type of support required in each placement. This varies enormously between a domiciliary type support to life skills and daily living support.

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

	2007-08			2008-09			2009-10		2010-11
	CSCI Target	Affordable Level	Adult Clients receiving Direct Payments	CSCI Target	Affordable Level	Adult Clients receiving Direct Payments	Affordable Level	Adult Clients receiving Direct Payments	Affordable Level
April	1,406	1,259	1,390	1,617	1,535	1,625	2,400	2,065	2,637
May	1,424	1,259	1,407	1,634	1,564	1,639	2,447	2,124	2,661
June	1,442	1,259	1,434	1,650	1,593	1,689	2,470	2,179	2,685
July	1,460	1,259	1,434	1,667	1,622	1,725	2,493	2,248	2,709
Aug	1,478	1,299	1,444	1,683	1,651	1,802	2,516	2,295	2,733
Sept	1,496	1,299	1,454	1,700	1,681	1,832	2,540	2,375	2,757
Oct	1,514	1,299	1,467	1,717	1,710	1,880	2,563	2,411	2,780
Nov	1,532	1,299	1,472	1,734	1,740	1,899	2,586	2,470	2,804
Dec	1,549	1,299	1,491	1,750	1,769	1,991	2,609	2,515	2,828
Jan	1,566	1,299	1,522	1,767	1,799	2,108	2,633	2,552	2,852
Feb	1,583	1,299	1,515	1,783	1,828	2,231	2,656	2,582	2,876
March	1,600	1,299	1,615	1,800	1,857	2,342	2,679	2,613	2,900



Comments:

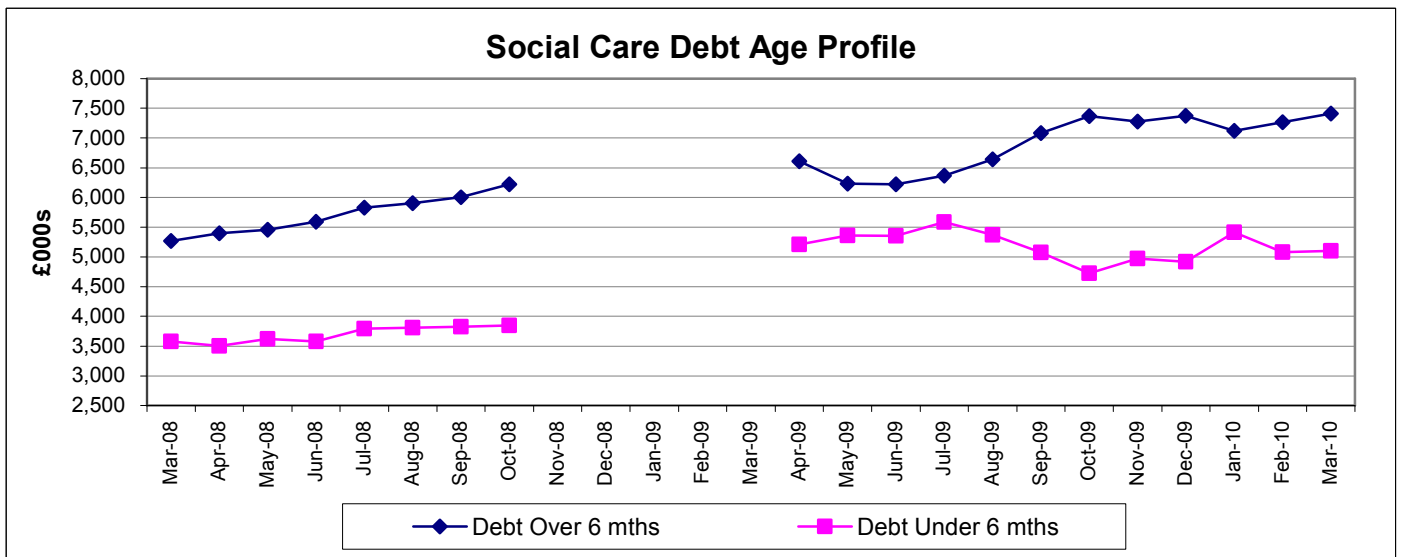
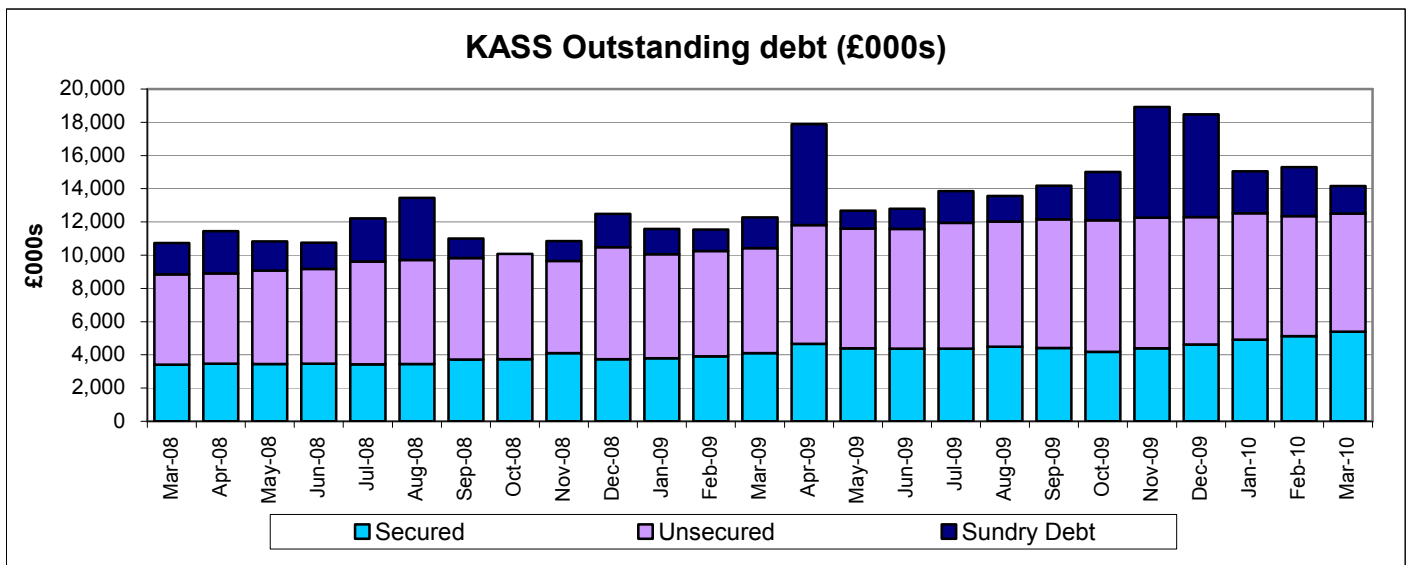
- From April 2008, the national measure for direct payments counted the permanent placements and the number of one-off payments within the year. The position reported for March 2009 represented the total activity for 2008-09 i.e. of the 2,342 adult clients reported as receiving a direct payment, 2,055 were in receipt of ongoing payments and 287 were clients that had received one-off payments at some point throughout the year. From April 2009, we have gone back to again reporting only the permanent placements in line with the requirements for Core Monitoring. For purposes of comparison, the ongoing placements as at March were 2,055, as at March 2010 this had increased to 2,613. The previously reported affordable level of 3,042 for March 2010 assumed 2,679 on-going placements and 363 one-off payments. In order to provide a direct comparison with the actual activity for 2009-10, the affordable figures in the graph and table above have been revised to show the monthly trend of these on-going figures only, over the year. The actual activity for 2009-10 has also been revised from data previously reported to take account of changes in operational processes as a result of the implementation of Self Directed Support which have caused delays in information being provided or updated on the client activity system. Therefore as at March we were 66 placements below the affordable level for on-going placements across all client groups.
- From 2009-10, we no longer have a CSCI target for direct payments.

7 KASS OUTSTANDING DEBT

The outstanding debt as at the end of March was £14.157m compared with January's figure of £15.054m (reported to Cabinet in March) excluding any amounts not yet due for payment (as they are still within the 28 day payment term allowed). Within this figure is £1.643m of sundry debt compared to £2.521m in January. The amount of sundry can change significantly for large invoices to health; for example it increased significantly in November and December due to two large invoices to Health secured through Section 256 agreements, which were then paid in January. Also within the outstanding debt is £12.514m relating to Social Care (client) debt which is a small reduction of £0.019m from the last reported position to Cabinet in March. The following table shows how this breaks down in terms of age and also whether it is secured (i.e. by a legal charge on the client's property) or unsecured, together with how this month compares with previous months. For most months the debt figures refer to when the four weekly invoice billing run interfaces with Oracle (the accounting system) rather than the calendar month, as this provides a more meaningful position for Social Care Client Debt. This therefore means that there are 13 billing invoice runs during the year. It also means that as the Directorate moved onto the new Client Billing system in October 2008, the balance will differ from that reported by Corporate Exchequer who report on a calendar month basis, apart from the period November 2008 to March 2009, when the figures are based on calendar months, as provided by Corporate Exchequer, because reports at that time were not aligned with the four weekly billing runs. From April 2009 the debt figures revert back to being on a four weekly basis to coincide with invoice billing runs. The age of debt cannot be completed for the months between November 2008 and March 2009 as the switch to Client Billing meant that all debts transferring on to the new system became "new" for purposes of reporting therefore it was not possible to show ageing until April.

Debt Month	Total Due Debt (Social Care & Sundry Debt) £000s	Sundry Debt £000s	Social Care Debt				
			Total Social Care Due Debt £000s	Debt Over 6 mths £000s	Debt Under 6 mths £000s	Secured £000s	Unsecured £000s
Mar-08	10,727	1,882	8,845	5,268	3,577	3,410	5,435
Apr-08	11,436	2,531	8,905	5,399	3,506	3,468	5,437
May-08	10,833	1,755	9,078	5,457	3,621	3,452	5,626
Jun-08	10,757	1,586	9,171	5,593	3,578	3,464	5,707
Jul-08	12,219	2,599	9,620	5,827	3,793	3,425	6,195
Aug-08	13,445	3,732	9,713	5,902	3,811	3,449	6,264
Sep-08	11,004	1,174	9,830	6,006	3,824	3,716	6,114
Oct-08	*	*	10,071	6,223	3,848	3,737	6,334
Nov-08	10,857	1,206	9,651			4,111	5,540
Dec-08	12,486	2,004	10,482			3,742	6,740
Jan-09	11,575	1,517	10,058			3,792	6,266
Feb-09	11,542	1,283	10,259			3,914	6,345
Mar-09	12,276	1,850	10,426			4,100	6,326
Apr-09	17,874	6,056	11,818	6,609	5,209	4,657	7,161
May-09	12,671	1,078	11,593	6,232	5,361	4,387	7,206
Jun-09	12,799	1,221	11,578	6,226	5,352	4,369	7,209
Jul-09	13,862	1,909	11,953	6,367	5,586	4,366	7,587
Aug-09	13,559	1,545	12,014	6,643	5,371	4,481	7,533
Sep-09	14,182	2,024	12,158	7,080	5,078	4,420	7,738
Oct-09	15,017	2,922	12,095	7,367	4,728	4,185	7,910
Nov-09	18,927	6,682	12,245	7,273	4,972	4,386	7,859
Dec-09	18,470	6,175	12,295	7,373	4,922	4,618	7,677
Jan-10	15,054	2,521	12,533	7,121	5,412	4,906	7,627
Feb-10	15,305	2,956	12,349	7,266	5,083	5,128	7,221
Mar-10	14,157	1,643	12,514	7,411	5,103	5,387	7,127

* In October 2008, KASS Social Care debt transferred from the COLLECT system to Oracle. The new reports were not available at this point, hence there is no data available for this period. The October Social Care debt figures relate to the last four weekly billing run in the old COLLECT system.



* The age of debt cannot be completed for the months between November 2008 and March 2009 as the switch to Client Billing meant that all debts transferring on to the new system became “new” for purposes of reporting therefore it was not possible to show ageing until April (i.e. once these debts became 6 months old in the new system).

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

To: Adult Social Services Policy Overview and Scrutiny Committee –
25 June 2010

Subject: **END OF YEAR RESULTS FOR PERFORMANCE 2009-10**

Classification: Unrestricted

Summary: This report updates Members on the results for Kent Adult Social Services' performance indicators.

Introduction

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

(2) The performance indicators are an important part of the Performance Assessment Framework for each Local Authority, although not the whole story as explained above. They are assessed by CQC and form part of the annual assessment cycle, which culminates in the Annual Review Meeting with the CQC Business Relationship Manager and the Regional Director.

(3) This year has been the only the second year of a new national performance framework but it should be noted that there are still some outstanding issues with the way in which some of the information is being collected which makes comparison with the previous year difficult. This is explained below.

(4) The new framework was intended to see a reduction in the number of indicators required for each Local Authority, but focuses on the areas of performance that would evidence better outcomes for service users.

(5) This new streamlined approach fits with the personalisation of social care more appropriately than the old framework and was welcomed by Kent.

(6) The Department of Health intended for Local Authorities to experience a reduced burden in producing statistics. Although the performance indicators are reduced, the resource needed to produce the statistical information which underpins this has not reduced significantly.

Results for 2009/10

2. (1) The results for 2009-10 were submitted to the Department of Health on 26 May 2010 and can be seen at Appendix A, which also outlines what each indicator measures.

(2) With the restructure of the Directorate for the implementation of Self Directed Support in October 2009, the results represent some good progress against some of our key priorities. In particular, the Directorate has delivered:

- A significant increase of over 60% in the number of people receiving a personal budget or direct payment, to over 3900 people.
- The Directorate has assessed 14% more people in 2009-10 than in the previous year, over 30,000 people.
- Over 15,000 carers with a service, support or advice. Kent is one of the top performing authorities for carer performance
- 78% of older people receiving intermediate care after discharge from hospital are living at home independently three months later, which is above target for our Local Area Agreement (LAA)
- Nearly 70% of people with a learning disability are in stable accommodation, which is a significant improvement on last year, due, in part to the way in which the data was counted by the Department of Health.
- People continue to be supported to live at home. Although not a performance indicator, it is worth noting that 5% more older people have been helped to live at home this year, than last, and the Directorate placed 7% fewer older people in a permanent residential or nursing care placement.
- Although not a performance indicator, it is also worth noting that nearly 900 people have been supported through an enablement service since the introduction of Self Directed Support.

(3) As mentioned above there are some issues with the indicators, both in terms of the definitions and also in terms of how meaningful the indicators are.

- Both the indicators relating to Learning Disability (NI145 and NI146) were not counted properly by the Department of Health last year. Data was simply collected for half a year and multiplied by two. As mentioned in last years report, there were significant variations among Local Authorities as a consequence. This year, a whole year's worth of data has been collected and the results are likely to be more stable.
- Indicators relating to timeliness (NI132 and NI133), both timeliness of assessments and care packages are likely to continue to either stay the same or decrease in time. The reason for this relates to the implementation of Self Directed Support. Self Directed Support enables people to take control of their own assessment and also their own packages of care and support. This means that people have the ability to choose their own timescales. The Department of Health have acknowledged this, and it is likely that these indicators will be dropped from the overall performance indicator set after this year.

The Assessment process

3. (1) In past years, the assessment outcome following the Annual Review with CQC fed directly into the CAA (Comprehensive Area Assessment) process. However, recent communication from the Audit Commission has indicated that the CAA process will now cease with immediate effect, following the new government's recent announcement. This means that Local Authorities will now await CQC proposals for how it will continue to assess adult social care in light of this decision.

(2) We would expect that CQC will continue to assess our overall performance, as in previous years, together with additional evidence that we have provided to demonstrate the progress we have made at a local level for achieving better outcomes for people. This includes service user involvement, preventative and rehabilitation services, safeguarding, quality of services and promoting personalisation and choice. However, this will depend on CQC's considerations, together with the Department of Health and Directors of Adult Social Services.

Data collection

4. (1) Kent Adult Social services has managed performance at a local level for many years through its service user database, and so is able to produce detailed performance information at a local level to enable managers to evidence the success of these initiatives and demonstrate better outcomes for people.

(2) The quality of the data is critical to ensuring that performance information allows for accurate analysis of demand and service provision, but also so that it allows for managers to make the right decisions about support for people, expenditure and commissioning services.

(3) In 2008, Price Waterhouse Cooper conducted an audit of data quality across the council, which was presented at the Governance and Audit Committee. KASS were able to demonstrate its robust measures and processes that are in place to ensure that data is accurate and accountability is taken for data quality by staff across the Directorate. In addition, in supporting our Cabinet Member, a regular update is provided for performance issues, including how data is validated and any particular data quality issues if they arise.

Targets

5. (1) Unlike previous years, there is a national requirement to set a target for only the indicators that have been chosen to be part of the Local Area Agreement (LAA). The indicator that KASS is responsible for relates to intermediate care (NI125).

(2) However, as a Directorate, we continually strive to enhance performance, and so continue to set targets, which are communicated across the Directorate. These can also be seen on the table at Appendix A. A six monthly report will be presented to ASSPOC to highlight progress against these.

Recommendations

6. Members are asked to NOTE KASS's performance indicators for 2009-10

Steph Abbott
Head of Performance and Management Information
01622 691796

Background documents: None

APPENDIX A

New Kent Adult Social Services performance indicators 2009-10							
Indicator	Title	Description	2008-09 result	Target for 2009-10	2009-10 result	Target for 2010-11	Comment
NI 125	Achieving independence for older people through rehabilitation / intermediate care (LAA)	Percentage of Older people who are in their own homes three months after receiving intermediate care	75%	77%	78%	79%	This is our LAA target
NI 130	Social Care clients receiving Self Directed Support (Direct Payments and Individual Budgets)	Percentage of all clients receiving a personal budget	5%		9%	30%	Over 3,900 people are now in receipt of a personal budget. This was a new definition for 2009/10
NI 132	Timeliness of social care assessment	Percentage of assessments that take place within 4 weeks	83%	85%	83%	83%	Maintained timeliness
NI 133	Timeliness of social care packages	Percentage of care packages delivered within 4 weeks	95%	95%	87%	87%	Although there is a decrease in the timeliness of care packages, this is due to the implementation of Self Directed Support and described in more detail in the main report.
NI 135	Carers receiving needs assessment or review and a specific carer's service, or advice and information	Percentage of service users who have a carer receiving support.	29%	29%	40%	40%	Maintaining high levels of supporting carers.
NI 136	People supported to live independently through social services (all ages)	The number of adults (18 and over) per 100,000 population that are assisted directly through social services funded support to live independently, plus those supported through grants funded services from local government.	3062	3062	3339	3339	Maintaining levels of people supported independently. This will not include the increasing number of people that have been successfully enabled to return home without a care package.
NI 145	Adults with learning disabilities in settled accommodation	Percentage of People with a learning disability in settled accommodation	37%	40%	69%	75%	Improved stability
NI 146	NI 146 Adults with learning disabilities in employment	Percentage of People with a learning disability in settled accommodation	10%	11%	5%	8%	Reduction in percentage relates to the definition change this year.

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

To: Adult Social Services Policy Overview and Scrutiny
Committee – 25 June 2010

Subject: **SUSTAINABILITY AND CLIMATE CHANGE UPDATE**

Classification: Unrestricted

Summary: This paper presents an update of Kent County Council's and Kent Adult Services progress towards achieving their environmental commitments against our climate change commitments, the KCC Environment Policy and ISO14001 Environmental Management System. The paper also outlines any changes needed to the KCC Environment Policy in light of the recently revised Kent Environment Strategy and any potential gaps in activity.

ASSPOSC Members are asked to:

- a. Note, and celebrate overall progress made by KCC and KASS
 - b. Discuss future ASS priorities and agree approach going forward.
 - c. Agree suggested changes to the KCC Environment Policy
-

Changing Policy Context – Revised Kent Environment Strategy

1. (1) At the last Kent Partnership meeting on the 8th June, the Kent Partnership agreed the final draft of the revised Kent Environment Strategy. The final draft strategy will be available on www.kent.gov.uk

(2) The revised strategy has 10 Priorities under which there are a small number of high level strategic actions. There are two cross cutting themes environmental engagement and green jobs.

(3) The table in Appendix 1 details KCC's and KASS's current and planned actions as well as potential gaps in activity against these 10 priorities.

Corporate Progress ISO14001

2. (1) A summary of key corporate achievements delivered against KCC's Environment Policy is given below. KCC's full Corporate Environmental Performance Report for 2009 is available on www.kent.gov.uk.

- **Our Decisions and Leadership**

Full Council accreditation to ISO14001 was completed in May 2009. Since then the council has successfully passed two further external verification assessments.

The Kent Environment Strategy, part of the Regeneration Framework has been successfully reviewed, and a new version of the strategy agreed by the Kent Partnership. A full delivery plan is now being developed with key partners.

- **Our Estate**

Overall carbon emissions are showing an increase against our 2004 baseline, this is mainly due to an increase in energy use in schools due to policy changes such as extended schools and increase levels of ICT. Schools account for 80% of KCC's energy use.

Energy price changes have also had an effect with a net increase of £315000 in electricity and small decrease in gas charges.

The KCC Energy and Water Investment Fund has loaned and granted £928,995, saving £1,923,246 over the lifetime of the equipment.

Improved waste contracts have delivered at least 50% recycling rates for office wastes and battery recycling is being implemented.

- **Our Travel and Transport**

Overall the council achieved a business miles reduction of 3.5% between 2009 and 2010 with savings of £277,000.

So far £5000 of BT Meetme teleconference calls have been made by the council, which equates to estimated savings of £45000 compared to face to face meetings. Only 10% of KCC BT MeetMe accounts have currently been used with savings potential being much greater.

- **Our Procurement**

EHW, working with the CED have set up the South East Carbon Hub which provides both online and targeted face to face to the public sector supply chain in Kent to save money and cut carbon. The Carbon Hub will aim to help around 1000 businesses by 2013.

- **Our Workforce**

There are now over 300 Green Guardian champions across KCC, and environment has been integrated into Ways to Success.

- **Our Community Leadership**

KCC continues to provide strong community leadership in Kent. In particular the KCC Climate Change Team have provided strong support across Kent to achieve money and carbon savings, and ensure Kent is resilient to the impacts of climate change such as severe weather events. KCC has been identified as a national case study

Specific ISO14001 Progress in KASS 2009 - 2010

3. (1) KASS achieved the ISO 14001 environmental management standard in May 2009 and has successfully passed two further 6 monthly external verification assessments.

(2) In 12 months since first accreditation, KASS has delivered the following improvements:

- Reduced energy use in its managed offices compared to last year
- More than 70% of its premises requiring a Display Energy Certificate energy efficiency rating were rated average or better.
- Compared to 2008-09 financial year, business miles have reduced by 7% vs target of 2% with cost savings of £120,000
- In the last 6 months, KASS Directorate has been the main user of the BT MeetMe teleconferencing service
- Improved compliance with waste legislation, in particularly hazardous waste and continue to extend recycling to most of its facilities
- Most locations now have Green Guardian champion, there are 57 in KASS and more than 300 overall across the council.

Areas for consideration by KASS

4. (1) KASS are progressing well in implementing KCC's Environment Policy, particularly in the area of carbon reduction. In light of the revised Kent Environment Strategy it is suggested that future areas of focus are:

- climate change adaptation, focusing on mainstream the risks and effects of climate change such as severe weather events into service delivery
- fuel poverty, building on work already underway in partnership with other KCC Directorates.
- Extending work with the KASS supply chain, especially with regards to care homes which are high energy users.

Potential changes to the KCC Environment Policy

5. (1) No substantial changes are recommended to the Environment Policy, however it is suggested that the following areas be strengthened.

- Climate change risk and resilience
- Domestic sector energy efficiency
- Green jobs and opportunities

Recommendations

6. (1) ASSPOSC Members are asked to:
 - a. Note, and celebrate overall progress made by KCC and KASS
 - b. Discuss future KCC and KASS priorities identified in section 4 and agree approach going forward.
 - c. Agree suggested changes to the KCC Environment Policy

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Kent Environment Strategy Priorities, and KASS's Current and Planned Activity.

Living Well Within Our Environmental Limits	KCC Environment Policy reference.	KASS Current Activity and Progress	Gaps in Delivery/Issues	RAG
Priority 1 Make homes and public sector buildings in Kent energy and water efficient, and cut costs for residents and taxpayers	<p>Our estate</p> <p>Our leadership role in the community</p>	<p>Reduced energy use in its managed offices compared to last year</p> <p>More than 70% of its premises requiring a Display Energy Certificate energy efficiency rating were rated average or better.</p>	Build on fuel poverty activity already underway in partnership with other KCC Directorates as part of the KCC Retrofit Project.	KCC Target is red.
Priority 2 New developments and infrastructure in Kent are cost effective, low carbon and resource efficient	<p>Our leadership role in the community</p>	NA	NA	
Priority 3 Turn Kent's waste into new resources and jobs for Kent	Partially covered under Our Decisions	NA	NA	
Priority 4 Reduce the ecological footprint of what we consume	Partially covered under 'Our Procurement'	Care Home Work through the KASS Supply Chain.	Care Homes – more focus needed to help care homes make energy efficiency improvements.	

Meeting the Climate Change Challenge	KCC Environment Policy reference.	KASS Current Activity and Progress	Gaps in Delivery/Issues	RAG
Priority 5 Reduce future carbon emissions	Partially covered under Our Estate	Compared to 2008-09 financial year, business miles have reduced by 7% vs target of 2% with cost savings of £120,000 In the last 6 months, KASS Directorate has been the main user of the BT MeetMe teleconferencing service	TBA	
Priority 6 Manage the impacts of climate change, in particular extreme weather events	Partially covered under Our Decisions	Health and Social Care Event – progressing well.	Detailed action plan for Health and Social Care Sector.	
Priority 7 Support the development of green jobs and business in Kent	Partially covered under Our Decisions.	NA	NA	
Value From Our Natural and Living Environment				
Priority 8 Utilise the full social and economic potential of a high quality natural and historic environment in Kent	Partially covered under Our Estate and Our Leadership role in the Community.	Activity currently limited.	Make more links between KASS priorities and the natural environment.	
Priority 9 Conserve and enhance the quality of Kent's natural and heritage capital	Partially covered under Our Estate and Our Leadership role in the Community.	NA	NA	
Priority 10 Ensure that Kent residents have access to the benefits of Kent's coast, countryside, green space and cultural heritage	Partially covered under Our Estate and Our Leadership role in the Community.	Activity currently limited.	Make more links between KASS priorities and the natural environment.	

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 –
25 June 2010

Subject: **KCAS ABANDONMENT RATE**

Classification: Unrestricted

Summary: To report to Members on the level of abandoned calls experienced at Kent County & Assessment Service (KCAS) and detail the measures that are in place to mitigate this.

Introduction

1. (1) A review of duty arrangements in 1999 identified that this was provided by over 50 teams across the then twelve social services districts for both Adults and Children's services. There were also separate arrangements for Mental Health, Fostering, YOT and Hospital Teams. This was an issue of concern at the time of the Joint Inspection of Kent Social Services in 2000 by the Audit Commission and the Social Services Inspectorate. A consequent report to the Adult Social Services Policy Overview Committee agreed proposals to streamline existing duty arrangements with a view to introducing a 'screening' service supported by the KCC County Call Centre by the end of 2001 to improve public access to services, consistency and reduce pressure on staff.

(2) The County Duty Service (CDS) was established in 2002 providing a single unified system. It received contacts and referrals for all social care related matters other than for acute mental health, which has an integrated screening service with the Health Service. CDS was regarded as an innovation, staffed by primarily unregistered staff under the supervision of registered staff with significant operational experience.

(3) It was agreed at the point of disaggregation of Adults and Children's services in April 2006 that the County Duty Service would remain a generic service hosted under KASS with the Out of Hours service hosted by CFE. Both services are located at Kroner House which means that a 24 hr Duty Service operates from a single site.

(4) In July 2009, the County Duty Service changed to become Kent Contact & Assessment Service in preparation for the restructure of KASS in October 2009 to deliver the new system of Self Directed Support. This heralded an intention for KCAS to build on its previous core responsibilities of call handling, provision of information and advice and signposting to the assessment and commissioning of preventative services such as enablement and equipment as well as urgent services. The purpose of this change was to provide a faster service response to people following contact assessment as well as enable local teams to focus on people with more complex needs.

Issue

2. (1) When CDS was established, it was estimated that it would handle 84,000 contacts and referrals per year. This demand has increased year on year. Data evidenced 130,000 contacts and referrals were handled by KCAS during 2009/10, a 14% increase on 2008/09. Business remains predominantly by telephone contact, (approximately 80%) with the remainder by post, fax, e-mail and on-line. A call handling study undertaken in June 2009 established the breakdown of call volumes to be approximately Adults 60% and Children's 40%.

(2) Despite a highly motivated, stable and skilled staff group, this increasing demand has resulted in a level of abandoned calls that has understandably raised concerns about not only public satisfaction but also potential risk related to adult/child protection. It is worth noting therefore that two recent surveys have reported high levels of public satisfaction. Also, that there have not been any issues raised in Serious Case Reviews during the previous three years; this is in respect of both Adults and Children's services.

(3) Notwithstanding the above, it is fully accepted that improvements to the abandoned call rate are required. Detailed below are the key actions that have either been taken already or are planned:

- (a) From April 2010 all activity other than call handling and fast track equipment provision was either ceased or put on hold pending achievement of a significantly improved response rate
- (b) New and enhanced telephony system has been installed which will significantly improve prioritisation of response against type and length of wait as well as enable an automatic feedback to Contact Kent after an agreed length of wait. It also allows for use by staff outside of the KCAS base such as those working in Gateways or flexibility during peak periods.
- (c) Development and training programme is underway to upskill Contact Kent operators to minimise inappropriate referrals to KCAS, deal directly with enquiries for social services lower level Information, Advice and Guidance as well as directly forward enquiries to local teams from people already known to KASS. Two call handling studies during 2009 indicate that this should reduce demand on KCAS by around 35%.
- (d) Process Improvement exercise using internationally recognised approach (LEAN 6 Sigma) commences June 2010 to ensure that business processes are as effective and efficient as possible ie, identify any 'waste' in the system and, if there is any, remove it.

(4) It is encouraging that since April 2010 the abandoned call rate has shown an overall average reduction to 16% per week. There is high expectation that when the measures at 2, 3 and 4 above become fully operational over the coming few months there will be a further significant reduction. Performance with call response/abandonment rate is reported weekly to the responsible SMT officer and the impact of the above actions on this rate is subject to monthly reporting to all of KASS SMT.

(5) Members need to be aware that the current activity and performance by KCAS is supported by £144k investment from the Social Care Reform Grant which will not be available from April 2011. A meeting will shortly be held with colleagues in CFE to discuss future requirements from KCAS by each Directorate, and the appropriate, respective resource requirements to support their delivery. These discussions will be considered in the context of the Access & Assessment Review which is currently being undertaken by Chief Executives Department which includes the relationship between Contact Kent, KCAS and Out of Hours. This report is therefore being shared with the appropriate lead officer in CFE who is similarly required to report to its Members.

Recommendations

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

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Background documents: None

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By: Overview, Scrutiny and Localism Manager

To: Adult Social Services Policy Overview and Scrutiny Committee
30 March 2010

Subject: **UPDATE ON SELECT COMMITTEE WORK**

Classification: Unrestricted

Summary: This report updates Members on Select Committee work going on in 2010.

Current Select Committees

1. (1) Previous update reports promised that all POSCs would be kept up to date on the work of all Select Committees.

Work is currently progressing on the following Select Committees:-

Renewable Energy

(2) This Committee held its first meeting on 26 January 2010, at which it elected a Chairman, Keith Ferrin, and agreed its Terms of Reference, scope and list of potential witnesses. As a departure from Kent's regular Select Committee style, the Committee is trying the Parliamentary method of seeking written evidence first, from which Members will then decide, at a meeting on 31 March, whom they wish to invite to give oral evidence. Hearings, at which oral evidence will be gathered, are planned for April and May. The Committee's final report will be considered by the County Council on 14 October 2010. The contacts in Democratic Services for this Committee are Research Officer Sue Frampton (01622 694993) and Democratic Services Officer Christine Singh (01622 694334), who will be able to supply further information on the work of the Select Committee to any Member who requests it.

Extended Services (previously titled Extended Schools)

(3) This Committee held its first meeting on 19 March 2010, at which it elected a Chairman, Robert Burgess, and agreed its Terms of Reference, scope and list of potential witnesses. Hearings, at which oral evidence will be gathered, are planned for late April through to June. The Committee's final report will be considered by the County Council on 9 December 2010. The contacts in Democratic Services for this Committee are Research Officer Gaetano Romagnuolo (01622 694292) and Democratic Services Officer Theresa Grayell (01622 694277), who will be able to supply further information on the work of the Select Committee to any Member who requests it.

Future Select Committee Work

2. (1) Work is due to start in Summer 2010 on the following Select Committees:-
- Dementia
 - Educational Attainment of Pupils and Schools in Areas of High Deprivation

(2) At its meeting on 24 February, the Scrutiny Board received an update on the current Select Committee Topic Review Programme. Although resources to support reviews are all currently allocated, there is potential to start new reviews in November 2010 and January 2011. The Board agreed that Members would be asked if there are any topics they would like to put forward for consideration for inclusion in the future topic review programme. If Members do have any suggestions of topics they should contact the Democratic Services Officer for this POSC.

Monitoring the outcomes of past Select Committee work

3. The Autistic Spectrum Disorder (ASD) Select Committee will shortly be re-convened to receive a report from Kent Adult Social Services on progress against each of its recommendations, one year on from its report being published and considered by the full Council on 30 April 2009. I am hoping to place this meeting in the second half of May.

Recommendation

4. (1) Members are asked to note the progress of the Renewable Energy and Extended Services Select Committees, the further Select Committee work which is planned to start in the summer of 2010, and the arrangements for monitoring the outcomes of the Autistic Spectrum Disorder (ASD) Select Committee, one year on from the publication of its report.

(2) Members are also asked to consider if there are any topics they would like to put forward for possible inclusion in the future topic review programme, and to advise the Democratic Services Officer of any such topics.

Theresa Grayell
Democratic Services Officer

Background Information: *Nil*

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