

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

Tuesday, 21 September, 2010

10.00 am

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





AGENDA

ADULT SOCIAL SERVICES POLICY OVERVIEW AND SCRUTINY COMMITTEE

Tuesday, 21 September 2010 at 10.00 am Ask for: **Theresa Grayell**
Council Chamber, Sessions House, County Telephone **01622 694277**
Hall, Maidstone

Tea/Coffee will be available 30 minutes before the meeting

Membership (13)

Conservative (11): Mr P W A Lake (Chairman), Mr K H Pugh (Vice-Chairman),
Mrs A D Allen, Mr R Brookbank, Mrs P T Cole, Mr N J Collor,
Mr J M 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

Webcasting Notice

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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

A.COMMITTEE BUSINESS

A1 Substitutes

A2 Declarations of Members' Interest relating to items on today's agenda

A3 Minutes of the meeting held on 25 June 2010 (Pages 1 - 10)

- A4 Revised Meeting Dates for 2011 - Members are asked to note that, since publishing the Committee's meeting dates, the meeting set for 24 March has been moved to April. The new set of dates is shown below:-

Wednesday 12 January 2011

Tuesday 20 September 2011

Thursday 7 April 2011

Thursday 10 November 2011

Thursday 7 July 2011

All meetings will commence at 10.00 am at County Hall.

- A5 Chairman's Announcements

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

Presentation - Health White Paper: commentary on key points

B. ITEMS FOR CONSIDERATION

- B1 Adult Social Services Budget Forecast Report 2010/2011 (Pages 11 - 44)
- B2 Kent Adult Social Services Debt Position, July 2010 (Pages 45 - 52)
- B3 Overview of Performance (Pages 53 - 88)
- B4 Bold Steps for Kent - update (Pages 89 - 94)
- B5 Procedure for Consultation on the Modernisation, Variation or Closure of Services run by Kent Adult Social Services (KASS) (Pages 95 - 106)
- B6 Kent Adult Social Services - Public Involvement and Consultations Report (Pages 107 - 122)
- B7 Adult Social Services Annual Complaints Report (Pages 123 - 150)

C. ITEMS FOR SCRUTINY

D. ITEMS PLACED ON THE AGENDA BY MEMBERS

- D1 Self Directed Support (to cover Personal Budgets and Direct Payments) (Pages 151 - 158)

E. SELECT COMMITTEE WORK

- E1 Update on Select Committee Work (Pages 159 - 160)

EXEMPT ITEMS

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

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

Monday, 13 September 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.

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 Friday, 25 June 2010.

PRESENT: 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 S J G Koowaree, Mr J E Scholes and Mr C P Smith

ALSO PRESENT: Mr M J Angell, Mr D L Brazier, Mr G K Gibbens and Mr R Tolputt

IN ATTENDANCE: Mr O Mills (Managing Director - Adult Social Services), Mrs M Howard (Director Of Commissioning And Provision - West Kent) and Miss T Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

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

The Committee noted the change in membership and Mrs Dagger was welcomed.

57. Minutes of the meeting held on 30 March 2010
(Item A4)

RESOLVED that the minutes of the meeting held on 30 March 2010 are correctly recorded and that they be signed by the Chairman. There were no matters arising.

58. Meeting Dates for 2011
(Item A5)

It was noted that the following dates have been reserved for the Committee's meetings in 2011:-

Wednesday 12 January 2011

Tuesday 20 September 2011

Thursday 24 March 2011

Thursday 10 November 2011

Thursday 7 July 2011

All meetings will commence at 10.00 am at County Hall.

59. Chairman's Announcements
(Item A6)

The Chairman referred to the size of the published agenda papers for the meeting and the problems this causes with Members' capacity to read and consider all the information in the time available, as well as officer workloads and the associated

costs of printing and posting such large documents. He asked that alternative methods of sharing documents be explored, eg depositing documents in the Members' room at Sessions House.

60. Cabinet Member's and Director's Update (oral)
(Item A7)

1. Mr Gibbens gave an oral update on the following issues:-
 - a) the 'Valuing Employment Now in Kent' conference, which he had attended recently. This had been an excellent event and a valuable opportunity to see the possibilities for employment for vulnerable people;
 - b) the Later Life Strategy event on 24 June, which had been attended by all key stakeholders, including KASS, the Fire Service, the Police and NHS. The challenge for partners would be to achieve real outcomes, and the Older Persons' Forum was currently addressing an action plan of issues arising.
2. The Chairman commented that all POSC Members needed to be aware of such conferences taking place so they would have the opportunity to attend if they so wished. He asked that advance notification of future conferences be given to all POSC Members.
3. Mr Mills then gave an oral update on the following issues:-
 - a) Age Concern funding: Members would continue to have briefings, and a third update letter would be sent soon. An item on this would be included on a future POSC agenda, once the current programme of change had been completed. The recent amalgamation of Age Concern and Help the Aged to form Age UK would not affect the consultation and decision making process,
 - b) the week of 16 June had been Adult Safeguarding Week, and events in that week had aimed to raise awareness. This, along with the extensive media coverage of the Pilkington case in Leicestershire, and ongoing staff training initiatives, would ensure that the issue remained in the public eye.
 - c) Carers Week, beginning 14 June, had been very successful, with initiatives to contact younger carers in particular making use of social networking and twitter.
 - d) Members had had briefings on the Older Persons' Strategy, and the presentation scheduled at the end of today's POSC meeting would add to this to ensure that all Members have the opportunity to understand the proposed changes to Older Persons' provision in the KCC.
3. RESOLVED that the information given be noted, with thanks.

61. Presentation - After the Election: What now?

1. Mr Mills presented a series of slides which set out briefly the work being done to continue and monitor the delivery of social care services in the changing political and economic climate. He asked Members if they had received 'The Coalition: Our Programme for Government' which set out the five social care commitments, as this is the key document in understanding the government's priorities.
2. RESOLVED that the information given in the presentation be noted, with thanks.

62. Outcome of Formal Consultation on Closure/Variation of Service Use of Maidstone Day Opportunity Service

(Item B1)

Miss S Bullen, Project Manager, Good Day Programme, and Mr M Walker, Head of Service, Learning Disabilities, West Kent, were in attendance for this item, with Mrs M Howard.

1. Mrs Howard introduced the report and presented a series of slides which set out the services which would replace those delivered at the former Boughton Mount Centre in Maidstone. She explained that the changes were part of the countywide programme of changes to the way in which services for people with learning disabilities are delivered, to ensure as wide a range of alternatives as possible. She summarised the aim and key outcomes of the public consultation process which had run from January to May 2010.
2. Mrs Howard, Miss Bullen and Mr Walker received Members' thanks and congratulations on the thorough and well structured consultation programme, which was held up as an excellent example of how to consult on service changes.
3. In response to a question, Mrs Howard explained that the changes made would continue to be monitored closely and feedback from service users taken on board. Any lessons learnt from this exercise would be taken into account when undertaking the next such consultation in the county, in the same way in which lessons learnt from past consultations had been used to shape this one.
4. RESOLVED that:-
 - a) the feedback gained through consultation, and the way in which Maidstone Day Service has continued to main and develop its service through the last six months, be noted;
 - b) a continued community presence be supported, so that people with learning disabilities can continue to access and develop a full range of opportunities and networks; and
 - c) the proposed closure of the old Boughton Mount site be referred to the Cabinet Member for a formal decision.

63. Local Involvement Networks (LINKs)

(Item B2)

Mr G Hills, Operational Director, Kent and Medway Networks Ltd, and Mrs C Jackson, Governor, Liaison with Priority Panel, were present for this item at the invitation of the Committee. Mr N Sherlock, Head of Planning and Public Involvement, KASS, was in attendance for this item.

1. Mr Hills thanked the committee for the invitation to address it. He explained that LINKs was a recently-established organisation, and emphasised its independence from the County Council and any other service provider. LINKs has an ambitious programme of work, and he gave examples of project work done. The key role of LINKs is to work with the POSC and the Health Overview and Scrutiny Committee to complement the scrutiny function.

Mrs Jackson referred to the ongoing fight to establish/expand LINKs' social care role to ensure that social care concerns are covered, and sought the POSC's support for this work.

2. Mr Hills then responded to questions from Members, from which the following issues were highlighted:-

a) one role of LINKs was to simplify for the public the picture of social care and health service provision, and to work closely with partners to avoid duplication of work; and

b) LINKs help facilitate links between the POSC and the public.

3. Mr Mills added that, given the need to achieve better value for public money than ever before, it was important to explore the best way for the public's voice to be heard, especially hearing the experience of people who use services and carers.

4. RESOLVED that the information given in the report and in response to questions be noted, with thanks, and that the POSC welcome any issues which LINKs might want to refer to it.

64. Draft Kent Annual Carers Report April 2009 - March 2010 *(Item C1)*

Mr M Thomas-Sam, Head of Policy and Service Standards, was in attendance for this and the following item. Ms B Hagan, Co-Chair of the Carer's Advisory Group, and Mrs S Collins, Carer, were present at the invitation of the Committee.

1. Mr Thomas-Sam introduced the report and pointed out the policy changes and key developments which had taken place since the previous annual report had been presented to the POSC, for example, the delivery of Caring with Confidence training to more than 8000 carers. Mr Thomas-Sam received Members' congratulations on the work his team had put in to addressing the issues faced by carers and in enhancing awareness of the vital role of carers.

2. Ms Hagan added that the work of the Carers Select Committee had been very useful in the development of the National Carers' Strategy, which raised carers' issues in the political agenda. The Kent Carers' Strategy reflected the issues in the

National Strategy. Mrs Collins said that she had been a carer for 10 years, and also worked with carers, particularly in highlighting the need for respite for carers.

3. The Cabinet Member, Mr Gibbens, paid tribute to the vital role undertaken by carers, and thanked them on behalf of the people of Kent for the savings that their work brings to the public purse. He said he fully understood their need for ongoing support and respite care, especially for those caring for an increasingly elderly population.

4. In discussion, Members made the following comments:-

- a) it is particularly important to recognise the role of young carers, and to take advantage of all opportunities to support them, for example, by linking in to charities which can offer holidays for carers;
- b) there is an apparent disparity between East and West Kent in NHS funding for carers' respite services, and this is unacceptable. Respite care should be available to all carers, irrespective of location; and
- c) the Chairman expressed a wish that POSC Members be given the opportunity to attend carers' training sessions, and asked that they be invited when future sessions are being arranged.

5. RESOLVED that:-

- a) the content of the Kent Carers Annual Report be noted and endorsed;
- b) The Chairman write to the Chairman of HOSC raising Members' concerns about the apparent disparity between East and West Kent in NHS funding for carers' respite services, and an explanation sought; and
- c) POSC Members be invited when future training sessions for carers are being arranged.

65. Autistic Spectrum Disorder - 'One Year On' Report (Item C2)

1. Mr Thomas-Sam introduced the report and highlighted the progress which had been made on addressing the recommendations made by the Select Committee in its report in March 2009. The work of the Select Committee had influenced the development of the National Strategy. The development of the latter, while being immensely helpful in steering future work, had caused a delay to some of the work the KCC had wanted to do in implementing the Select Committee's recommendations.

2. RESOLVED that:-

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

- b) annual updates on progress on implementing the recommendations be submitted to the POSC.

66. Outturn Monitoring of the Annual Operating Business Plans 2009/10
(Item C3)

Mr N Sherlock, Head of Planning and Public Involvement, was in attendance for this and the following item.

1. Mr Sherlock introduced the report and emphasised that progress on delivering business plans had continued, despite the major restructure of the Directorate.
2. RESOLVED that the information given in the report be noted, with thanks.

67. 2010/2011 Annual Operating Business Plans
(Item C4)

1. Mr Sherlock introduced the report and explained that the six business plans for KASS had previously been considered by the Cabinet. Out of the six being presented, the Learning Disabilities Plan was new this year. Mr Sherlock and Mr Mills answered questions from Members, explaining the following:-

- a) the £15.5 million of savings which the KCC had been required to find would not impact on KASS in the current financial year, although the future situation was likely to be substantially more challenging. The situation would become clearer after the emergency budget on 29 June and the comprehensive spending review in the autumn of 2010; and
 - b) the Directorate was still seeking to recruit to the Director of Operations role. In the meantime, Mrs M Howard would continue in a general Deputy Managing Director role.
2. RESOLVED that the information given in the report and in response to Members' questions be noted, with thanks.

68. Adult Social Services Budget Outturn Report 2009/2010
(Item C5)

Miss M Goldsmith, Directorate Finance Manager, was in attendance for this item, with Miss S Abbott, Head of Performance and Information Management.

1. Miss Goldsmith introduced the report and explained that the small overspend and the level of secured debt were both as previously expected, but that the level of general debt had reduced slightly and was staying down.
2. In response to a question, Miss Abbott explained that patterns of income from Older Persons' Residential Care were very difficult to predict. However, income in the last year from standard residential care had decreased while income from residential care for people with dementia had increased. This has caused an overall slight increase in income.
3. RESOLVED that:-

- a) the information set out in the report be noted, with thanks;
- b) an Informal Member Group be established 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; and
- c) further update reports on debt management, including numbers of debts and examples of values, be submitted to the POSC, at a frequency to be decided.

69. End of Year Results for Performance 2009-2010

(Item C6)

Miss S Abbott, Head of Performance and Information Management, was in attendance for this item.

1. Miss Abbott introduced the report and she and Mr Mills answered questions from Members. Points highlighted were as follows:-

- a) the Directorate had set itself a less challenging target for the next year for the number of social care assessments completed within four weeks (NI 132), as the personalisation agenda would make the assessment process unavoidably slower. Kent's performance against this target compared very favourably with other local authorities;
- b) the definitions of various terms which are used when measuring performance can affect the results. For instance, the number of clients receiving 'personal budgets' did not include those who received one-off payments, but would show a much higher figure if these were to be included; and
- c) this sort of detail can make the true picture much more complex, and Miss Abbott undertook to include some more detailed information in the next annual report.

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

70. Sustainability and Climate Change Update

(Item C7)

Ms C Mckenzie, Greener Kent Manager, was in attendance for this item.

1. Ms Mckenzie introduced the report and outlined several areas in which the Directorate had made progress against its green targets and was advanced in addressing climate change in its daily work. The Directorate received Members' congratulations on its progress.

2. Ms Mckenzie and Mr Mills answered questions from Members, and the points highlighted were as follows:-

- a) the importance of developing 'homes for life' was supported, and the KCC was working with District Councils to address the issue of retro-fitting energy-saving features and installing them in new- build homes;
- b) similarly, KASS had done and would continue to do much work with care homes to advise them how to reduce their fuel bills; and
- c) fuel poverty was a major problem for many vulnerable people, and the proliferation of advice and guidance available from different energy suppliers would need to be simplified and streamlined to make it easier to follow and help people to make informed choices.

3. RESOLVED that:-

- a) the information given in the report and in response to Members' questions be noted, with thanks; and
- b) the future approach and priorities set out in section 4 of the report, and the suggested changes to the KCC Environment Policy, be agreed.

71. Kent Contact and Assessment Service (KCAS) Abandonment Rate
(Item D1)

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

1. Mrs Huntingford introduced the report and outlined the role of the KCAS service as part of KASS's client assessment process. The number of client contacts with KASS had increased year on year, in all forms, including telephone calls, letters and emails, and the changes to KCAS made in 2009 were intended to streamline the contact process. It was not yet possible, however, to see the full effects of those changes.

2. Mrs Huntingford answered questions from Members, and the points highlighted were as follows:-

- a) although 60% of calls received were about adults' services and 40% about children's services, the amount of work generated by each type of call did not reflect this percentage split, with calls about children's services taking much more time to resolve;
- b) some calls to KCAS were dealt with by that service and did not need to be referred onto KASS. It is hoped that the number of calls needing to go on to KASS could be reduced by a further 35%;
- c) a complex set of data was generated weekly, which showed up-to-date patterns and allowed resources to continue to be used in the most cost-effective way. Regular performance reports are considered by the Directorate's Senior Management Team;

- d) Members asked for a 'crib sheet' to help them direct enquiries from local residents in the most helpful way, and Mrs Huntingford undertook to develop some suitable guidance;
 - e) it must be borne in mind that callers contacting the service are often distressed. An automated system which offers a caller options to help route their call (eg 'press 1 for x, press 2 for y') does save time but is not always user-friendly; and
 - f) the length of time that most callers are willing to hold for a response is generally very short, and from the data available it is not known how many people make repeat attempts at getting through.
3. RESOLVED that the information given in the report and in response to Members' questions be noted, with thanks.

72. Update on Select Committee Work *(Item E1)*

1. Miss Grayell gave an update of the progress of the Extended Services and Renewable Energy Select Committees and planned future work, and the monitoring of the Autistic Spectrum Disorder Select Committee's work, one year after the publication of its report, which had been discussed under item C2 on today's agenda.
2. RESOLVED that the update be noted and that Members notify Miss Grayell of any topics they wish to put forward for inclusion in the 2010/2011 Select Committee topic review work programme.

73. The Future of Older Persons' Provision in Kent County Council - Presentation *(Item C8)*

Miss C Highwood, Director of Strategic Business Support, and Mrs A Tidmarsh, Director of Commissioning and Provision, East Kent, were in attendance for this item, with Mrs Howard.

1. Mrs Howard and Miss Highwood presented a series of slides which set out the need to review older persons' provision, for which the consultation process would run from 21 June to 1 November 2010. KCC Members were being briefed on the outline proposals at the very start of the process. They would be asked to consider the matter formally early in 2011, once the consultation has finished, and before the Cabinet Member takes a formal decision on the proposed changes.
2. Mrs Howard and Miss Highwood responded to Members' questions and reassured them about concerns raised. In particular, that the inspection regime is exactly the same for the independent sector as for KCC, and the KCC has a contracting function that seeks to ensure the quality of all care it commissions.
3. The points highlighted by Members in their questions and comments were as follows:-

- a) the public will have a full range of concerns about how the changes will affect them personally – losing their job in care, losing the rapport with their current carers, losing continuity of care for themselves or a vulnerable relative. All Members will need to understand the proposed changes so they can help and support local people with their questions and concerns;
- b) the rationale for the changes will need to be couched in terms which are easy for the public to understand;
- c) consultation must give service users maximum opportunity to give a view, and must take full account of those views;
- d) many service users might not mind a change in location as long as they continue to receive excellent care;
- e) the private and voluntary sector should offer sheltered housing which is available to buy;
- f) although the process of change is awkward and can be worrying, the outcome will be well worth it;
- g) great attention has been paid to detail, which is good as this obvious thoroughness will give confidence; and
- h) the POSC should convene a special meeting to discuss the changes, once the consultation has been completed.

4. The Cabinet Member, Mr Gibbens, thanked the officer team for the way they had conducted the very difficult process and extensive consultations with residents and their families. Mr Gibbens reassured Members that he and his Deputy Cabinet Member, Mr Angell, would do all they could to assist Members in trying to answer the questions and concerns of local people.

5. RESOLVED that:-

- a) the information given in the presentation and in response to Members' questions be noted, with thanks; and
- b) the POSC convene a special meeting to consider the issue formally before the Cabinet Member takes a decision.

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

To: Adult Social Services Policy Overview & Scrutiny Committee –
21 September 2010

Subject: **ADULT SOCIAL SERVICES BUDGET FORECAST REPORT
2010/11**

Classification: Unrestricted

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

Introduction

1. (1) This is the first report for 2010-11 to this Committee on the forecast outturn against budget for the Adult Social Services Department.

Background

2. (1) Policy Overview and Scrutiny Committees (POSC) 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.

Full Monitoring report for the First Quarter

3. (1) The July 2010 Full Monitoring report for Adult Services as presented to Cabinet on 13 September is attached at Appendix 1 and this indicates an overall revenue pressure of £2.838m. Appropriate 'Guidelines for Good Management Practice' are in place to ensure that the Directorate achieves a balanced position by the end of the year.

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

- All savings identified within the Medium Term Plan will be achieved.
- The Directorate has reviewed all cash limits and affordable levels of activity in light of the 2009/10 out-turn and any changing trends in activity that have become apparent since the budget was set. A number of requests for virement and other changes to cash limits are included as part of the report submitted to Cabinet.
- Older People is forecasting a net underspend of £0.134m. Within this is a net overspend of £0.575m against residential care, which despite recent increases, assumes a reduction in the number of clients by the end of the year based on prior year trends. The number of clients in a permanent residential placement has increased from 2,751 in March to 2,819 in June, a movement of 68 clients. Of these 46 relate to clients with dementia and this increasing trend continues to place additional pressure on this budget. Although the number of clients in permanent nursing care has increased from 1,374 in March to 1,417 in June the forecast continues to assume a reduction in clients based on prior year trends. As a result this budget line is reporting a net underspend of £0.236m. Domiciliary care continues to be the most volatile and difficult line to forecast with great accuracy. Overall this line is reporting a net underspend of £0.179m with a pressure on independent sector hours, where the number of clients has decreased to 6,298 in June following two months of increases, offset by an underspend on in-house provision.
- Services for People with a Learning Difficulty is showing an overall pressure of £2.388m as both demographic and price placement pressures continue. These primarily relate to young adults with very complex needs transferring from Children's Services, clients with ageing parents cared for at home but requiring more support, and the numbers of people placed by other authorities but being classed as 'ordinarily resident' (deemed as living in the county rather than in a residential placement) and therefore our responsibility. The number of residential placements has increased from 632 in March to 703 including the transfer of a further 69 clients from Health under Section 256 arrangements and who are fully funded. Both the activity and the unit cost per week remain well above the affordable level and as a result this line is showing a net pressure of £3.671m. The forecast also assumes that, where appropriate, clients transfer to supported accommodation as the Directorate tries to support clients within the community. The overall

forecast pressure has also been reduced by £830k following release of the contingency held by the Managing Director to reduce the overall pressure within the Directorate.

- Services for People with a Physical Disability have similar pressures to Services for People with a Learning Difficulty and as a result the overall position is a pressure of £0.654m. The number of residential placements has reduced from 222 in March to 218 in June.
- All Adults Assessment and Related is forecasting a net pressure of £0.429m although it is expected that this will reduce through vacancy management. The pressure partly results from low turnover with June seeing the lowest rate in over a year.
- The position for Mental Health is a net pressure of £0.404m. Within this is a gross pressure of £0.854m against residential care as the number of clients is expected to remain above the level afforded in the budget. It should be noted that the budgets were previously realigned in previous years to reflect the changed priorities in the Directorate to keep clients, wherever possible, within a community based setting such as supported accommodation or via direct payments, rather than residential care, however this change has not happened as quickly as anticipated. This has resulted in an underspend of £0.176m against direct payments. The forecast for residential care also assumes an under-recovery in income of £0.289m as there are an increasing proportion of clients who fall under Section 117 meaning that they do not contribute to the cost of their care. The overall forecast pressure has also been reduced by £520k following release of the contingency and other uncommitted funds held by the Managing Director to reduce the overall pressure within the Directorate.
- Strategic Business Support is forecasting a significant net underspend of £0.814m. This has been achieved through vacancy management and not backfilling some posts that are externally funded, releasing uncommitted funding held by the Managing Director, and making savings on non pay expenditure.

(3) The latest capital position, excluding PFI projects, is showing a real variance of £0.090m after requesting for £5.018m to be re-phased. Of this £2.613 relates to the Modernisation of Learning Disability Services, which now has a revised timescale following extensive consultation of day care services, and £1.082m to Older Persons Integrated Care Centres, which is being re-phased in light of the recent over-arching strategy for services for Older Persons. The real variance of £0.090m relates to a reduction in PCT funding towards the extension at Broadmeadow, and the Directorate is proposing to cover this by underspending on the modernisation of assets budget.

(4) 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.

(5) The outstanding debt that was due for payment as at July was £16.7m of which £12.4m related to client debt with £4.3m of sundry debt. This compared with total due debt as at March (reported to Cabinet in June) of £14.1m of which £12.5m was client debt and £1.6m of sundry debt.

Recommendations

4. (1) Members are asked to NOTE the latest forecast out-turn for revenue and capital, and the latest debt position for 2010/11.

Michelle Goldsmith
Directorate Finance Manager
Tel: 01622 221770
VPN: 7000 1770
Email: michelle.goldsmith@kent.gov.uk

Background documents: None

KENT ADULT SOCIAL SERVICES DIRECTORATE SUMMARY JULY 2010-11 FULL MONITORING REPORT

1. FINANCE

1.1 REVENUE

1.1.1 The cash limits that the Directorate is working to, **and upon which the variances in this report are based**, include adjustments for both formal virement and technical adjustments, the latter being where there is no change in policy. The Directorate would like to request formal virement through this report to reflect adjustments to cash limits required for the following changes required in respect of the allocation of previously unallocated budgets where further information regarding allocations and spending plans has become available since the budget setting process. This primarily relates to how the Directorate allocated demography/growth and savings, and how grant funding was allocated, decisions for which were made following a Special Budget SMT in January and subsequent detailed analysis by Areas. Where necessary allocations have been adjusted in light of the 2009-10 outturn expenditure and activity, whereas before they would have been based on forecasts from several months earlier. As a result, demography/growth and savings have in some cases been allocated across different headings to those assumed within budget build. Cash limits also need to be adjusted to reflect the changing trends in services over the past few years through modernisation of services and the move towards more self directed support. Services are now more likely to be community based, for example in supported accommodation, or through a domiciliary care package, or via a direct payment, rather than residentially based (although there are exceptions where very complex needs remain, e.g. many Older People with Mental Health Needs and clients with severe Learning or Physical Disabilities). The value of these changes is a decrease of £632k in gross and a £632k decrease in income.

Cash limits have also been adjusted to reflect a number of technical adjustments to budget, including realignment of gross and income to more accurately reflect current levels of services and the inclusion of a number of 100% grants/contributions (i.e. which fully fund the additional costs) awarded since the budget was set. These include the increase of £56k in the HIV/AIDS grant, and £95k for the Dementia Demonstrator funding, and reflects the receipts in advance carried forward from 2009-10 for Learning Disability Campus Re-provision Grant (£271k) and Social Care Reform Grant (£715k). Adjustments are also needed to reflect the further transfer of Learning Disability clients from Health under Section 256 arrangements; these adjustments increase both gross and income by £17,507k. It was previously acknowledged that some of the income budgets were not correctly aligned to where the gross budget was held. This should have been rectified in budget build but regrettably was not hence a number of adjustments are now required. The value of these changes is a £353k increase in gross and a £353k increase in income. Of this £557k relates to recharges to the Communities Directorate in respect of Supporting People costs which were not previously cash limited. The balance of -£204k is made up of small decreases in client, health and other income.

These adjustments have resulted in an overall increase in the gross expenditure budget of £18,365k (-£632k + £56k + £95k + £271k + £715k + £17,507k + £353k) and an increase in the income budget of an equal amount, giving a net nil effect.

In addition there has been an increase of £119k in the gross budget in relation to an approved roll-forward from 2009-10 together with £18k of other Corporate adjustments which together total £137k.

Therefore the overall movement in cash limits shown in table 1a below is an increase of £18,502k in gross expenditure (£18,365k + £137k) and an increase in income of £18,365k.

Table 1a shows:

- the published budget,
- the proposed budget following adjustments for both formal virement and technical adjustments, together with roll forward from 2009-10 as approved by Cabinet in July,
- the total value of the adjustments applied to each service line.

Cabinet is asked to approve these revised cash limits:

The changes to cash limits referred to above have also impacted on the 2010-11 affordable levels of activity and these have been updated within section 2 of this annex to reflect the revised cash limits outlined in Tables 1a and 1b.

1.1.2.1 Table 1a: Movement in cash limits since Published Budget

Budget Book Heading	Published Budget			Current Cash Limit			Movement in Cash Limit		
	G	I	N	G	I	N	G	I	N
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Adult Services portfolio									
Older People:									
- Residential Care	88,305	-33,217	55,088	87,616	-33,310	54,306	-689	-93	-782
- Nursing Care	44,209	-20,201	24,008	45,690	-21,078	24,612	1,481	-877	604
- Domiciliary Care	47,882	-10,490	37,392	47,498	-10,044	37,454	-384	446	62
- Direct Payments	4,981	-452	4,529	5,062	-532	4,530	81	-80	1
- Other Services	19,582	-3,082	16,500	20,187	-3,137	17,050	605	-55	550
Total Older People	204,959	-67,442	137,517	206,053	-68,101	137,952	1,094	-659	435
People with a Learning Difficulty:									
- Residential Care	65,284	-12,791	52,493	71,361	-18,794	52,567	6,077	-6,003	74
- Domiciliary Care	7,827	-949	6,878	7,393	-1,122	6,271	-434	-173	-607
- Direct Payments	7,747	-185	7,562	7,865	-143	7,722	118	42	160
- Supported Accommodation	12,729	-2,140	10,589	23,317	-12,643	10,674	10,588	-10,503	85
- Other Services	21,110	-1,397	19,713	21,603	-1,232	20,371	493	165	658
Total People with a LD	114,697	-17,462	97,235	131,539	-33,934	97,605	16,842	-16,472	370
People with a Physical Disability									
- Residential Care	12,759	-2,136	10,623	12,526	-1,951	10,575	-233	185	-48
- Domiciliary Care	7,718	-459	7,259	7,661	-449	7,212	-57	10	-47
- Direct Payments	7,022	-269	6,753	7,132	-249	6,883	110	20	130
- Supported Accommodation	477	-18	459	394	-8	386	-83	10	-73
- Other Services	5,940	-715	5,225	5,805	-896	4,909	-135	-181	-316
Total People with a PD	33,916	-3,597	30,319	33,518	-3,553	29,965	-398	44	-354
All Adults Assessment & Related	36,550	-1,876	34,674	37,292	-2,020	35,272	742	-144	598
Mental Health Service									
- Residential Care	6,456	-772	5,684	6,416	-882	5,534	-40	-110	-150
- Domiciliary Care	725		725	623		623	-102	0	-102
- Direct Payments	602		602	606		606	4	0	4
- Supported Accommodation	435		435	435	0	435	0	0	0
- Assessment & Related	10,001	-876	9,125	10,001	-876	9,125	0	0	0
- Other Services	6,914	-902	6,012	7,180	-902	6,278	266	0	266
Total Mental Health Service	25,133	-2,550	22,583	25,261	-2,660	22,601	128	-110	18
Gypsy & Traveller Unit	647	-319	328	662	-333	329	15	-14	1
People with no recourse to Public Funds	100		100	100		100	0	0	0
Strategic Management	1,289	-27	1,262	1,249	-27	1,222	-40	0	-40
Strategic Business Support	24,525	-2,134	22,391	24,673	-2,007	22,666	148	127	275
Support Services purchased from CED	6,816		6,816	6,787		6,787	-29	0	-29
Specific Grants		-8,773	-8,773		-9,910	-9,910		-1,137	-1,137
Adult Services controllable	448,632	-104,180	344,452	467,134	-122,545	344,589	18,502	-18,365	137

1.1.2.2 Table 1b below details the revenue position by Service Unit against the revised cash limits shown in table 1a:

Budget Book Heading	Cash Limit			Variance			Comment
	G	I	N	G	I	N	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	
Adult Services portfolio							
Older People:							
- Residential Care	87,616	-33,310	54,306	663	-88	575	Price pressures due to dementia; staff cover for in-house; additional client/health income
- Nursing Care	45,690	-21,078	24,612	-260	24	-236	Forecast activity below affordable level
- Domiciliary Care	47,498	-10,044	37,454	-239	60	-179	Activity in independent in excess of affordable offset by underspend on in-house

Budget Book Heading	Cash Limit			Variance			Comment
	G	I	N	G	I	N	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	
- Direct Payments	5,062	-532	4,530	-97	-34	-131	
- Other Services	20,187	-3,137	17,050	-156	-7	-163	Small underspends on a number of lines
Total Older People	206,053	-68,101	137,952	-89	-45	-134	
People with a Learning Disability:							
- Residential Care	71,361	-18,794	52,567	3,777	-106	3,671	Demographic and placement pressures
- Domiciliary Care	7,393	-1,122	6,271	-85	-96	-181	
- Direct Payments	7,865	-143	7,722	97	-40	57	
- Supported Accommodation	23,317	-12,643	10,674	29	-119	-90	Demographic and placement pressures
- Other Services	21,603	-1,232	20,371	-981	-88	-1,069	Releasing of Managing Director's contingency to offset overall pressure; number of small underspends
Total People with a LD	131,539	-33,934	97,605	2,837	-449	2,388	
People with a Physical Disability							
- Residential Care	12,526	-1,951	10,575	224	253	477	Demographic and placement pressures
- Domiciliary Care	7,661	-449	7,212	98	23	121	
- Direct Payments	7,132	-249	6,883	95	-15	80	
- Supported Accommodation	394	-8	386	73	-12	61	
- Other Services	5,805	-896	4,909	-88	3	-85	
Total People with a PD	33,518	-3,553	29,965	402	252	654	
All Adults Assessment & Related	37,292	-2,020	35,272	334	95	429	Reduced turnover
Mental Health Service							
- Residential Care	6,416	-882	5,534	854	289	1,143	Forecast activity in excess of affordable level; increased proportion of S117 clients who do not contribute to costs
- Domiciliary Care	623		623	28	0	28	
- Direct Payments	606		606	-176	0	-176	Less than expected activity
- Supported Accommodation	435	0	435	94	0	94	
- Assessment & Related	10,001	-876	9,125	-95	30	-65	
- Other Services	7,180	-902	6,278	-523	-97	-620	Releasing of Managing Director's contingency/ other uncommitted monies to offset overall pressure
Total Mental Health Service	25,261	-2,660	22,601	182	222	404	
Gypsy & Traveller Unit	662	-333	329	60	-55	5	
People with no recourse to Public Funds	100		100	0	0	0	
Strategic Management	1,249	-27	1,222	-94	0	-94	
Strategic Business Support	24,673	-2,007	22,666	-905	91	-814	Uncommitted workforce development grant; vacancy management; non pay savings; grant funded posts

Budget Book Heading	Cash Limit			Variance			Comment
	G	I	N	G	I	N	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	
Support Services purchased from CED	6,787		6,787	0	0	0	
Specific Grants		-9,910	-9,910	0	0	0	
Total Adult Services controllable	467,134	-122,545	344,589	2,727	111	2,838	
Assumed Management Action				-2,838		-2,838	
Forecast after Mgmt Action				-111	111	0	

1.1.3 Major Reasons for Variance: [provides an explanation of the 'headings' in table 2]

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

1.1.3.1 Older People:

The overall position for services for Older People is a net underspend of £134k.

a. Residential Care

This line is reporting a gross pressure of £663k and an over recovery of income of £88k. As at June there were 2,819 permanent clients in private and voluntary care compared with 2,751 in March which is an increase of 68 clients, 46 of whom were people with dementia. The forecast position is 155,570 weeks of care against an affordable level of 155,351, which is 219 weeks over budget. Using the forecast unit cost of £391.29, this increased level of activity generates a pressure of £86k. In addition the forecast unit cost is £1.38 higher than the affordable which results in a pressure of £214k and reflects the increasing numbers of clients with dementia as placements are more expensive. Although the higher level of activity generates increased income of £36k, the actual income per week is £162.60 against an expected level of £164.29. This gives an under-recovery in income of £262k.

In-house residential provision, including integrated care centres, is showing a pressure of £390k on gross primarily on staffing because of the continuing need to cover sickness and absence with agency staff in order to meet care standards, as well as meeting increased occupancy levels. The pressure on gross is offset by an additional £285k of income due to increased occupancy levels and recharges to health.

The forecast for Preserved Rights clients is showing minor variances on both gross and income.

b. Nursing Care

There is an underspend of £260k on gross expenditure and an under recovery of income of £24k against this line. The number of permanent clients in private and voluntary placements has increased to 1,417 in June compared to the 1,374 reported in March. The forecast is currently coming in 770 weeks under budget at a saving of £363k. The unit cost is currently forecast to be slightly more than budget, £470.67 instead of £470.01, which gives a pressure by £53k. The reduced activity has resulted in decreased income of £123k. The actual income per week is £159.79 against an expected level of £158.30. This gives an over-recovery in income of £118k.

The forecast for Preserved Rights clients is showing minor variances on both gross and income.

c. Domiciliary Care

Overall there is currently an underspend of £239k on gross with an under-recovery in income of £60k. Domiciliary care continues to be the most difficult to forecast as activity can be volatile; the continuing trend in the number of clients remains uncertain and the number receiving a domiciliary care package from the independent sector remains below the average of last year. The number of clients in receipt of a package through the private and voluntary sector decreased in June to 6,298 following two months of increases, compared with 6,227 clients in March. The current forecast assumes that 2,493,266 hours will be purchased against an affordable level of 2,476,546, generating a pressure of £259k. The forecast unit cost is only marginally more expensive than

affordable generating an additional cost of £68k. This will relate to the fact that people who do receive domiciliary care, in its traditional sense, are more likely to have higher needs and require more intense packages.

There is also a significant underspend of £490k relating to the in-house domiciliary service as the number of clients remains well below that afforded within the budget. There is also a minor underspend of £95k against block contracts.

There are a number of small variances across the various lines within domiciliary care which add up to an under-recovery of income of £60k.

d. Other Services

This line is showing a gross underspend of £156k due to small variances against a number of budgets including payments to voluntary organisations, day-care, and meals.

1.1.3.2 People with a Learning Disability:

Overall the position for this client group is a net pressure of £2,388k. Services for this client group remain under extreme pressure, particularly within residential care as a result of both demographic and placement price pressures. This includes the impact of young adults transferring from Children's Services, many of whom have very complex needs and require a much higher level of support. There are also increasing numbers of older learning disabled clients who are cared for at home by ageing parents who will begin to require more support. Cases of clients becoming/ or who could become "ordinarily resident" in Kent continue to be a problem. A client would become "ordinarily resident" when placed by another local authority in Kent and following de-registration of the home, the individual moves into supported accommodation. We have accepted responsibility for a number of clients, and we are still contesting a number of other applications. The issue of ordinary residence has been discussed nationally through the Association of Directors of Adult Social Services as the current system penalises those authorities, such as Kent, who have historically been a net importer of residential clients.

a. Residential Care

The overall forecast for residential care, including preserved rights clients, is a pressure on gross of £3,777k partially offset by an over recovery of income of £106k, giving a net pressure of £3,671k. Details of the individual pressures and savings contributing to this position are provided below.

The number of clients has increased from 632 in March to 703 in June which includes the transfer of a further 69 clients from Health under Section 256 arrangements. This is part of the overall transfer of responsibility for most Learning Disability placements from Health and these clients are 100% funded by Health. Both the costs and income relating to this transfer of clients are included in the cash limits and the additional activity is reflected in the affordable levels. The forecast assumes 1,133 weeks more than is affordable at a cost of £1,429k, and includes those known young people who are in the "transition" process and will be coming to adult social services before the end of the year. The actual unit cost is £1,261.46 which is £58.19 higher than the affordable level and adds £2,089k to the forecast. It should be noted that both the affordable and forecast unit costs have increased significantly from last year as a result of the placements transferred from Health under S256 arrangements. The additional client weeks add £359k of income, although the actual income per week is slightly lower than the expected level which generates an under-recovery in income of £40k.

The forecast number of client weeks of service provided to Preserved Rights clients is 97 lower than the affordable level because of increased attrition which is over and above that assumed in the budget; this reduced activity gives an underspend of £79k. The unit cost is £814.35 which is higher than the affordable level of £805.28 creating a pressure of £285k. The reduced level of activity has resulted in an under-recovery of income of £22k, and the actual income per week is less than expected which gives a pressure of £132k.

There is a small gross pressure of £60k against in house residential provision because of the need to cover sickness and absence with agency staff to meet national care standards.

b. Supported Accommodation

The current position is a gross pressure of £29k and an over recovery of income of £119k giving a net underspend of £90k with the number of clients having increased from 309 in March to 408 in June following the transfer of a number of clients from Health under Section 256 arrangements. As with residential care, both the costs and income relating to this transfer of clients are included in the cash limits and the additional activity is reflected in the affordable levels. The forecast shows 41 weeks more than affordable creating a pressure of £44k. This is based on a unit cost of £1,060.59 which is £1.93 per week lower than is affordable and this reduces the pressure by £39k. It should be noted that both the affordable and forecast unit costs have increased significantly from last year as a result of the placements transferred from Health under S256 arrangements as many of these clients cost over £1,200 per week. The extra activity generates increased income of £26k and the average income per week is higher than the level expected resulting in an over recovery in income of £103k.

There are also small variances against group homes and the adult placement scheme.

c. Other Services

This line is showing a gross underspend of £981k following the release of £830k of the Contingency held by the Managing Director to offset the overall pressure within this client group. The remaining underspend of £151k relates to small variances against a number of budgets including payments to voluntary organisations, day-care, and supported employment.

1.1.3.3 People with a Physical Disability:

Overall the position for this client group is a net pressure of £654k. Services for this client group remain under pressure as a result of both demographic and placement price pressures.

a. Residential Care

The overall forecast for residential care, including preserved rights clients, is a pressure on gross of £224k and an under recovery of income of £253k. Although the number of clients has reduced from 222 in March to 218 the forecast assumes 70 weeks more than is affordable giving a pressure of £63k. The actual unit cost is £904.33 which is £26.67 higher than the affordable which increases the pressure by £324k. The additional client weeks add £8k of income to the position however the income per week is less than the level expected which causes a pressure of £181k.

The forecast number of client weeks of service provided to Preserved Rights clients is 176 lower than the affordable level because of increased attrition which is over and above that assumed in the budget. This reduced activity gives an underspend of £152k and the unit cost is slightly lower than the affordable level which further reduces the position by £12k. The reduced activity and a lower average of income per week means an under-recovery in income of £76k.

1.1.3.4 All Adults & Assessment:

This budget is forecasting a gross pressure of £334k with an under-recovery in income of £95k. Although it is hoped that this pressure will reduce through vacancy management, it should be noted that the level of staff turnover in June for the Directorate as a whole had reduced to just 0.39% which is the lowest it has been in over 15 months. This low turnover increases the pressure on all staffing budgets as it is expected to fund the cost of performance related pay progression.

1.1.3.5 **Mental Health:**

The overall position for Mental Health is a net pressure of £404k.

a. Residential Care

The forecast for residential care, including preserved rights clients, is a pressure on gross of £854k and an under recovery of income of £289k. The affordable level for non-preserved rights was previously reduced following the decision to realign budgets to reflect the changed priorities in the Directorate to keep clients, wherever possible, within a community based setting such as supported accommodation or via direct payments, rather than residential care, however this change has not happened as quickly as anticipated. The intention to keep clients in the community remains, so budgets have been left as they are rather than adjusted back. The result is a forecast which is 1,681 weeks more than is affordable at a cost of £920k. The actual unit cost is £547.57 which is £1.83 lower than the affordable which reduces the pressure by £16k. The forecast also assumes a significant under-recovery in income as an increasing proportion of clients fall under Section 117 legislation meaning that they do not contribute towards the cost of their care. This has added £274k to the pressure.

The forecast for Preserved Rights clients reflects a small underspend of £50k because of increased attrition which is over and above that assumed in the budget. The reduced activity also means an under-recovery in income of £15k.

b. Direct Payments

As referred to above the affordable level was increased in both 2008-09 and 2009-10 to reflect the changed priorities in the Directorate to keep clients, wherever possible, within a community based setting such as supported accommodation or via direct payments, rather than residential care, however this change has not happened as quickly as anticipated. The intention to keep clients in the community remains so budgets have been left as they are rather than adjusted back. The result is a gross forecast which is underspending against budget by £176k.

c. Other Services

This line is showing an underspend on gross of £523k following the release of £520k of Contingency and other uncommitted funding held by the Managing Director to offset the overall pressure within this client group.

1.1.3.6 **Strategic Business Support:**

This line is forecasting a significant underspend of £905k against gross expenditure with an under recovery in income of £91k. Of the gross underspend £250k relates to uncommitted funding held by the Managing Director and this has been released to reduce the overall pressure within the Directorate. The remainder of the underspend results from savings in a number of areas including £345k of vacancy management through continuing to hold posts vacant and delaying the recruitment process, £146k of printing, stationery, rent and room hire and reduced Girobank charges, and £91k of posts funded externally and not backfilled, with the other £73k made up of numerous small savings.

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

(shading denotes that a pressure has an offsetting saving, which is directly related, or vice versa)

Pressures (+)			Underspends (-)		
portfolio		£000's	portfolio		£000's
KASS	LD Residential Gross - Independent sector unit cost higher than affordable	+2,089	KASS	LD Other Services Gross - Release of contingency	-830
KASS	LD Residential Gross - Independent sector activity beyond affordable level	+1,429	KASS	MH Other Services Gross - Release of uncommitted funding and contingency	-520
KASS	MH Residential Gross - Slower than anticipated change to community based services creating activity higher than affordable	+920	KASS	OP Domiciliary Gross - In house provision client numbers below affordable level	-490
KASS	OP Residential Gross - In House provision Staffing	+390	KASS	OP Nursing Gross - Independent sector activity lower than affordable	-363
KASS	Adults Assessment Gross - reduced staff turnover & pressure of pay progression	+334	KASS	LD Residential Income - Additional income attributable to increased activity	-359
KASS	PD Residential Gross - Unit cost higher than affordable	+324	KASS	SBS Gross - vacancy management	-345
KASS	LD Residential Gross - Independent sector Preserved Right clients unit cost higher than affordable	+285	KASS	OP Residential Income - In House provision, recharges to health	-285
KASS	MH Residential Income - Increased incidence of clients classed at Section 117 causing a drop in average income collected	+274	KASS	SBS Gross - Uncommitted funding held by Managing Director	-250
KASS	OP Residential Income - Income per week lower than budgeted	+262	KASS	MH Direct Payments Gross - Slower than expected take up of community based services	-176
KASS	OP Domiciliary Care Gross - Increased activity beyond affordable level in independent sector provision	+259	KASS	PD Residential Gross - Preserved Rights clients increase in actual attrition rate	-152
KASS	OP Residential Gross - Change in unit cost of Independent Sector placements	+214	KASS	SBS Gross - Reduced costs of room hire, printing, stationery, rent and bank Giro charges	-146
KASS	PD Residential Income - Weekly income lower than expected	+181	KASS	OP Nursing Income - Increase in income per week compared to budgeted	-118
KASS	LD Residential Income - Independent sector Preserved Rights clients weekly income lower than affordable	+132	KASS	LD Supported Accommodation Income - additional income due to higher than expected average weekly income	-103
KASS	OP Nursing Income - reduced income from reduced Independent sector activity	+123			
		+7,216			-4,137

1.1.4 Actions required to achieve this position:

The forecast pressure of £2,838k assumes that the savings identified within the MTP will be achieved and the Directorate remains confident that all savings will be achieved. 'Guidelines for Good Management Practice', also referred to below, are in place across the Directorate, and these, together with vacancy management, are anticipated to address the overall pressure.

1.1.5 Implications for MTP:

The MTP assumes a breakeven position for 2010-11.

The base budget implications of issues identified in this monitoring report will be a call on the amounts identified in the 2010/13 MTP as emerging pressures in 2011/12 and 2012/13. The details of individual amounts will be included when the revised plan is published for consultation in January 2011 together with any new pressures forecast for 2011/12 and 2012/13. The significant issues for the KASS portfolio arising from 2010/11 budget monitoring are related to demography.

It is assumed that the demographic pressures for KASS are likely to be £8.7m in future years. This is based on detailed calculations, on trends over the past year of increased clients and complexity. Clearly this will be reviewed on an on-going basis as part of the monitoring process.

The revised MTP will include proposals on how the in-year cuts in Government grants will be accommodated in base budgets once it has been confirmed that these reductions are permanent following the announcement of the provisional local government finance settlement for 2011/12 which we anticipate will be in late November/Early December. The revised plan will also include the strategy to address the likely reductions in funding over the lifetime of the current parliament following the Chancellor's emergency budget statement on 22nd June in which he outlined his plans to address the national budget deficit.

1.1.6 Details of re-phasing of revenue projects:

No revenue projects have been identified for re-phasing.

1.1.7 Details of proposals for residual variance: *[eg roll forward proposals; mgmt action outstanding]*

This section should provide details of the management action outstanding, as reflected in the assumed management action figure reported in table 1.

The KASS Directorate is wholly committed to delivering a balanced outturn position by the end of the financial year. KASS has 'Guidelines for Good Management Practice' in place across all teams in order to help us manage demand on an equitable basis consistent with policy and legislation. Robust monitoring arrangements are in place on a monthly basis to ensure that forecasts and expenditure are closely monitored and where necessary challenged. Through these arrangements the Directorate expects to balance the £2,838k pressure by the end of the year.

1.2 CAPITAL

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

The capital cash limits have been adjusted since last reported to Cabinet on 12th July 2010, as detailed in section 4.1.

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

	Prev Yrs Exp £000s	2010-11 £000s	2011-12 £000s	2012-13 £000s	Future Yrs £000s	TOTAL £000s
Kent Adult Social Services portfolio						
Budget	5,796	14,455	7,285	2,640	1,162	31,338
Adjustments:						
- completed projects	-1,620					-1,620
Revised Budget	4,176	14,455	7,285	2,640	1,162	29,718
Variance		-5,108	3,109	1,530	379	-90
split:						
- real variance		-90				-90
- re-phasing		-5,018	+3,109	+1,530	+379	0

Real Variance	0	-90	0	0	0	-90
Re-phasing	0	-5,018	+3,109	+1,530	+379	0

1.2.3 Main Reasons for Variance

Table 4 below, details all forecast capital variances over £250k in 2010-11 and identifies these between projects which are:

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

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

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

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

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

portfolio	Project	real/ phasing	Project Status			
			Rolling Programme	Approval to Spend	Approval to Plan	Preliminary Stage
			£'000s	£'000s	£'000s	£'000s
Overspends/Projects ahead of schedule						
			+0	+0	+0	+0
Underspends/Projects behind schedule						
	Learning Disability Good Day programme Board	phasing			-2,613	
	Op-Integrated Care Centres	phasing			-1,082	
	Eastern Quarry	phasing			-521	
			0	-0	-4,216	-0
			-0	-0	-4,216	-0

1.2.4 Projects re-phasing by over £1m:

1.2.4.1 Modernisation of LD Services (Learning Disability Good Day Programme Board) – re-phasing of -£2.613m

Following extensive consultation of day care services for people with learning disabilities and recommending a way forward, the current forecast represents the revised timescale for this project.

Revised phasing of the scheme is now as follows:

	Prior Years	2010-11	2011-12	2012-13	future years	Total
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
BUDGET & FORECAST						
Budget		3,853	749	1,152	1,162	6,916
Forecast		1,240	2,535	1,600	1,541	6,916
Variance	0	-2,613	1,786	448	379	0
FUNDING						
Budget:						
PEF 2		3,251	681	1,152	1,162	6,246
Prudential		210				210
Capital Receipts		392	68			460
TOTAL	0	3,853	749	1,152	1,162	6,916
Forecast:						
PEF 2		1,060	2,325	1,530	1,331	6,246
prudential		110	100			210
Capital Receipts		70	110	70	210	460
TOTAL	0	1,240	2,535	1,600	1,541	6,916
Variance	0	-2,613	+1,786	+448	+379	-0

1.2.4.2 OP Integrated Care Centres – re-phasing of -£1.082m

In light of the recent Directorate's over-arching strategy around its older persons services, this element has been re-phased.

Revised phasing of the scheme is now as follows:

	Prior Years	2010-11	2011-12	2012-13	future years	Total
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
BUDGET & FORECAST						
Budget		1,082				1,082
Forecast				1,082		1,082
Variance	0	-1,082	0	+1,082	0	0
FUNDING						
Budget:						
PEF 2		1,082				1,082
TOTAL	0	1,082	0	0	0	1,082
Forecast:						
PEF 2				1,082		1,082
TOTAL	0	0	0	1,082	0	1,082
Variance	0	-1,082	0	+1,082	0	0

1.2.5 Projects with real variances, including resourcing implications:

There is a real variance of -£0.090m (in 2010-11) which is detailed as follows:

Modernisation of Assets -£0.090m (in 2010-11): The PCT was funding the Broadmeadow extension with £0.180m, but have only paid £0.090m. We are proposing to cover this external funding pressure by underspending on the modernisation of assets budget.

Taking this into account, there is no underlying variance.

1.2.6 General Overview of capital programme:

(a) Risks

The risks linked to KASS must be similar to those felt throughout the Authority in this current financially suppressed climate. As a Directorate that works alongside many partners such as District Councils, Private/Voluntary Organisations and Primary Care Trusts (PCT) in order to provide the most comprehensive service delivery to our users, the risks to KASS are potentially compounded.

(b) Details of action being taken to alleviate risks

The Directorate continues to closely monitor those risks associated with our partnership working arrangements on a regular basis through Area Asset Management Boards which run alongside its over-arching capital strategy. However, the Directorate may not always be able to influence/control the final outcome.

1.2.7 PFI projects

- The £44.3m investment in the PFI Excellent Homes for All project represents investment by a third party. No payment will be made by KCC for the newly built assets until they are ready for use. Again this will be by way of an annual unitary charge to the revenue budget.

	Previous years	2010-11	2011-12	2012-13	TOTAL
	£000s	£000s	£000s	£000s	£000s
Budget			22,300	22,000	44,300
Forecast			22,300	22,000	44,300
Variance					

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

Overall costings still as planned.

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

This contract has not been signed yet although the procurement is in the advanced stages of competitive dialogue. It is likely that the unitary charge is fixed for the duration of the contract period. Deductions will be made during the contract period if performance falls below the standards agreed or if the facilities are unavailable for use.

During the contract period if one of the partners proposes a change that either results in increased costs or a change in the balance of risk, this will need to be taken to the Project Board for agreement. Each partner will have a vote and any decision resulting in a change to the costs or risks would need unanimous approval.

1.2.8 **Project Re-Phasing**

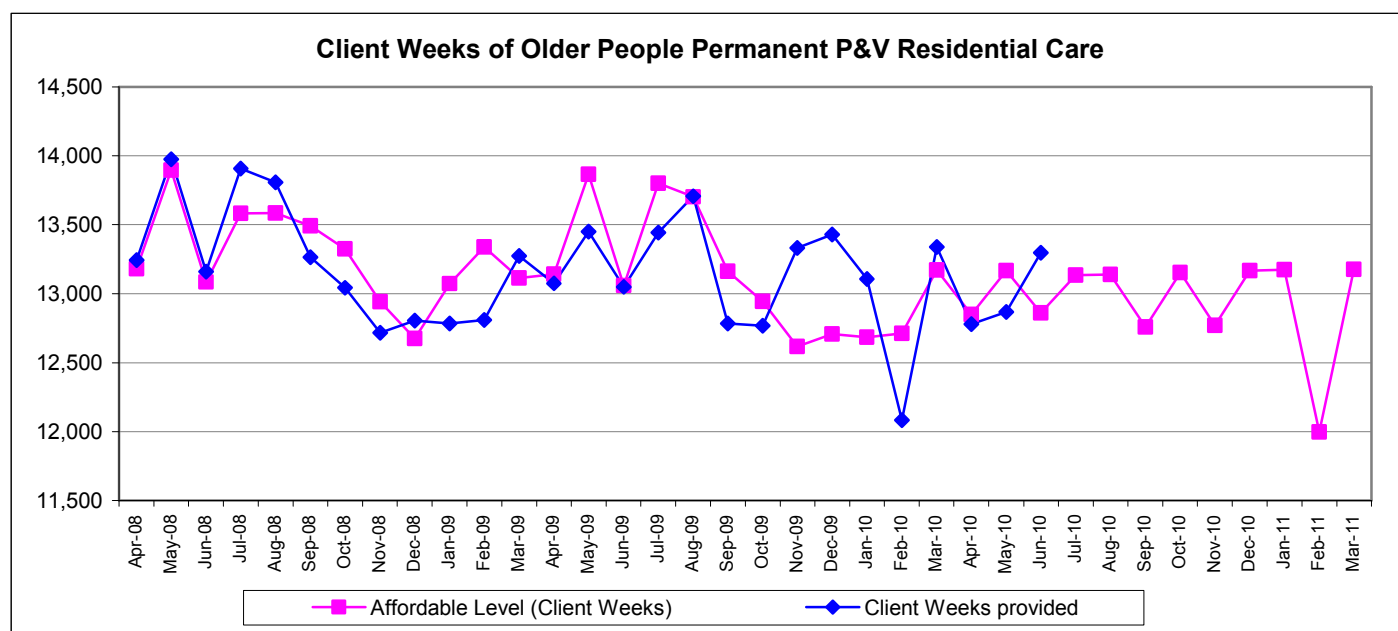
Cash limits are changed for projects that have re-phased by greater than £0.100m to reduce the reporting requirements during the year. Any subsequent re-phasing greater than £0.100m will be reported and the full extent of the rephasing will be shown. The proposed re-phasing is detailed in the table below.

	2010-11	2011-12	2012-13	Future Years	Total
	£k	£k	£k	£k	
Modernisation of Assets					
Amended total cash limits	+1,163	+267	+275		+1,705
re-phasing	-221	+221			0
Revised project phasing	+942	+488	+275	0	+1,705
Mental Health					
Amended total cash limits	+316				+316
re-phasing	-142	+142			0
Revised project phasing	+174	+142	0	0	+316
IT Infrastructure Grant					
Amended total cash limits	+511				+511
re-phasing	-162	+162			0
Revised project phasing	+349	+162	0	0	+511
Modernisation of LD Services					
Amended total cash limits	+3,853	+749	+1,152	+1,162	+6,916
re-phasing	-2,613	+1,786	+448	+379	0
Revised project phasing	+1,240	+2,535	+1,600	+1,541	+6,916
Strategy for new OP Integrated Care Centres					
Amended total cash limits	+1,082				+1,082
re-phasing	-1,082		+1,082		0
Revised project phasing	0	0	+1,082	0	+1,082
Community Care Centres - Thameside - East Quarry & Ebbsfleet					
Amended total cash limits	+521	+897			+1,418
re-phasing	-521	+521			0
Revised project phasing	0	+1,418	0	0	+1,418
Total re-phasing >£100k	-4,741	+2,832	+1,530	+379	0
Other re-phased Projects below £100k					
	-277	+277			
TOTAL RE-PHASING	-5,018	+3,109	+1,530	+379	0

2. KEY ACTIVITY INDICATORS AND BUDGET RISK ASSESSMENT MONITORING

2.1.1 Number of client weeks of older people permanent P&V residential care provided compared with affordable level:

	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
April	13,181	13,244	13,142	13,076	12,848	12,778
May	13,897	13,974	13,867	13,451	13,168	12,866
June	13,084	13,160	13,059	13,050	12,860	13,298
July	13,581	13,909	13,802	13,443	13,135	
August	13,585	13,809	13,703	13,707	13,141	
September	13,491	13,264	13,162	12,784	12,758	
October	13,326	13,043	12,943	12,768	13,154	
November	12,941	12,716	12,618	13,333	12,771	
December	12,676	12,805	12,707	13,429	13,167	
January	13,073	12,784	12,685	13,107	13,175	
February	13,338	12,810	12,712	12,082	11,998	
March	13,114	13,275	13,172	13,338	13,176	
TOTAL	159,287	158,793	157,572	157,568	155,351	38,942

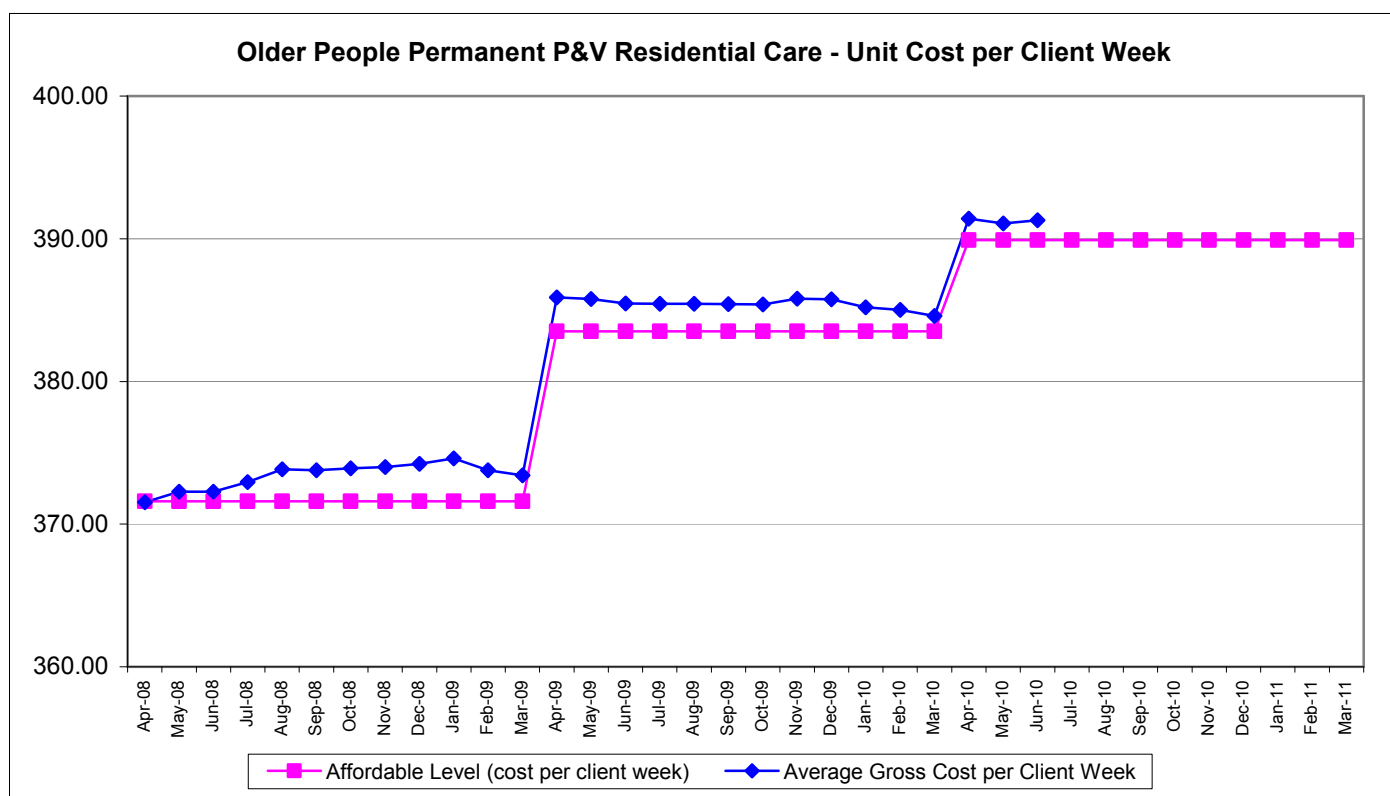


Comments:

- 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 2008-09 was 2,832, at the end of 2009-10 it was 2,751 and at the end of June 2010 it was 2,819. It is evident that there are ongoing pressures relating to clients with dementia. During this year, the number of clients with dementia has increased from 1,195 in March to 1,217 in April to 1,241 in June, and the other residential clients have increased from 1,556 in March to 1,575 in April to 1,578 in June.
- The current forecast is 155,570 weeks of care against an affordable level of 155,351; a difference of 219 weeks. Using the forecast unit cost of £391.29 this increase in activity increases the forecast by £86k, as highlighted in section 1.1.3.1.a
- To the end of June 38,942 weeks of care have been delivered against an affordable level of 38,876; a difference of 66 weeks.

2.1.2 Average gross cost per client week of older people permanent P&V residential care compared with affordable level:

	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
April	371.60	371.54	383.52	385.90	389.91	391.40
May	371.60	372.28	383.52	385.78	389.91	391.07
June	371.60	372.27	383.52	385.47	389.91	391.29
July	371.60	372.94	383.52	385.43	389.91	
August	371.60	373.84	383.52	385.44	389.91	
September	371.60	373.78	383.52	385.42	389.91	
October	371.60	373.91	383.52	385.39	389.91	
November	371.60	374.01	383.52	385.79	389.91	
December	371.60	374.22	383.52	385.76	389.91	
January	371.60	374.61	383.52	385.20	389.91	
February	371.60	373.78	383.52	385.01	389.91	
March	371.60	373.42	383.52	384.59	389.91	

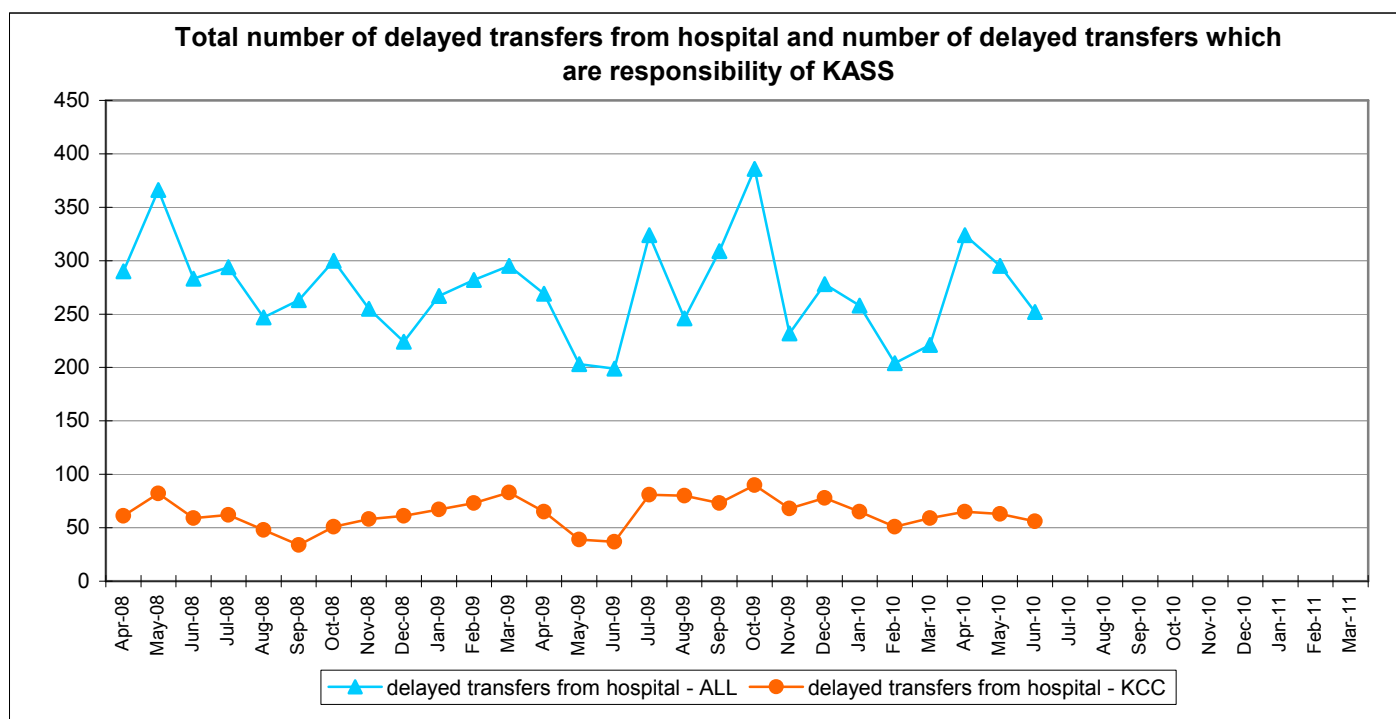


Comments:

- Average unit cost per week has increased more than inflation and is likely to reflect the increasing numbers of clients with dementia.
- The forecast unit cost of £391.29 is higher than the affordable cost of £389.91 and this difference of £1.38 adds £214k to the position when multiplied by the affordable weeks, as highlighted in section 1.1.3.1.a

2.1.3 Total of All Delayed Transfers from hospital compared with those which are KASS responsibility:

	2008-09		2009-010		2010-11	
	ALL	KASS responsibility	ALL	KASS responsibility	ALL	KASS responsibility
April	290	61	269	65	324	65
May	366	82	203	39	295	63
June	283	59	199	37	252	56
July	294	62	324	81		
August	247	48	246	80		
September	263	34	309	73		
October	300	51	386	90		
November	255	58	232	68		
December	224	61	278	78		
January	267	67	258	65		
February	282	73	204	51		
March	295	83	221	59		

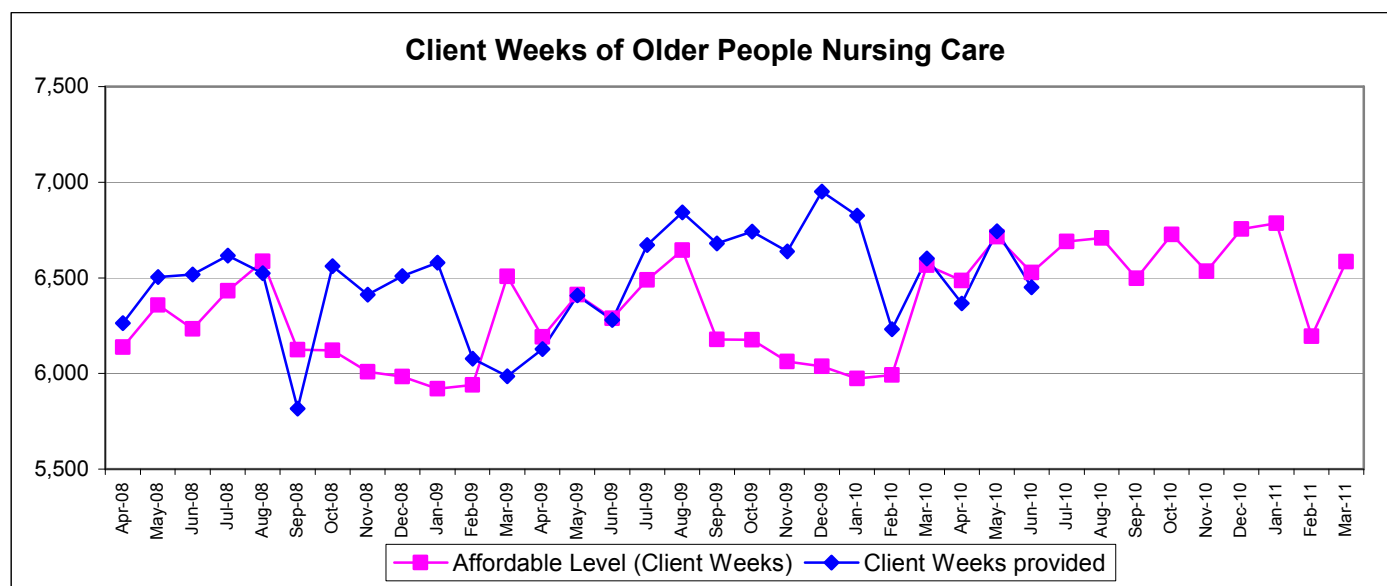


Comments:

- The Delayed Transfers of Care (DTCs) show the numbers of people whose movement from an acute hospital has been delayed. Generally, the main reasons for delay are 'Patient Choice' (just over 25%), 'Awaiting non-acute NHS care' (just under 25%) and 'Awaiting assessment' (20%). 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.

2.2.1 Number of client weeks of older people nursing care provided compared with affordable level:

	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
April	6,137	6,263	6,191	6,127	6,485	6,365
May	6,357	6,505	6,413	6,408	6,715	6,743
June	6,233	6,518	6,288	6,279	6,527	6,450
July	6,432	6,616	6,489	6,671	6,689	
August	6,586	6,525	6,644	6,841	6,708	
September	6,124	5,816	6,178	6,680	6,497	
October	6,121	6,561	6,175	6,741	6,726	
November	6,009	6,412	6,062	6,637	6,535	
December	5,984	6,509	6,037	6,952	6,755	
January	5,921	6,580	5,973	6,824	6,784	
February	5,940	6,077	5,992	6,231	6,194	
March	6,507	5,985	6,566	6,601	6,584	
TOTAL	74,351	76,367	75,008	78,992	79,199	19,558

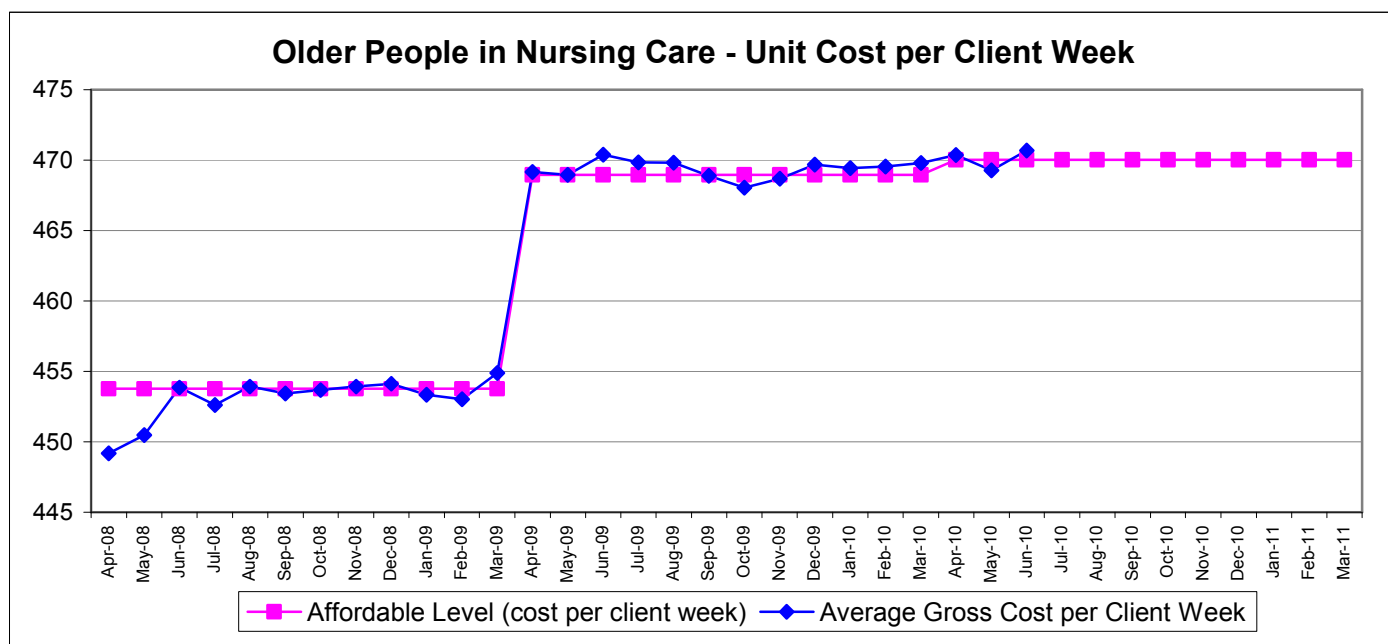


Comment:

- 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 2008-09 was 1,332, at the end of 2009-10 it was 1,374 and at the end of June 2010 it was 1,417. In nursing care, there is not the same distinction between clients with dementia, as with residential care. The difference in intensity of care for nursing care and nursing care with dementia is not as significant as it is for residential care.
- The current forecast is 78,429 weeks of care against an affordable level of 79,199; a difference of 770 weeks. Using the forecast unit cost of £470.67, this reduction in activity reduces the forecast by £363k, as highlighted in section 1.1.3.1.b
- To the end of June 19,558 weeks of care have been delivered against an affordable level of 19,727, a difference of -169 weeks.
- 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.

2.2.2 Average gross cost per client week of older people nursing care compared with affordable level:

	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
April	453.77	449.18	468.95	469.15	470.01	470.36
May	453.77	450.49	468.95	468.95	470.01	469.27
June	453.77	453.86	468.95	470.37	470.01	470.67
July	453.77	452.61	468.95	469.84	470.01	
August	453.77	453.93	468.95	469.82	470.01	
September	453.77	453.42	468.95	468.88	470.01	
October	453.77	453.68	468.95	468.04	470.01	
November	453.77	453.92	468.95	468.69	470.01	
December	453.77	454.13	468.95	469.67	470.01	
January	453.77	453.33	468.95	469.42	470.01	
February	453.77	453.02	468.95	469.55	470.01	
March	453.77	454.90	468.95	469.80	470.01	

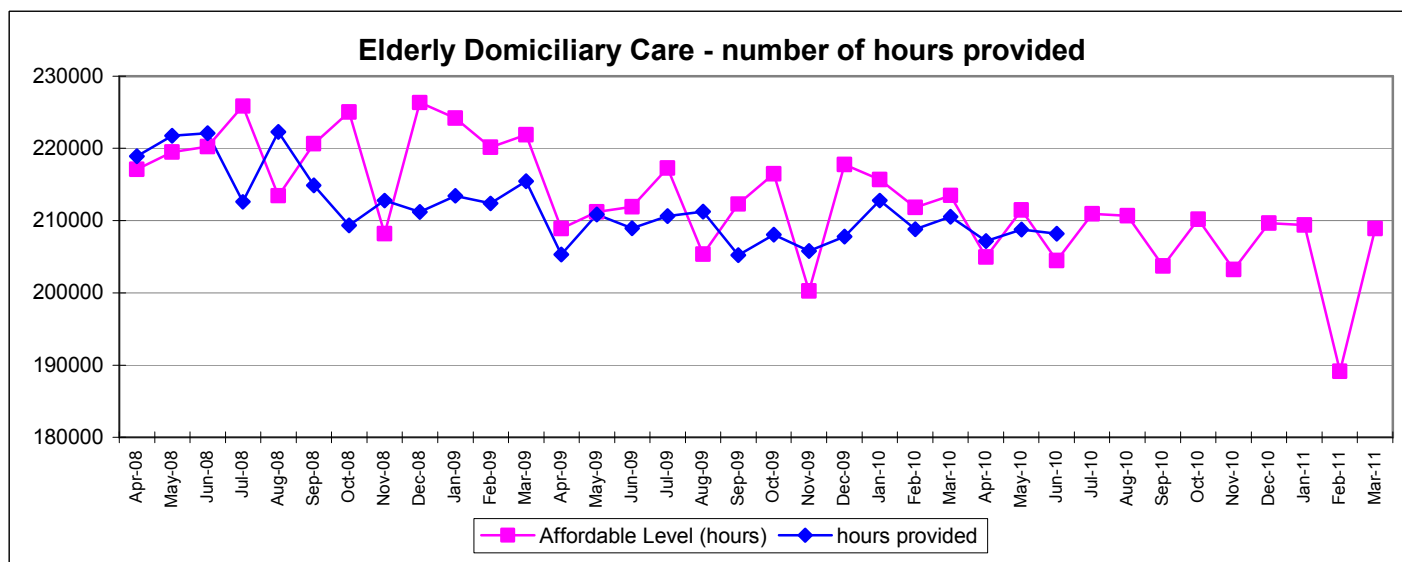
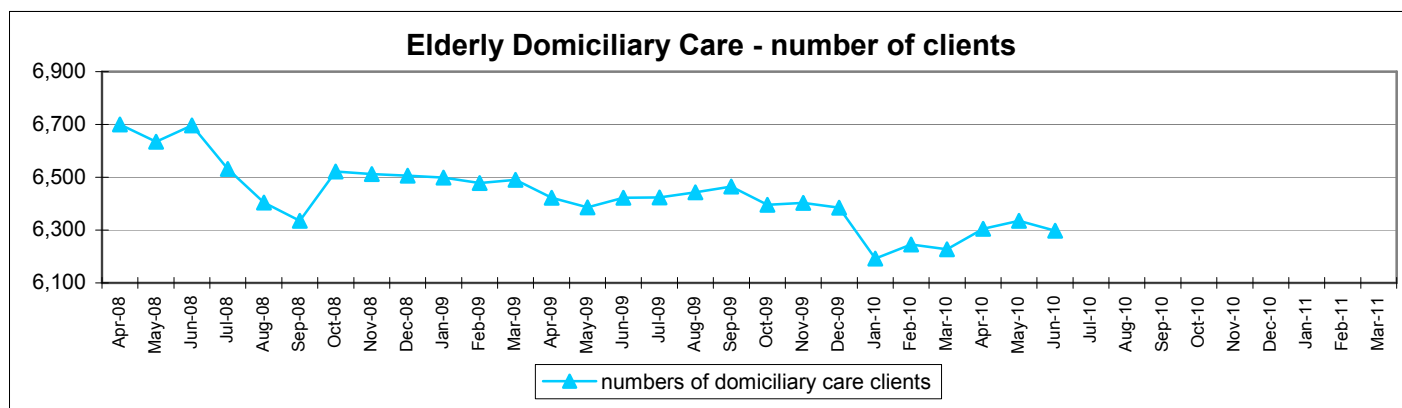


Comments:

- 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 forecast unit cost of £470.67 is slightly higher than the affordable cost of £470.01 and this difference of £0.66 adds £53k to the position when multiplied by the affordable weeks, as highlighted in section 1.1.3.1.b

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

	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
April	217,090	218,929	6,700	208,869	205,312	6,423	204,948	207,167	6,305
May	219,480	221,725	6,635	211,169	210,844	6,386	211,437	208,757	6,335
June	220,237	222,088	6,696	211,897	208,945	6,422	204,452	208,177	6,298
July	225,841	212,610	6,531	217,289	210,591	6,424	210,924		
August	213,436	222,273	6,404	205,354	211,214	6,443	210,668		
September	220,644	214,904	6,335	212,289	205,238	6,465	203,708		
October	225,012	209,336	6,522	216,491	208,051	6,396	210,155		
November	208,175	212,778	6,512	200,292	205,806	6,403	203,212		
December	226,319	211,189	6,506	217,749	207,771	6,385	209,643		
January	224,175	213,424	6,499	215,686	212,754	6,192	209,387		
February	220,135	212,395	6,478	211,799	208,805	6,246	189,143		
March	221,875	215,488	6,490	213,474	210,507	6,227	208,869		
TOTAL	2,642,419	2,587,139		2,542,358	2,505,838		2,476,546	624,101	



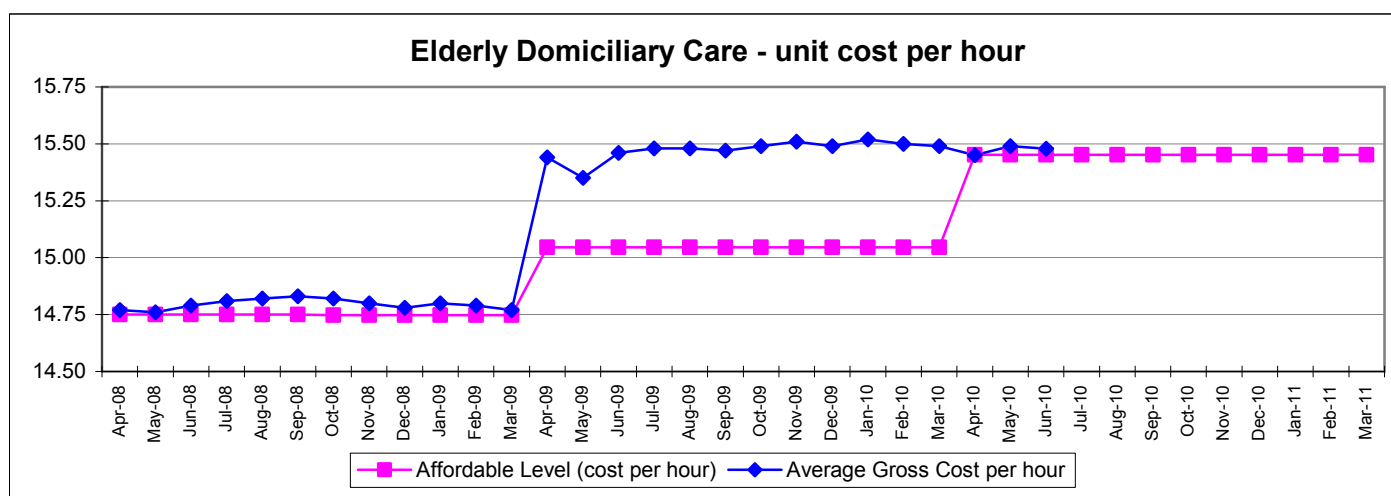
Comment:

- Figures exclude services commissioned from the Kent Enablement At Home service.
- The current forecast is 2,493,266 hours of care against an affordable level of 2,476,546, a difference of 16,720 hours. Using the forecast unit cost of £15.479 this additional activity increases the forecast by £259k, as highlighted in section 1.1.3.1.c
- To the end of June 624,101 hours of care have been delivered against an affordable level of 620,837, a difference of 3,264 hours.

- 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.

2.3.2 Average gross cost per hour of older people domiciliary care compared with affordable level:

	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
April	14.75	14.77	15.045	15.44	15.45	15.45
May	14.75	14.76	15.045	15.35	15.45	15.49
June	14.75	14.79	15.045	15.46	15.45	15.48
July	14.75	14.81	15.045	15.48	15.45	
August	14.75	14.82	15.045	15.48	15.45	
September	14.75	14.83	15.045	15.47	15.45	
October	14.75	14.82	15.045	15.49	15.45	
November	14.75	14.80	15.045	15.51	15.45	
December	14.75	14.78	15.045	15.49	15.45	
January	14.75	14.80	15.045	15.52	15.45	
February	14.75	14.79	15.045	15.50	15.45	
March	14.75	14.77	15.045	15.49	15.45	

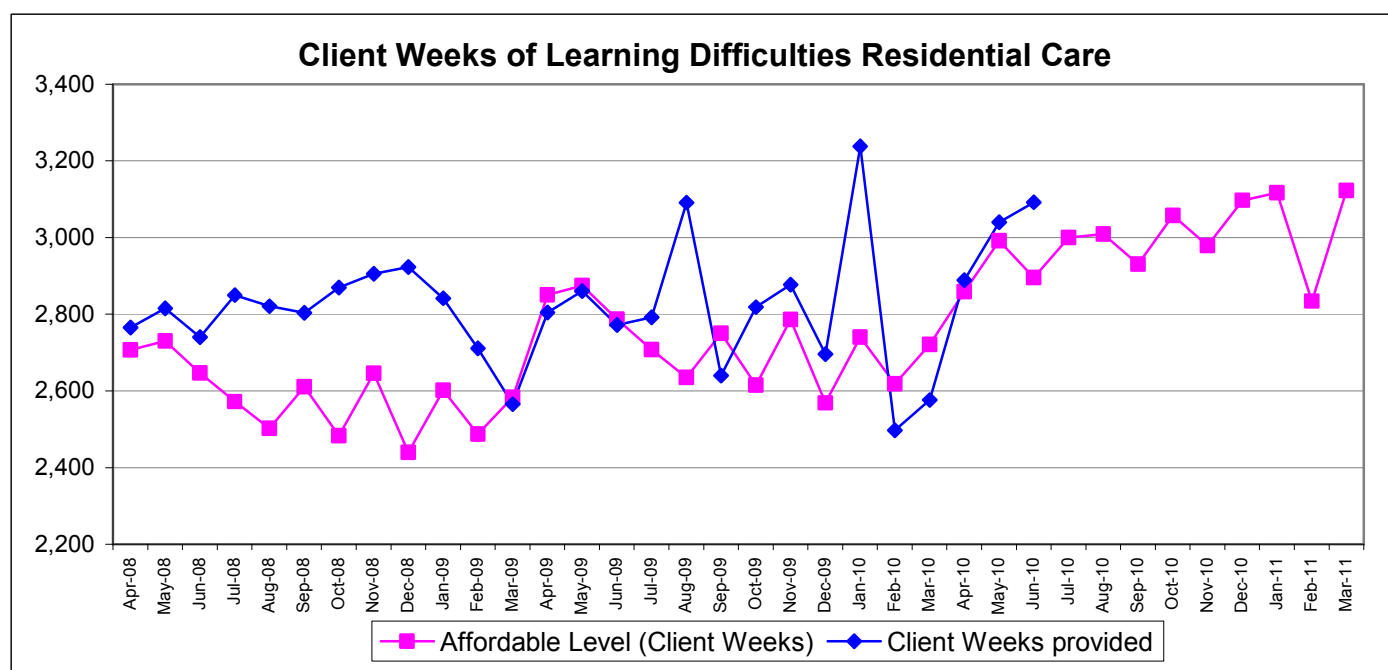


Comments:

- Average unit cost per week is increasing and may reflect the same issues outlined above concerning more intense packages and higher levels of need.
- The forecast unit cost of £15.479 is slightly higher than the affordable cost of £15.452 and this difference of £0.027 increases the pressure by £68k when multiplied by the affordable hours, as highlighted in section 1.1.3.1.c

2.4.1 Number of client weeks of learning difficulties residential care provided compared with affordable level (non preserved rights clients):

	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
April	2,707	2,765	2,851	2,804	2,859	2,889
May	2,730	2,815	2,875	2,861	2,991	3,040
June	2,647	2,740	2,787	2,772	2,896	3,092
July	2,572	2,850	2,708	2,792	3,000	
August	2,502	2,821	2,635	3,091	3,009	
September	2,611	2,803	2,750	2,640	2,931	
October	2,483	2,870	2,615	2,818	3,057	
November	2,646	2,906	2,786	2,877	2,979	
December	2,440	2,923	2,569	2,696	3,097	
January	2,602	2,842	2,740	3,238	3,117	
February	2,487	2,711	2,619	2,497	2,834	
March	2,584	2,565	2,721	2,576	3,123	
TOTAL	31,011	33,611	32,656	33,662	35,893	9,021

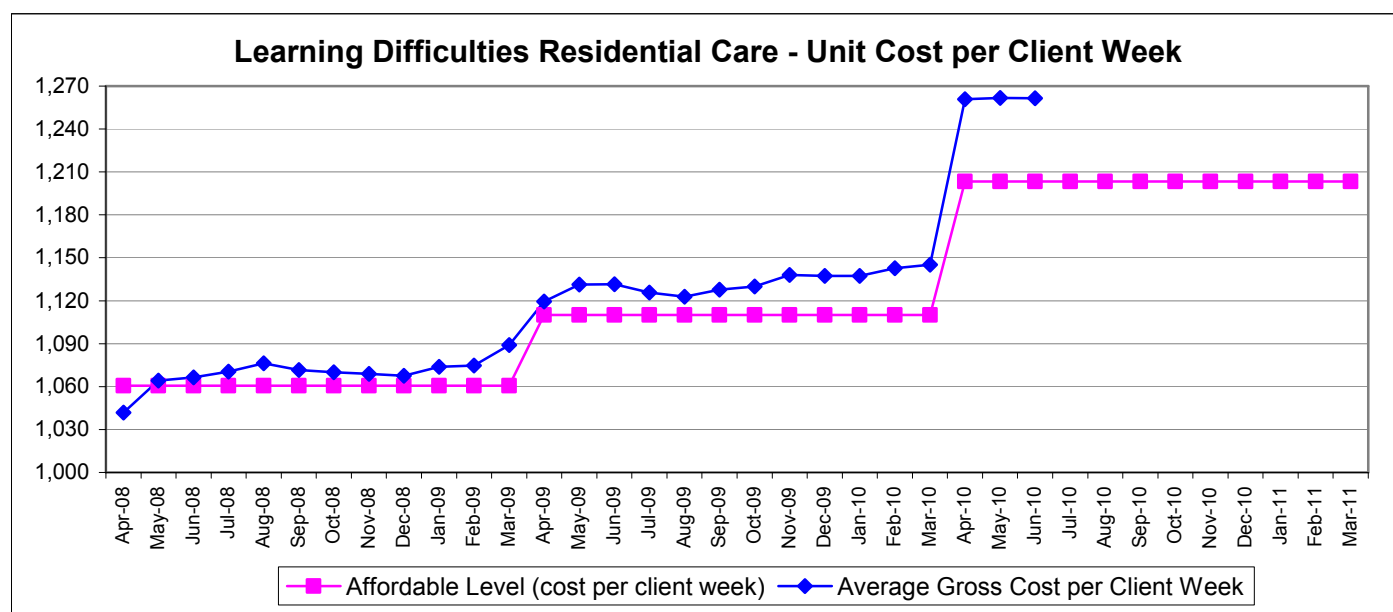


Comments:

- 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 2008-09 was 640, at the end of 2009-10 it was 632 and at the end of June 2010 it was 703. This increase in clients includes 69 new S256 clients.
- The current forecast is 37,026 weeks of care against an affordable level of 35,893, a difference of 1,133 weeks. Using the forecast unit cost of £1,261.46 this additional activity adds £1,429k to the forecast, as highlighted in section 1.1.3.2.a
- To the end of June 9,021 weeks of care have been delivered against an affordable level of 8,746, a difference of 275 weeks.

2.4.2 Average gross cost per client week of Learning Difficulties residential care compared with affordable level (non preserved rights clients):

	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
April	1,060.70	1,041.82	1,110.15	1,119.42	1,203.27	1,260.82
May	1,060.70	1,064.19	1,110.15	1,131.28	1,203.27	1,261.67
June	1,060.70	1,066.49	1,110.15	1,131.43	1,203.27	1,261.46
July	1,060.70	1,070.50	1,110.15	1,125.65	1,203.27	
August	1,060.70	1,076.27	1,110.15	1,122.81	1,203.27	
September	1,060.70	1,071.59	1,110.15	1,127.79	1,203.27	
October	1,060.70	1,070.02	1,110.15	1,130.07	1,203.27	
November	1,060.70	1,068.95	1,110.15	1,137.95	1,203.27	
December	1,060.70	1,067.59	1,110.15	1,137.28	1,203.27	
January	1,060.70	1,073.71	1,110.15	1,137.41	1,203.27	
February	1,060.70	1,074.67	1,110.15	1,142.82	1,203.27	
March	1,060.70	1,089.10	1,110.15	1,145.12	1,203.27	

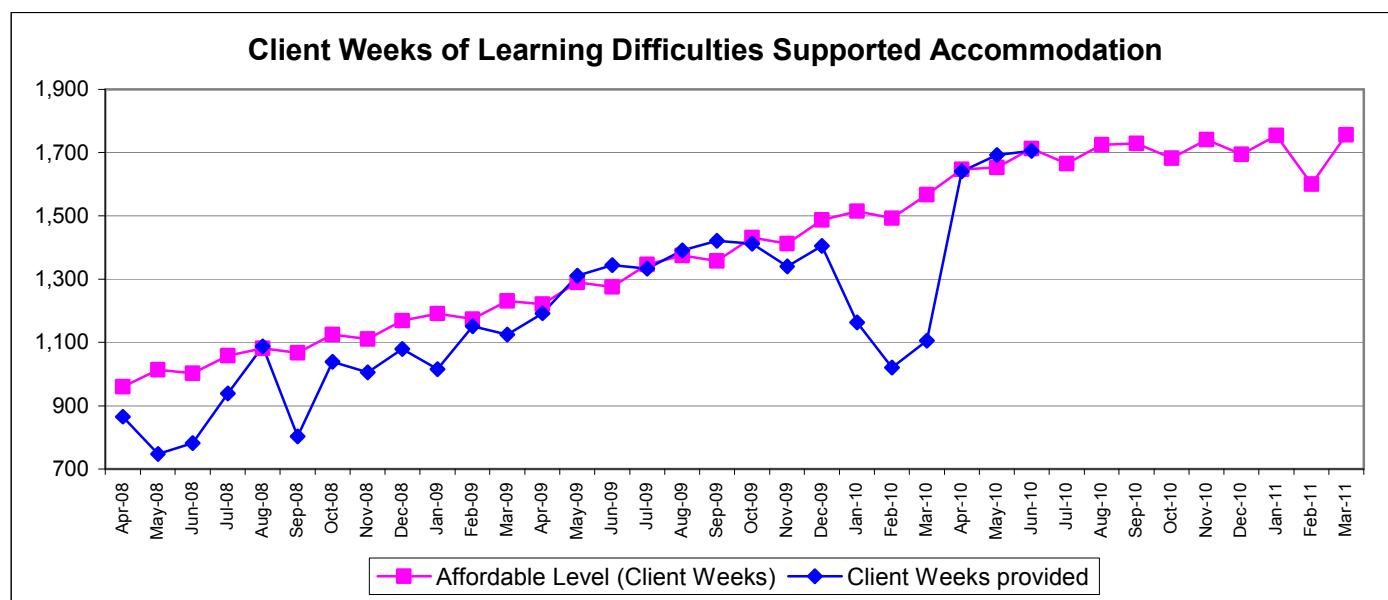


Comments:

- 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 £1,200 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 cost – 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 forecast unit cost of £1,261.46 is higher than the affordable cost of £1,203.27 and this difference of £58.19 adds £2,089k to the position when multiplied by the affordable weeks, as highlighted in section 1.1.3.2.a

2.5.1 Number of client weeks of learning difficulties supported accommodation provided compared with affordable level:

	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
April	960	865	1,221	1,192	1,647	1,641
May	1,014	747	1,290	1,311	1,653	1,692
June	1,003	782	1,276	1,344	1,712	1,705
July	1,058	939	1,346	1,333	1,665	
August	1,081	1,087	1,375	1,391	1,725	
September	1,067	803	1,357	1,421	1,729	
October	1,125	1,039	1,431	1,412	1,682	
November	1,110	1,006	1,412	1,340	1,741	
December	1,169	1,079	1,487	1,405	1,694	
January	1,191	1,016	1,515	1,163	1,754	
February	1,174	1,151	1,493	1,021	1,601	
March	1,231	1,125	1,567	1,105	1,756	
TOTAL	13,183	11,639	16,770	15,438	20,359	5,038

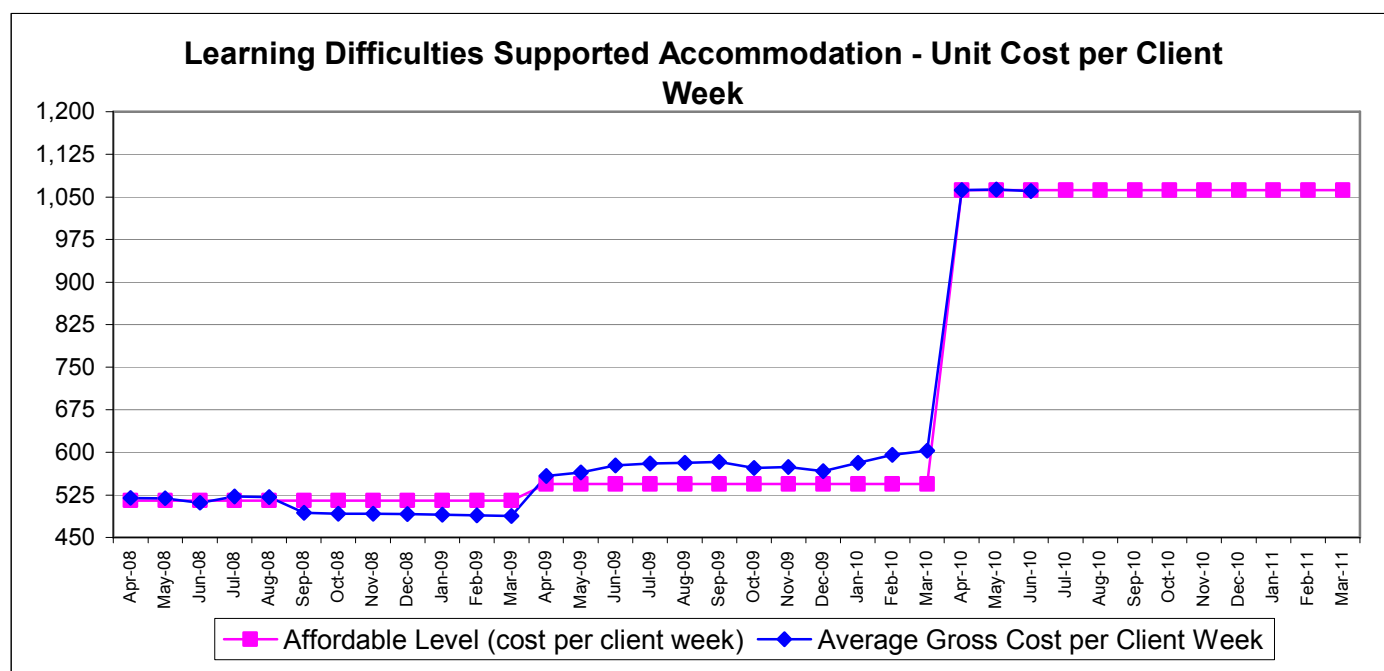


Comments:

- The above graph reflects the number of client weeks of service provided. The actual number of clients in LD supported accommodation at the end of 2008-09 was 233, at the end of 2009-10 it was 309 and at the end of June 2010 it was 408.
- The current forecast is 20,400 weeks of care against an affordable level of 20,359, a difference of 41 weeks. Using the forecast unit cost of £1,060.59 this increased activity creates a pressure of £44k as highlighted in section 1.1.3.2.b.
- To the end of June 5,038 weeks of care have been delivered against an affordable level of 5,012, a difference of 26 weeks.
- 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.

2.5.2 Average gross cost per client week of Learning Difficulties supported accommodation compared with affordable level (non preserved rights clients):

	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
April	515.41	519.60	544.31	558.65	1,062.52	1,062.38
May	515.41	519.40	544.31	564.49	1,062.52	1,063.22
June	515.41	511.10	544.31	577.33	1,062.52	1,060.59
July	515.41	522.30	544.31	580.27	1,062.52	
August	515.41	521.40	544.31	581.76	1,062.52	
September	515.41	493.33	544.31	583.26	1,062.52	
October	515.41	491.85	544.31	572.59	1,062.52	
November	515.41	491.47	544.31	574.24	1,062.52	
December	515.41	490.83	544.31	566.87	1,062.52	
January	515.41	489.75	544.31	581.53	1,062.52	
February	515.41	488.90	544.31	595.89	1,062.52	
March	515.41	487.60	544.31	603.08	1,062.52	

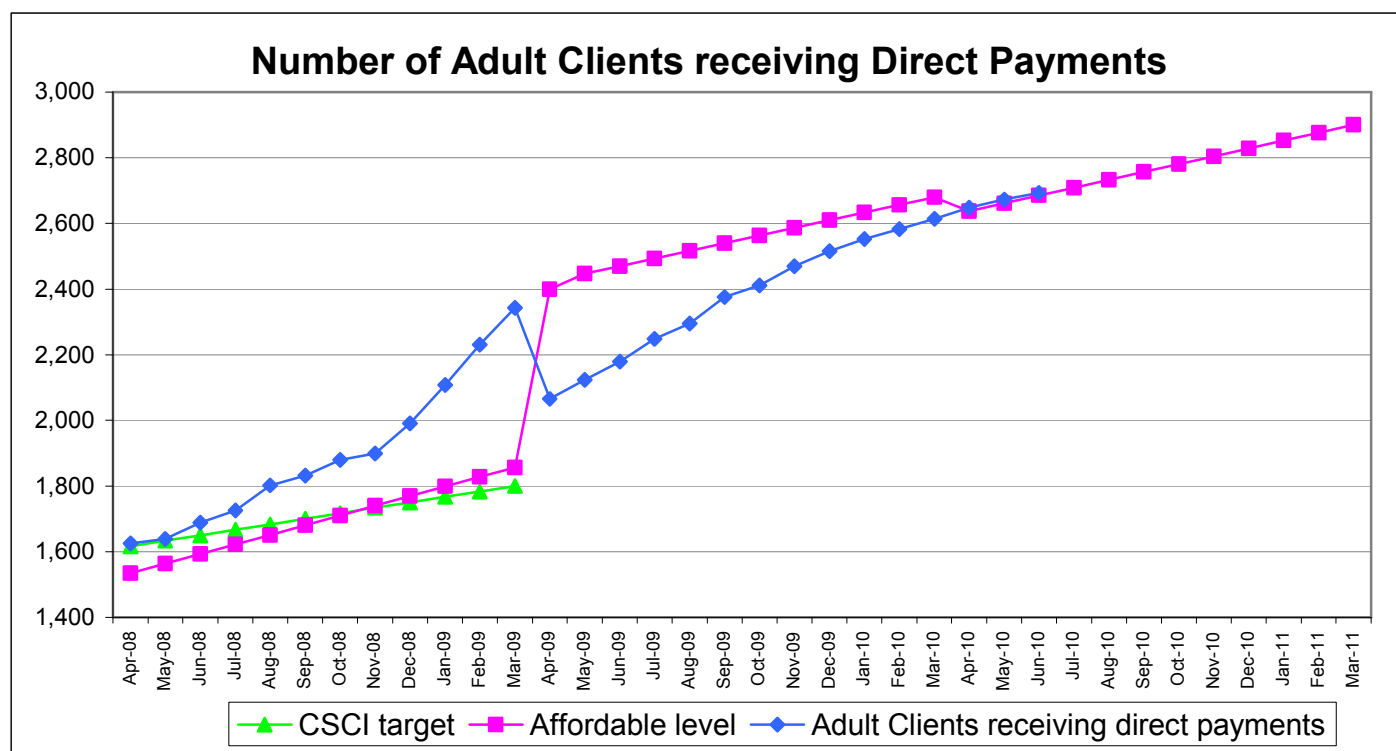


Comments:

- The forecast unit cost of £1,060.59 is higher lower than the affordable cost of £1,062.52 and this difference of £1.93 creates a saving of £39k when multiplied by the affordable weeks, as highlighted in section 1.1.3.2.b.
- 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.

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

	2008-09			2009-10		2010-11	
	CSCI Target	Affordable Level	Adult Clients receiving Direct Payments	Affordable Level	Adult Clients receiving Direct Payments	Affordable Level	Adult Clients receiving Direct Payments
April	1,617	1,535	1,625	2,400	2,065	2,637	2,647
May	1,634	1,564	1,639	2,447	2,124	2,661	2,673
June	1,650	1,593	1,689	2,470	2,179	2,685	2,693
July	1,667	1,622	1,725	2,493	2,248	2,709	
August	1,683	1,651	1,802	2,516	2,295	2,733	
September	1,700	1,681	1,832	2,540	2,375	2,757	
October	1,717	1,710	1,880	2,563	2,411	2,780	
November	1,734	1,740	1,899	2,586	2,470	2,804	
December	1,750	1,769	1,991	2,609	2,515	2,828	
January	1,767	1,799	2,108	2,633	2,552	2,852	
February	1,783	1,828	2,231	2,656	2,582	2,876	
March	1,800	1,857	2,342	2,679	2,613	2,900	



Comments:

- The activity being reported is as per the Department of Health definition for counting Direct Payments, which includes anyone who has received a Direct Payment during the preceding 12 months, but includes only those that are 'on-going'. i.e. in April the figures include clients who have received an on-going Direct Payment between 1st May 2009 and 30th April 2010, and the June figures includes clients who have received an on-going Direct Payment between 1st July 2009 and 30th June 2010. This compares with what was reported last year.

3. SOCIAL CARE DEBT MONITORING

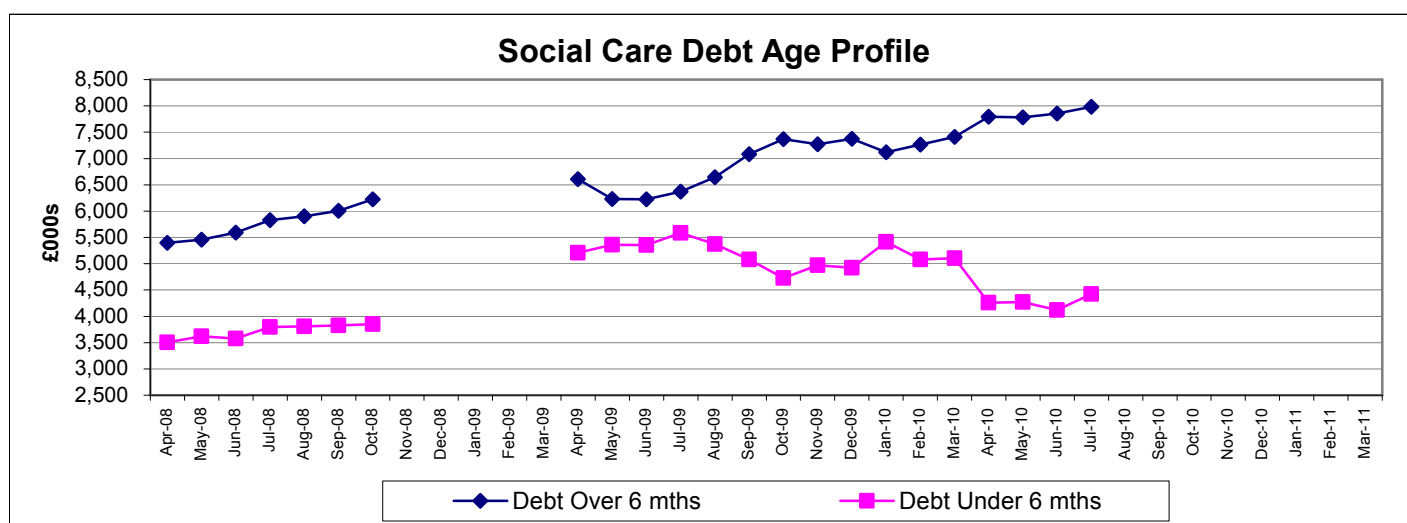
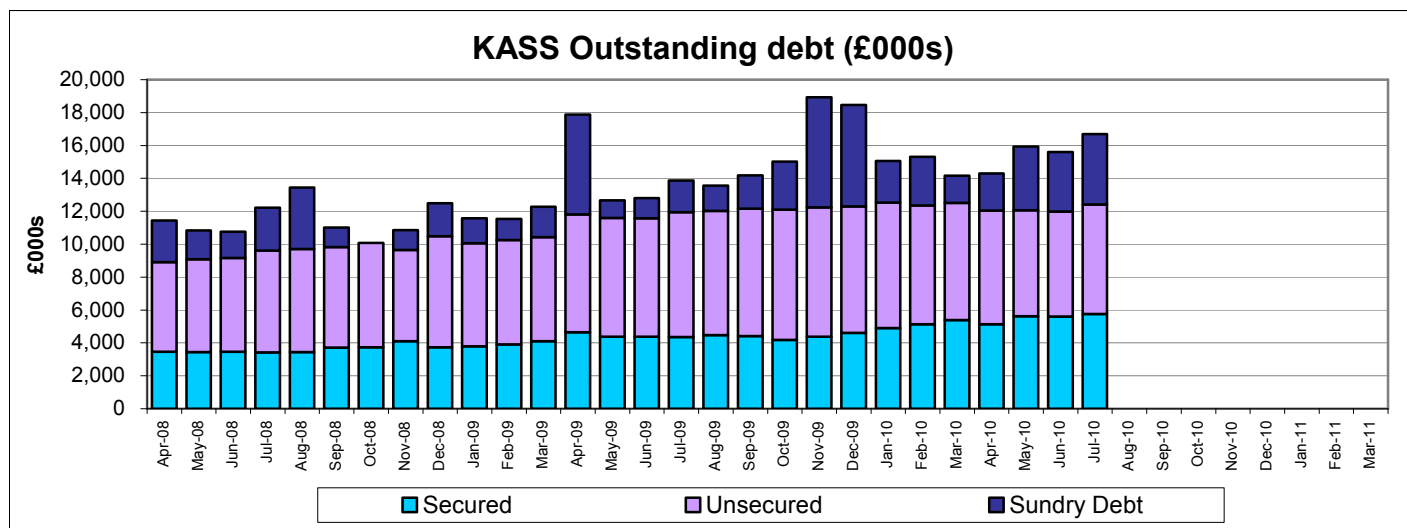
The outstanding debt as at the end of July was £16.689m compared with March's figure of £14.157m (reported to Cabinet in June) excluding any amounts not yet due for payment (as they are still within the 28 day payment term allowed). Within this figure is £4.285m of sundry debt compared to £1.643m at the end of March. The amount of sundry debt can change significantly for large invoices to health. Also within the outstanding debt is £12.404m relating to Social Care (client) debt which is a reduction of £0.110m from the last reported position to Cabinet in June (March position). 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.

Now that the full client debt monitoring and recovery function has been fully integrated into KASS, we have been able to develop bespoke reports that accurately reflect the ageing of Social Care debt. This has therefore meant that since April there has been some slight changes to how debt is categorised between that which is over six months and that which is under six months and this has resulted in slightly more debt being classed as over six months.

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
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

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
Apr-10	14,294	2,243	12,051	7,794	4,257	5,132	6,919
May-10	15,930	3,873	12,057	7,784	4,273	5,619	6,438
Jun-10	15,600	3,621	11,979	7,858	4,121	5,611	6,368
Jul-10	16,689	4,285	12,404	7,982	4,442	5,752	6,652
Aug-10							
Sep-10							
Oct-10							
Nov-10							
Dec-10							
Jan-11							
Feb-11							
Mar-11							

* 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 & Scrutiny Committee –
21 September 2010

Subject: **KASS DEBT POSITION JULY 2010**

Classification: Unrestricted

Summary: An update on the debt position in Kent Adult Social Services (KASS)

Introduction

1. (1) It was previously agreed that a regular report be presented to update this Committee on the latest debt position for KASS.

Summary Position

2. (1) The overall debt for KASS as at July is £23,534k, of which £6,845k is not yet due for payment, leaving an amount due for payment of £16,689k.

(2) There are two types of invoicing arrangements used by KASS, both of which are through Oracle Accounts Receivables. This report will primarily deal with the client related debt, but will give a general overview of the other debt.

(3) The sundry debt due for payment is:

Health	£3,971k
Sundry	£ 314k
Total	£4,285k

(It should be noted that of the £3,971k owed by Health, £2,435k is secured through legal agreements)

(4) The client billing debt is currently £16,866k, of which £12,404k is due for payment.

(5) Attached at Appendix 1 is an analysis of how debt has changed over the main categories for each year since 2005/06.

Client Charging

3. (1) Clients are financially assessed to determine their contribution toward either their residential or domiciliary care costs.

(2) Residential Charging - this charging is distinct from non-residential (domiciliary) charging in that councils have a duty to charge for services under section 22 of the National Assistance Act 1948. Councils have no discretion in how they charge individuals, and all councils are required to do so.

(3) Non-Residential Charging – Section 17 of the Health and Social Security and Social Services Adjudication Act 1983 gives councils the power to charge a person for non-residential services no more than it appears reasonable for them to pay. This means that each council has discretion in how they charge individuals for certain services and how much an individual has to contribute to the costs. In Kent we only charge for domiciliary type care.

(4) In 2009-10 the total amount of income charged to clients was as follows:

Residential	£45,859k
Domiciliary	£ 9,889k
Total	£55,748k

Analysis of Client Related Debt

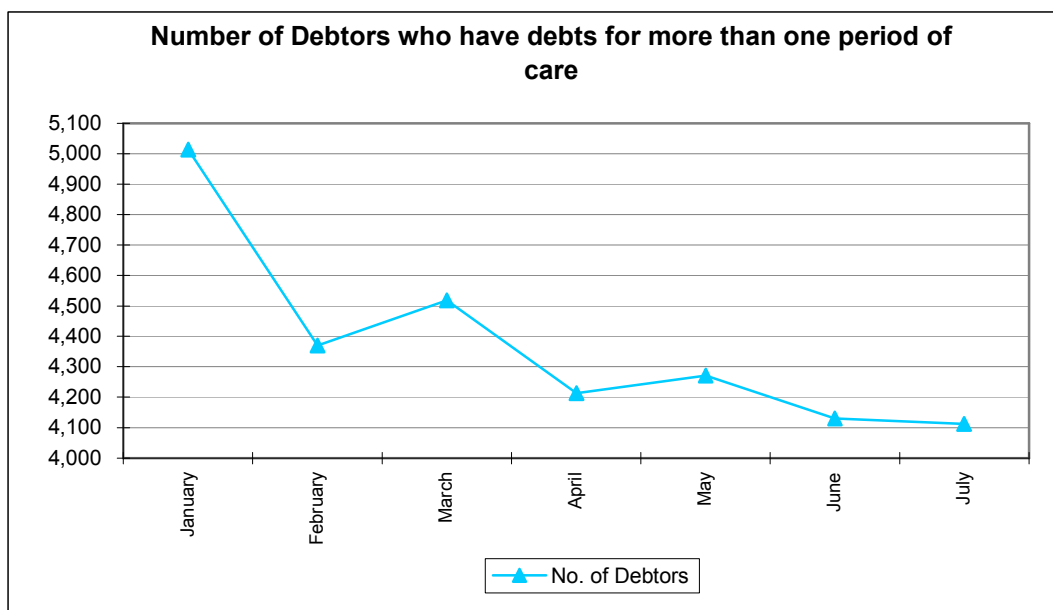
4. (1) The £16,866k client related debt is made up of 12,580 individual debtors, with an average debt of £1,341 each, and can be broken down as follows:

Residential	£14,320k
Domiciliary	£ 2,379k
Health Contributions	<u>£ 167k</u>
Total	<u>£16,866k</u>

(2) Of the 12,580 debtors, 8,468 (67%) only have a current debt which is not yet due, i.e. all previous invoices have been paid and the only amount to be paid relates to the most recent period of care. This therefore means that 4,112 (33%) have debt for prior periods of care. One of our performance measures is to reduce the 4,112 which will hopefully mean that our preventative strategy is achieving its aim. The following shows how this figure has moved since January 2010:

Month	No. of Debtors	Change	Change since January
January	5,014	-	
February	4,369	-645	-645
March	4,519	+150	-495
April	4,213	-306	-801
May	4,271	+58	-743
June	4,130	-141	-884
July	4,112	-18	-902

This information is presented graphically as follows:



(3) Of the £16,866k only £12,404k is actually due for payment, invoices having only just been dispatched for the remaining £4,462k. Clients and health have 28 days to pay their invoices.

(4) The £12,404k can be broken down between secured and unsecured debt as follows:

- Unsecured – ongoing clients £5,533k
- Unsecured – terminated/ deceased clients £ 969k
- Total Unsecured £6,502k

- Secured with legal charges £5,752k
- Health contributions £ 150k

- Overall Total of due debt £12,404k

Aged Analysis of Unsecured Due Debt

5. (1) The following table shows an analysis of Unsecured Debt that is due for payment comprising both Ongoing and Terminated/Deceased Debt.

	Under 6 months	6 months	Over 1 year	Total
Unsecured ongoing client debt	£2,968k	£1,045k	£1,520k	£5,533k
Unsecured deceased/terminated Client debt	£191k	£271k	£507k	£969k
Total unsecured client debt	£3,159k	£1,316k	£2,027k	£6,502k

Analysis of Ongoing Unsecured Debt (including Not Yet Due)

6. (1) The following table shows an analysis of all Unsecured Debt for those debtors who have debts relating to prior periods of care as well as the invoice for the most recent period of care. The table includes due and not yet due amounts relating to Ongoing clients, broken down into bands by the value of debt, the number of debtors and the average debt per debtor.

Value of debt	No. of Debtors	Total Debt (£000)	Average debt (£)
Above £25,000.01	29	1,125	38,807
£10,000.01 - £25,000.00	81	1,204	14,870
£5000.01 - £10,000.00	174	1,208	6,940
£1,000.01 - £5,000.00	1,049	2,320	2,212
£1000.00 and below	2,060	637	309
Total	3,393	6,494	1,914

Secured Debt

7. (1) During 2009 we carried out a full review of all debts secured by legal charges on clients' houses. This review has ensured that the estimated valuation of the properties are not less than the value of the deferred debts, and if so 100% provision has been allowed for.

(2) Of the 4,112 debtors with an outstanding debt 190 of these are secured by a legal charge. The total value of debt for this group is £5,992k which works out at an average of £29,961 each.

Unsecured Deceased/Terminated Debt

8. (1) Of the 4,112 debtors with an outstanding debt, 509 are either deceased or are now no longer receiving a chargeable service. The total value of debt for this group is £982k which works out at an average of £1,928 each.

Bad Debt Provision

9. (1) As at the end of 2009-10 the total bad debt provision for client related debt was £3,972k. This is calculated by looking at the value of all of the debts under various debt categories of those secured and unsecured. It also takes into account the age of the debt.

(2) Generally the percentages for the main categories used are as follows:

- Unsecured - ongoing (under 6 months) - 5%
- Unsecured - ongoing (over 6 months) - 60%
- Unsecured - terminated (under 6 months) - 33%
- Unsecured - terminated (over 6 months) - 75%

(3) The general provision, which was £2,006k at the end of 2009-10, covers all debts, secured, unsecured and health. This provision is re-calculated on a monthly basis, and any required changes are forecast within the revenue monitoring.

(4) In addition to the general provision that is calculated as described above we also allow for specific provisions, which at the end of 2009-10 amounted to £1,966k. These relate to individual named clients for which we believe there is a high risk of the debt not being paid. This is reviewed during the course of the year to see if any payments have been made.

Write Off's

10. (1) In 2008-09 £362k of client related debt was written off and this amount was similar in value to that in previous years, however in 2009-10 a figure of £530k was formally written off.

Reasons for Debt

11. (1) Many of the clients who we are charging do not actually manage their own financial affairs, especially those in residential and nursing care. It is likely that a family member is managing their affairs on their behalf. However the debt must remain the responsibility of the client, and we can take no specific debt recovery action against the family member, only the client. In many debt cases, the client is not even aware that their relative is not paying the monies due. This makes debt recovery against vulnerable people very difficult.

(2) When we are made aware that others may be misappropriating a client's finances, we can approach the Pension Service and ask that KCC becomes appointee for the client's benefit. This can be a complicated and lengthy process, and depends entirely on whether the client has mental capacity, and if so whether they agree to us becoming responsible for their finances. In cases such as this it is likely that any debt that has accrued before we take on appointeeship, will never be paid, and will probably end up being written off.

Debt Recovery Structure

12. (1) From October 2009 we have restructured and the debt recovery staff are now within KASS, they were previously within CED. As part of the restructure we have placed a debt recovery officer within each of the new localities within the KASS operational structure. They are however managed by the Area Finance Managers.

(2) In total we have six Debt Recovery Officers, and two Senior Debt Recovery Officers. The posts have now all been recruited to.

(3) The new posts will be situated alongside the Finance & Benefit Assessment Officers. We have changed the emphasis of their roles to ensure that they follow up all financial assessments they undertake to ensure that the debt does not accrue at the outset, as we believe that a high proportion of the debt we end up writing off is due to it growing at an early stage. It will only be after their input that the debt is passed to the Debt Recovery Officers.

(4) We believe that this approach will reduce new debt accruing, however as can be seen from the figures above, we have a significant amount of debt that is over a year old, which needs to be investigated. Although a significant amount of this is covered by the bad debt provision, we feel that some of these should continue to be pursued if necessary through Legal Services.

(5) We have agreed to continue to employ two additional temporary staff members till September 2010 to focus purely on reducing the level of aged debt, so that our newly appointed debt recovery staff are able to focus more on new debts and the prevention strategy.

Recommendation

13. (1) Members are asked to **NOTE** and **COMMENT** on the content of the report.

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Total KASS Debt 2005-06 -2010-11 £000

	Secured - Client	Unsecured - Client	Unsecured - Sundry	Health - Secure	Health - Unsecure	Total
2005-06	2,901.0	7,599.3	1,405.5	2,683.2	5,798.3	20,387.3
2006-07	3,353.6	8,008.6	395.5	83.1	8,683.9	20,524.8
% Movement (05/06 to 06/07)	+16%	+5%	-72%	-97%	+50%	+1%
2007-08	3,598.3	7,861.9	450.0	2,770.5	3,846.8	18,527.6
% Movement (06/07 to 07/08)	+7%	-2%	+14%	+3,234%	-56%	-10%
2008-09	4,607.8	9,677.7	933.6	4,743.6	2,901.1	22,863.8
% Movement (07/08 to 08/09)	+28%	+23%	+107%	+71%	-25%	+23%
2009-10	5,562.6	10,620.0	1,256.5	929.8	4,785.8	23,154.6
% Movement (05/06 to current)	+92%	+40%	-11%	-65%	-17%	+14%
2010-11 (July)	5,992.1	10,707.1	504.1	3,334.7	2,994.7	23,532.7
% Movement (09/10 to current)	+8%	+1%	-60%	+259%	-37%	+2%
% Movement (05/06 to current)	+107%	+41%	-64%	+24%	-48%	+15%

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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 –
21 September 2010

Subject: **OVERVIEW OF PERFORMANCE**

Classification: Unrestricted

Summary: The purpose of this report is to inform Members on key areas of KASS performance and activity delivered through:

- Towards 2010 Annual Report
- Draft Annual Performance Report 2009/10
- Core Monitoring Report

Introduction

1. (1) It was felt it would be helpful to Members to bring these reports together as one agenda item, given that they focus on common areas of performance and they form a key part of our corporate monitoring requirements. All these reports are required to be presented to Policy Overview and Scrutiny Committees as part of their journey to either Cabinet and/ or County Council. In order to streamline reporting, only the sections relevant to KASS have been included here. The complete reports can be made available to Members on request.

Overview of the Three Reports

2. (1) **Towards 2010.** Towards 2010 was formally launched in September 2006. This is the fourth and final year of Towards 2010 and this report is in effect our closedown report. It sets out achievements and outcomes over the four year period. The draft Annual Report will be discussed at the September meetings of all Policy Overview Committees, to enable Members to comment on the early draft prior to its finalisation for the Cabinet and County Council meetings in the Autumn.

(2) Those Towards 2010 targets relevant to this committee are shown in the table below together with the relevant status. Attached is a draft of the reports for the five Kent Adult Social Services related targets (Appendix 1).

(3) It should be noted that many of the Towards 2010 targets are now part of mainstream work and therefore those targets with a status of 'Completed' should be seen against that background. It does not mean that the work is over, it signifies that the spirit of the target wording has been met but that the activity continues.

Towards 2010 Target	Status
Target 52: Increase the number of people supported to live independently in their own homes. This will include: <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 	Completed
Target 53: Strengthen the support provided to people caring for relatives and friends	Good progress
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	Good progress
Target 55: Ensure better planning to ease the transition between childhood and adulthood for young people with disabilities and to promote their independence (joint with CFE)	Good progress
Target 56: Improve older people's economic well-being by encouraging the take-up of benefits	Completed

3. (1) **Draft Annual Performance Report 2009/10:** The KCC Annual Performance Report (APR) provides highlights of key activities and outcomes of the council. The APR is built around the themes of Towards 2010. It is intended to provide highlights of key activities and outcomes from 2009/10.

(2) Detailed performance information is already reported during the year, such as the Towards 2010 Annual Report, Business Plan Outturn Monitoring and, as relevant, the Directorate's own in-year performance review documents. The APR provides a summary of the information from these more detailed reports in one place for ease of reference. Section 10, relating to KASS, is attached (Appendix 2).

(3) The APR is aimed at KCC Members, partners, parish councils, staff and the public. It will be published via the KCC website keeping cost to a minimum.

4. (1) **Core Monitoring:** The first Core Monitoring report was reported to Cabinet on 13 September 2010. The report covers key activity and performance relating to the main services provided by the council.

(2) Each Policy Overview and Scrutiny Committee is receiving the section of the report relevant to their remit. Attached is the KASS extract (Appendix 3)

(3) Indicators within the Core Monitoring report are presented with historic trends shown by graph, a RAG (Red/Amber/Green) status, a DoT (Direction of Travel rating) and a commentary.

(4) Presentation of this data in this format is new and we welcome Members views on it. Core Monitoring is part of our transparency agenda so it is important that it is clear.

(5) Further Core Monitoring reports will follow on a quarterly basis. However, the content of the Core Monitoring will change in the future to reflect the priorities in 'Bold Steps for Kent', which will be out for consultation during September, with adoption by the County Council in mid November.

Key Messages

5. (1) The Managing Director's commentary contained in the Core Monitoring Report provides a good overview of KASS's current direction of travel. There are some key messages from these three documents that are worth noting here:

- Personalisation of services remains our priority and is bedding in, as evidenced in the growing numbers of people taking up Direct Payments.
- Early indications for 2010/11 are that referral rates will increase by 4%. This increase is demonstrated in the increasing demand on nursing and residential care, due principally to an increase in the number of people with dementia. We continue to take robust action to manage resources.
- Innovative approaches to prevention are proving successful, with the evaluation of Telehealth showing a decrease in admissions to hospital and improved well-being for users and enablement services showing early signs of reducing need for ongoing support at home.
- There have been improvements in services and outcomes for carers, with more carers reporting that they were satisfied with the help they received from Kent Adult Social Services (In 2009/10 74% from 67% in 2008/2009).
- Current priorities for the Directorate include contributing to the KCC response to the White Paper, 'Equity and Excellence: Liberating the NHS' and the consultation that is currently underway about the future of KASS' Older Person's Service Provision.

Recommendations

6. (1) Members are asked to NOTE:
- the status of the Towards 2010 targets;
 - the Draft Annual Performance Report;
 - the Core Monitoring report.

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Background documents: None

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<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 		
<p>Lead Cabinet Member: Graham Gibbens</p>	<p>Lead Managing Director: Oliver Mills</p>	<p>Lead Officers: David Weiss, Cathi Sacco, Mike Dorman, Michael Thomas-Sam</p>

Status: Completed

List the partners with whom we are working to deliver this target:

12 district councils, Registered Social Landlords (RSLs), Health Service – PCTs and Mental Health Trust, voluntary agencies – who manage many of the support projects, private sector e.g. home care providers, training providers such as local FE colleges – delivering specialist courses on independence for care workers and personal assistants, other statutory agencies including the Police and Ambulance Service.

Outcomes delivered:

The success of this target is closely linked with the performance of other targets in Towards 2010, particularly those related to health issues. This Towards 2010 target was to increase the number of people (by 3,000, as set out in the action plan) supported to live independently in their own homes. This number has been achieved and exceeded, as can be seen from the PI table, and the main outcomes delivered are as follows:

Increase suitable housing to promote independence:

A key aspect of this target is the development of suitable housing to enable people to live independently. Projects to develop supported housing for older people, disabled people and those with particular needs have progressed well and all targets have been met or exceeded:

- All 340 homes delivered under the Better Homes Active Lives Housing PFI are now occupied, including seven new extra care schemes and nine clusters of housing for people with learning disabilities or mental health problems
- A vulnerable person's strategy has been adopted for the choice based lettings scheme, in collaboration with the Joint Policy and Planning Board (JPPB) (Housing), to ensure vulnerable groups are not disadvantaged. 12% of lettings have been to people aged 60 plus and covered all disability/ sensory categories. A recent report judges that vulnerable people have not been disadvantaged through this new scheme as 44 people with a learning disability, 256 people with a physical disability, 138 people with a mental health condition, 61 hearing impaired people and 32 visually impaired people all secured housing
- The Excellent Homes for All Housing PFI, which will deliver required funding for 228 units of additional new social housing for vulnerable people, has been approved by the Homes and Communities Agency and the Treasury. The procurement to select a partner is progressing well. This project includes five extra care schemes for older people, a 9 unit scheme of supported accommodation for people with mental health problems and an 11 unit scheme of 'move-on' accommodation for vulnerable homeless people. This

new PFI will be delivered in partnership with five district councils, and is currently timetabled to reach financial close in early 2011

- KASS (Kent Adult Social Services) has worked in partnership with all district councils securing housing for vulnerable people and continues to play a positive role on the Kent Housing Group, JPPB (Housing) and in helping to develop the Kent Housing Strategy
- KASS has successfully achieved the transfer of housing for people with a learning disability from the NHS and is now managing the project to develop and improve this housing.

Increase Direct Payments:

- Direct Payments give people the opportunity to have control over their package of support which enables them to live independently. Direct Payments are being actively promoted, leading to a significant increase in take-up, with 2,786 people using this service in Kent. Additionally, the Kent Card is already being used by 1,055 people as a banking option for Direct Payments (figures as at 31 March 2010).

Increase access to TeleHealth and Telecare:

- Preventative interventions such as TeleHealth and Telecare embrace new technology to enable people to remain in their own homes. As documented in detail in previous monitoring reports, Kent has been a Whole Systems Demonstrator (WSD) site, one of only three authorities selected by the Department of Health. Kent was a forerunner in the development of such interventions and the WSD project enabled Kent to offer the benefits of TeleHealth and Telecare to far more people. As at January 2010 there were 1,134 people on Telecare and 783 on TeleHealth. Now that the WSD project has been completed the work is ensuring that TeleHealth and Telecare are a part of mainstream services across health and social care. As a result of these projects, many people have been supported in leading active, independent lives. Research which is just about to be published show these interventions have had a positive impact on people's lives and have delivered savings.

Continue investment in innovative community-based preventative schemes:

- There has been continued investment in a wide range of innovative localised community-based preventative schemes. Examples of initiatives which have been developed during the period of Towards 2010 include:
 - Brighter Futures – updates have been given in previous Towards 2010 reports
 - INVOKE (see Target 54)
 - a range of local projects delivered through the voluntary sector focusing on issues ranging from dementia to falls.

Deliver Active Lives for Adults (ALfA):

- This is a major change programme focused on promoting personalisation and independence, thus enabling people to have more choice and control. New services built around this ethos are being implemented and include the following:
 - Enablement services¹. These services are provided in peoples' homes and are aimed at providing a quick, time limited response to people who need help to regain their confidence and skills in order to remain independent in their home. During this year these services have been commissioned through in-house

¹ See previous Annual Reports for more detail.

services and partnerships with the Independent Sector. This process has been given new impetus by being commissioned through the Assessment and Enablement Teams which were established as part of phase 2 of the KASS re-structuring

- The 'Good Day Programme', which is transforming day support for people with learning disabilities by offering more opportunities and choice

Safeguard vulnerable adults:

- To enable people to live independently it is important they feel safe from abuse. KCC, along with our partners, has a strong multi-disciplinary Safeguarding Board which has led on ensuring that safeguarding vulnerable adults is a high priority. Further evidence to support this can be seen in the inspection report². As a result of the inspection an action plan was developed which has been implemented. A key part of the plan was to raise awareness with the general public and in June we, along with our partners on the Safeguarding Board, held a week of events to raise awareness among the public. This was a success
- Dementia Strategy – in recognition of the increasing number of people with dementia who, together with their carers, struggle to have a good quality of life in their own homes, a joint KASS/ NHS West Kent Dementia Strategy has been developed with a clear action plan to deliver the strategy. This is driving the development of new projects to support people and their families and carers with dementia.

Provide training:

- Further education (FE) colleges in Kent deliver a range of NVQs at levels 2, 3 and 4 in Health and Social Care, as well as Level 4 Leadership and Management in care services
- Kent Adult Social Services has a contract with South Kent College called Training4Care, where they deliver 32 social care courses for the private, voluntary and independent (PVI) sector. These courses are available to personal assistants and we have also purchased an e-learning package for them to access. 'Enabling independence' training has been delivered to seven social care providers who won contracts to provide enablement services in Kent.

What more are we going to do?

- Promoting independence continues to be the overall objective which will be driven by ALfA, a programme of total transformation for all of Kent Adult Social Services, whether directly provided or commissioned from other agencies. It will deliver a structure and culture that supports people to develop solutions to their needs, from an increasingly responsive and diverse market place. Fundamental to this is Self-Directed Support (SDS), which is about people being able to choose to self manage their support or, if they choose to, have somebody else, including Kent Adult Social Services, manage it for them. Kent Adult Social Services has implemented the re-structure of KASS to deliver Self Directed Support. The new structure is now bedding down and is being monitored carefully to ensure it is delivering the required outcomes
- Delivery of fast track equipment is in place countywide and is delivering to 250 to 300 adults each month. Two Service User Evaluations have been completed with the second Evaluation recently published. The NHS Occupational Therapy Equipment and Minor Adaptations Request Project is now in the implementation phase. The outcome of this

² Independence Wellbeing and Choice Inspection

system is to enable people to have fast access to equipment, which is vital in maintaining independence

- As part of the ALfA programme, a strategic review of older people services is being undertaken to ensure that these services are shaped to meet the challenges of personalisation and SDS
- TeleHealth and Telecare will continue to be a significant part of our preventative strategy and will continue to expand to enable more people to be supported independently
- We will continue to develop community-based preventative services with the private and voluntary sector in partnership with the Health Service to enable more people to live independent, fulfilled lives within their community
- We will commission enablement training from the wider PVI sector.

Measurable Indicator (s)	2005/06 Actual	2006/07 Actual	2007/08 Actual	2008/09 Actual	2009/10 Target	2009/10 Actual
Number of people supported by community based services provided by Kent Adult Social Services (including through voluntary sector funding) to live independently, as at 31 March each year	31,027	31,990	34,250	34,555	34,027*	35,473

* This is the original target of 3,000 extra people as agreed at the outset of Towards 2010 plus the March 2006 baseline of 31,027 shown above. This target was met in 2007/08.

Monitoring completed by: Nick Sherlock

Date: July 2010

Target 53: Strengthen the support provided to people caring for relatives and friends		
Lead Cabinet Member: Graham Gibbens	Lead Managing Director: Oliver Mills	Lead Officers: Michael Thomas-Sam, Cathi Sacco, Mike Dorman

Status: Good progress

List the partners with whom we are working to deliver this target:

KCC Children, Families and Education Directorate, Communities Directorate, Kent Children's Fund, Carers Support Organisations, University of Kent, Health Service, Jobcentre Plus (JCP), Kent Drug and Alcohol Team (KDAAT), independent providers.

Outcomes delivered:

The success of this target is closely linked with the performance of other targets in Towards 2010, particularly those related to health issues. Particular outcomes delivered are as follows:

- Implement the recommendations of the Select Committee Report 'Carers in Kent' – In January 2008 this report made 14 recommendations. These are being implemented as part of Kent's Carers Strategy. Most have already been fully implemented
- Deliver the Kent Adult Carers Strategy – This was launched in July 2009 and the five outcomes are being delivered via the Carers Joint Commissioning Group. These outcomes are as follows:
 - Improving information, advice 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.

Following this strategy, Kent Carers Strategy Joint Commissioning Plans are now being developed

- Publish the Annual Carers Report – The second annual report has been delivered to ASSPOSC and will be published in July 2010
- Launch the Kent Carers Emergency Card Scheme – Launched in December 2008, over 1,380 carers had signed up as of July 2010. Feedback is positive and sign-up is expected to continue to increase. The aim of the scheme is to:
 - Provide carers with peace of mind when away from the person that they care for
 - Offer carers as much support as necessary to complete their emergency plan
 - Ensure that KCAS or the Out of Hours service will step in to arrange emergency support if the plan fails
 - Ensure that this support is available to all carers, not just those carers of people receiving community care services
 - Increase levels of community-based respite

Provide mental health carer support – The Mental Health Matters helpline is now funded from 5pm to 9am on weekdays and 24 hours weekends and holidays. The service is available to carers and referrals can be made to the Crisis Resolution and Home Treatment Teams. Positive feedback has been received. In addition, a Mental Health Carers Support Group is funded in each locality in Kent and on average, at any one time there are approximately 850 carers ‘on the books’ receiving this support.

Implement the KASS Carers Assessment Policy – This was revised in April 2009 and led to a trial of carer support organisations delivering carers assessments on two pilot sites. The policy enables carers to receive payments directly from the Carers Grant to support them in having a life of their own. The pilot has been extended to April 2011 and an evaluation will take place in December 2011. As a result of this policy, one-off payments and Direct Payments for carers are now active across Kent. As part of the 2010 review of the Carers Assessment Policy KASS are developing Carers Support Planning and Review Policy.

Launch the Young Carers Strategy, ‘Invisible People’ – This was launched in July 2008. As a result a joint young carers’ protocol was agreed in September 2009 between Kent Adult Social Services and KCC Children, Families and Education.

In addition, there have been other specific outcomes associated with delivering this target:

- A Carers Advisory Group in Kent is active, bringing all the key strategic partners involved in supporting carers together
- West Kent PCT and Kent Adult Social Services are a Department of Health Carers’ Strategy Demonstrator Site. This project, which will last 18 months, is underway and incorporates a project manager and six carers support workers to help carers navigate and negotiate the health care system in GP surgeries and acute trusts
- A consortium of Carers Support Organisations across Kent, fully supported by KASS, is a pilot site for Caring with Confidence training. The first facilitator training was completed and the program commenced, with 8,400 carers having attended the training so far. Between October 2009 and March 2010, 563 three hour carers sessions were delivered. The Department of Health announced in late June 2010 that they are now withdrawing funds for the delivery of this program. The Carers Advisory Group and Carers Joint Commissioning Group will be discussing this issue
- Kent and Medway authorities secured funding from the Department of Health at the value of £40,000 to develop and improve carer awareness training for professionals across health and social care
- KASS has a Kent Carers Website where all KASS documents are published. This includes a section specifically for carers experiences
- Two Kent Carers Surveys have now been completed and feedback is being incorporated into the Carers’ Needs Assessment and Commissioning Plans
- Carer Awareness Promotion has taken place with front line staff to reinforce policy implementation
- Carers Week was held in June 2010, during which KASS launched it’s ‘Do I look like I care?’ social media campaign to raise awareness among younger adult carers and publicise the Kent Carers Website. The campaign was created and publicised with no cost. Four clips and four adverts of younger adult carers were posted on YouTube and promoted by Twitter and Facebook. To date the clips have received in excess of 2,000 hits. The mobile Gateways were used throughout the week by local carers organisations to provide information and advice around the county

- KCC as an employer has surveyed staff to gain an insight into the number of employees juggling caring with employment. This will be revisited in future
- The KCC Staff Carers Leave Pilot Scheme was launched to all staff in June 2009 and has now been incorporated into the KCC Personnel Policy
- A 24 hour Dementia Helpline has been launched across Kent using local organisations and volunteers to support people with dementia and their carers. In conjunction with this, a DementiaWeb website was also launched, offering information about dementia and a constantly updated directory of local resources
- A dementia crisis or emergency response service has been set up in West Kent, consisting of an enhanced support service delivered at the person's home and may include night sitting. The service will be delivered for a maximum of 6 weeks
- All carers not in full employment have access to a suitable employment programme comprising of adviser support and Jobcentre Plus (JCP) approved training. This was implemented in December 2009
- KASS held a Carers and Personalisation – One Year On event on 1 April 2010, which followed last year's event and looked at KASS's progress over the last year and identified next steps

What more are we going to do?

- We are exploring mechanisms for information sharing and joint commissioning across health, social care and the voluntary sector. Carers assessments have been considered in discussions regarding Kent Adult Social Services' decision to procure a Common Assessment Framework
- KASS are currently working with the PCTs on a Carers Joint Needs Assessment to identify current service provisions and support in Kent for carers and areas of improvement
- We will continue to develop services which meet the needs of carers in line with the Select Committee recommendations
- KASS and East Kent PCT are piloting Health Personal Budgets for three years as part of a DH evaluation. Carers will be one group involved in this pilot receiving personal health budgets for respite services
- We are beginning to explore the use of social networking sites such as Twitter and Facebook in order to reach out to young adult carers
- KASS are currently working with the Royal Association for Deaf People to deliver a year long project working with deaf carers.

Measurable Indicator (s)	2007/08 Actual	2008/09 Actual	2009/10 Target	2009/10 Actual
Percentage of carers satisfied with the help from Kent Adult Social Services	*	67%	To show improvement	74%

* The first survey was undertaken in 2008/09

Monitoring completed by: Nick Sherlock

Date: July 2010

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

Lead Cabinet Member: Graham Gibbens	Lead Managing Director: Oliver Mills	Lead Officers: Nick Sherlock/ Cathi Sacco/ Mike Dorman
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Status: Good progress

List the partners with whom we are working to deliver this target:

The main partners that assist in the delivery of this target are the Health Service in Kent, particularly the two Primary Care Trusts (PCTs) and the Mental Health Trust. However, the voluntary and private sector and district councils all make significant and valuable contributions in managing many of the community-based projects.

Outcomes delivered:

The success of this target is closely linked with the performance of other targets in Towards 2010, particularly those related to health issues.

KCC has a strong tradition of working closely with the Health Service, as evidenced by the established Section 75 partnerships. Initiatives delivered within the context of this Towards 2010 target include the following:

- The Public Health Department is now firmly established and led by a jointly appointed Public Health Director for Kent. Its agenda for action is set out in the Public Health Strategy (Live Life to the Full) and the Public Health Annual Report. The establishment of the Public Health Department has seen a wider focus on prevention and health inequalities and development of new ways of working with the Health Service and communities
- The Joint Strategic Needs Assessment (JSNA) has been developed as a tool which is being used to identify joint commissioning priorities. Underneath the overarching JSNA, specialist assessments have been developed around areas such as dementia, learning disability and mental health. The outcome of these activities has been to ensure that identified priorities and commissioning have been developed from an evidenced-based needs assessment
- The INVOKE³ (Independence through the Voluntary action of Kent Elders) project has been developed out of the successful Partnerships for Older People bid and has introduced a range of initiatives which have supported older people in the community. The INVOKE project has been evaluated and the final report was published by Personal Social Services Research Unit for Department of Health in January 2010. The report showed care spending on service users fell by £2,166 per person per year after using preventive services, while users reported better outcomes
- Implementation of the Kent Adult Carers Strategy was launched in July 2009. The outcomes are being delivered via multi-agency commissioning plans
- Prevention in the community projects are being delivered in partnership with Health and through joint investment in the voluntary sector. This includes 'Brighter Futures', which encourages more able older people to support those who may need help through

³ More detail on this project have been provided in previous Annual Reports

volunteering. Other initiatives range from community support to those with dementia to 'Falls' projects. The outcome has been to enable more people to remain independent. Evidence of this can be seen in the Care Quality Commission Inspection of Kent Adult Social Services 2009⁴

- Within Mental Health the delivery and development of preventative services continue to be a major priority. This includes:
 - Supporting the development of a new website, "Live it Well", set up by Sevenoaks MIND and recently launched
 - Working with a number of GP practices and the Voluntary Sector to develop early intervention for people with anxiety and depression
 - Continuing to manage our investment with the voluntary sector in externalising our day services. This is beginning to show good outcomes in social inclusion and access to employment
- The partnership with Health in developing the Whole Systems Demonstrator, already described in detail in Towards 2010 Target 52, is another initiative which is supporting the development of this target. The Whole System Demonstrator project has demonstrated the outcomes of using technology and how it can improve the independence, health and wellbeing of a person
- Delayed transfers of care has been an area of continued improvement throughout the life of the target. However, over the winter period, there was an increase in the numbers of delayed transfers of care which is consistent with previous years. Winter is a time when an increase in numbers is expected. This year the particularly bad weather and other factors such as the Nova virus have had a significant impact. KASS will continue to work with Health to target avoidable admissions as an area of high priority
- We have developed a wide range of intermediate care projects in partnership with Health which are preventing avoidable hospital admission, facilitating safe, early discharge from hospitals and maximising people's ability to regain their independence. Intermediate care has played a significant part in tackling delayed discharges from hospital and enabling people to live independently
- Approximately 400 people have transferred from the Health Service to Kent Adult Social Services, Learning Disabilities under the Section 256/NHS Act 2006. This has been a huge project which has been outlined in detail in previous Towards 2010 annual reports. The outcome of this project will be to give this group of people more opportunities of choice and independence. The transfer is rooted in the principles of 'Valuing People'
- Health play a major role in promoting Safeguarding and are a key member agency of the Safeguarding Board. Both PCT's and especially KMPT fully supported KASS during the Inspection and have played a full part in helping to deliver the Inspection Action Plan.

The vast majority of the above initiatives will be developed beyond 2010, continuing to deliver better outcomes for people.

What more are we going to do?

The major priority for the next three years, as outlined in Active Lives Now, is to focus on working with the Health Service in delivering more personalised services which offer people choice and control i.e. Self Directed Support (SDS).

⁴ Independence Wellbeing and Choice Inspection

We continue our focus on community based preventative services in order to deliver the joint priorities outlined in such strategies as the Carers Strategy, the End of Life Strategy and the Dementia Strategy. A key feature will be the development of shared pathways of care that are planned jointly. Outlined below are some planned initiatives delivered within the context of this target along with expected outcomes:

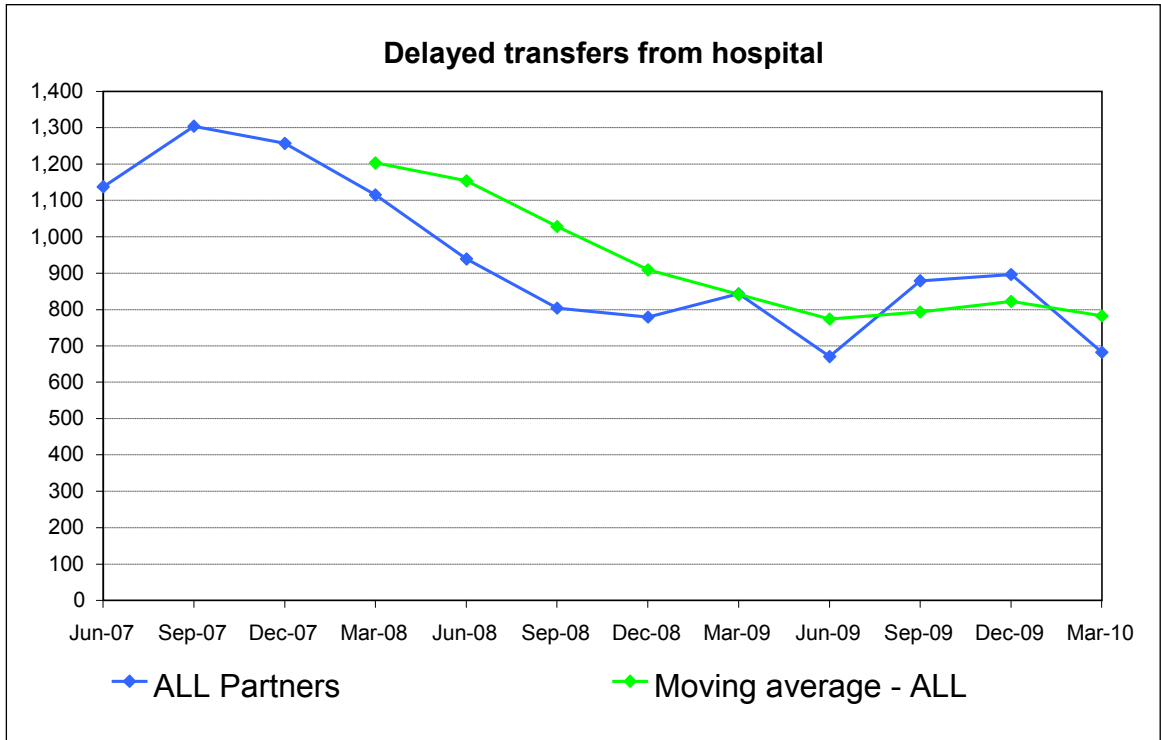
- Whole Systems Demonstrator/ Telecare/ TeleHealth – This project has now ended but KASS will deliver further opportunities for people to use technology to enhance their independence and wellbeing through SDS
- Autistic spectrum – A Select Committee on this issue has been completed and the recommendations are now published. We will continue to work jointly to improve the services for this group
- Common Assessment Framework – We are working with the Health Service to develop this through Functional Assessment in Care Environments (FACE). This will mean that we will have a joint co-ordinated assessment process where people will only have to answer questions once about their circumstances
- Full implementation of the Dementia Strategy – Developed jointly with the PCT to ensure support for people with dementia and their carers. Continued investment in Dementia Services.

Measurable indicators:

None – This Towards 2010 target has been formally agreed as having an ‘aspirational’ status and progress is measured via qualitative means.

However, we can demonstrate improved outcomes using the following evidence:

- The recent evaluation of the POPPS scheme, which INVOKE was a part of, has demonstrated better outcomes including:
 - Overall, hospital overnight stays appeared to be reduced by almost half (47%)
 - Use of Accident and Emergency (A&E) departments reduced by almost a third (29%)
 - Reductions were seen in physiotherapy/ occupational therapy and clinic or outpatients by almost one in ten
 - Such change had a notable impact on costs with a cost reduction of £2,166 per person reported.
- The recent evaluation of the TeleHealth programme outlined above illustrates a significant reduction of avoidable hospital admissions and visits to A&E for those people using TeleHealth
- We have continued to make good progress in terms of delayed discharges and the graph that follows highlights activity since 2007:



Monitoring completed by: Nick Sherlock

Date: July 2010

Target 55: Ensure better planning to ease the transition between childhood and adulthood for young people with disabilities and to promote their independence		
Lead Cabinet Members: Graham Gibbens/Sarah Hohler	Lead Managing Directors: Oliver Mills/Rosalind Turner	Lead Officers: Michael Thomas-Sam/Colin Feltham

Status: Good progress

List the partners with whom we are working to deliver this target:

Kent Adult Social Services and KCC Children, Families and Education (CFE) directorates are leading the partnership which includes the Kent Learning Disability Partnership Board, parent organisations, PCTs, Learning Skills Council (LSC), Connexions and schools. We are expanding the partners to include KCC's Communities directorate, local further education (FE) providers and district councils.

Outcomes delivered:

- A major driver for the work to support this Towards 2010 target was the Select Committee, from which a number of successful initiatives have sprung, and which was overseen by the Transition Board. The multi-agency transition protocols are an example of this and set out the clear commitment to every disabled young person in Kent that they will get co-ordinated support to help them move from adolescence to adulthood. The protocols also ensure that this transition support will be personalised, co-ordinated around individual needs and reflect the young person's aspirations and that young people, their families and the professionals involved all have a clear understanding of who will be involved and what they will do
- Young people that may need additional support with their transition into adult life are identified when they have their transition review in Year 9. With the young people and their carer's consent, this links together basic identifying information held by CFE, the Health Service and social care agencies and will ensure that no one who needs and wants support through transition will be missed
- Training to support the implementation of the transition protocols across all agencies has been delivered in every locality. This builds on the best practice already within the county and is developing local virtual teams who will lead on transition for local children. The effectiveness of these is being monitored by all the agencies involved and all these actions will ensure that the practice around transition is improved upon. This training has now been extended to mainstream schools enabling local virtual transition teams to pick up and support disabled young people
- The young people, carer and easy-read guides to the transition process have been distributed through a network of professionals so that it will be available to every young person who needs it. This ensures that each young person and their families will know what support they will receive and how to access it. It is also available on each agency's websites and at www.kent.gov.uk/transition
- Previous reports have outlined the survey process to establish how satisfied young people and their families are with the support they have received during the transition process. Currently this work is being repeated to give an updated position
- The recent PFI housing initiatives focussed on vulnerable and disabled people will give young people further options to live independently. It is recognised that housing is a key issue in supporting disabled people in transition. Housing Needs Surveys have been carried out in all Districts to give a comprehensive picture of housing needs. Furthermore

in the area of Learning Disability Health and Social Care integrated teams have devised housing action plans to support the housing need of young adults

- Kent Supported Employment has a good record in supporting young people with employment opportunities. As part of 'Getting A Life', KASS, CFE, Connexions and Jobcentre Plus have been working jointly to develop an employment pathway for people aged 14
- Revised Connexions 'Moving On (Section 139a)' application form for applicants to local provision. The purpose of the form is to assist young people with planning and arrangements for transition between school/ college and further education, training, or work. There is another form for specialist colleges outside of Kent. This is a working document for those students moving on from September 2010. The members of Getting a Life group had commented on the forms previously. The forms came into operation in May 2010.

What more are we going to do?

- The experiences of young people during and after transition will continue to be monitored. Further groups of young people and their carers will be asked to rate their satisfaction with their support to ensure that the protocols are making an improvement. This will provide a rolling measure as the impact is more widely felt
- The training to support the implementation of the transition protocols across all agencies will continue to be extended to all mainstream schools so that the local virtual transition teams pick up all young people with disabilities who will benefit from supported transition
- The uptake of Direct Payments from CFE is continuing to rise rapidly with 25% more payments being made over the year. There are now 657 young people and their families benefiting from the increased choice and control that Direct Payments bring. Work is being undertaken to allow the Kent Card to be used by families (see Target 52) to aid the smooth transition from a CFE Direct Payment to a Kent Adult Social Services personal budget. This increases both flexibility and control for individuals, enabling them to live their lives more independently. With the development of Self Directed Support, personal budgets will become the norm for every adult needing support
- The next phase of the Housing PFI project as outlined in Target 52 will offer further Housing opportunities for young adults with learning disabilities
- The Transition Partnership has been widened to include representatives from housing providers and engagement is increasing with the district councils and employment and training organisations. This is helping to increase the opportunities for young people to move to full adult life with more integrated access to housing and employment opportunities
- We will ensure that the delivery of this Towards 2010 target is supported by other targets:
 - Develop multi-agency support to parents and their children (Target 13)
 - Listen to young people's views (Target 14)
 - Increase the number of people who are supported to live independently (Target 52)
 - Strengthen the support to people caring for relatives and friends (Target 53)

Recently, there has been a further survey of carers, building upon the questions used by Kent in the previous survey. These results have still to be validated and published but the signs are that there has been an improvement in carers satisfaction.

Measurable Indicator (s)	2007/08 Actual	2008/09 Actual	2009/10 Target	2009/10 Actual
Young people with disability or their carers who were either happy or very happy with the support they received during the transition period	*	73%	80%	**

* The first survey was undertaken in 2008/09

** Results awaited

Monitoring completed by: Nick Sherlock

Date: July 2010

Target 56: Improve older people's economic well-being by encouraging the take-up of benefits		
Lead Cabinet Member: Graham Gibbens	Lead Managing Director: Oliver Mills	Lead Officer: Michael Thomas-Sam

Status: Completed

List the partners with whom we are working to deliver this target:

Our partners include the Pension Service (part of the Department of Work and Pensions (DWP) that deals with people over 60), district councils, Kent Benefits Partnership and voluntary organisations e.g. Age Concern, Citizens Advice Bureau (CAB), Citizens Rights for Older People.

Outcomes delivered:

- Older people receiving social care services from KCC are offered information, advice and if necessary, assistance to claim all the benefits they are entitled to. Within KASS we have Finance and Benefit Officers (FABOs) who, at the same time as assessing a service user's charge for services, make sure they are claiming all the benefits they are entitled to. Complex cases and those where service users need to appeal a benefit decision are referred to one of the 12 Area Benefit Officers (ABOs) (for example if Attendance Allowance is refused). Case managers are also trained to ensure they can identify service users in need of assistance with benefits and then refer them to the relevant KASS Benefit Officer. Every year the combined efforts of the FABOs, ABOs and case managers raise several million pounds for our older service users (i.e. extra weekly gain x 52). The exact figure cannot be provided because the statistics collected cover all age groups
- Partnership working (especially with the Local Pension Service) is contributing to the increase in benefit take up for older people in Kent. As a direct result of joint working with the Pension Service between April 2007 and March 2009, £2.1 million in additional benefits was raised for Kent residents. Broken down this is £885,000 in Pension Credit, £898,000 in Attendance Allowance, £98,000 in Disability Living Allowance, £127,000 in Housing Benefit and £93,000 in Council Tax Benefit (the figures for 2009/10 are not yet available). In addition to monetary gain, joint working leads to a better experience for our service users who receive a quicker and less time consuming service
- It is the work by KASS officers and the joint working with the Local Pension Service that has proved most successful. These efforts will be continued and widened to include more joint working with the district councils, particularly in the Gateways. In addition to local initiatives there is a national rolling take-up programme run by the Pension Service and in 2009, Thanet, parts of Sittingbourne and parts of Dartford were specifically targeted, working with Mecca Bingo, local market traders and Age Concern
- Throughout the life of the target there has been a benefit site on www.kent.gov.uk providing useful information on all benefits. In addition targeted information has been provided on the front page of www.kent.gov.uk aimed specifically at older people
- Many of the community based preventative projects run by the voluntary sector are working with older people to maximise their benefits, as are initiatives such as INVOKE and Brighter Futures (see also Towards 2010 target 54)

What more are we going to do?

- We will continue to work with KASS service users to ensure they receive all the benefits to which they are entitled
- Improved information and advice will be provided on benefits for self-funders
- Partnership work will be developed with the Local Pension Service and the district councils, making use of the new Gateways in particular
- Targeted information will continue to be provided to older people via www.kent.gov.uk and other media

Since this Towards 2010 target was introduced, there has been an increase of:

- 5,670 older people receiving Attendance Allowance
- 1,880 older people in receipt of Pension Credit
- 1,330 older people receiving Council Tax Benefit.

Measurable Indicator (s)	Aug 2006 Actual	Aug 2007 Actual	Aug 2008 Actual	2010 Target	Aug 2009 Actual	Feb 2010 Actual
Number of older people who are in receipt of /with underlying entitlement to Attendance Allowance	34,560	36,330	38,300	36,290	39,960	40,230
Number of older people who are in receipt of Pension Credit	70,270	70,960	71,240	73,780	72,120	72,150
Number of older people in receipt of Council Tax Benefit	53,590	53,790	54,250	56,270	54,920*	Not available

* There is always a time lag before figures become available from DWP. For Council Tax Benefit this figure is still May 2009

Monitoring completed by: Nick Sherlock

Date: July 2010

Section 10: Maintaining Independence

Kent Adult Social Services (KASS) help the people of Kent to live independent and fulfilled lives safely in their local communities. Our vision for the future of social care in Kent was published in March 2010. "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.

We offer support to people with particular needs to maintain their independence:

- older people
- people with a learning disability
- people with a physical impairment
- people with a sensory impairment
- people with a mental health problem

Personalisation

We are delivering more personalised services through Self Directed Support (SDS), giving more people choice and control over the support they receive.

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 1,019 people had received an approved Personal Budget.

We want people to feel part of their community and we are working with the private and voluntary social care market in Kent to ensure there is a wide range of local services offering people a choice about what support they have and when. 85% of all social care services are now provided by private and voluntary organisations and not directly from the Council.

Indicator	2007/08	2008/09	2009/10	National average 2008/09
Percentage of clients provided with community based service during the year with Personal Budget and/or Direct Payment	4.3%	6.3%	9.1%	5.6%

Providing good information, advice and guidance is important to help people find out what is available and decide on the right care and support. 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 our main partner agencies.

Indicator	2007/08	2008/09	2009/10
Number of new clients assessed	27,920	29,575	33,785

We have also developed our use of Gateways and made sure voluntary organisations, such as Hi Kent have a presence there. A 24 hour Dementia Helpline and the Mental Health Matters out of hours helpline have been launched. We have introduced specialist community posts to help guide people through the social care system and give them advice about services available specifically in the district where they live. The Live it Well website was launched in December 2009 to promote physical health and mental wellbeing for all.

Over the last 18 months we have been moving away from traditional day services through our Good Day programme, to give people with a learning disability choice and control over how they spend their time. This year we also worked with 440 people with a learning disability to support their move from residential settings provided by the NHS to community based living. This transfer from NHS care means that we now have the responsibility for all social care services in Kent for people with a learning disability.

Maintaining independence through prevention

Most people want to remain independent for as long as possible. We have developed services that help people stay at home and prevent them going into hospital or long term care. We are currently reviewing our older people's services to ensure that they will meet the changing needs and demography of our communities.

In 2009/10 the number of people supported during the year by Kent Adult Social Services' community based services to live independently rose to 43,110, an increase of 5,640 from the year before.

People supported to live independently	2008/09	2009/10
Adults with physical disability	4,760	6,060
Adults with learning disability	2,640	2,555
Older People (aged 65 and over)	26,235	30,650
Adults with mental health	3,640	3,635
Other adults	195	210
Total	37,470	43,110

Kent has taken part in a national pilot to test the use of assistive technology in people's homes. Assistive Technologies (e.g. Telehealth, Telecare) are monitoring systems that can alert professionals remotely about someone's health or wellbeing. The pilot has shown that the use of Telehealth technology resulted in fewer hospital admissions and delivered savings compared to traditional service options. Most importantly the general and physical health of patients increased during the trial period. As at January

2010 there were 1,134 people on Telecare and 783 on TeleHealth. We are working to mainstream these services now the pilot has concluded with such encouraging results.

We have introduced Enablement, a free intensive short term service of three to six weeks designed to help people maintain independent living skills at home. This is being offered to new clients when appropriate and is proving successful. 58% of people receiving enablement services had their needs met with no further on-going support from social services.

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.

We have also been developing suitable housing through Public Finance Initiatives in partnership with District Councils so that people with particular needs can be supported to live independently if they wish and long term residential care is not their only option.

Support for Carers

Supporting carers so that they are able to manage their caring role and still have fulfilled lives themselves has been one of our priorities. We 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.

The Kent Carers' Emergency Card has proved popular with carers – there are currently over 1140 Carers signed up to the scheme and the number is growing steadily.

In the latest carers' survey 68% of carers reported being satisfied with the help they received from Kent Adult Social Services.

Access to work

We continue to invest in supported employment for people with learning disabilities, mental health conditions and physical disabilities. 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.

Safeguarding

Protecting vulnerable adults from harm or abuse continues to be at the centre of everything we do. In partnership with other agencies we have worked to improve our safeguarding arrangements. We ran a programme of events to help raise awareness and to support people to report incidents that have caused them concern.

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Kent County Council

Core Monitoring Report

KASS EXTRACT

**Including Information up to the end of
June 2010**

Produced by: Performance Management Group

Key to RAG (Red/Amber/Green) and DoT (Direction of Travel) ratings

These are based on quarterly data and movements except where annual data only available.

Where local targets have been set these are illustrated in the graphs with pink lines. For some services the targets represent affordable levels (eg adult social services) and RAG assessments are therefore indications of significant budget pressures.

RAG assessment is based on comparison to national average but we only the national benchmarks available on an annual basis. For these indicators RAG the assessment is therefore based on our current quarterly level compared to the most recently published national benchmark, which is the year 2008/09. New national data for 2009/10 will be available in late September for social services related indicators which may result in a revision to RAG assessments for these indicators.

		RAG Ratings
Green	★	Performance exceeding local targets where set or significantly better than most recently published national average
Amber	●	Performance not significantly different most recently published national average or close to but not exceeding local targets
Red	▲	Performance significantly behind local targets where set or significantly worse than most recently published national average
N/a		Data not available in order to assess performance (eg no specific target set and/or awaiting national comparative data)
		DoT Ratings
	↑	Improvement in performance or change in activity levels with a positive impact on budgets and resources
	↓	Fall in performance or change in activity levels with a negative impact on budget and resources
	↔	No change in performance or activity levels

Adult Social Services

Managing Director's Commentary

The future of Health and Social Care is high on the national agenda. The coalition Government has published the white paper 'Equity and Excellence: Liberating the NHS'. As well as a commission on the funding of long term care there will be a White Paper on public health-published by the end of 2010 and a White Paper on social care reform published in 2011.

There will also be an update on Putting People First – the 2007 vision for personalising adult social care – this autumn. It looks like the themes will be much the same - prevention, personalisation, partnership and protection but with a further focus on productivity. But this time it will be working with a very different health service, going through massive change.

The future of KASS' **Older Person's Service Provision** has been a focus for recent activity with the launch of the formal consultation process. Since 21 June 2010, consultation meetings with Members and District Councillors, staff, residents, day care service users and relatives have taken place to provide information on the proposals for future provision. The consultation period will run until 1 November 2010 after which a report will be prepared incorporating the feedback received. This will be presented to a meeting at ASSPOSC and then to Cabinet in January 2011 for individual decisions on each facility.

Other key activity:

1. Increasing **demographic demand** has been well documented. While medical advances are welcomed it does mean that people are now living longer with more complex needs. This will continue to have a major impact on budgets and resources. Referrals have continued to increase year on year and early indications for 2010/11 are that referral rates will increase by 4%. This monitoring paper demonstrates the increasing demand on nursing and residential care, due principally to an increase in the number of people with dementia. We continue to take robust action to manage resources.
2. We have continued the drive towards **personalisation**. The Self Directed Support (SDS) project was implemented last October and is now being bedded down across the Directorate.

The take up of Personal Budgets continues to increase and Personal Budgets are being implemented in Mental Health. An action plan is in place to ensure that SDS is embedded in Learning Disability, which already has well placed building blocks to support it.

Given this good progress in implementing SDS, there will no longer be a dedicated SDS project team from October.

We are also working with the market to ensure SDS and personalisation is embedded so that people have a choice of care and support wherever they live. A significant characteristic of social care in Kent is that KASS now commissions almost 90% of its services from outside the Directorate. We have worked well with

partners to develop a vibrant private and voluntary sector and we have a range of activity in place to support the sector in realigning its services to meet the challenges of the recession and to fully implement 'Putting People First'.

3. We are maintaining the strategic shift to **prevention and early intervention** as the key to promoting the independence of older and disabled people. We continue to target preventative interventions through:

- identifying people at risk, or people potentially able to benefit from **signposting** and early decision-making, including information and advice. We surveyed a small sample of people who contacted Kent Contact and Assessment Service and 94% reported that the information, advice and guidance given to them met their needs.
- supporting people in making decisions and providing access to **advocacy and brokerage**, to assist their choice of support options.
- providing **equipment and adaptations**. The Equipment Survey 2010 was recently published and reported that 94% of all respondents from Kent have a level of satisfaction with 44% being extremely satisfied.
- mainstreaming of **Assistive Technologies** (e.g. TeleHealth, Telecare). Indications from the Kent pilot are that the use of TeleHealth technology is associated with fewer hospital admissions (A & E visits and bed days of care) along with high patient and carer satisfaction. It is notable that the general and physical health of patients increased during the trial period.
- embedding **enablement services** - an intensive, short term service which assists people to maintain daily living skills. Between April 2009 and June 2010 1,631 clients had completed the programme or were receiving enablement at that time. Early analysis suggests positive results with a higher than expected number of people who had completed the programme not needing any further services. Further analysis will be done to confirm these findings.
- **Intermediate Care** continues to develop across the county to support people who are discharged from hospital, but also to prevent them from entering hospital. There has been ongoing partnership with the PCTs to provide services such as rapid response, resulting in more people being treated within their own homes and not going into hospital.
- providing **support to voluntary and community organisations**.

4. Continued implementation of the Good Day Programme and a full review of in-house **learning disability services**.

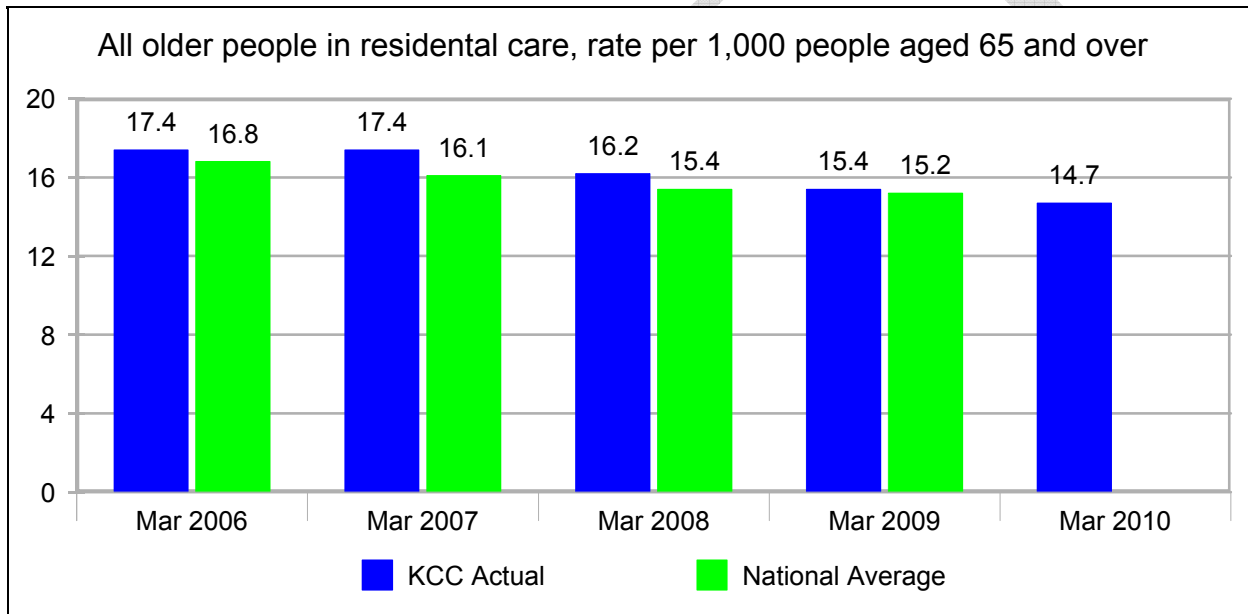
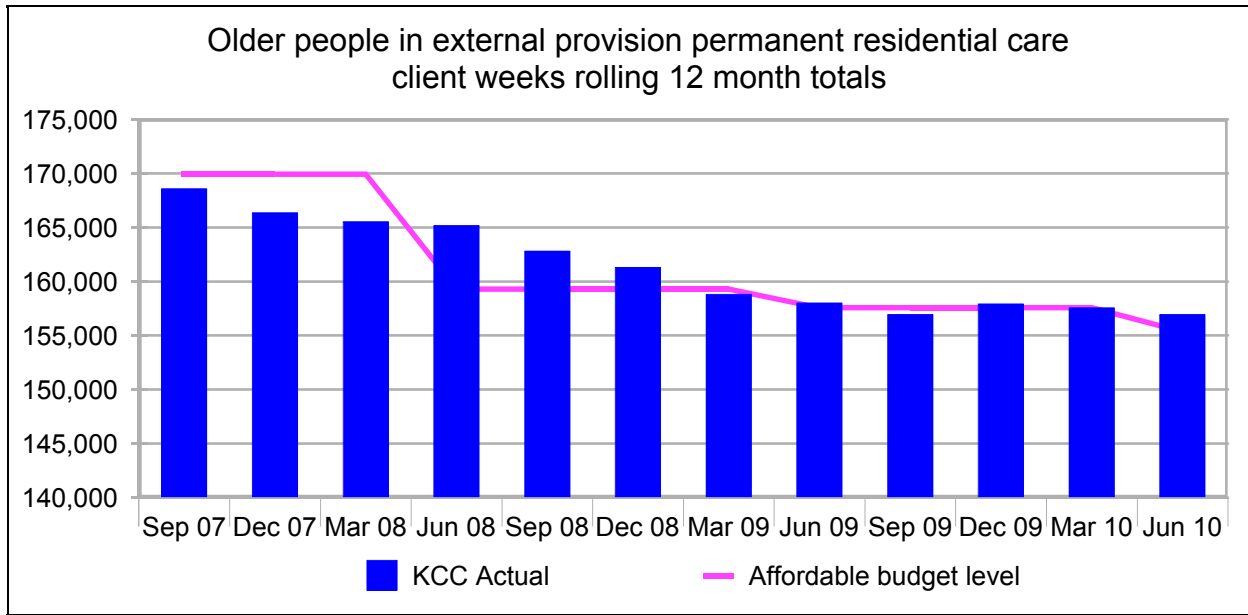
- **Residential Change Programme**. Currently Kent has 1,300 people with a learning disability in residential care and a further 440 are transferring from the PCT. A significant number of people have moved from their family home to supported accommodation avoiding a long term residential placement or from residential care to community settings, including sheltered housing. This work has ensured that there has only been an increase in residential

placements by 68 people, despite demographic pressures and the NHS transfer.

- **NHS Transfer and NHS Re-Provision Programme** is part of the DOH programme to transfer NHS Social Care Commissioning to KASS which has meant a transfer of 440 people who received services commissioned and paid for by the NHS - £34 million in total.
5. Completion or mainstreaming of activity from the External Action Plan drawn up with CQC. This has included:
- continued promotion of safeguarding awareness across Kent. In June we undertook a 'Safeguarding Awareness Week' with events held across the County.
 - development of a carers' action plan. The recently published national carers' survey 2009 shows that 74% of Kent carers were satisfied with the help they received from Kent Adult Social Services.
6. Continued focus on joint working with our partners, especially Health. The publication of the **Health White Paper** 'Equity and Excellence: Liberating the NHS' has far reaching implications. For adult social care there is a strong emphasis on the integration of health and social care with a much stronger role for local government, for example through proposed local Health and Well-being Boards. Local Involvement Networks (LINKs) will become the local HealthWatch, their role will be to ensure that views and feedback from patients and carers are an integral part of local commissioning across health and social care.

The key will be working with NHS colleagues over the next weeks and months in helping shape our response to the White Paper and how jointly we can help the new GP consortia to deliver the kind of personalised service which makes best use of the resources we have jointly available.

Oliver Mills
Managing Director
Kent Adult Social Services



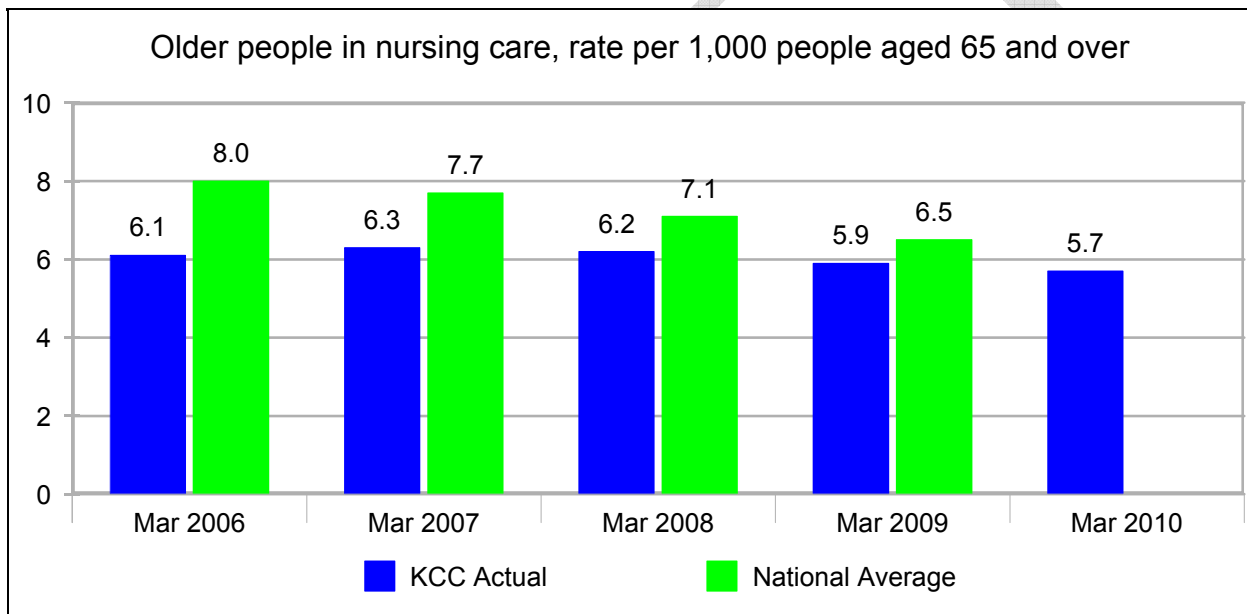
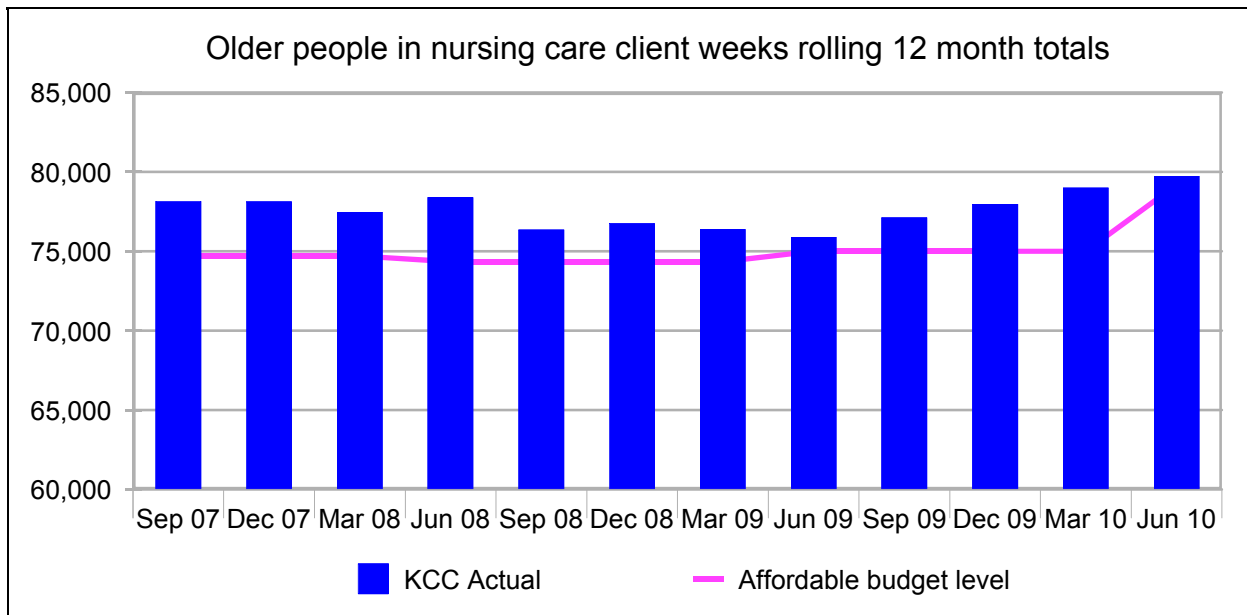
	Current RAG	Previous RAG	Current DoT	Previous DoT
Residential care - older people	●	●	↑	↑

Comments :

The long term trend for the total number of clients aged over 65 in residential care continues to show a decline, with Kent showing a similar fall and rate of provision to national levels.

The number of clients in permanent non-KCC residential care at the end of June 2010 was 2,819, up from 2,751 in March. It is evident that there are ongoing pressures relating to clients with dementia and the number of clients with dementia has increased from 1,195 in March to 1,241 in June.

The current full year forecast is 155,570 weeks of external care against an affordable level of 155,351.

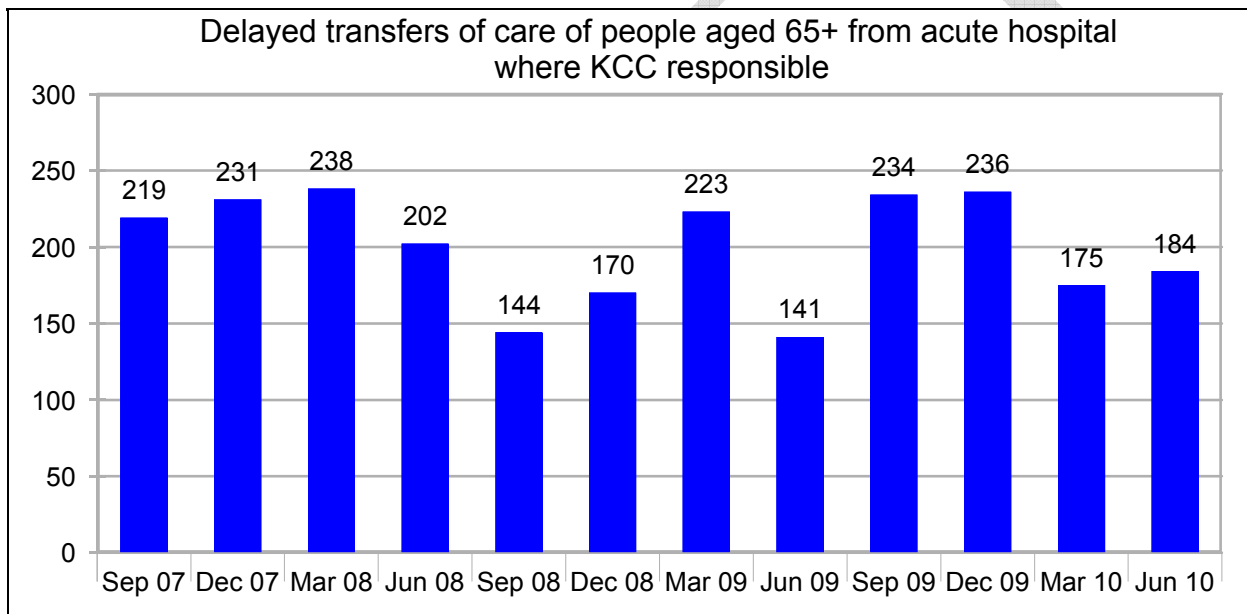
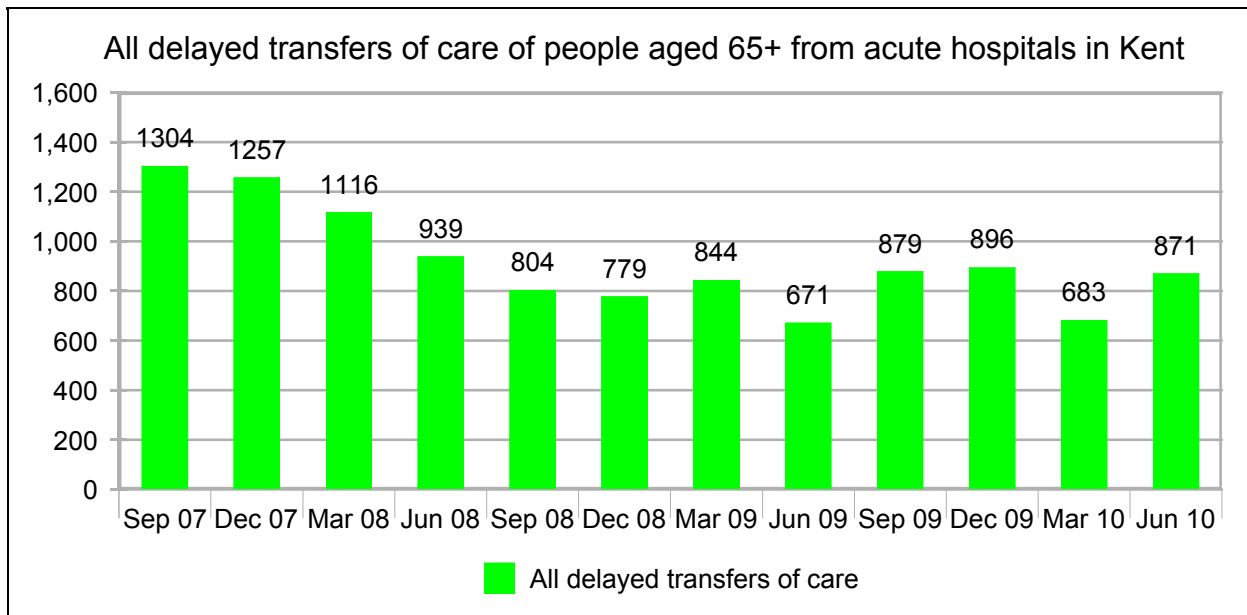


	Current RAG	Previous RAG	Current DoT	Previous DoT
Nursing care - older people	●	▲	↓	↓

Comments :

The number of clients and weeks of care provided for people aged 65 and over in nursing care has been increasing in Kent over the last year. Against last year's budget the position at March was rated as a Red alert. However, the budget/affordable target level has been increased for the current financial year and even though placements have shown a further increase, this has allowed the alert to drop to Amber. The current full year forecast is 78,429 weeks of care against an affordable level of 79,199.

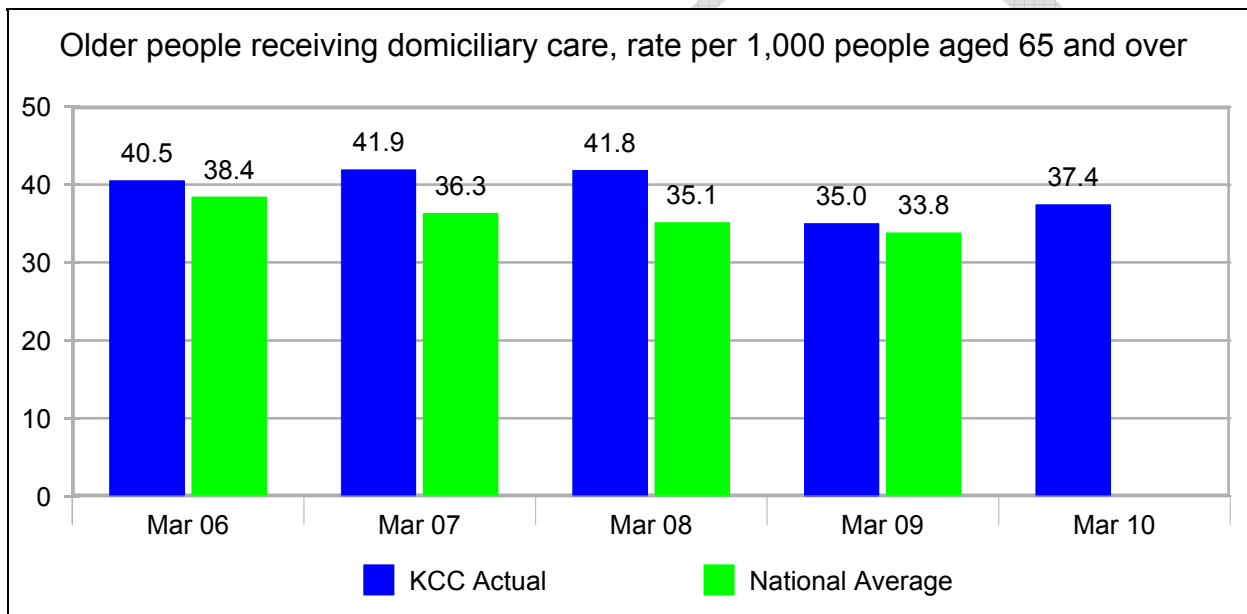
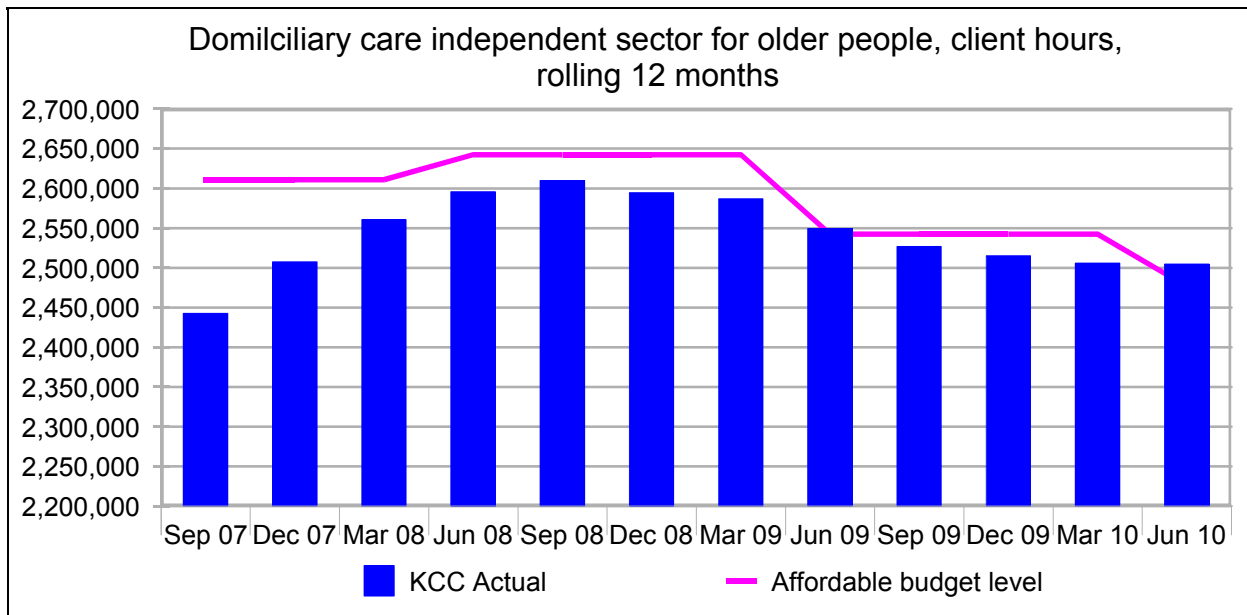
Kent has historically maintained a lower level of provision for nursing care than the national average, which also indicates that this service should not be showing a Red alert. The number of clients in nursing care at the end of June 2010 was 1,417 up from 1,374 in March.



	Current RAG	Previous RAG	Current DoT	Previous DoT
Delayed transfers of care KCC responsible	●	★	↓	↑

Comments :
 Delayed transfers of care from acute hospitals for older people have reduced since 2007/08 and are averaging about 800 in a typical quarter. Of these KCC is responsible for about 200, or one quarter, which are therefore subject to reimbursement penalties.

The RAG rating is based on a level of 200 being maintained for KCC responsibility. In the previous quarter only 175 were due to KCC but this was up to 184 in the most recent quarter.



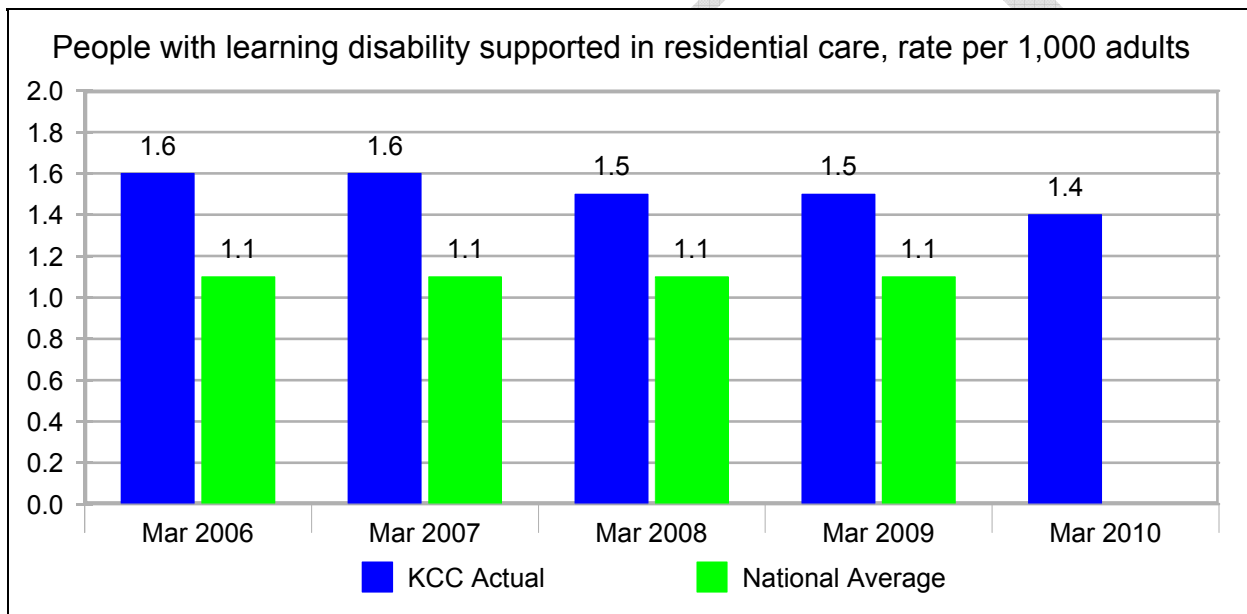
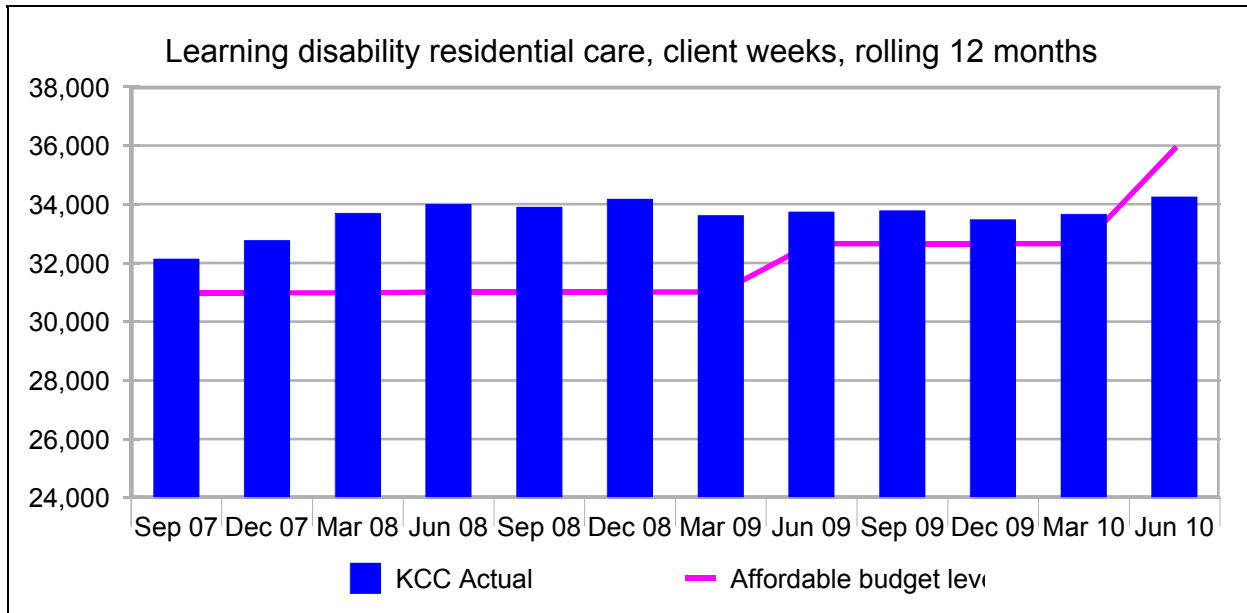
	Current RAG	Previous RAG	Current DoT	Previous DoT
Domiciliary care - older people	●	●	↑	↑

Comments :

Figures in the top graph exclude services provided directly by KCC from Kent HomeCare Services, whereas the second graph includes all clients, whether the service is provided in-house or purchased from external suppliers.

The provision of externally purchased domiciliary care has decreased since 2008/09, and this is expected due to other services being provided such as intermediate care, Telecare and TeleHealth and increased take up of direct payments as well as further development of voluntary sector provision.

The current forecast for independent sector provision is 2,493,000 hours of care against an affordable level of 2,477,000 which is slightly down from last year's total of 2,506,000.



	Current RAG	Previous RAG	Current DoT	Previous DoT
Residential care – people with learning disability	●	▲	↓	↓

Comments :

The 12 month provision up to the end of June was below the financial year target level resulting in an Amber alert compared to a previous Red alert as result of an increased budget/affordable target level provided for this year.

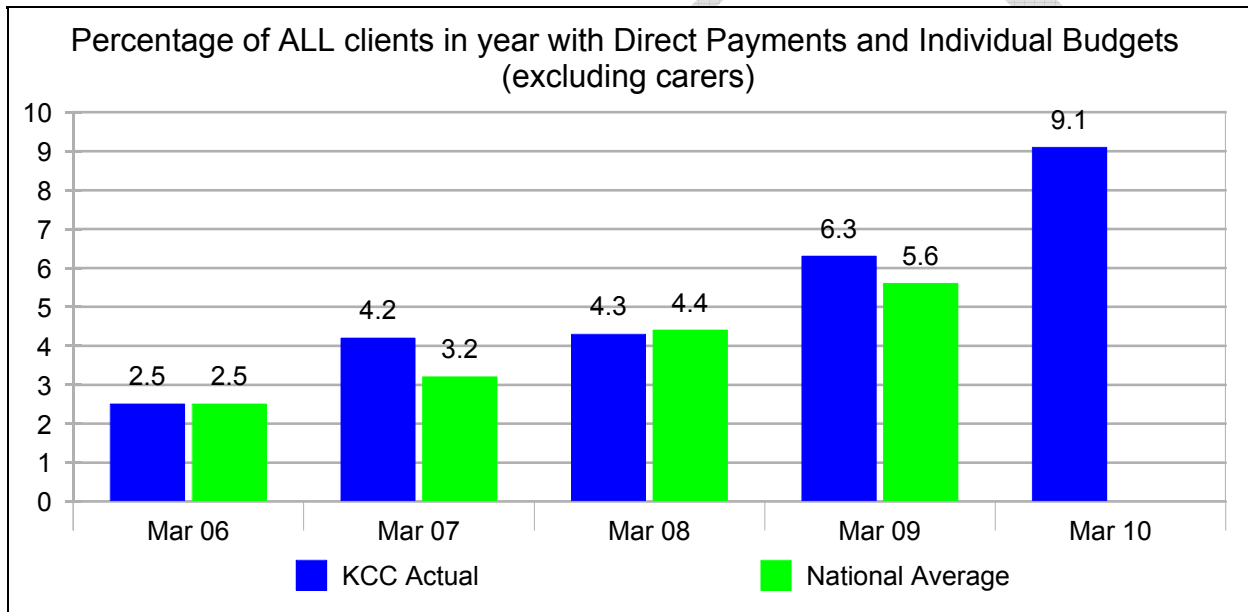
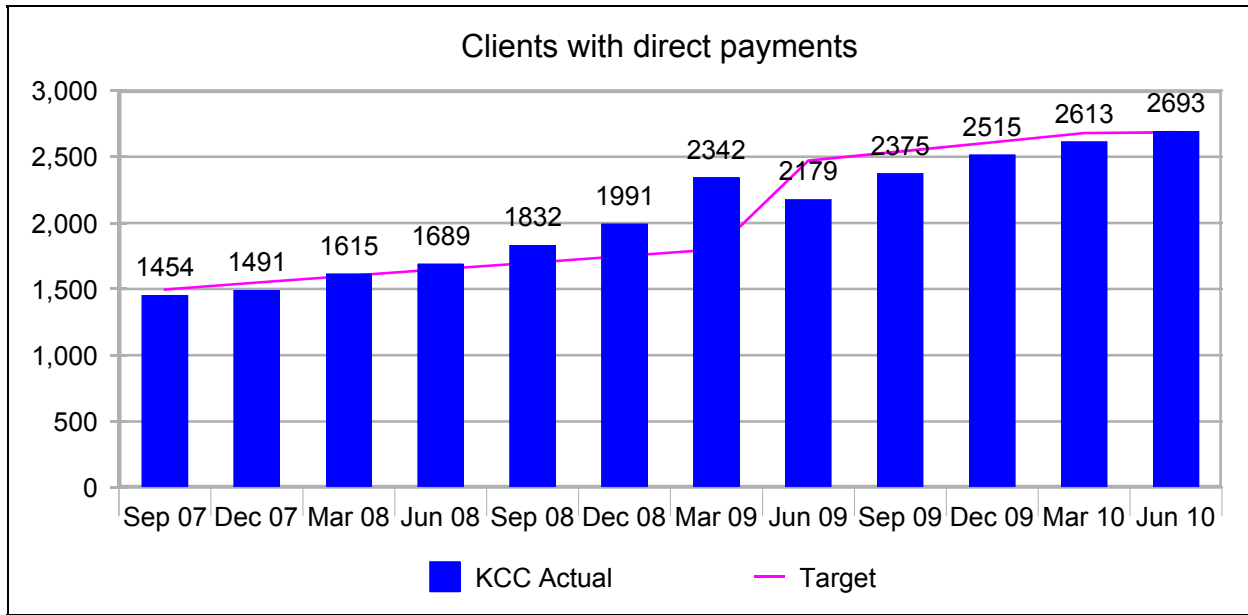
Demographic pressures and the NHS transfer continue to impact on Learning Disability services, particularly residential care. The number of clients in residential care at the end of June 2010 was 703, up from 635 in March and 9,021 weeks were provided compared to 8,311 in the previous quarter. This increase is likely to have an on-going impact for the rest of year and the current forecast is 37,026 weeks of care for the year against an affordable level of 35,893. It is therefore expected that this indicator will be rated Red again as the year progresses.

Kent Agreement Target	Mar 09	Sept 09	Mar 10
NI125 Achieving independence for older people through rehabilitation/intermediate care *	75%	77%	78%

* The proportion of older people discharged from hospital to their own home or to a residential or nursing care home or extra care housing bed for rehabilitation with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting) who are at home or in extra care housing or an adult placement scheme setting three months after the date of their discharge from hospital.

	Current RAG	Previous RAG	Current DoT	Previous DoT
Rehabilitation/intermediate care	●	●	↑	↑

Comments : Currently we are making steady progress on this indicator. Our LAA (Kent Agreement 2) target for 2010 /11 is 79%.



	Current RAG	Previous RAG	Current DoT	Previous DoT
Direct Payments	★	●	↑	↑

Comments :

The number of clients with direct payments continues to increase in line with targets set. 2009/10 is also the first year of significant roll out of Self Directed Support with new clients now being offered individual budgets.

The national comparative data shows Kent has kept ahead of national rates for clients taking up direct payments, and particularly for the main target group – adults with disabilities.

From 2009/10 the national data now also includes Individual Budgets and we await the release of the new national benchmark to determine if Kent has remained ahead of national uptake rates.

By: Paul Carter, Leader of the Council

To: Adult Social Services POSC

Date of Meeting: 21st September 2010

Subject: Bold Steps for Kent – Update

Summary: Provides Members of Adult Social Services POSC with an update on the timetable and development of the new medium term plan, *Bold Steps for Kent*, and seeks the Committee's input on the key issues over the next four years that it believes the plan might address ahead of the launch of a draft version for public and partner consultation.

1. Introduction:

- 1.1 *Bold Steps for the Kent* will be the medium term plan for KCC succeeding *Towards 2010*, which is due to expire at the end of September 2010. As the title suggests, *Bold Steps for Kent* will draw heavily on *Bold Steps for Radical Reform*, the discussion paper published by the County Council in January 2010. This set out how through radical thinking about public service delivery at the national and local level, it would be possible to deliver approximately £15-21 billion savings to HM Treasury.
- 1.2 From the recommendations set out in *Bold Steps for Radical Reform*, it is worth noting that many have been swiftly acted on by the new Government:
- *Bold Steps* called for abolition of the Comprehensive Area Assessment (CAA) regime and a reduction in the audit and inspection purposes. The Government has announced the end of the CAA regime and the abolition of the Audit Commission.
 - *Bold Steps* called for the removal of the regional governance framework, since when the Government has axed Regional Development Agencies and is expected to announce through the Comprehensive Spending Review (CSR) the abolition of Government Offices for the Regions.
 - *Bold Steps* called for a roll back in the quango state and the Government has abolished or announced the abolition of, to date, 81 quangos.
 - *Bold Steps* called for a return of spatial planning powers to democratic local government, since when the Government has abolished regional housing targets, regional spatial strategies (i.e. the South East Plan) and the Infrastructure Planning Commission.

- 1.3 *Bold Steps for Radical Reform* also called for new forms of localism with more local decision making and more joined up and integrated delivery of public services to reduce costs and better meet public expectations within a smaller funding envelope for local government. *Bold Steps for Kent* will therefore be a very different document to *Towards 2010*. It aims to be a more strategic document. Whilst it will still set out the Administration's priorities for the next four years (and by definition not every service will be a priority), it will also set out how the Administration increasingly wants these services to be delivered, moving towards a new model for local public service delivery in Kent.

2. The wider policy landscape

- 2.1 It is important to note that the wider policy landscape remains unclear on a number of key issues facing local government. These include:
- The fundamental financial challenge facing local government and the wider public sector. Reductions in government funding are expected to be at least 25% across the public sector as a result of the CSR, but as local government oversees one of the largest non-ring fenced areas of public expenditure, it is possible that councils' savings requirements may be far higher than this figure.
 - The role of local authorities in education in light of the academies and free schools' agendas remains unclear. The Secretary of State has promised that local authorities will continue to have a strong and influential role in education, but the nature of that role, and the possible financial impact on upper tier councils of education reforms already announced, remains unclear.
 - The role of local authorities in the health economy, as set out in the recent White Paper, in relation to GP commissioning and public health, and how that might tie into current service provision, particularly in regard to Adult Social Services, is still emerging.
 - The development of Local Enterprise Partnerships as a mechanism for driving forward economic development and regeneration following the abolition of the Regional Development Agencies remains a significant opportunity for local authorities, but one that will develop throughout the autumn as proposals are submitted by local authorities and considered by the Secretary of State.
- 2.2 As a result of these uncertainties the development of *Bold Steps for Kent* is taking place in a fast moving policy environment that requires the County Council to respond quickly to emerging developments. It is anticipated that many issues will become clearer following the announcement of the Comprehensive Spending Review (CSR) due on 20 October. However, some of the initial thinking laid out in this report

may have to change both ahead of the release of a consultation draft, and before approval of *Bold Steps for Kent* by full Council.

3. Structure and Emerging Priorities:

3.1 Current thinking is that the document should be structured around the key themes of:

- Helping the economy to grow
- Supporting the Big Society
- Tackling disadvantage
- Building a new relationship with partners
- Ensuring the organisation is fit for purpose

3.2 Taking each of these key themes in turn, the emerging priorities (and it should be stressed that these are emerging priorities which require further consideration and refinement) are set out below:

Helping the Economy to Grow:

- Delivering of *21st Century Kent and Unlocking Kent's Potential* (regeneration framework)
- Delivering a big bold and ambitious Local Enterprise Partnership
- Getting the Thames Gateway moving to deliver new growth
- Continued investment in capital infrastructure (a third lower Thames Crossing/Manston Airport)
- Identifying new funding mechanisms for capital infrastructure (e.g. TIFF, Britdisc)
- Significant expansion of apprenticeship provision
- Delivering a high quality highways network
- Linking adult skills provision to the needs of the local economy
- Developing young people's career management skills

Supporting the Big Society:

- Establish a 'Big Society' Fund for Kent to provide start up monies for social enterprises and social entrepreneurs
- Reform our procurement framework to open it up more widely to the voluntary and community sector
- Introduce a 'Right to Bid' process for KCC services if local groups think they can run them better through mutuals /co-operatives (including KCC staff)
- A single strategic approach to community asset transfer
- Continue to support and use the Sustainable Communities Act
- Maintain the Member Highways Fund and Member Community Grant until at least the next county elections
- Support Kent parents who wish to establish free schools and continue to support and fund the Kent School Games

Tackling Disadvantage:

- Link the Supporting Independence Programme into the new Single Work Programme being developed by DWP
- Develop a pan-Kent multi agency approach family intervention
- Tackle the issue of looked after children being placed in East Kent by non-Kent local authorities
- Improving outcomes for young people in care and better transitions for those leaving care
- Focus on preventative early intervention strategies and enablement services in social care
- Continue to drive forward personalisation

Building a new relationship with partners

- Move to shared front line services with partners and greater focus on specific locality problems e.g. Margate Task Force
- Develop a model of local place based commissioning to ensure real subsidiarity is delivered in Kent – bringing on board partners to the potential of joint commissioning of local services
- Ensure a relationship with all schools – whether maintained or non-maintained
- Re-shape our support offer to schools and GPs so that it is competitive and attractive in the emerging market for support services

Ensuring the organisation is fit for purpose by:

- Ensuring KCC is a more transparent and open organisation that welcomes challenge
- Expanding the Gateway programme to deliver seamless access to public services across the county
- Increasing the amount of online service transactions
- Greater focus on commissioning rather than providing services
- Absolute emphasis on value for money and de-commissioning services where necessary
- Better and more targeted engagement with residents (and where possible in conjunction with partners)
- Ensuring staff have the right skills mix to deliver in the new landscape for local government

4. Key Questions:

4.1 Ahead of the development and publication of the consultation draft of *Bold Steps for Kent*, and given the issues, themes and emerging priorities outlined in this report, it would be particularly useful for Members of Adult Social Services POSC to consider the following questions:

- Are the themes around which *Bold Steps for Kent* will be structured broadly right?
- Are the emerging priorities set out under each of the key themes broadly right?

- Are there any priorities not outlined in this report that Members feel should be considered for inclusion in *Bold Steps for Kent*?

5. Timetable & Next Steps:

- 5.1 Public and partner consultation on Bold Steps for Kent will begin on 11 October 2010 and will last for four weeks. This will allow full consideration of any decisions or issues emanating from the Comprehensive Spending Review (CSR) 2010 - due to be reported on 20 October 2010 - to be factored into the document if required, before approval by Full Council. Appendix 3 of the KCC Constitution (as amended 22 July 2010) states that the 'Strategic Statement' (i.e. Towards 2010 or its successor document) requires debate and approval by Council. It is intended for this to occur at the December County Council meeting.

6. Recommendations:

Members are asked to:

- Note the report.
- Provide comment and feedback on the themes and emerging priorities for Bold Steps for Kent.
- Identify any priorities not currently set out that should be considered for inclusion in Bold Steps for Kent.

Background Documents

- Bold Steps for Radical Reform, Kent County Council, January 2010

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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 –
 21 September 2010

Subject: **PROCEDURE FOR THE CONSULTATION ON THE
 MODERNISATION, VARIATION OR CLOSURE OF SERVICES
 RUN BY KENT ADULT SOCIAL SERVICES (KASS)**

Classification: Unrestricted

Summary: Updates and revises the procedure for consulting on varying or closing KASS run services in the light of legislative and KCC constitutional changes as well as emerging best practice.

FOR DECISION

Introduction

1. (1) The existing procedure was agreed in 2006. Since then there have been legislative changes with the new duty to involve and also to KCC's constitution which has enhanced the scrutiny role of the Adult Social Services Policy & Overview Scrutiny Committee (ASSPOSC). There has also been a significant body of experience developed through the PFI projects, the Good Day Programme and more recently the Older Peoples Strategy. These changes have informed the revision of the procedure, notably through the inclusion of good practice guidance and a flow chart.

Policy Context

2. (1) The existing procedure was agreed by the Cabinet Member in 2006 (Decision No. 06/00874) following endorsement by the then Adult Services Policy Overview Committee on 5 July 2006. This was an update on the previous 2004 version (Decision No. 04/00566) which in turn updated the procedure as agreed by the then Social Services Committee in 2000 and 1997 respectively.

(2) The Local Government and Public Involvement in Health Act 2007 introduced new responsibilities from April 2009 on KCC 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'

(3) The existing procedure covers the spirit of the new act. The revised procedures make an explicit reference to these responsibilities, along with the need for minuted consideration by Members and officers of whether to hold a public meeting on any proposals.

Timeline

3. (1) Following discussions earlier in the year with both ASSPOSC members about their role and with Democratic Services, it was agreed to review the procedure. Subsequently the procedure has had the input of:

Good Day Project Managers	31 March
Democratic Services	6 April
Good Day Programme Board	13 July
Head of Provision (Modernisation) & OP Strategy Project Manager	22 July
KASS SMT	6 August

(2) Following the ASSPOSC discussion on the 21 September, and taking into account comments made, the Cabinet Member will be asked to make a decision to accept the revised procedure.

Recommendations

4. (1) Members are asked to COMMENT on and ENDORSE the revised procedure as attached (Appendix 1).

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Background documents: None

Procedure for Consultation on the Modernisation, Variation or Closure of Services and Establishments provided and managed by Kent Adult Social Services

Kent Adult Social Services (KASS) recognises that the services it provides directly must continue to meet people's needs. KASS will always seek to maximise the opportunities for engagement with stakeholders in line with the procedures outlined below.

KASS's strategy, *Actives Lives Now*, sets out the key aims of the directorate. These guide the establishment of working groups for different types of services, chaired by a member of the directorate's Strategic Management Team (SMT). These will identify options for the modernisation of services and prepare Strategic Reports for consideration by SMT.

If the Managing Director accepts the report then the Cabinet Member will be asked to give "**approval to consult**" on the proposals for establishments and services and an Officer will be identified to manage the consultation procedure.

The Procedure

The Procedure	Actions/Timeframe	Good Practice
1. The proposal will be entered on to KCC's forward plan as a key decision. This will need to indicate likely date of decision.	<ul style="list-style-type: none"> • It is likely to take at least four months to get a decision. • This is done via the KASS Governance Officer. 	

The Procedure	Actions/Timeframe	Good Practice
<p>2. The Cabinet Member will chair a meeting of Officers and Elected Members to brief Elected Members, sharing with them relevant documentation and information on the proposals. The following Members should be invited:</p> <ul style="list-style-type: none"> • Chairperson – Adult Social Services Policy Overview and Scrutiny Committee (ASSPOSC) • Vice Chairperson – ASSPOSC • Spokespersons for the Opposition • The remaining members of ASSPOSC • Local County Councillor's¹ <p>In addition to the Elected Members the following Officers should be present:</p> <ul style="list-style-type: none"> • The Responsible member(s) of SMT • The relevant Head of Services • The relevant Personnel Manager² <p>Following the meeting a copy of the notes of the discussion will be circulated to all those invited to attend and a copy placed on record with Democratic Services.</p>	<ul style="list-style-type: none"> • Inform press office • Agree dates in diaries • Book venue • Write to: Members, ASSPOSC, MPs, Carers, Client's, Relatives, Staff, Unions • Prepare presentation, briefing note, proposed timeframe documents • Compile stakeholders list • Arrange for a note taker 	<ul style="list-style-type: none"> • For 2 & 3 to happen on one day • Responsible Officer to co-ordinate the sending of letters, whether signed by the Managing Director or Cabinet Member. • To facilitate the attendance by Members, 2 weeks notice to be given. Will need coordinating with the corporate diary to ensure this doesn't clash with other meetings for Members. • Democratic Services contact is currently Andy Ballard

¹ For this procedure a Local Member is any member whose constituents may be affected by the proposals

² Where there are personnel issues arising from the proposal

The Procedure	Actions/Timeframe	Good Practice
<p>3. The Cabinet Member will chair a meeting (or series of meetings) with Officers and key stakeholders, including District Council Ward Members and other stakeholders such as representatives of the Kent Partnership Board (Learning Disability) to share relevant documentation and information on the proposals.</p> <p>In addition to the key stakeholders the following Officers should be present, as relevant:</p> <ul style="list-style-type: none"> • The Responsible member(s) of SMT • The relevant Head of Services • The relevant Personnel Manager³ <p>Following the meeting a copy of the notes of the discussion will be circulated to all those invited to attend and a copy placed on record with Democratic Services.</p>	<ul style="list-style-type: none"> • Arrange for a note taker 	
<p>4. The responsible Officer will compile an information pack on the proposal being consulted upon and send a copy to everyone listed in 2 & 3 above and the following:</p> <ul style="list-style-type: none"> • Users, relatives and carers • Head of Service / Establishment • All Staff • All ASSPOSC Members • Local KCC Members⁴ • The District Council and all the Local Members • The Parish / Town Council • The relevant NHS bodies • The Trades Unions 	<ul style="list-style-type: none"> • Ensure timings are planned • Letter to state that you are invoking the “Procedure for consultation on the Modernisation, Variation or Closure of Services and Establishments in Kent Adult Social Services” 	<ul style="list-style-type: none"> • Information pack sent within 48hrs of meetings held in 2 & 3 above. Make available accessible versions if required – Braille etc. • Responsible Officer to co-ordinate the sending of letters, whether signed by the Managing Director or Cabinet Member.

³ Where there are personnel issues arising from the proposal

⁴ For this procedure a Local Member is any member whose constituents may be affected by the proposals

The Procedure	Actions/Timeframe	Good Practice
<ul style="list-style-type: none"> • Local MP⁵ • All those listed in 2 & 3 above • KASS Communications Team and / or The Press Office • Any other relevant person or organisation • LINKs <p>A covering letter will be enclosed with the Information Packs giving details of the length of the consultation period that should be no less than 12 weeks from the date of despatch. The Responsible Officer will arrange for the information to be available on the appropriate website.</p>		
<p>5. The Responsible Officer will arrange for consultative meetings to be held during the minimum 12 week consultation period. Everyone who is sent an information pack will be notified of the dates and times of the meetings and will be invited to attend.</p>	<ul style="list-style-type: none"> • Arrange for a note taker • Invite to the meeting where relevant: Parents, Carers, Relatives, Staff, Unions. The invite to explicitly state the purpose of the meeting. 	<ul style="list-style-type: none"> • Notes of meetings & key issues to be taken • Consider whether to hold separate meetings for groups of people, depending on particular needs such as communication. In some circumstances individual meetings may be more appropriate. • Consultation to last no more than 16 weeks except in exceptional circumstances.

⁵ For this procedure a Local MP is any member whose constituents may be affected by the proposals

The Procedure	Actions/Timeframe	Good Practice
6. The Responsible Officer should discuss with the Managing Director, Cabinet Member and Chairperson of ASSPOSC whether, in addition to the stakeholder meetings, there should be a Public Meeting on the proposals. A record of this discussion should be placed on record with Democratic Services.	<ul style="list-style-type: none"> Collate emails, or if face to face discussion, arrange for a note taker 	
7. All meetings should be arranged and conducted in line with the "A Pathway to Public Involvement –Practical Toolkit" ⁶ . This incorporates the statutory duties to involve ⁷ .		
8. The Responsible Officer will ensure notes are taken of each meeting and are available to all attendees and to those listed in 2, 3 & 4 above.		<ul style="list-style-type: none"> Make notes available if required
9. Although this is not a formal step in the procedure, best practice suggests that consideration be given to sending out a reminder of the closing date for comments.		<ul style="list-style-type: none"> Depending on the level and nature of response, consideration should be given to reminding those listed in 2, 3 & 4, and those who have attended the meetings that have been held, of the closing date to ensure that everyone has an opportunity to participate in the consultation.

⁶ Published by KCC Public Involvement Team – providing guidance and information on best practice in public involvement

⁷ Local Government and Public Involvement in Health Act 2007

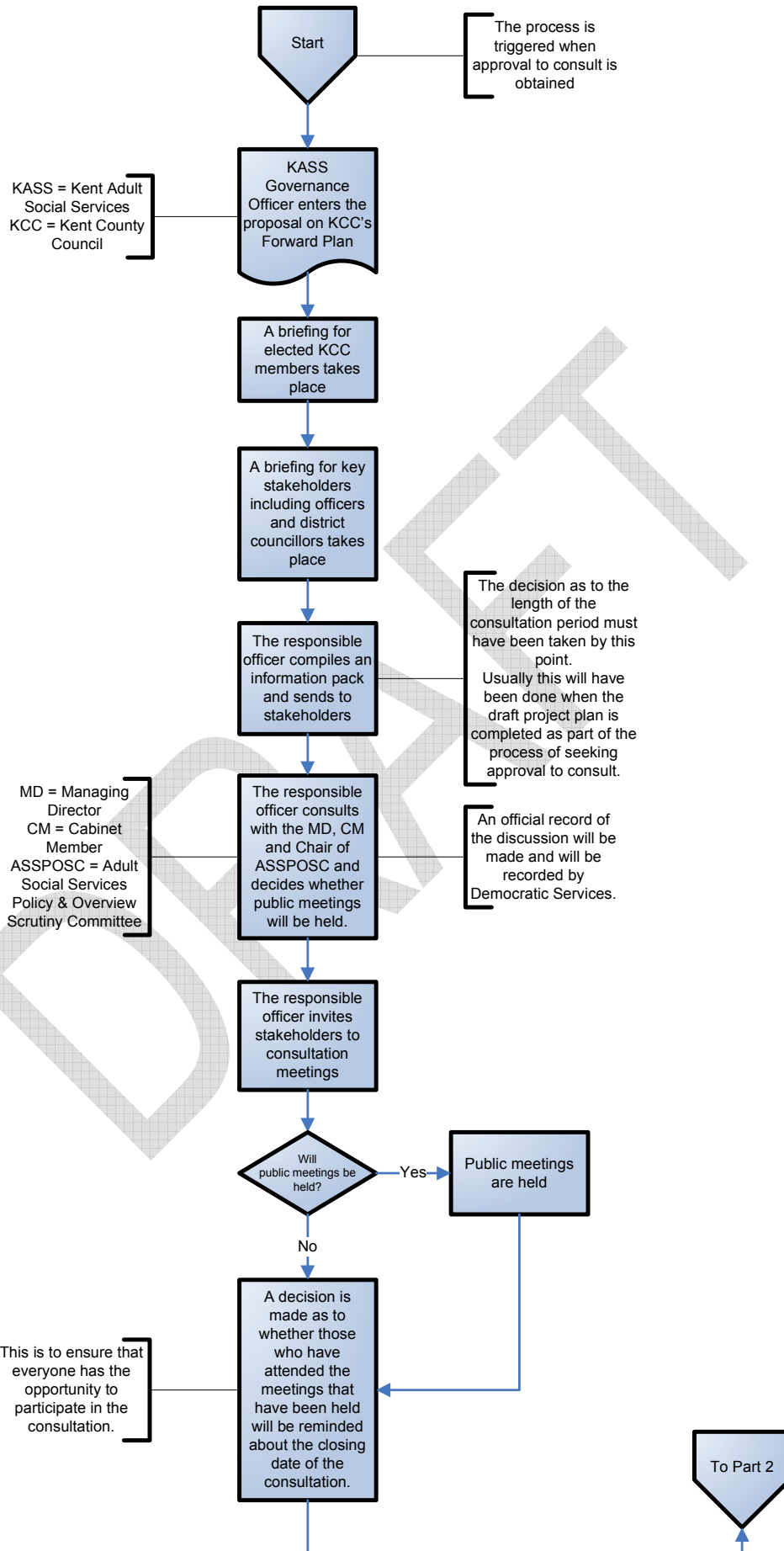
The Procedure	Actions/Timeframe	Good Practice
<p>10. At the end of the consultation period the Responsible Officer will compile a final report to the Managing Director which will detail the following:</p> <ul style="list-style-type: none"> • Background to the Proposal • A Table setting out the Consultation Process and the dates required actions were taken • Issues of concern raised during the consultation, by whom they were raised and the response given by officers • A customer impact assessment • Finance Issues • Personnel and Training Implications • Possible alternatives • Recommendation on how to proceed 		<ul style="list-style-type: none"> • SMT report template to be followed.
<p>11. The Managing Director will, having considered the report of the Responsible Officer, decide if the Cabinet Member is to be asked to take a Decision to instigate any change programme that may be necessary.</p>		<ul style="list-style-type: none"> • The Managing Director's decision would normally follow discussion at SMT. A SMT slot will need booking in advance. • All stakeholders to be informed of the findings of consultation (if required) in appropriate format.

The Procedure	Actions/Timeframe	Good Practice
<p>12. If decision is to be taken by Cabinet Member:</p> <ul style="list-style-type: none"> • Amended report to be approved by Managing Director • Copy of amended report to be circulated to all ASSPOSC Members, so they can make any final comments to Cabinet Member. • Responsible Officer to discuss report with Cabinet Member • Responsible Officer to complete Form B which is sent to Democratic Services together with the report. 	<ul style="list-style-type: none"> • Arrange meeting with Cabinet Member • KASS Governance Officer to send on to Democratic Services 	<ul style="list-style-type: none"> • Governance Officer co-ordinates the internal Democratic Services process for KASS
<p>13. Democratic Services send the report to the Cabinet Member.</p> <ul style="list-style-type: none"> • A copy is also sent to the Chairman and Spokesmen of the Cabinet Scrutiny Committee and a summary to all other Members of the Cabinet Scrutiny Committee. The report is also published on the website. • If the Cabinet Scrutiny Committee call-in the proposed decision within 5 working days of publication, the Cabinet Scrutiny process must be completed before the Cabinet Member's decision is implemented. • Otherwise, on the 6th working day after the date of publication the decision can be taken by the Cabinet Member. 	<ul style="list-style-type: none"> • During the 5 working day period the Responsible Officer to complete Form C 	<ul style="list-style-type: none"> • Information now formally in the public domain re the decision
<p>14. The Responsible Officer drafts a Record of Decision (Form C) and arranges for it to be signed off by the Cabinet Member.</p> <ul style="list-style-type: none"> • Form C to be sent to Democratic Services (both electronically and signed hard copy) • Democratic Services sends the Record of Decision to all Members of the Cabinet Scrutiny Committee and publish it on the website. 	<ul style="list-style-type: none"> • KASS Governance Officer to send Form C to Democratic Services 	

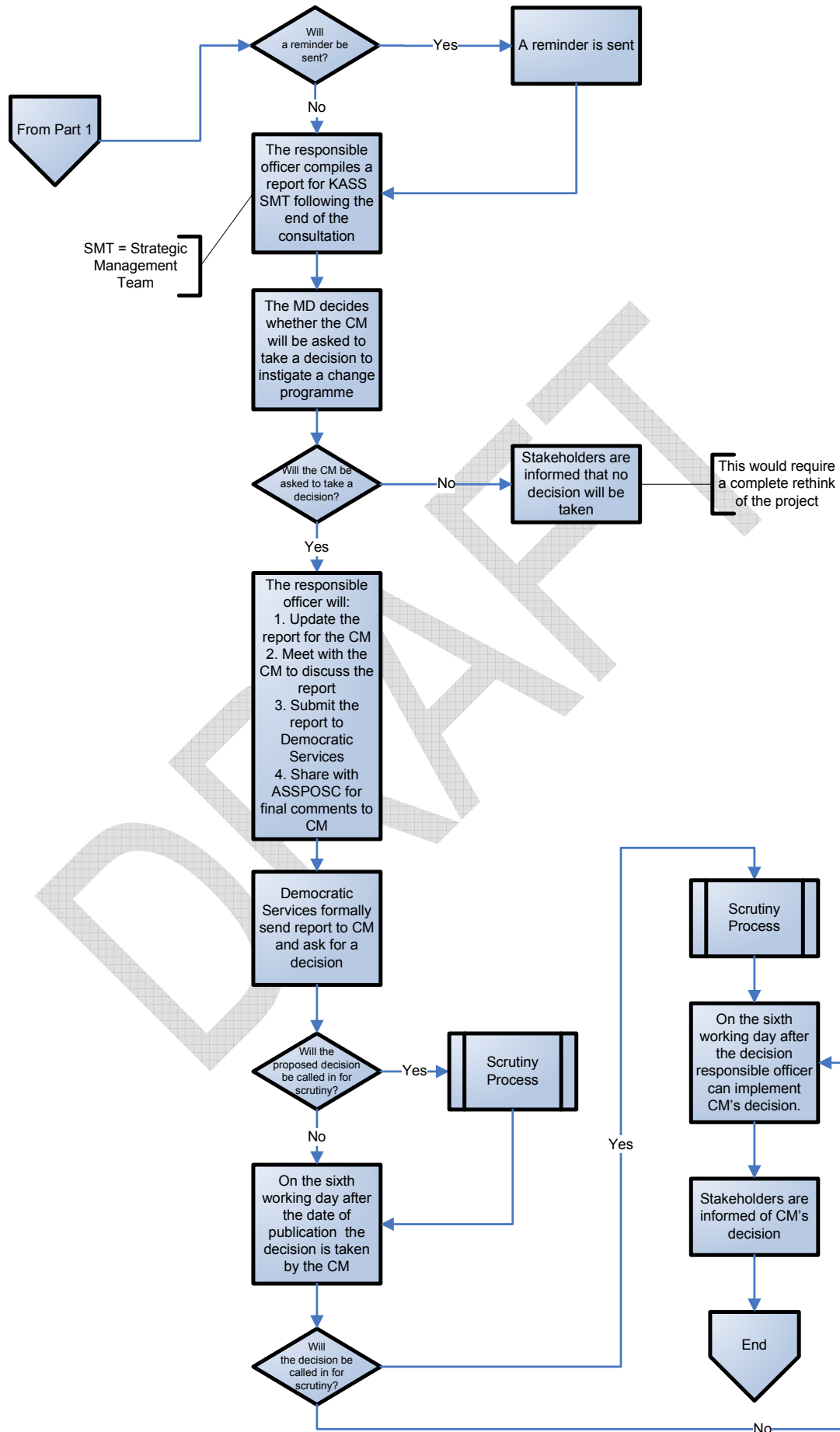
The Procedure	Actions/Timeframe	Good Practice
<ul style="list-style-type: none"> If the decision is called into scrutiny within 5 working days of publication, the scrutiny process must be completed before the decision can be implemented. Otherwise, on the 6th working day the decision can be implemented. 		
15. Stakeholders are notified and decision implemented		

DRAFT

Flowchart – Procedure for Consultation on the Modernisation, Variation or Closure of Services and Establishments – Part 1



Flowchart – Procedure for Consultation on the Modernisation, Variation or Closure of Services and Establishments – Part 2



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

To: Adult Social Services Policy Overview & Scrutiny Committee –
21 September 2010

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

Classification: Unrestricted

Summary: The purpose of this report is to provide information to Members on current and future developments in Public Involvement across the Directorate and to inform Members of the outcomes from the consultations undertaken during 2009/10.

Introduction

1. (1) Public involvement is a central focus of Kent Adult Social Services and enables people to have a real influence over services. It is particularly important during times of change to give people every opportunity to shape services and to have a sense of responsibility for improving their own quality of life.

(2) Involving people is a continuous process and involves a range of methods and approaches aimed at making sure there is meaningful inclusion.

(3) The purpose of this report is to provide information on the consultations that were undertaken during the past 12 months. The report also provides Members with an update on key development areas within the public involvement agenda.

National Policy Context

2. (1) The government has given a national commitment to promote active citizenship and community involvement as part of its “Big Society” vision. This aims to empower communities and encourage people to take an active role in their community.

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

(3) The government’s White Papers, ‘Our health, our care, our say’ and ‘Putting People First’ continue to be key drivers for KASS. Placing the individual at the heart of service design, thereby enabling people to have a significant influence over the decision making process, should be the default position.

(4) One of the key aspects of the new 'Equality Framework for Local Government' is the extent of the council's engagement with local communities from different diversity backgrounds, including how this involvement impacts upon priorities and the services the council delivers.

(5) The Care Quality Commission, as part of its monitoring and inspection of local authorities, will refer to the views and experiences of those using services, including those of their families and carers when assessing how well the Directorate is performing.

Local Context

3. (1) Active Lives, the vision for social services in Kent, continues to signify the Directorate's commitment to ensuring that people are actively involved in the design and delivery of services. Active Lives Now lays out what has been achieved since Active Lives and the priorities for the next three years.

(2) Kent Adult Social Services has an ongoing commitment to involve people in all aspects of its business and strives to ensure people are given every opportunity to share their views, experience and aspirations to inform service improvement and development. The Directorate adopts several different mechanisms for involving people and these include:

- Forums – including older peoples'; disability; deaf; carers; mental health; domiciliary care
- Service user groups – including county wide user groups; Learning Disability Partnership Groups
- Policy Development – 'User Involvement in Recruitment' ;Information Advice and Guidance'; Active Lives Now
- Recruitment – service users/carers are involved in recruitment process for staff, i.e. shortlisting, formal panel, workshop
- Training – service users and carers deliver training to staff
- Lessons learned from complaints are fed into service development and into business planning processes
- Strategy development – Later Life; Public Involvement
- Areas and individual teams proactively engage with service users and carers.

Consultations

4. (1) One mechanism for gaining direct feedback is via consultation and attached as Appendix 1 is a schedule detailing the consultations that were undertaken during 2009/10, together with the respective outcomes.

Public Involvement initiatives within Kent Adult Social Services

5. (1) From the work that the Directorate has undertaken during the last year, key messages have been identified. These have been disseminated to commissioning groups across the County and are briefly as follows:

- **Satisfaction levels** – in general terms and in analysing the various surveys that have take place, there is a pattern of good satisfaction levels. These increase when people are fully involved and services are developed in response to their needs.

- **Information** – is always a hot topic and the key issues can be summarised by;
 - a) The availability of information in crisis – despite extensive efforts people still claim that in times of crisis they are unable to find the information they need about available services. Gateways are one solution, although they are not yet available throughout Kent.
 - b) Formats – younger people generally prefer electronic forms of communication and social media type access, whereas older people tend to prefer hard copy information and many do not have access to the internet. Availability of information in other formats, including Easy Read, different languages and for those with sensory impairments, continue to be areas which people feel can be improved.
- **Access to services** – some people continue to struggle with understanding the differences between services that fall within health and those that fall within social services and how these services are accessed.
- **Physical access to services – Transport** – this issue is highlighted at every involvement event, in terms of availability of public transport. This is not just pertinent to social care, but encompasses all public services, including hospitals and libraries. There is a responsibility to consider transport when commissioning services.
- **Quality of services** –. In the current economic climate, people have questioned whether the development of a new service is a direct means of saving money at the expense of quality. A key method of negating some of these fears is to ensure that clear information is available and that people are fully involved in the service design, planning and development.
- **Black and Ethnic Minority communities** – this has been a major driver for public involvement since the Directorate's inspection in March 2009. From the work undertaken, there are some key messages which need to be addressed if future commissioning of services is to have an impact on these communities.
 - a) The term 'ethnic minorities' is not always helpful as it is a sweeping term covering a huge range of cultures, faiths and languages
 - b) We need to be aware of the smaller communities which are spread in different areas of Kent
 - c) The challenge of having information in peoples' first language and having it in places where they can access it
 - d) Written information, whether on the web or on paper, is not always the best way to communicate with some ethnic communities. For example, some older people cannot read their first language
 - e) A consistent view from all the groups we have had discussions with is that we need to go to the communities and engage with them. We also should use existing networks within the communities to reach people.
- **Other disadvantaged groups – LGBT** - in general, the Directorate is making good progress in working with disabled people. However, to date there has been little comment from LGBT groups about services. To ensure that these groups are fully involved in service developments, the Directorate should focus on inclusivity with these groups.
- **Carers** - the role of carers is beginning to get the recognition it deserves. During the last couple of years there have been a series of developments in ensuring the carers views are fully heard and reflected in the development of services. The overwhelming feedback from those who use services and the public at large is that, carers views need to feed into the design of new services.
- **Safeguarding**. From discussions with all groups the issues of safeguarding and feeling safe are of a very high priority.

Public Involvement Group

(2) Following a report to the Senior Management Team in November 2009 on the Public Involvement Group, it was agreed that there would be an overall County group and two Area groups. These groups are to consist of mainly service users, carers and members of the public and will meet regularly, e.g. every three months, with an agreed work plan and agenda. Initial plans were for the County group to be jointly chaired by an officer and member of the public. However, a decision was made at first meeting in May 2010 for there to be two joint public chairs. The aim is for the Area groups to feed directly into the County Directorate Involvement Group. Work on setting up the Area groups is ongoing at present.

(3) Discussions have been held with the Local Involvement Network and it has agreed to facilitate the County Directorate Involvement Group meetings. A meeting took place on 27 August 2010 to progress with the following:

- Focus on the role of the Group
- Look at the aims and objectives of both the County and Area Groups
- Finalise the Terms of Reference
- Establish a mechanism for monitoring the groups' progress
- Groups responsibility to share information with other service users
- How information will be fed down and up

(4) Attached as Appendix 2 is a diagram illustrating the structure surrounding the County and Area groups.

Self Directed Support

(5) Various elements of public involvement have been adopted during the course of the project, including involvement with the Information, Advice and Guidance Policy, Learning Through Experience Groups and provider conference. It is important that initiatives developed as part of the project are brought into mainstream business rather than lose valuable knowledge and experience. With this in mind, consideration is being given as to how to harness the experience within the Stakeholder Group and this will be discussed at the September 2010 meeting.

Service user and carer involvement in recruitment and selection

(6) This policy is well established within the Directorate and teams involve people in various ways when recruiting staff. Protocols and frequently asked questions (FAQs) are available for staff and an information pack is available for people involved in the process, covering topics including, confidentiality and equality and diversity issues. As part of the ongoing review of this process, questionnaires are distributed to all individuals involved in the process.

(7) During the year, a system was introduced to assist staff with this process; The Customer Care team maintain a database of people who previously expressed an interest in participating in staff recruitment and staff submit a request for volunteers when they are undertaking recruitment. Relevant details are subsequently passed from Customer Care to the recruiting manager. This initiative is in the early stages and will be evaluated in due course.

Strategy

(8) A review of the existing Public Involvement Strategy commenced in October 2009 with two events held in the county to gather feedback from the public. Further meetings were held between November 2009 and April 2010 to gather views from various groups across the county – both known and previously unknown to the Directorate. Over 30 Groups were visited and have contributed to the new strategy, which is to be presented to the Senior Management Team in September 2010. The core objectives within the existing document remain relevant and this was reinforced from the feedback received during the review.

(9) An overarching corporate involvement strategy is currently being developed and will link with each directorate's own strategy. Specific work has been commissioned around "seldom heard" or "hard to reach" groups, although the intelligence gathered to date does not differ from the feedback received when reviewing the Directorate's public involvement strategy.

Newsletter

(10) The public involvement newsletter, 'Step by Step', is published quarterly and distributed to libraries, Gateways, GP practices and members of the public who have expressed a wish to receive this type of contact from the Directorate. Staff can access the newsletter electronically and it can be viewed online on the public involvement website. The purpose of the newsletter is to publicise examples where people are involved with the Directorate as well as providing future opportunities for people to participate on a level that suits them. The publication also raises awareness of news items and events that are happening within Kent.

Staff training

(11) The policy team currently deliver training to staff in a number of ways. Information on public involvement and customer care is presented within the Kent Adult Social Services Induction Day for all new staff. An additional half day course on these two topics is delivered via four courses held during each year which forms part of the core induction programme.

(12) As part of a rolling programme of customer care training, customer care staff have started to deliver training to teams across the county. Although, the training tool, "Complaints Made Easy" is used to facilitate this training, public involvement is included within its design and delivery. To ensure their skills and knowledge are up to date, this training will continue to be delivered to staff as a refresher course every 2-3 years.

(13) Training presented by service users and carers delivers a powerful message to staff and reinforces the Directorate's commitment to involving people in all aspects of its business. This is illustrated by two successful projects; TREND (Training Enables Never Disables) which includes service users from all client groups who deliver training to staff, including Approved Social Worker training and the Induction Day. SUCSES project which involves mental health service users in the design and delivery of mental health training for staff.

Out and About project and Safeguarding Week

(14) The Public Involvement Team implemented the “Out and About” project following a successful pilot, as a means of raising awareness of the services available from Kent Adult Social Services.

(15) Safeguarding Week, which took place between 14 – 18 June, provided an excellent opportunity to combine the Out and About project with raising awareness of adult abuse. Alongside various events which took place across the county, including two events focussed on black and minority ethnic communities, the public involvement team hosted events at seven different venues in Kent. Locations were chosen for the ease of access for the public and the team worked in partnership with other organisations, including the police, fire and rescue, community wardens and In Touch.

(16) The project will continue on an ongoing basis with the aim of delivering four events each year, ensuring all localities in Kent are covered. The initial events have been held in shopping centres, although future venues will include libraries and community centres to ensure fair access for everyone.

Local Involvement Networks (LINKs)

(17) The Local Involvement Networks were introduced to provide the public with “a stronger local voice in the development of health and social care services”. The Kent LINK has been recognised as being in a good position as it has set up its various functions including, Governorship, Priorities Panel and a work programme. It has also recruited and trained participants to undertake projects that require the LINK to exercise its 'enter and view' powers. Those selected via the process have undergone Criminal Records Bureau and Protection of Vulnerable Adults checks, together with a period of training. One of the first visits conducted by the team was on hygiene within Kent hospitals.

(18) During the year, the policy team have continued to establish strong working relationships with LINK officers, particularly the officer who leads on social care and the operational director. This is illustrated by the LINKs involvement with the Directorate's Involvement Groups, as detailed in paragraph 5. (3).

(19) Mr Graham Hills, Operational Director, Kent and Medway Networks Ltd, and Mrs Cate Jackson, LINK Governor, attended POSC in June 2010 to explain the role of LINKs and its specific role to work with the POSC and the Health Overview and Scrutiny Committee to complement the scrutiny function.

Future developments/initiatives

Domiciliary Care Re-let

6. (1) The initial consultation phase took place in May 2010 and involved a number of focus groups. The aim being to gather detailed feedback, ascertain customer satisfaction and explore service users' views on possible new ways of commissioning domiciliary services. The feedback is currently being collated and further work will be planned in due course.

Roles and Relationships

(2) The proposal to reintroduce Roles and Relationship for the public was discussed with the Senior Management Team in late 2009. This operates on a similar basis as Roles and Relationships with staff, whereby the Managing Director and key SMT Members meet with members of the public at arranged events twice a year. The events will enable people to have access to senior staff, which is something they have requested to feed their views directly to the “decision makers”. The format for the events is likely to focus on specific topics that either the public or the Directorate put forward. The agenda will be planned in advance to ensure that people benefit from the discussions.

Public Involvement Toolkit

(3) Staff currently have available a toolkit, which covers all aspects of involvement from the giving of information to real partnership working. It discusses the pro and cons of adopting a particular involvement method and suggests the best methods depending on the required outcome. This has been available since 2005, although it is a lengthy document, which makes it difficult to use as a quick reference tool.

(4) To enhance existing and new involvement activity across teams, the toolkit is to be revised to make it more accessible and a useful resource for staff. The revised toolkit will be published by the end of March 2011 and will be available in hard copy and electronic formats. It will also be published on the website for ease of access.

Corporate Consultation database

(5) A new database to log all consultations across all Directorates is being introduced shortly. Previously, Kent Adult Social Services was the only directorate that had a database for registering all involvement activity. The new database will give the public opportunities to register their interest in specific service areas and they will receive notification when a consultation is open to enable people to participate.

(6) Consultations across all directorates will be reported on as they are completed, so the public can view results live. This will meet the need to give timely and appropriate feedback, which is often a criticism when people have been consulted and do not receive details of the outcome of that involvement.

Other items of interest

(7) The use of Mosaic data should be encouraged when undertaking any form of consultation/involvement activity. This can be used to inform the process by determining the intelligence already to hand and how it can be built upon in the particular area of involvement.

Conclusion

7. (1) During 2009/10 a range of involvement activity has taken place with further consultations planned for 2010/11.

(2) Every opportunity is taken to ensure that people are provided with choices on how to be involved with the Directorate. The aim is to make a difference to service by enabling people to influence and inform existing and future services. Involvement of service users and the public is an integral part of the Directorate's business and remains a key feature in the planning, commissioning and development of services.

Recommendations

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

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Background documents: None

Name	Brief Summary	Outcomes
Carers Survey	DoH Carers Survey	<p>The final version of the Carers Survey is also awaited from the PSSRU and is due for publication shortly. The results are being compared with the 2008 Kent Carers Survey, although preliminary results show favourable improvements from the latest survey. Before publication, the results will be shared with the Carers Steering Group.</p>
Homecare Survey	DoH survey to measure the experience of those people receiving a home care service	<p>The Home Care Survey commenced in February 2009 and included all those people in receipt of home care services. Kent agreed to participate in the extended version of the survey and the results were analysed by the Personal Social Service Research Unit (PSSRU) from the University of Kent. The final report is due to be published by the Department of Health in December 2010. The results for Kent have been fed back into the contracting teams for information. A brief summary illustrates that:</p> <ul style="list-style-type: none"> • 59.1% of people were either extremely or very satisfied with the help received from [Social Services] in their own home (England 58.4%) • 33% of people were quite satisfied (England 32.1%) • 70.4% of people were always happy with the way their care workers treated them (England 67.1%) • 31.6% of people felt in control of their life (England 25.5%)
Community Equipment	DoH survey of people in receipt of community equipment	<p>The final data for the Equipment Survey was submitted to the Department of Health on 31 May 2010. Data cleansing is currently taking place and an analysis of the result will commence in late August with a preliminary Department of Health internal report expected in September. This will be followed with publication of the national public report in December 2010.</p>

East Kent

Name	Brief Summary	Outcomes
Public Involvement	Focus Group and example designs to be presented to participants for feedback	In February 2009, East Kent Customer Care held its first Focus group, with the purpose of reviewing the public involvement participation form and discussing possible design options for adverts of the new form. The focus group were presented with five different options for possible adverts and were asked to identify what they liked and did not like about each one. As a result, the final version was agreed and approved by the group. A copy of the final version was sent out to all participants
Survey on public perceptions	Survey participants to establish their perceptions of Adult Social services	The review of public perceptions on the Core Standards in East Kent was not undertaken due to capacity issues within the area customer care team. A member of the team was off sick for nearly twelve months which meant the team had to focus on core business during this time – statutory complaints handling.
Learning from experience	Focus Group sessions and surveys	Consultation on the new complaints booklet was carried out with ex complainants and members of the participation group in East Kent. This was completed remotely (by telephone) rather than through a focus group and the feedback was fed into the new complaints leaflet.
Communication	Engagement and Scrutiny Group	The communication sub group within East Kent has been established and is in the early stages of its development. Further updates will be available once the group agrees its workplan.
East Kent Learning Through Experience Group West Kent Learning Through Experience Group	SDS involvement group – shaping the personalisation modernisation programme	<p>Three meetings of the East Kent Learning Through Experience Group took place during 2009/10 and two meetings were held within the West Kent Learning Through Experience Group and the following outcomes were achieved:</p> <ul style="list-style-type: none"> • Support Planning - The group felt that the support planning template was too long and complicated and would be difficult for service users to complete unaided. This information was passed to the officer responsible for the development of the support planning policy. The concerns of the group have been addressed in subsequent revisions of the policy • The SDS Factsheets – The group felt that the factsheets were a good idea but they had issues with the way that some of the factsheets had been written. In particular, they felt that the language needed to be simpler and less “jargonistic”. This feedback was passed to the SDS team and the factsheets were revised as a result.

West Kent

Name	Brief Summary	Outcomes
Culturally appropriate services	Consultation with elders and community leaders	Kent Adult Social Services has over the years had a number of initiatives for minority ethnic communities. A BME summit was held in Gravesend in March 2010. The Summit was part of the ongoing dialogue with minority communities. This event was the next step in the process, listening to all service users is a customer care issue, developing approaches that meets their needs is the way that the organisation is moving forward in line with the personalisation agenda. The summit was a joint event with the Primary Care Trust. The summit was attended by 129 people including people from minority communities, KASS staff, the PCT and other organisations. The learning from this event informed the planning and structure of the follow up workshops held in June 2010 as part of the Safeguarding and Carers awareness week.
Older Persons Modernisation	Modernising services is part of the ongoing programme to promote independence, choice	The consultation on the modernisation of older peoples' provision commenced in June 2010 and the consultation ends on 1 November. The results will be used to inform SMT and Members in order for a decision to be made in early 2011.

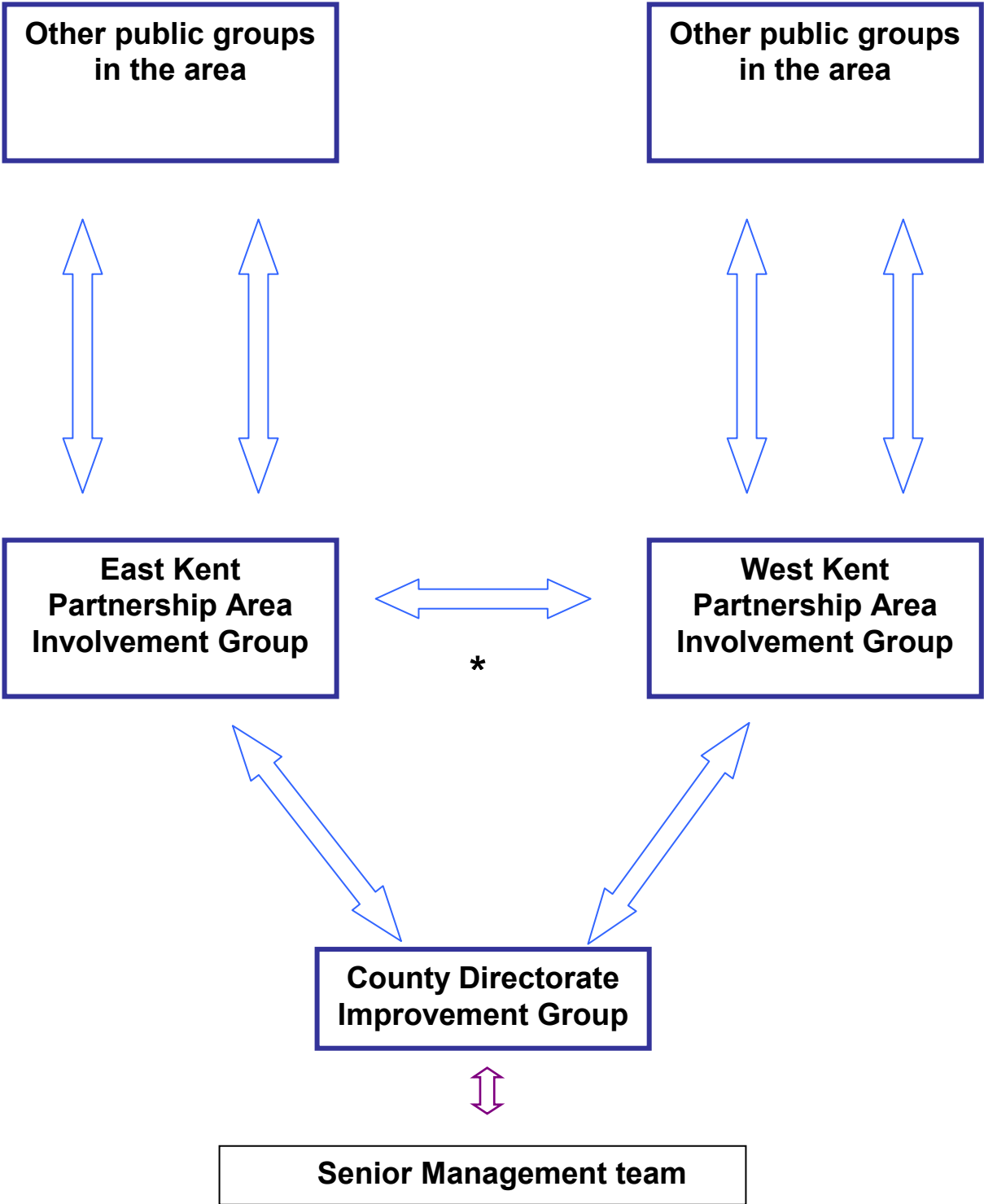
Name	Brief Summary	Outcomes
LD Day Opportunities	Modernising services is part of the ongoing programme to promote independence, choice and employment opportunities	<p>Since January 2010, staff within the learning disabilities team in West Kent have been talking to people about the future of Maidstone Day Services. In November 2009, major roofing problems meant that the main day service building was no longer safe to use and there was no option other than to transfer all services to community locations. Most people said they thought moving to community based services was a good thing, as they valued being part of the community and having more choice as a result. Some said how much they enjoyed the increased independence brought about by being in the centre of things and how they liked the opportunity to meet more people and being part of smaller groups.</p> <p>Overall people said they would prefer to see time and resources put in to community buildings/activities and not at Boughton Mount. People told us how important it was that they get to see their friends. Whilst people value being in smaller groups they told us that they equally value the opportunity to come together. As a result of this, regular social events are being planned from Bowling Leagues to BBQs. Also a "Pick & Mix" approach to activities is beginning to take place so that even if people are based at Meadowview they can choose activities alongside people who are based at Trinity, so that long term friendships continue.</p> <p>People also said they preferred being in more central locations, as Boughton Mount was difficult to get to and at times made getting to events in the community hard. Whilst many individuals welcomed the change to use public transport some individuals they do not wish to use public transport and like the ease of minibuses. As a result the minibus routes have been changed to make sure that each base has use of a vehicle. To help things further, a new nine seater people carrier has been agreed and money has been given to MENCAP so that they can oversee a travel buddy scheme.</p> <p>Most people who use the Service said that they prefer community based activities, with many saying that they did not like the location and condition of Boughton Mount. The consultation has shown that it is possible to have the same level of day service without the main Boughton Mount building and that there are real benefits to community based services. Whilst a small number of people said they were worried about change most people said they thought change was a good thing.</p> <p>The Cabinet Member for Adult Services agreed that Maidstone Day Service should continue to be provided in the community and move away from the Boughton Mount site completely. This means that the Boughton Mount site will be closed and sold, with the money received being put back into services for people with learning disabilities.</p>

Kent wide

Name	Brief Summary	Outcomes
TEA project	Ongoing involvement to inform PCT on how to implement DH report	The TEA project was led by an East and West Kent service user reference group and resulted in the creation of an action plan to improve access to Mental Health Services for Deaf and Deafblind people. Ongoing involvement was to evaluate the outcomes of the action plan and identify future actions. However, difficulties have been encountered with engagement from all partner agencies, which has resulted in limited consultation with service users as the status of the project has become unclear.
User involvement strategy	Implementation of deafblind strategy	Consultation on the involvement strategy d/Deaf, deafblind people took place on 28 April 2010 as a one day conference. The remit of which was expanded to include the opportunity for service users to hear about key issues from public services and present their issues to key providers. A user involvement questionnaire was provided and is currently being analysed for development of the strategy.
Interpreting Project	Development of sign language interpreting service	Deaf and Deafblind service users took part in an ongoing steering group developing the Tender for the new sign language interpreting service. These service users were involved in the short listing and interviewing of potential service providers and the final selection of Royal Association for Deaf people (RAD). A group of Deaf people were also brought together to look at what they considered important from any new service - information from this group was used to help draft the service specification.
Lift Maintenance User experience survey	lift maintenance & repair services	226 Service Users were contacted by telephone, with only 120 being available at the time, to be consulted on the service they had received with regard to lift maintenance. 65% rated the current services as Excellent, 34% Good & 1% poor. 100% felt the Service Engineers were polite & courteous, with 97% advising they knew in advance when the Engineer would be visiting. 100% said the Engineers left their home clean & tidy after works were completed. When making contact with the Property Service Desk to report breakdowns 20% felt this service was excellent, 42% good, & 2 % poor. 36% had no cause to call presumably because their lift remained reliable. Given the above, and inconclusive outcomes from our investigations of the poor ratings above, we remain satisfied that Service Users are in receipt of a valued & reliable lift maintenance and repair service to enable them to live independently in their own homes. The outcome has been fed back to the Service Provider as part of the continuous improvement process and contract monitoring.

Mental Health

Name	Brief Summary	Outcomes
Informal Day Service Re-provision	Service user evaluation of tenders for service	With respect to the Informal Day Service Re-provision for Mental Health, specific consultations are conducted changes in service when needed. In East Kent, some Informal Day services were re-provided and consultations took place to inform the outcome. Service users participated in a review of the service user and carers role in Joint Commissioning Boards. This led to a well received paper with proposals written by User Involvement Support Workers, along with proposals from the council of East Kent Service User Forums in mental health. These informed the changes that were made.
Review of service user and carers role in Joint Commissioning Boards	Review process for engaging service users and carers in commissioning process	There is a strong element of service user involvement in mental health and this is reflected in the review of the service user & carers role in Joint Commissioning Boards. Nine service user forums meet regularly Kent, led by User Involvement Support Workers paid for via service agreements with the voluntary sector. These facilitate service user representation on the mental health joint commissioning boards.
MH Deaf Services	Set up focus group for deaf MH service users	Meetings have been held meetings with Deaf mental health service users, supported by colleagues in Sensory Services, which resulted in a series of training sessions for GPs in East Kent and the re-provision of some specialist mental health services for deaf people from London to Canterbury and Maidstone locations.



* Area groups to meet at least once per year to share good practice and workplans

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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 & Scrutiny Committee –
21 September 2010

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

Classification: Unrestricted

Summary: This report provides Members with information about the operation of the Adult Social Services complaints and representations procedure between 1 April 2009 and 31 March 2010.

Introduction

1. (1) It is a statutory requirement within for local authorities to have in place a complaints and representations procedure for Adult Social Services. Each local authority that has a responsibility to provide social services is required to publish an annual report relating to the operation of its complaints and representations procedure.

(2) The annual report detailing complaints and representations activity across adult social services is presented to Members each year. This Annual Report provides Members with information about the operation of the Adult Social Services complaints procedure between 1 April 2009 and 31 March 2010.

(3) The report provides a brief overview of the complaints procedure, including information on the number and type of complaints received by the Directorate. It also includes some examples of the lessons learned from complaints and more importantly, how these are used to inform, influence and improve service design and delivery. The appendices numbered 1 – 5 provide a more detailed breakdown of the complaints received including a comparison against previous years. The data includes analysis by originator and method of contact, together with details of the number of complaints upheld.

Policy Context

2. (1) The Local Authority Social Services and National Health Service Complaints (England) Regulations were published in February 2009 and came into force with effect from 1 April 2009. This procedure introduced a single approach to dealing with complaints for both the National Health Service and Adult Social Care.

(2) The legislation requires local authorities to appoint a complaints manager to oversee the operation of the complaints procedure. This role encompasses all aspects of complaint management, including managing, developing and administering the complaints procedure, training staff and monitoring and reporting on complaints activity.

The complaints procedure

3. (1) The introduction, in April 2009, of a single complaints process across health and social care reflected several reviews of the complaints process during the course of recent years. The key aim of the new arrangements was to create a consistent approach to complaints handling across both health and social care.

(2) One of the main changes is the expectation that the local authority will respond to the complaint on a proportionate basis depending on the nature of the complaint. This is completely different to the previous procedure, where a complainant could request a formal investigation and even proceed through to a Review Panel if they requested one. The form of response may include a simple explanation of the circumstances surrounding the complaint or it may be necessary to conduct an offline investigation. However, before any course of action is taken, a discussion with and subsequent agreement, is obtained from the complainant. This forms part of the 'complaints plan.'

(3) The new procedures introduced a one step process and once the complaint is completed and the final response is sent, the complaints file should reflect the reasons why the final response is deemed, 'proportionate'. This will be referred to should the complainant remain dissatisfied with the response and subsequently exercise their right to take recourse to the Local Government Ombudsman.

a) Key Principles of the process

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

Listening to the individual raising the complaint is key to establishing the facts, ensuring the substance of the complaint is understood and finding out what outcome the individual expects. From the initial discussions, the complaint plan is drawn up and agreed with the parties involved.

Responding in the most appropriate way, depending on the nature of the complaint, is facilitated by gathering the necessary facts and information, judging the seriousness of the complaint and making a reasoned decision on the steps required to resolve the complaint. It is also important to ensure the individual raising the complaint feels supported throughout the process.

Improving the services provided for the benefit of all is the desired outcome from the complaints received. This data provides an insight into peoples' experiences and is fed into commissioning and business planning processes.

(ii) Cross boundary complaints, which involve both health and social care organisations, are now dealt with via a single, co-ordinated response. Following the initial discussions with the complainant, one of the organisations is nominated as the lead and has responsibility for facilitating the joint response. The joint protocol, endorsing and promoting these obligations was developed by the Complaints Managers in Kent and Medway, was circulated with last years annual report. It is pleasing to report that these protocols are working well.

b) **Recording complaints**

(i) The Respond database is used to record all complaints, comments and compliments. This enables the customer care teams to log the specific details relating to each individual complaint and includes diary functions to assist with the monitoring of progress, to ensure statutory and local deadline are met. The system enables the customer care teams to register all statutory and non-statutory complaints, MP and Member enquiries, together with compliments. The database is used to produce quarterly Area reports, which provide valuable data on any identifiable trends and other opportunities for learning lessons.

(ii) During the last year the Area reports have been produced using a standardised template, which was presented in last years report. This has resulted in a more consistent approach and reflects the statutory requirements for reporting. It also facilitates easier analysis and comparison of data within the Areas.

(iii) There is only one statutory timescale within the new complaints process and this is the acknowledgement of the complaint, which must be provided to the complainant within three working days of receipt. The period for responding to the complaint is agreed with the complainant on a case by case basis depending on the nature and complexity of the complaint and the desired outcome.

(iv) To ensure consistency of recording and data quality, HQ Customer Care undertakes regular monitoring of data input. This enables Areas to not only correct any errors, but also acts as a learning opportunity. In addition, it results in more accurate recording and reporting of complaints.

(v) Each complaint is risk assessed at the outset, in terms of the level of risk to both the individual and the organisation. This is recorded on the database with the reasons for the assessed risk. Having this information readily available meets with the Ombudsman's requirements, as this is one of the first aspects of the complaint that the Ombudsman will review if a case is referred to them.

c) **Publicising the complaints process**

(i) To meet its obligations within the regulations, the complaints procedures are widely publicised. The complaints leaflet, "Comments, Complaints and Compliments", is available in hard copy and on the website and copies are held in all offices and Gateways across the county. The leaflet is also available in alternative formats, by request.

d) **Accountability**

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

(ii) The final response letter to the complainant must include information on whether the complaint was upheld (well-founded), partially upheld or not upheld. This analysis is included for the first time this year and is shown in Appendix 4. The letter must also make reference to the complainant's right to pursue their complaint with the Local Government Ombudsman, should they remain dissatisfied.

(ii) A letter template has been developed and circulated to managers to use when responding to complaints. The aim of which is to ensure consistency in approach across the county, but also to ensure that the letters meet the requirements set out in the regulations, mentioned in 3.4 (2).

e) **Staff Training**

(i) Good practice suggests that people who complain should have their complaints resolved as quickly as possible and by the people who provide the services locally. To assist staff with achieving this, it is important that they are trained in good customer care practices, together with knowledge of the statutory process underpinning complaints handling.

(ii) Following endorsement from SMT last year, the rolling programme of customer care training commenced during 2009/10. HQ customer care staff have been delivering training utilising the "Complaints Made Easy" training tool to both HQ and Area teams. The feedback received so far on this training has been very positive, not only evidenced by the evaluation forms received, but in terms of requests to deliver the training at team awaydays. The Area customer care teams will also deliver this training in earnest during 2010/11.

(iii) Within the KASS Induction Day, a presentation on complaints and customer care is provided to new staff. This is further enhanced by more detailed complaints and public involvement training which is available as part of the core induction programme.

(iv) During the year, six sessions on "Effective Complaints Handling" have been delivered by investigators from the Local Government Ombudsman's office. Staff, at Team Leader level and above, were targeted for this training. Some of the sessions had a significant number of non-attendees and as places were limited and some staff did not gain a place due to lack of available spaces, this was particularly disappointing. Further sessions have been commissioned for 2010/11 and staff who have not received the training will be encouraged to attend.

(v) Tips on letter writing have been developed and included on KNet, alongside guidance for staff on dealing with complaints, to assist staff in writing their responses. Additional training is to be commissioned during 2010/11 specifically on letter writing skills and the interface with the complaints procedure. This will be a bespoke training programme and will not only deal with the practicalities of writing a letter, but also the emotional intelligence that surrounds complaints and how drafting the response letter should reflect this.

The Number of Complaints and Compliments Received

4. (1) In 2009/10, 436 complaints were received; this represents an overall 21.5% increase from the previous year when 359 complaints were recorded. Of these, 340 were logged as statutory complaints and in comparison to the 297 reported in the previous year, this reflects a 14.4% increase in the number of statutory complaints received. The

corresponding analysis of non statutory complaints shows a 60% increase, with 96 complaints record during 2009/10 as opposed to 60 in the previous year. These complaints are from “non-qualifying individuals”, meaning they are not service users or carers and although they do not fall within the statutory process, the complaints are responded to. The Blue Badge scheme falls within this category and account for 7 of these complaints; 4 were not upheld and 3 were upheld. 502 merits (or letters of compliment) were received during the year, indicating an 8.4% increase on the previous year.

(2) Complaints should be considered in the context of the number of people who access services. In relative terms, the number of complaints received represents a small proportion of people who have contact with Kent Adult Social Services. The number of people who were referred to Adult Social Services was 33, 172 and those in receipt of services 34, 796 as at 31 March 2010. This compares with 2008/09 where 31, 300 referrals were made and 34, 400 people received a service. Analysis of these figures indicates that complaints represent approximately 1% of those people who have contact with our services.

Whatever the number of complaints received, it is important to learn lessons from these and improve services for the benefit of others.

(3) Analysing complaints is not as straightforward as it may seem. It is easy to assume that an increase in complaints highlights service problems or poor practice, when in may well be as a result of people being made aware of their right to complain. One of the requirements in the current regulations is that the complaints process is advertised and this is something that customer care teams have aimed to promote during the year. People are able to lodge their complaints in a range of ways that suits them. This includes writing a letter, making a telephone call or completing an online complaint form. Kent Adult Social Services has continued to welcome complaints as a valuable tool for improving services. The critical aim in analysing complaints is to identify any trends or an increase in the number of complaints received in respect of a particular service.

(4) Further details about the number of complaints and representations received are shown in Appendices 1 - 4, together with equalities data which is provided in Appendix 5, attached to this report. It is worth noting that following the restructure that was implemented in October 2009, services that previously fell within specialist services (Direct Provision services) and OT and sensory loss now fall within other service areas including the sub categories of assessment and enablement.

Services for Adults with a Disability

5. (1) During the period, 44 complaints representing 13% of the total number of statutory complaints received, related to learning disability. This figure is static when compared to the previous year and the majority of complaints fall within the case management category – 80%.

(2) Those complaints about services for adults with physical disabilities total 29 or 8.5% of the total number of complaints logged. Within this category, case management and domiciliary care complaints account for the majority of this total – 70%. It is difficult to make a comparison against the figure for the previous year because by looking purely at the figures, it appears that there has been a significant rise in the number of complaints. However, as mentioned in paragraph 4 (4) above, changes within the

Directorate during the period and reclassification of services can, at least, partly explain the reason for the apparent increase.

(3) The common themes falling within these areas of complaint include people who are dissatisfied with either the outcome of their assessment in terms of insufficient service provision, the quality of care or poor communication. When comparing the complaint issues with those from the previous year, it is apparent that these themes are recurring ones. Quality assurance sampling is to take place during 2010/11 specifically to look at poor communication and will be reviewed by the Area and County Good Practice Groups.

Customer care will continue to monitor these complaints in the coming year for continuing patterns.

Services for Older People

6. (1) In 2009/10, 185 complaints were received in respect of services for older people. This accounts for 54% of the total number of statutory complaints received. The case management category accounts for half of this total. The comments in 5 (2) above also pertain to the apparent increase in complaints for older people services. In broad terms the numbers of complaints received within the categories of older people services do not show significant fluctuations from those received the previous year, as services previously detailed within specialist services now fall within this category.

(2) Further analysis within this broad category illustrates that 23 or 12% of complaints relate to domiciliary care, 19 or 10% fall within residential and 18 or 9.7% within day care. An analysis of these complaints indicates that similar themes are replicated as stated in 5 (3) above.

Finance

7. (1) 36 complaints were received in respect of finance during 2009/10. This represents an 89% increase on the previous year when 19 complaints were recorded. 11 or 30% were attributable to payments and typically incorrect billing. A further 17 or 47% fell within the financial assessment for either residential or domiciliary care, where people disagree with the assessment that has been carried out.

Complaints to the Local Government Ombudsman

8. (1) In 2009/10, 5 people contacted the Ombudsman's office to complain about Kent Adult Social Services. Two of these were not upheld, one was partially upheld, one was upheld and compensation of £1,000 was paid to the complainant, as recommended by the Ombudsman. One complaint was deemed premature and therefore outside the jurisdiction of the Ombudsman. Those complaints considered premature were referred back to the adult social services complaints procedure. Comparable figures from last year showed 3 referrals to the Ombudsman, one was not upheld and two were deemed premature. Customer Care teams will continue to monitor the number of referrals to the Ombudsman's office to determine whether the new complaints process has any significant impact on these.

Learning the Lessons from Complaints

9. (1) A key principle of an excellent complaints procedure is providing people with the opportunities and confidence to share their experiences, whether they are good or bad. Although there is a statutory duty to respond to complaints, the Directorate adopts a positive view and realises that complaints brings about many benefits by highlighting areas for improvement and learning lessons.

(2) Given the number of people who have contact with Kent Adult Social Services, it is not unexpected that there will be occasions when an individual believes the service they have received did not meet their expectations. It is important to respond to complaints as quickly as possible as this tends to increase the satisfaction level of the complainant. However, high satisfaction levels also pertain to addressing all the issues, taking the complaint seriously and being kept fully informed during the process.

(3) The area customer care managers provide information on complaints on a quarterly basis and include a detailed analysis by locality, which highlights any themes and trends. These reports are presented to the Area Management Teams and the data is shared with operational managers to ensure lessons learned are acted upon and good practice is promoted. Lessons learned from complaints are fed into the business planning process as a means of improving services.

(4) Themes identified during the period with a brief summary, include:

- **Communication:**

- Difficulties encountered in contacting staff; teams; Kent Contact & Assessment Service; messages not passed on; lack of response to email/telephone messages
- Complainant not notified of outcome of safeguarding investigation
- Financial Assessment and top-up charges should be clearly communicated
- Inadequate explanation of charging policy; direct payments

- **Behaviour of staff:**

- Not communicating effectively (see above)
- Complete breakdown of communication resulting in change of case manager
- Complainants perception of staff attitude, particularly when dealing with complex matters
- Inflexibility of KASS system and staff resulting in inappropriate care package

- **Record keeping:**

- Clear notes with identifiable signatures should be adopted for client files
- Appropriateness of contents of client files
- SWIFT should be updated with changes quickly

- **Information:**

- Clear information should be available on the charging of residential placement upon discharge from hospital
- Respite information should be clear in terms of intention, length and charges

- **Process:**

- Client reviews not taking place on a regular basis
- Allocation of cases within Assessment & Enablement Teams taking too long
- Responding to queries for clients without a named case worker

- **Disputed Decisions:**
 - Disputing cost of respite care due to lack of information about the process
 - Refusal of Blue Badge application
 - Refusal of Disabled Facilities Grant
 - Delayed invoices resulting in accrual of debts
 - Not meeting criteria for residential care

- **In House Service:**
 - Review of assessment practices following complaint about staff not being able to deal with service user with challenging behaviour
 - Quality of care
 - Confidentiality procedures not followed
 - Inconsistency of care in relation to family's wishes
 - Staff did not follow through instructions highlighted in client's assessment
 - No staff on duty during handover which jeopardises safety and welfare of clients
 - Concerns about numbers of staff on duty

- **External Services:**
 - Time keeping of carers and communication between Agency and staff
 - Incorrect costs incurred
 - Quality of care provided for clients with dementia
 - Home not notifying KASS and family of service user's falls
 - Concerns around travelling time between clients

(5) The following examples illustrate some of the lessons learned from complaints received during the year.

i) As a result of complaints received during the year, the issue of Mental Capacity and Power of Attorney was highlighted. In one particular case, staff accepted the family's verbal assertions that they were decision makers, when in fact, no legal authority existed. It is important for staff to check the validity of Lasting Power of Attorney, Enduring Power of Attorney or Deputyship and not to rely on the word of family members or friends. A Practice Memorandum was issued to all staff in March 2010 and is attached as Appendix 6.

ii) Previous complaints have raised issues where families have stated that they had not been fully informed about the likely charge for care. Since the introduction of the Financial and Benefits Officers the volume of this type of complaint has reduced. However, the Maidstone Hospital Team implemented a system to obtain a signature from the service user/family to agree that the charging booklet had been received and explained to them. This practice has been discussed at the Area Good Practice Group and will be cascaded throughout the Area.

iii) As a direct result from a complaint made by a relative of a client in a residential home and as a means of promoting good practice, all residential & nursing care homes have been asked via their Trade Associations to consider updating their laundry policies. This is to ensure that there is a reference to only disposing of clients' clothing or other belongings once they have received confirmation from the client themselves (if they have capacity) or their representative (family members etc) that this is acceptable.

Other Developments

10. (1) **Adult Protection** – The process for dealing with the interface between the Safeguarding Vulnerable Adults Procedure and the complaints process was introduced during 2009/10. The flow chart is re-produced as Appendix 7. The briefing note for staff, together with the flow chart, were circulated to staff during the year and in June 2010 to reinforce the process as part of Safeguarding Week.

(2) **Unreasonably Persistent and Vexatious Complainants** – The majority of complainants are reasonable and do not present any difficulties for staff when handling their complaints. However, some people may exhibit challenging behaviour which can have a detrimental impact on the complaints process. Kent County Council has introduced a policy for handling complainants who are considered to be either vexatious or unreasonably persistent – this is annexed as Appendix 8. In such cases where a complainant is deemed as falling within this category, it is important that a management plan is discussed and implemented in an attempt to manage the situation. The decision to label someone as vexatious or unreasonably persistent should not be undertaken lightly and should be considered at a senior manager level within the Areas or HQ and should include the relevant Customer Care Manager.

(3) **Guidelines for staff being interviewed** – It is understandable that staff often feel anxious when being interviewed as part of a complaints investigation. Support has always been available by the respective line manager and also the Customer Care team. However, it was decided that developing guidelines would be helpful to staff in these circumstances. These are annexed as Appendix 9.

(4) **“You said, we did”** – During 2009/10, lessons learned from complaints have been published in this format on the kent.gov website to illustrate the changes that are made as a direct result of complaints. It is anticipated that this will encourage people to make a complaint as it can be seen that actions are implemented to improve services. In addition, complaints figures are produced on a quarterly basis by all Directorates and are published on the website.

(5) **Kent Health Watch** – This service has been active since for nearly two years. In that time, calls to the service have been monitored for both health and social care organisations in Kent. The service was developed to enhance existing feedback mechanisms, with the overall aim of improving services and identifying trends. The service signposts callers who wish to register a compliment, comment or complaint to the appropriate health or social care organisation. In the reporting period, one Adult Social Care statutory complaint was registered via Kent Health Watch.

(6) **Adult Social Care Self-Funders** – The Health Act 2009 extended the Local Government Ombudsman’s powers to investigate complaints about privately arranged and funded adult social care, where the provider is registered with the Care Quality Commission. These powers come into effect from 1 October 2010. Provision of care that is arranged by an individual and funded from direct payments also falls within this jurisdiction. Each Ombudsman has set up a team to deal with all adult social care complaints. The Ombudsman is currently developing information sharing agreements with both the Care Quality Commission and local authorities in their roles as adult safeguarding leads and service commissioners.

Conclusion

11. (1) Kent Adult Social Services utilises complaints feedback as one mechanism for developing and improving services. It is important the people feel confident that by making a complaint, their issues will be taken seriously and where necessary, changes will be implemented to benefit others who use those services.

(2) During 2009/10 the Directorate has continued to operate a robust and effective complaints procedure in line with its statutory requirements.

Recommendations

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

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

Background documents: None

Appendix 1

Comparison between 2008/09 and 2009/10

Type of Record	2008/09	2009/10
Enquiry	212	212
Merit	463	502
Non Statutory Complaints	60	96
Statutory Complaints	299	340
Total	1,034	1,150

Comparison of Statutory Complaints between Areas

(1 April 2009 to 31 March 2010)

Area	Number of Statutory Complaints
East Kent	188
West Kent	148
HQ	4
Total	340

Number of Statutory Complaints by Originator

(1 April 2009 to 31 March 2010)

Originator	Number	%
Advocate	8	2.3%
Anonymous	-	0.0%
Carer	2	0.6%
Central Government Dept	-	0.0%
Client	77	22.6%
Close Relative	239	70.3%
Contractor	1	0.3%
County Councillor	-	0.0%
Health Representative	2	0.6%
Homeowner	-	0.0%
Housing Association/Landlord	-	0.0%
Investigator	-	0.0%
Kent Health Watch*	1	0.3%
Legal Representative	2	0.6%
MP	4	1.2%
Neighbour/client/establishment	-	0.0%
Ombudsman	1	0.3%
Other	2	0.6%
Other Kent County Council Directorate	-	0.0%
Other Local Authority	-	0.0%
Police	-	0.0%
Religious Body	-	0.0%
School	-	0.0%
Service Provider	1	0.3%
Staff	-	0.0%
Voluntary Organisation	-	0.0%
Total	340	100%

* New field added to the database to capture referrals and monitor statistics

Appendix 2

Number of Records by Contact Method

(Complaints, enquiries and merits received between 1 April 2009 and 31 March 2010)

Contact Method	Number	%
Email	156	13.6%
Fax	5	0.4%
Letter	826	71.8%
Other	2	0.2%
Telephone	145	12.6%
Text	-	0.0%
Visit	8	0.7%
Website	8	0.7%
Total	1,150	100%

Number of Records Received by Type of Record

(1 April 2009 to 31 March 2010)

Type of Record	Number	%
Enquiry	212	18.4%
Merit	502	43.7%
Non Statutory Complaint	96	8.3%
Statutory Complaint	340	29.6%
Total	1,150	100%

Outcomes of Statutory Complaints

(1 April 2009 to 31 March 2010)

Outcome	Number
Advice	10
Apology	146
Complaint Withdrawn	9
Customer Care Resolved	-
Explanation	214
Financial Adjustment	43
Financial Settlement	3
Financial Settlement offered but declined	-
Issue Resolved	16
No Reply Sent	5
Other	-
Other Agency Issue	8
Other ASD Procedural Issue	8
Policy Changes	2
Policy Issue Raised	2
Service Changes	3
Total	469

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

Appendix 3

Statutory Complaints by subject

(1 April 2009 to 31 March 2010)

Subject	Number	%
Allegation of Racism	-	0.0%
Application of Eligibility/Assessment Criteria	3	0.5%
Assessment/Review	40	7.0%
Behaviour of Staff	82	14.3%
Carers Assessment	-	0.0%
Carers needs	2	0.3%
Change/Closure	-	0.0%
Claim for Compensation	4	0.7%
Communication Difficulties	-	0.0%
Delay in Decision Making	11	1.9%
Delay in Provision of Service	23	4.0%
Direct Payment	10	1.7%
Disputed Decision	94	16.4%
Diversity Issues	1	0.2%
External Service:	-	
Behaviour of external staff	33	5.7%
Lack of carer continuity	9	1.6%
Management issues	26	4.5%
Time-keeping/missed visits	11	1.9%
Financial Assessment	8	1.4%
Funding Voluntary Organisations	1	0.2%
Housing	3	0.5%
Impact of Application of Policy	4	0.7%
In-house Service	28	4.9%
Incorrect Billing	33	5.7%
Kent Card	1	0.2%
Lack of Information	25	4.4%
Meal Service	2	0.3%
Mental Capacity issues	-	0.0%
More Service Wanted	8	1.4%
Non Delivery of Service	5	0.9%
Ombudsman Enquiry	-	0.0%
Other/Unknown	1	0.2%
Personal Information	8	1.4%
Poor Communication	61	10.6%
Problems contacting Adult Services	2	0.3%
Publicity/Information	2	0.3%
Request for Service	21	3.7%
Resource Issue	1	0.2%
Safeguarding	5	0.9%
Self Directed Support Process	1	0.2%
Transport	5	0.9%
Total	574	100%

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

Appendix 4

Comparison of Statutory Complaints by Service for 2008/9 & 2009/10

Service Area	08/09	09/10
Contracting	14	7
County Benefits	1	
County Duty Service/KCAS	1	6
Customer Care	-	1
Deaf Services	-	1
Direct Payments	-	4
Finance:	19	
CFAO	-	5
Debt Recovery	-	3
Financial Ass - Residential	-	8
Financial Ass - Domiciliary	-	9
Payments	-	<u>11</u> =(total 36)
Gypsy Unit	-	
Hospitals	10	11
Learning Disability:	44	
Assessment	-	2
Case Management	-	35
Day Care	-	2
Domiciliary Care	-	
Enablement	-	
Residential	-	2
Respite	-	<u>3</u> = (total 44)
Transition arrangements	-	
Learning Disability Policy	-	
Management Support	-	
Mental Health	3	
Older People:	133	
Assessment	-	9
Case Management	-	101
Day Care	-	18
Domiciliary Care	-	23
Enablement	-	3
Residential	-	19
Respite	-	<u>12</u> (total 185)
*OT and Sensory Loss:	29	3
Blue Badges	-	
Out of Hours	-	4
Physical Disability:	8	
Assessment	-	2
Case Management	-	10
Day Care	-	1
Domiciliary Care	-	13
Enablement	-	2
Residential	-	<u>1</u> = (total 29)
Respite	-	-

Transition Arrangements	-	-
Kent Supported Employment	-	1
PP Partnerships and Property Team	-	2
Planning	3	2
*Specialist Services	30	-
Telecare	1	2
Telehealth	-	1
Voluntary Escorts	1	1
Total	297	340

*Complaints falling within these categories are now included within other service areas following the restructure which took place in October 2009 – Section 4 (4) of the report refers.

Final Complaint Outcome

Outcome	Number
Not Resolved	5
Not Upheld	74
Partially Upheld	91
Upheld	147
Withdrawn	11
Total	328
12 complaints still active at time of reporting	

**Appendix 5
Complaints by Ethnic Origin**

Ethnicity	Number	%
African	-	0.0%
Any Other Ethnic Group	1	0.3%
Asian Other	-	0.0%
Bangladeshi	-	0.0%
Black Other	-	0.0%
Chinese	-	0.0%
Indian	1	0.3%
*Information Declined or Not Known	30	9.0%
Mixed Other	-	0.0%
Pakistani	1	0.3%
White and Asian	-	0.0%
White and Black African	-	0.0%
White and Black Caribbean	1	0.3%
White British	300	88.0%
White Irish	1	0.3%
White Other	5	1.5%
Total	340	100%

*Complainants either do not complete this section of the monitoring form that is sent to them or choose not to return the form at all.

Appendix 6

PRACTICE MEMORANDUM

Title: Practice memo on Mental Capacity and Power of Attorney

To: Co-ordination Team Managers, Assessment Team Managers, WK & EK Safeguarding leads, Sensory Services, KAB.

cc: Heads of Locality, Annie Ho, Cathy Shannon, Jo French, Area Customer Care Officers, Area finance teams and ALRT.

Issued by: Margaret Howard on behalf of County Good Practice Group
Michael Thomas-Sam on behalf of Policy and Service Standards Team

Date: 29th March 2010

1. What is the Practice Issue:

Lasting Power of Attorneys and Enduring Power of Attorneys **can only be applied for when the donor has capacity to do so. They can be used at a later date when they are registered and only for the particular decisions** that the LPA or EPA covers. However in some cases this is not always happening.

2. Evidence found on this practice issue:

Evidence from complaint investigations have shown staff are not checking the status of LPA, EPA or Deputyship, and an assumption that family members or friends are decision makers where they have no legal authority.

There are several such cases being currently investigated by the Ombudsman's office. Therefore it is essential that staff are aware of their role and duties when working with clients who lack capacity to make the specific decisions in question.

3. Actions for team managers and teams

- All KASSD staff are **strongly advised to read and have a working knowledge of Chapter 7 of The Mental Capacity Act 2005 Code of Practice.** The website of the Office of the Public Guardian (OPG) also contains helpful information with regard to LPA and EPA: www.publicguardian.gov.uk
- All Team Managers should use the "good practice matters" slot at their team meeting to **ensure teams have a clear understanding of how each legal power (listed below under section 4) differs in level of legal responsibility granted.**
- All KASSD staff **must check the original EPA documentation** and make a copy for the client file.
- All KASSD staff **must see original LPA documentation, check what specific decision-making powers and limitations it covers,** and take a copy for the client file.

- When staff are informed an EPA, LPA or Deputyship power is in force they must check the relevant papers and take a copy for the client file. **If documentation is not forthcoming then an application can be made to the OPG requesting a search** on the register for EPAs, LPAs or Deputies. Application form OPG100 can be found on the OPG website.
- In an emergency situation where a search needs to be made immediately, staff should ring OPG on 0845 330 2900 or e-mail customerservices@publicguardian.gsi.gov.uk
- If it is suspected that the **client lacks capacity** to make a specific decision, staff must **refer back to the MCA 2005; the MCA Code of Practice and Directorate Guidance and Procedures.**
- Where there is no EPA, LPA or Deputyship in force, **all who are interested or engaged in the person's welfare must be consulted,** and the person lacking in capacity still involved in the decision-making process, and this must be recorded in the client file.
- If there are **any safeguarding concerns, they must be recorded and discussed with the line manager and/or Safeguarding co-ordinator.** Any ensuing decision to exclude an individual family member from the decision-making process must be recorded within the Best Interests decision-making process and placed on the client file, and an Independent Mental Capacity Advocate (IMCA) instructed where relevant.

4. Relevant and most up to date knowledge/learning for staff

• Enduring Power of Attorney

- It is no longer possible to make an EPA, but any that have been made remain valid.
- EPA only covers decisions to be made with regard to property and financial affairs.
- When the donor can no longer manage their own affairs or when they start to lose capacity, the EPA **must be registered** with the Office of the Public Guardian and authority is then given to the attorney by the Court of Protection (COP) to manage the donor's affairs.
- The EPA documentation will then bear the official dated stamp of the COP.

• Lasting Power of Attorney

- Only adults aged 18 years or over can make an LPA.
- LPA can cover property and finances and/or personal welfare, with powers and limitations for specific decisions as set out by the donor.
- Attorneys holding an LPA for property and financial affairs have no legal authority to make decisions on personal welfare matters, and vice versa (unless they have been appointed to carry out both roles).
- Personal welfare LPAs can only be used once the donor lacks capacity to make the welfare decision in question.
- Attorneys acting under an LPA have a legal duty to follow the principles of the Mental Capacity Act 2005 and to have regard to the Code of Practice.
- LPAs can be registered at any time before they are used - before or after the donor loses capacity.
- If the LPA is not registered, it cannot be used.
- If an LPA has been registered but not used for some time, the attorney must inform the OPG when they begin to act under the LPA.

- **Deputies**

- Information on the role of Deputies can be found in Chapter 8 of the MCA 2005 Code of Practice.
- Deputies are appointed by the COP to act and make decisions on behalf of someone who lacks capacity to make those decisions.
- Deputies can only make decisions under the specific powers authorised by the COP. This can be for property and finance and/or personal welfare matters.

The OPG's Compliance and Regulation Unit (0207 664 7734) deals with complaints in relation to registered LPAs, EPAs and Deputies.

5. Further resources/training:

Mental Capacity Act 2005 Code of Practice

LPA109 Office of the Public Guardian Registers (booklet available from www.publicguardian.gov.uk)

http://www.kent.gov.uk/adult_social_services/social_services_professionals/advice_and_information/mental_capacity_act.aspx for **KASS information on MCA**

http://www.kent.gov.uk/adult_social_services/social_services_professionals/advice_and_information/mental_capacity_act/mca_documents.aspx for **MCA documents:**

- Mental Capacity Assessment form for complex decisions
- Mental Capacity Assessment form for less complex decisions
- Best Interests Meeting form

Enquiries on MCA training - alrtemp03@kent.gov.uk: □

Mental Capacity Act Training Level 1 Basic Awareness

Mental Capacity Act Training Level 2 in Practice

6. Contacts:

For policy queries - Annie Ho, Policy Manager, Lead for Mental Capacity Act and Deprivation of Liberty Safeguards, 01622 694182, e-mail: annie.ho@kent.gov.uk

For good practice queries: -

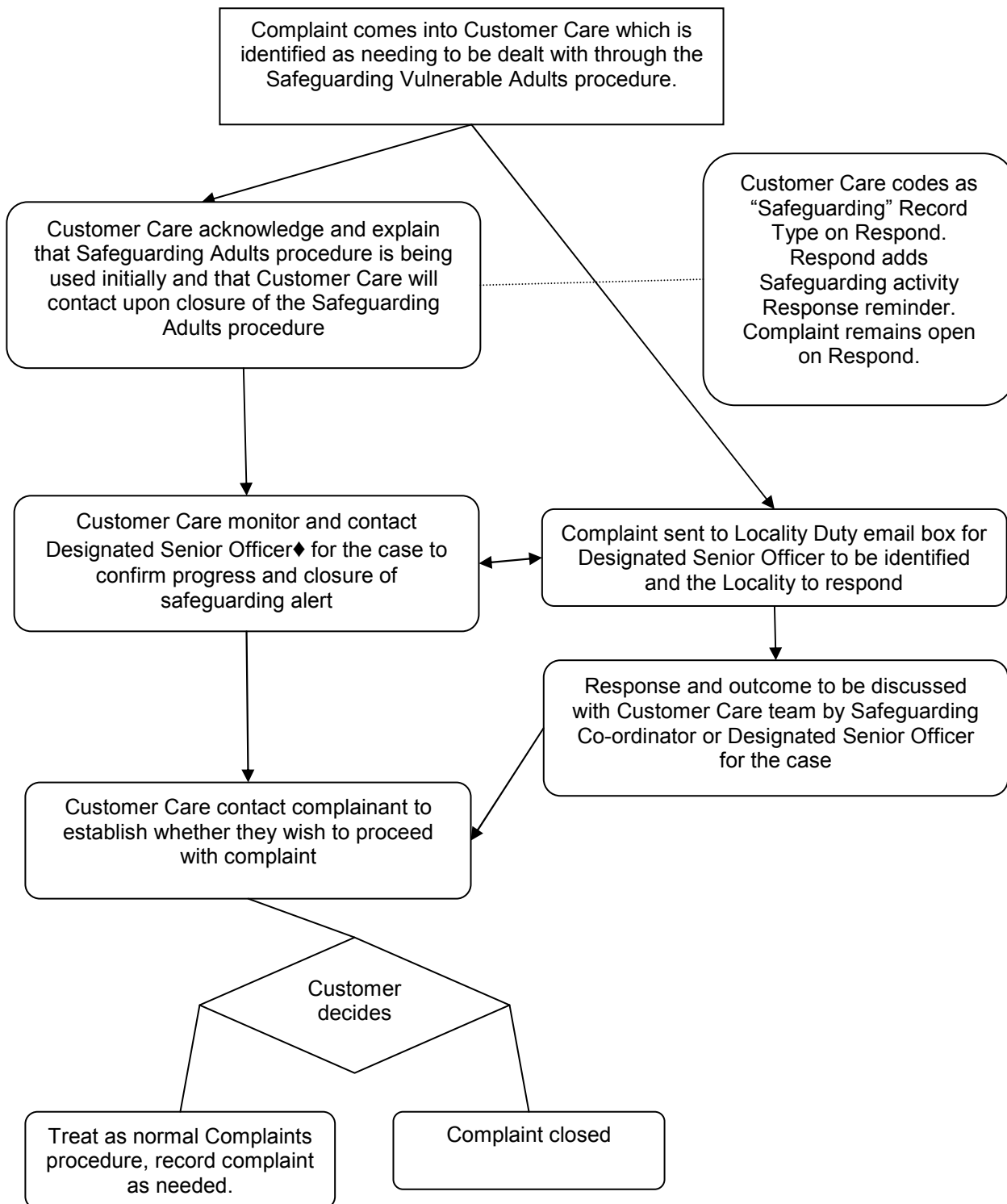
East Kent - Cathy Shannon, EK Quality Assurance and Practice Development lead, 7015 8704.

West Kent - Jo French, WK Quality Assurance and Practice Development lead.

Appendix 7

Safeguarding Vulnerable Adults Procedure and the Complaints Process

Flow Chart of Procedure:



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

Appendix 8

GUIDANCE ON UNREASONABLY PERSISTENT AND VEXATIOUS COMPLAINANTS

Introduction

Dealing with a complaint is generally a straightforward process. In a small number of cases, people pursue their complaints in a way which can either impede the investigation of their complaint or can have significant resource issues for the Council. This can happen either while their complaint is being investigated, or once the Council has finished dealing with the complaint.

It is important to distinguish between:

- people who make a number of complaints because they really think things have gone wrong
- people who make unreasonably persistent complaints.

If the complainant is persisting because his complaints have not been considered in full then we must address this (normally by invoking the next stage of the complaints procedure). However, if the Council has considered that matter fully and has demonstrated this to the complainant, then we need to consider whether the complainant is now unreasonably persistent.

Principles

The Council is committed to dealing with all complaints equitably, comprehensively and in a timely manner. It does not normally limit the contact which complainants have with Council staff and offices. The Council does not expect staff to tolerate behaviour which is abusive, offensive or threatening and will take action to protect staff from such situations.

Aim of guidance

The aim of this guidance is to contribute to the Council's overall aim of dealing with all complainants in ways which are consistent and equitable. It sets out how the Council will decide which complainants will be treated as vexatious or unreasonably persistent, and what the Council will do in those circumstances. This guidance runs alongside existing corporate policies and guidance relating to equalities, health & safety, and dignity and respect at work, and should only be pursued where absolutely necessary.

Definition of unreasonably persistent and vexatious complainants

The Council defines unreasonably persistent and vexatious complainants as those complainants who, because of the frequency or nature of their contacts with the Council, hinder the Council's consideration of their or other people's complaints. The descriptions 'unreasonably persistent' and 'vexatious' may apply separately or jointly to a particular complainant.

There is a difference between 'unreasonably persistent' and 'vexatious' complainants.

A vexatious person in this context is someone who is not seeking to resolve a dispute between themselves and the Council but is seeking to cause unnecessary aggravation or annoyance to the Council.

Unreasonably persistent complainants or vexatious complainants may have justified complaints or grievances but are pursuing them in inappropriate ways. Alternatively, they may be intent on pursuing complaints which appear to have no substance or which have already been investigated and settled. Their contacts with the Council may be amicable but still place very heavy demands on staff time, or they may be distressing for all involved. Demands on staff time need to be assessed appropriately - on occasion, a little more time up front to understand the issue may actually lead to less time being spent on the issue in total.

Actions and Behaviours

Below are some of the actions and behaviours of unreasonably persistent complainants and vexatious complainants which the Council may experience. This policy is to be invoked if one or more of the following triggers occur and depending on the individual merit of the case. This list is not exhaustive and one single feature on its own will not necessarily imply that a person will be considered persistent and/or vexatious:

1. refusing to specify the grounds of a complaint, despite offers of assistance with this from staff
2. refusing to co-operate with the complaints investigation process while still wishing their complaint to be resolved
3. refusing to accept that issues are not within the remit of a complaints procedure despite having been provided with information about the procedure's scope
4. refusing to accept that issues are not within the power of the Council to investigate, change or influence (examples could be something that is the responsibility of another organisation
5. making what appear to be groundless complaints about the staff dealing with the complaints, and seeking to have them replaced
6. changing the basis of a complaint as the investigation proceeds and/or denying statements he or she made at an earlier stage
7. introducing trivial or irrelevant new information which the complainant expects to be taken into account and commented on, or raising large numbers of detailed but unimportant questions and insisting they are all fully answered
8. electronically recording meetings and conversations without the prior knowledge and consent of the other persons involved
9. persistently approaching the Council through different routes about the same issue
10. adopting a 'scattergun' approach; pursuing a complaint(s) with the Council and at the same time with a department, the Chief Executive, an M.P., Councillor, Auditor, Standards Board, Police, Solicitors or the Local Government Ombudsman

11. making unnecessarily excessive demands on the time and resources of staff whilst a complaint is being looked into, by for example excessive telephoning or sending emails to numerous council staff, writing lengthy complex letters every few days and expecting immediate responses
12. submitting repeat complaints after the complaints process has been completed, essentially about the same issues, with additions/variations which the complainant insists make these 'new' complaints which should be put through the full complaints procedure
13. refusing to accept the decision – repeatedly arguing the point and complaining about the decision.

Being reasonable

Raising legitimate queries or criticisms of a complaints procedure as it progresses, for example if agreed timescales are not met, should not in itself lead to someone being regarded as a vexatious or an unreasonably persistent complainant. Similarly, the fact that a complainant is unhappy with the outcome of a complaint and seeks to challenge it once, or more than once, should not necessarily cause him or her to be labelled vexatious or unreasonably persistent. The Council will offer the complainant appropriate support, as it would any other customer.

It may be helpful to both parties if the complainant has an advocate. If the complainant feels that they would like an advocate, the Council must consider offering to help find an independent one. If the complainant has specific needs, the Council will offer relevant support. Specialist bodies such as the Royal National Institute for the Blind and Age Concern provide help and advice.

The decision

Before making the decision, some or all of the following steps need to be taken:

- The Council will ensure that the complaint is being, or has been, investigated properly according to the Council's complaints procedure
- Although each complaint is unique, the Council will deal with the complaint in line with other complaints of a similar nature in order to apply a consistent approach
- The Council will contact the complainant to:
 - discuss his or her behaviour
 - explain why this behaviour is causing the Council concern
 - ask him or her to change this behaviour
 - explain about the actions that the Council may take if his or her behaviour does not change.

- If the complainant has not already had a meeting about the complaint with a member or members of staff, and provided that the Council knows nothing about the complainant which would make this inadvisable, the Council will consider offering the complainant a meeting with a senior member of staff. Sometimes such meetings can dispel misunderstandings and move matters towards a resolution.

The decision to declare a complainant as unreasonably persistent and/or vexatious will be an exceptional step, and should be made by the Resource Director/ Monitoring Officer/ Head of Service who has not been directly involved in the complaint or with the complainant. They should make a written note of the considerations and decisions.

The complainant should be told in writing:

- why we believe their behaviour falls into that category
- what action we are taking
- the duration of that action
- how the complainant can challenge the decision if they disagree with it (this should normally include information regarding the Local Government Ombudsman, see Appendix A).

Taking Action

The precise nature of the action should be appropriate and proportionate to the nature and frequency of the complainant's contacts with the Council at that time.

The following is a list of possible options:

- placing time limits on telephone conversations and personal contacts
- restricting the number of telephone calls that will be taken (for example, one call on one specified morning/afternoon of any week)
- limiting the complainant to one medium of contact (telephone, letter, email etc.)and/ or requiring the complainant to communicate only with one named member of staff
- requiring any personal contacts to take place in the presence of a witness
- refusing to register and process further complaints about the same matter
- banning a complainant from one or more Council premises
- where a decision on the complaint has been made, informing the complainant that future correspondence will be read and placed on the file but not acknowledged. A designated officer should be identified who will read future correspondence
- where a complaint is closed and the complainant persists in communicating about the same issue, it may be decided to terminate contact with that complainant.

These options are not exhaustive and there may be other factors that will be relevant in deciding what might be appropriate action. For instance, any arrangements for limiting a complainant's contact must take account of the complainant's individual circumstances, bearing in mind such issues as age, disability, gender, race and religion or belief.

Where the behaviour is so extreme that it threatens the immediate safety and welfare of staff, the Council will consider other options, for example reporting the matter to the police or taking legal action. In such cases, the Council may not give the complainant prior warning of that action.

Further actions

Detailed records of all contacts with unreasonable persistent and vexatious complainants must be kept. Information should only be shared with staff who need this information in order to carry out their role at work.

Personal details about the complainant and about the complaint will be managed and stored appropriately in line with the Data Protection Act and records management principles and procedures.

When unreasonable complainants make complaints about new issues, these should be treated on their merits and decisions should be taken on whether any restrictions that have been applied before are still appropriate and necessary. Reviews of decisions to restrict a complainant's contacts or the Council's responses to them, should be taken by the Complaints Manager/ Resource Director/ Monitoring Officer/ Head of Service

Source documents:

LGO Guidance on persistent and unreasonably persistent complainants

Information Commissioner's guidance on vexatious requests

Hantsnet – corporate policy on dealing with difficult/vexatious complainant

Referring unreasonable and unreasonably persistent complainants to the Local Government Ombudsmen

In some cases, relations with unreasonable complainants while complaints are under investigation and there is little prospect of achieving a satisfactory outcome. In these circumstances there is often little purpose in following through all stages of the Council's complaints procedure. Where this occurs the Ombudsman may be prepared to consider complaints before the Council's complaints procedures have been exhausted.

This is the case even in respect of statutory complaints procedures.

A complainant who has been designated an unreasonably complainant may make a complaint to the Ombudsman about the way in which he or she has been treated. The Ombudsman is unlikely to be critical of the Council's action if it can show that its policy has been operated properly and fairly.

In extreme cases the Council may consider the following actions:

- referring the complaint to the Local Government Ombudsman before the complaints procedure has been exhausted
- advising the complainant that it cannot assist further and informing them of their right to approach the Local Government Ombudsman.

The distinction between the two options above is that early referral to the Local Government Ombudsman is a positive action that can only be undertaken in agreement between the KCC and the complainant. This is therefore the less likely option with persistent complainants.

The second option may arise where Kent County Council does not agree with the complainant that the complaints are substantively valid and the two parties disagree on the way forward. This is more likely with an unreasonable persistent complainant.

The authorised manager should not contact the Local Government Ombudsman directly, but indicate to the complainant that he may make this approach. He should also confirm to the complainant that the Council is not responding to the complaint further.

The Local Government Ombudsman is likely to apply the test of reasonableness to the Council's response in a similar manner to an early referral and will have a range of options open to him.

Appendix 9

Guidelines for staff being interviewed as part of an off-line Investigation

- When a complaint is received about Adult Services which due to its nature, complexity and through discussion with the complainant, the Customer Care team identify should be investigated by an independent (offline or external) person, the Customer Care team will arrange for an Offline and/or Independent Investigator to investigate the complaint.
- Offline refers to an Investigating Officer who has no prior knowledge of the client and no line management of the staff involved. Often this is a Manager or Senior Practitioner from another Locality team.
- When a complaint is registered, the Head of Locality and relevant team managers will be informed. This will include information of who the investigator is and who they wish to interview.
- The investigator will firstly visit the complainant and agree the numbered list of complaints to be investigated; this is called the 'Terms of Reference'.
- The Terms of Reference form the parameters of the investigation and the investigator will seek to ensure that these are realistic and can be covered as part of the investigation. The Terms of Reference need to be specific in terms of the allegations or issues of complaint in order for the investigator to uphold or not uphold each one as part of the investigation. These are the issues that the complainant feels are justified.
- Customer Care will ensure that the list of agreed complaints (Terms of Reference) and the original complaint letter/telephone notes are made available to all staff prior to their interview in order that they are able to prepare appropriately. This will be done via your Line Manager.
- The Investigating Officer will make direct contact with you early on in their investigation (Customer Care may do this if an external investigator has been appointed). When you are approached to be interviewed you should make yourself available at the earliest possible date, as complaints have to be dealt with promptly and to an agreed timescale.
- Even if you are named personally in a complaint, please understand that complaints are viewed as a complaint against Kent Adult Social Services Directorate. It is acknowledged, however, that it can be a difficult and worrying time for staff.
- If you wish you may have a friend to support you and protect your interests at the interview with the investigator. They must be employed by KCC and there must be no conflict of interest, thus they can not be your line manager. Please seek advice from the Customer Care Manager if you are unsure whether someone is suitable to support you.
- You are entitled to have the relevant files with you when being interviewed in order to assist you and the investigators. However, it may be that the main client file has already been provided to the investigator. In this case, you will still have access to view these files during the interview.

- The Investigating Officer will lead the interview.
- You are entitled to be treated courteously and with respect throughout the process. If you feel this has not been the case, please inform your Head of Locality or the Customer Care Manager for the Area. We ask that you extend the same courtesies to the investigators.
- Once the investigator has completed all the interviews and viewed the files, he/she will prepare a report for the Head of Locality and the complaint will be discussed at an adjudication meeting.
- You are entitled to receive feedback regarding the complaint and the outcome via your Line Manager as part of the Supervision process.
- Once the complaint has been investigated it may be appropriate, depending on the outcome and the circumstances, to commence an investigation in line with an Employment Procedure such as Performance and Capability or Disciplinary.

If you have any problems or feel uncertain over any of the above process do not hesitate to contact the Customer Care Manager for help & advice.

See KNet for the full KASS Complaints policy:

<http://knet2/directorates/adult-services/policies-and-procedures/complaints/complaints>

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

To: Adult Social Services Policy Overview and Scrutiny Committee –
21 September 2010

Subject: **SELF DIRECTED SUPPORT (TO COVER PERSONAL BUDGETS AND DIRECT PAYMENTS)**

Classification: Unrestricted

Summary: This report summarises the Department of Health Putting People First transformation programme and outlines KCC's response to this. The report also describes how personal budgets and direct payments are progressing in Kent and how Kent is working well towards meeting key Putting People First milestones. It concludes with some issues that Members may wish to note and discuss further.

FOR DISCUSSION

Background

1. (1) The national Putting People First (PPF) programme commenced in April 2008, following the publication of "Putting People First" in December 2007 and the subsequent Department of Health Local Authority Circular in January 2008. These describe the 3 year programme that demanded the total transformation of all adult social services departments to deliver more personalised support.

(2) The LAC also stated that "In the future, all individuals eligible for publicly-funded adult social care will have a personal budget (other than in circumstances where people require emergency access to provision); a clear upfront allocation of funding to enable them to make informed choices about how best to meet their needs. A person will be able to take all or part of their personal budget as a direct payment."

(3) Putting People First describes personalisation as covering four broad areas of activity:

- Early intervention and preventative services e.g. enablement and telecare
- Self Directed Support (this includes personal budgets and support planning)
- Universal services e.g. access to advice, information, housing services, public transport
- The development of community capacity e.g. recognising the role of carers, families, volunteering, the role of the community and voluntary sector – the "Big Society"

(4) This programme has been supported by the £520m Social Care Reform Grant. Of this, KASS has received £12.4m over the course of the three years (2008-11).

Kent's response

2. (1) The Self Directed Support (SDS) Project commenced in May 2008 as a key element of the Active Lives for Adults programme (ALfA), which itself started in August 2007. The ALfA programme also includes:

- The Good Day Programme
- Older Person's Services Modernisation
- Whole Systems Demonstrator Programme
- Better Homes, Active Lives
- Flexible and Mobile Engagement
- Ecommerce, E Tendering, Client billing

(2) The primary aims of the project were to:

- Ensure that everyone has the opportunity to choose and control the support they need to live life as they want; and
- Increase access to enablement services.

(3) Self Directed Support means that people are able to design the support or care arrangements that best suit their specific needs, with as much or as little assistance as they would like.

(4) Within KASS, the key elements of the project were agreed to be:

- Kent Contact Assessment Service (KCAS) – developed from the County Duty Service to deliver contact assessments and access to other time limited services on initial entry to KASS;
- Enablement – reducing dependency through short term focussed interventions;
- Personal budgets – a transparent allocation of money based on a community care assessment which determines eligibility;
- Assessment and enablement teams – new teams focused on assessment, provision of enablement services for people with complex needs and allocation of personal budgets to people who need an on-going social care service; and
- Co-ordination Service – teams focused on support planning and reviews and separate from the personal budget allocation process.

Personal Budgets

3. (1) The Department of Health defines three criteria to be met in order for councils to allocate personal budgets to people:

- i) The person (or their representative) has been informed about a clear, upfront allocation of funding, enabling them to plan their support arrangements
- ii) There is an agreed support plan making clear what outcomes are to be achieved with the money
- iii) The person (or their representative) can use the money in ways and at times of their choosing

(2) This data is collected for the National Indicator 130 (Social care clients receiving Self Directed Support) and is used to calculate the percentage of **all** clients and carers receiving a service, irrespective of their service. There have been many issues raised with the detail of this definition over the last two years, because it assumes that everybody should receive a personal budget – yet there are certain circumstances where they would not. For example, the more successful Kent is at enabling people to stay at home and live independently without any support, the lower the number of remaining people with personal budgets.

(3) The Department of Health monitoring programme for PPF expects milestones to be achieved in every Local Authority at six monthly intervals. One milestone for April 2011 expects that at least 30% of all eligible service users will have a personal budget. KASS started allocating personal budgets from April 2009. As at 31st July 2010, there were 4582 people with a personal budget (achieving the NI130 definition at 10%).

(4) In addition to the Department of Health monitoring, ADASS have also been monitoring progress. Their definition is more appropriate, as it only expects personal budgets to be allocated to people with ongoing needs for services, and also excludes carers. Using this definition, Kent's percentage as at 31 July is 16%, based on the last return.

(5) Kent and Medway Partnership Trust started to allocate personal budgets to mental health service users from August 2010.

(6) In general terms there are two ways that someone can take their personal budget:

- Direct payment
- Managed personal budget

(7) There are numerous mechanisms that KASS may use to deploy a personal budget. For direct payments examples include directly into a bank account, using the Kent Card, using the KASS Client Money Service.

(8) A managed personal budget means that KASS (usually) arranges and pays for "traditional" support (e.g. domiciliary care or day care) and uses local authority contracting means. This will increase transactions for the local authority as people begin to choose to spend their personal budgets on alternative solutions that do not fall within standard contracts (see section 7 below).

(9) A public information leaflet is available to explain these options and can be found at:

http://www.kent.gov.uk/adult_social_services/leaflets_and_brochures/personal_budgets.aspx

Direct payments

4. (1) As stated above, a direct payment is one way of taking a personal budget. Direct Payments are nothing new and have been around for over 13 years. The Community Care (Direct Payments) Act 1996 came into force on 1 April 1997, empowering social services to make cash payments in lieu of direct service provision. The Health and Social Care Act (2001), which came into effect in 2003 set in place a mandatory duty to offer direct payments to all eligible people. The scheme was further

extended in November 2009 to people who lack capacity to consent and to people with mental health problems who are subject to mental health and certain criminal justice legislation.

(2) As at 31 July 2010, 2823 people were in receipt of a direct payment.

(3) For the first time, the National Health Service (Direct Payments) Regulations 2010 will allow certain primary care trusts to make direct payments in lieu of direct health care services as part of the personal health budget pilots which run until 2012. Eastern and Coastal Kent is one of the 8 authorised PCTs and is piloting their use in continuing healthcare, end-of-life care, maternity and mental health.

Calculating the personal budget

5. (1) The terminology, used nationally, for arriving at a personal budget is known as a Resource Allocation System (RAS). ADASS have published a RAS framework that local authorities may use when devising their RAS. The first RAS' was developed by In Control and was based on a simple point scoring system, relative to need. KASS piloted a system like this in Learning Disability Services during 2007 but concluded that it was not sensitive enough to enable a fair allocation of resource and did not allow KASS to manage the financial risk to the directorate.

(2) Since then, KASS has developed an alternative method, based on the cost of traditional services (see below). KASS has also started to investigate more sophisticated solutions, for example, the Functional Assessment in a Controlled Environment (FACE) RAS, which is directly linked to assessment information gathered by practitioners

(3) The estimated personal budget is calculated by an assessing practitioner using the KASS Cost Setting Guidance Policy and associated tool. The sum arrived at (i.e. the likely approximate cost of meeting eligible social care needs) is directly related to the assessment and the sum that it would otherwise have cost the council to have arranged the services directly.

(4) The actual personal budget is agreed after the individual has developed their support plan and has costed out the actual cost of the support they have chosen to use. The actual personal budget may be less than or greater (within agreed tolerances) than the estimated personal budget.

(5) The directorate recognises the critical role of assessment in this process and also recognises that the current cost setting guidance will not be robust enough to meet future working practices. Work is on-going to determine how a more sustainable resource allocation system can be developed.

Supporting staff and service users to manage risk

6. (1) KASS has committed to priority training for staff and service users to help support them in the minimisation of risk.

(2) *Training for staff:*

- Positive Risk Management which follows the KASS positive risk policy. Training took place 2009-2010 and is ongoing.
 - KASS and CFE provided joint workshops on Risk Taking in Uncertain Times.
 - Support Planning training for all front line staff, again links to Positive Risk Policy and personnel budgets. Service users co-train with KASS trainers. Training provided throughout 2009-2010 and ongoing.
 - Assessment and Review training throughout 2010 and ongoing for all operational staff. Includes personal budget, positive risk.
 - Training in 2009-10 addresses financial risk of Direct Payments, including the Kent Card.
- Personal Budget Training is being delivered during 2010 using a modular approach. Staff will attend modules relevant to their role. These all relate back to Positive Risk and cover financial risk:
 - training includes-
 - Overview of Personal Budgets
 - Cost Setting Guidance
 - Direct Payment – ways to secure support and pay for it
 - Direct Payment financial reviews.

(3) *Training for service users:*

In addition to the work done by KASS operational staff in giving advice on managing direct payments, KASS provides training to service users and personal assistants.

This is provided through e-learning which is free to all service users and personal assistants, and covers a range of topics from moving and handling to safeguarding. There is also formal training available through Training 4 Care. Again this covers a range of subjects and is available at a subsidised cost.

Recently, KASS has been able to make the Skills for Care PA Toolkit available to people who employ Personal Assistants.

Progress to date

7. (1) There are currently 5 key PPF milestones set by the DH. A new set of milestones is expected to be published in the autumn.

(2) KASS expects to achieve the key deliverables against each of the following milestones by April 2011:

- Effective partnerships with people using services, carers and other local citizens – including an active user led organisation
- Self-directed support and personal budgets – at least 30% of eligible service users / carers have a personal budget
- Information and advice – the public are informed about where they can go to get the best information and advice about their care and support needs

- Local commissioning – stakeholders are clear on the impact that purchasing by individuals will have on the procurement of councils and PCTs in such a way that the right kind of supply to meet local needs is available

(3) KASS believes the following fifth milestone is likely to be more difficult to evidence:

- Prevention and cost effective services - to be able to evidence that 4% cashable savings have been realised through preventative strategies. Any cost avoidance will be of benefit to both KASS and the NHS. There is no standard methodology to measure the financial impact of preventative services like enablement. However national studies strongly suggest that preventative services like enablement do save councils and the health service money in the longer term. The model that we have developed to evaluate the cost effectiveness of enablement provides evidence that it is delivering a 'return on investment'.

Conclusion and Recommendation

8. (1) Members are asked to note and discuss:

- KASS is changing its focus from a directorate which could be seen to be “doing for” people to a directorate that is “letting go” and recognises that citizens should be taking more responsibility for themselves as regards their own social care and health needs. This requires a huge cultural shift for staff, partners and members of the public.
- The duty to manage risk and safeguard adults. KASS has a number of mechanisms in place to assist with this including (but not exclusively) the positive risk policy and the risk based approach to review. There are a number of processes in place to mitigate risk to KCC and to service users in relation to direct payments. These include:
 - a. The use of the Kent Card.
 - b. A financial risk assessment tool which is applied when people opt to use a direct payment. This relates to the frequency with which KASS carries out full financial reviews.
 - c. Support plans must be signed off by KASS before a direct payment is given. The management of risk must be evidenced within a support plan for it to be approved by KASS.
 - d. KASS advises service users about employment law and of their responsibilities and liabilities associated with taking a direct payment.
 - e. KASS provides a CRB service for people who wish to employ a personal assistant using a direct payment.
 - f. Training for service users and staff is made available. See Section 6 for detail.

- The potential increase in transactions for the local authority if people choose not to take their personal budget as a direct payment but choose 'non-traditional' care and support services
- The additional time (and associated costs) of support planning vs. care planning

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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
21 September 2010

Subject: **UPDATE ON SELECT COMMITTEE WORK**

Classification: Unrestricted

Summary: This report updates Members on Select Committee work going on in 2010 and into 2011.

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.

Renewable Energy

(2) This Committee has now completed its report, which will be shared with stakeholders early in October. It will then be considered by the Cabinet on 29 November and the County Council on 16 December 2010. The contacts in Democratic Services for this Committee are: Research Officer Sue Frampton (01622 694993) and Democratic Services Officer Christine Singh (01622 694334).

Extended Services

(3) This Committee is currently preparing its report, which will be shared with the Cabinet Members for CFE and Communities in October. Thereafter, the report will be considered by the Cabinet on 29 November and the County Council on 16 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).

Future Select Committee Work

2. (1) At its meeting on 8 September, the Scrutiny Board agreed that the following Select Committees will start work in autumn 2010, when research resources become free on the completion of the two committees named above:-

- Educational Attainment of Pupils and Schools in Areas of High Deprivation; and

- Dementia (for which, this POSC will be the 'parent' committee, with the Membership being drawn from this POSC and the Health Overview and Scrutiny Committee)

(2) If Members have any suggestions of topics they would like to put forward for consideration for inclusion in the future topic review work programme, they should contact the Democratic Services Officer for this POSC.

Recommendations:-

3. (1) Members are asked to note the progress of the Renewable Energy and Extended Services Select Committees and the further Select Committee work which is planned to start later in 2010; and

(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 work programme, and to advise the Democratic Services Officer of any such topics.

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Background Information: *Nil*

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