

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

Thursday, 7th July, 2011

10.00 am

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





AGENDA

ADULT SOCIAL SERVICES AND PUBLIC HEALTH POLICY OVERVIEW AND SCRUTINY COMMITTEE

Thursday, 7 July 2011 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 C J Capon (Chairman), Mrs V J Dagger (Vice-Chairman),
Mr R Brookbank, Mrs P T Cole, Mr N J Collor, Mr J M Cubitt,
Mr C Hibberd, Mr M J Jarvis, Mr J E Scholes, Mr C P Smith
Mr C T Wells

Liberal Democrat (1): Mr S J G Koowaree

Labour (1): Mr L Christie

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 Introduction/Webcasting

A2 Membership - to report that Mr L Christie has replaced Mr G Cowan and Mr C Hibberd has replaced Mrs A D Allen

- A3 Substitutes
- A4 Declarations of Members' Interest relating to items on today's agenda
- A5 Minutes of the meeting held on 7 April 2011 (1 - 8)
- A6 Chairman's Announcements
- A7 Oral updates by Cabinet Member, Director of Public Health and Assistant Director of Adult Social Services

B. PRESENTATION

- B1 Non-Residential Charging Policy Changes - update (*no paper*)

C. ITEMS FOR SCRUTINY

- C1 Relationship with the Voluntary Sector (9 - 12)

D. PUBLIC HEALTH ITEMS

- D1 Health Inequalities Plan - TO FOLLOW
- D2 Proposal for the alignment of PCT public health staff to KCC, and associated Memorandum of Understanding. (13 - 36)

E. ITEMS FOR CONSIDERATION

- E1 Draft Kent Annual Carers Report (37 - 80)
- E2 Adult Social Services Directorate/Portfolio Financial Outturn 2010/2011 - TO FOLLOW
- E3 KASS Debt Position, June 2011 - TO FOLLOW
- E4 2011/2012 Budget Savings - TO FOLLOW
- E5 Kent Environment Strategy Update (81 - 88)
- E6 End of Year Performance for Adult Social Services 2010 - 2011 (89 - 104)
- E7 KCC's Performance Management Framework - Delivering Bold Steps (105 - 116)

F. ITEMS PLACED ON THE AGENDA BY MEMBERS

G. SELECT COMMITTEE WORK

- G1 Update on Select Committee Work (117 - 118)

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
(01622) 694002

Wednesday, 29 June 2011

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

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KENT COUNTY COUNCIL

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

MINUTES of a meeting of the Adult Social Services and Public Health Policy Overview and Scrutiny Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Thursday, 7 April 2011.

PRESENT: Mr C J Capon (Chairman), Mrs A D Allen, Mr R Brookbank, Mrs P T Cole, Mr N J Collor, Mr G Cowan, Mr J M Cubitt, Mrs V J Dagger, Mr M J Jarvis, Mr S J G Koowaree, Mr J E Scholes Mr C P Smith

ALSO PRESENT: Mr D L Brazier, Mr B R Cope, Mr A D Crowther, Mr G K Gibbens, Mrs E Green, Mr C Hibberd, Mr P W A Lake, Mr R J Lees, Mrs J Rook Mr M A Wickham

IN ATTENDANCE: Mrs M Howard (Director of Operations), Mrs A Tidmarsh (Director of Commissioning and Provision - East Kent), Mr M Lemon (Head of Policy) Miss T Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

3. Membership

(Item A2)

Members noted that Mr C J Capon, Mr G Cowan and Mr C T Wells had joined the Committee in place of Mr P W A Lake, Mr L Christie and Mr K H Pugh.

4. Election of Vice-Chairman

(Item A4)

Mr C P Smith proposed and Mr N J Collor seconded that Mrs V J Dagger be elected Vice-Chairman of the Committee.

Agreed without a vote

Mrs Dagger was duly elected

5. Meeting Dates for 2011

(Item A5)

The Committee noted its meeting dates for the remainder of 2011, as follows:-

Thursday 7 July, 10.00am

Tuesday 20 September, 10.00am

Tuesday 10 November, 10.00am

All meetings will be held at County Hall

6. Declaration of Members' Interest relating to items on today's agenda

(Item A6)

Mrs A D Allen declared a general interest as a Member of the District Partnership, and as a Director of Age Concern Dartford.

Mr C J Capon, Mr R E Brookbank and Mr A D Crowther declared general interests as Directors of Age Concern in Hythe, Darent Valley and Sheppey respectively.

7. Minutes of the final Adult Social Services Policy Overview and Scrutiny Committee meeting on 12 January 2011
(Item A7)

RESOLVED that the minutes of the final meeting of the Adult Social Services Policy Overview and Scrutiny Committee held on 12 January 2011 are correctly recorded and they be signed by the Chairman. There were no matters arising.

8. Oral updates by Cabinet Member and Deputy Director of Adult Social Services
(Item A9)

1. Mr Gibbens gave an oral update on the following:-
 - a) Public Health Transition – Public Health would now become part of the KCC, and some NHS staff are employed within the KCC although still paid by the NHS.
 - b) Health & Wellbeing Board – the responsibility for this would be shared by Mr Gibbens and Mr Gough. Kent is an early implementer, and a shadow HWB would exist from April 2012.
 - c) New Families Directorate – the new Directorate includes both Adult Social Care and Specialist Children’s Services under the Corporate Directorship of Malcolm Newsam, but is served by two POSCs, Adult Social Services and Public Health and Specialist Children’s Services.
 - d) Countywide District Partnership Board – the District Partnership Board is run by and for people with learning disabilities. Mr Gibbens had visited the District Partnership and invited its Members to attend a KCC Cabinet meeting in July.
2. Mrs Howard then gave an oral update on the following:-
 - a) The transition of Adults Services to Families and Social Care –the new Directorate had retained a number of long-serving staff who are very experienced and competent.
 - b) The role of the Deputy DASS – in her new role, Mrs Howard would deputise for the Corporate Director and lead on Adult Services, the Older Persons’ Future and ongoing efficiencies.
 - c) Update on Older Persons’ Futures - the programme of modernisation agreed by the CC in x month was now underway, with each home having a detailed programme of change. This included helping residents to choose and move to new accommodation; so far the numbers of permanent residents had reduced by over 50%.

- d) Work on efficiencies – this is ongoing.
- e) NHS Changes – one PCT cluster had so far been established. Anne Tidmarsh, Director of Older People and Physical Disability, is the Directorate's lead on this.
- f) Update on personalisation – the KCC has exceeded the government's target for the introduction of personal budgets.

3. RESOLVED that the information set out be noted, with thanks.

9. White Paper on Public Health

(Item B1)

Mr D L Brazier, Mr B R Cope, Mr A D Crowther, Mrs E Green, Mr C Hibberd, Mr R J Lees, Mrs J A Rook and Mr A Wickham were present for this item as local Members.

1. Mr Lemon presented a series of slides which summarised the content and aims of the White Paper, the structure and arrangement of the new Public Health system and the new responsibilities which this brought to Local Authorities. He responded to comments and questions from Members. Points highlighted were as follows:-

- a) the new arrangements will be scrutinised at two levels; by the Health and Wellbeing Board (HWB) and by the KCC's scrutiny process;
- b) GPs' consortia would have the power to govern themselves and take commissioning decisions at a local level but will be ultimately answerable to the NHS Commissioning Board and the Secretary of State. Consortia must take account of the priorities of the Joint Strategic Needs Assessment, and the HWB have a duty to see that this is done. Every GP must be part of a consortium and every geographical region needs to be covered by one. Some Members expressed the concern that this decision-making process might mean GPs having less time to spend helping patients;
- c) the membership of the NHS Commissioning Board is decided by the Secretary of State, and includes/will include representatives from the Care Quality Commission, among others;
- d) the role of KCC Members will change, particularly in terms of scrutiny, and further briefings will be arranged to help Members understand the new role as the detail of it becomes clear over time, as the new public health arrangements bed in. A report of the future scrutiny arrangements would be submitted to the Scrutiny Board;
- e) the HWB will be a statutory committee of the KCC, and the relationship between the two will be very important. This will require a change to the KCC constitution, and the work of the HWB will be reported to the full Council;

- f) the picture of current commissioning is as yet incomplete, as more information is available on the arrangements in East Kent than there is available for West Kent. Work is ongoing to add to the picture;
- g) It is expected that KCC will work closely with Medway on public health issues but the statutory responsibility rests with the KCC;
- h) the complexity of the new arrangements and number of new bodies are very confusing for the public and for Members. What is key for the public is to have efficiency, speed and good access. Members will need to be able to explain the new arrangements to local residents when asked;
- i) Some of the new framework is set by Government and can only be changed by them, while other is at the discretion of the KCC and could be established to suit local priorities;
- j) although much time had been spent gathering data, it is important that this data be used to generate useful information which can help to shape services; and
- k) the new arrangements could be used as a platform from which to reinforce the prevention agenda, and this would be a good role for the KCC to take on.

2. Mr Gibbens added that health inequalities were a concern for everyone in a community, and KCC Members would have a role in addressing this. This POSC will need to provide an ongoing scrutiny function as the new system is established.

3. RESOLVED that the information set out in the presentation and given in response to comments and questions be noted, with thanks.

10. KASS Debt Position February 2011

(Item C1)

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

1. Miss Goldsmith introduced the report and responded to comments and questions from Members. Points arising were as follows:-

- a) although the POSC had received regular updates on client debt at each of its recent meetings, Members asked to have more detail on how client debt is managed and how the move of the finance function to the corporate centre might impact on this. It was suggested that an Informal Member Group be established, at which Members could explore this in more detail, and this suggestion was generally supported;
- b) sundry debt, which had risen since last being reported to the POSC, was all related to PCT payments, and had arisen due to the timing of PCT payments being at odds with the timing of reporting of debt figures.

As the amounts being paid by PCTs were very large, one payment taking more than 28 days would make a sizeable difference to the overall level of debt;

- c) Members were assured that this debt carried no risk to the KCC, as all PCT payments were covered by strict formal agreements between the PCTs and the Council, but Members asked that PCTs be reminded of the need to be vigilant of the prompt payment of their invoices within 28 days; and
- d) it was acknowledged that good progress had been achieved on reducing debt since the debt recovery function had been moved into KASS in January 2010.

2. RESOLVED that:-

- a) the information set out in the report and given in response to comments and questions be noted, with thanks;
- b) an Informal Member Group be established, at which Members can explore in more detail how client debt is managed and how the relocation of the finance function to the corporate centre might impact on this; and
- c) PCTs be reminded of the need to be vigilant of the prompt payment of their invoices within 28 days.

11. 'No Health without Mental Health' - the new Government Strategy for Mental Health
(Item E1)

Ms J Martin, Mental Health Commissioner, West Kent PCT, was in attendance for this item.

RESOLVED that the information set out in the report be noted, with thanks, and the continuation of the joint commissioning strategy between the KCC and the NHS be approved.

12. Care Quality Commission - Annual Performance Assessment Improvement Plan
(Item E2)

RESOLVED that the information set out in the report be noted, with thanks, and the proposed monitoring cycle be agreed.

13. Think Local, Act Personal
(Item E3)

Mr M Thomas-Sam, Head of Service for South West Kent, and Mrs J Grant, Senior Policy Manager, were in attendance for this item.

1. Mr Thomas-Sam introduced the report and responded to comments and questions from Members. Points arising were as follows:-

- a) Kent had exceeded the Government's 30% target for the number of people taking up a personal budget, having achieved 31 – 32 % take-up, and had a good reputation for performing well against national targets; and
- b) the clear and concise report prepared for this Committee could be used to inform other bodies of 'Think Local, Act Personal', and Locality Boards were cited as one example of a good place to air it.

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

14. A Summary of The Operating Framework for the NHS in England 2011/2012, including Funding Allocations and Local Activity in Kent
(Item E4)

Ms S Smith, Policy Officer, was in attendance for this item.

1. Mrs Tidmarsh and Ms Smith introduced the report and responded to comments and questions from Members. Points arising were as follows:-

- a) the current changes in the NHS were still very fluid, but the plan was for the current PCTs to form one cluster PCT on 1 June. PCTs are currently building up consortia, but the size and location of the above was not yet clear, nor any role that KCC might have to play in the set up; and
- b) the winter pressure funding figures quoted in the report had been based on population figures, but the NHS had some flexibility around how it wished to provide services.

2. RESOLVED that the information set out in the report and given in response to comments and questions be noted, with thanks, and a report be made to the next meeting of the POSC on how the new NHS money will be spent.

15. Non-Residential Charging Policy Changes
(Item E5)

Mr M Thomas-Sam, Head of Service for South West Kent, and Miss M Goldsmith, Directorate Finance and e.Commerce Manager, were in attendance for this item.

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

16. Adult Social Services Budget Forecast Report 2010/2011
(Item E6)

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

1. Miss Goldsmith introduced the report and responded to comments and questions from Members. Points arising were as follows:-

- a) the budget had been adjusted in recent years to reflect increasing demand for services from people with physical and learning disabilities, the latter in particular being an area of traditionally high demand in Kent; and
- b) it is not always easy to forecast pressures for various budget headings, so adjustments to the budget are made as the year progresses.

2. The Cabinet Member, Mr G Gibbens, emphasised that the Adult Social Services budget was by far the largest discretionary, demand-led budget in the KCC, and he praised the way in which the budget was very closely managed by KASS, with budget forecasts and monitoring being consistently very tight. He placed on record his thanks and complements to KASS staff and said he was confident that the budget was being managed robustly.

3. RESOLVED that the information set out in the report and given in response to comments and questions be noted, with thanks, and KASS staff be congratulated on the management of this huge and complex budget area.

17. Core Monitoring *(Item E7)*

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

1. Mrs Abbott introduced the report and responded to comments and questions from Members. Points highlighted were as follows:-

- a) the core monitoring process measured elements not covered in the former performance monitoring mechanism, and allowed the sort of detail to be recorded which Members found helpful in gaining a full picture of performance and its outcomes for the people of Kent.

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

18. KCC's Performance Management Framework *(Item E8)*

Mr R Fitzgerald, Performance Monitoring Officer, was in attendance for this item.

1. Mr Fitzgerald introduced the report and responded to comments and questions from Members. Points highlighted were as follows:-

- a) Members now had more opportunity to take part in monitoring the KCC's performance, and workshops for Members were being held in early May;

- b) the view was expressed that it is important to acknowledge and be aware of the difference between performance and the monitoring of data; perhaps if the KCC had monitored the performance of its child safeguarding function, it would not have had such a poor Ofsted report; and
 - c) KASS performance monitoring and reporting had always been good, and could be used as a model for other Directorates.
2. RESOLVED that the information set out in the report and given in response to comments and questions be noted, with thanks.

19. Savings Monitoring

(Item F9)

Miss S Carey, Deputy Cabinet Member for Finance and Procurement, was present, and Mr D Shipton, Finance Strategy Manager, was in attendance for this item.

1. Mr Shipton explained that a verbal statement about the Savings Monitoring process was being made to all POSCs. For any identified savings above a threshold of £200,000, a responsible manager would be identified, who would then prepare a Project Initiation Document (PID). There were currently some 100 of these PIDs, between them accounting for £92 million of the £95 million savings required. The progress of the PID would be monitored using the familiar Red, Amber and Green indicators, and each POSC would receive a report to every meeting on the progress of the PIDs in their portfolio area.
2. Members were reassured that the responsible manager identified in each case would be a Head of Service or a Director, so would be fully aware of the responsibility they were taking on and in a sufficiently senior position to direct and ensure the delivery of the saving. Delivery could be delegated but the accountability for it could not.
3. Miss Carey added that the time and resources directed to driving forward and monitoring the progress of efficiency savings was part of the normal workload for Heads of Service and Directors. The actual mechanism for doing this was slightly different this year to fit the new structure of the Council.
4. RESOLVED that the information set out in the statement and given in response to Members' questions be noted, with thanks, and the first full written report on savings monitoring be made to the POSC's July meeting.

20. Update on Select Committee Work

(Item G1)

RESOLVED that the information set out in the pres/report and given in response to comments and questions be noted, with thanks.

By: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

Malcolm Newsam, Interim Corporate Director, Families and Social Care

To: Adult Social Services and Public Health Policy Overview and Scrutiny Committee – 7 July 2011

Subject: **RELATIONSHIP WITH THE VOLUNTARY SECTOR**

Classification: Unrestricted

Summary: To brief Members on the pressures causing changes to the relationship between adults social care and the voluntary and community sector in Kent.

Introduction

1. (1) The Council highly values the work of the voluntary sector in Kent in supporting vulnerable adults to remain independent. Approximately £15.5m is currently spent by Families & Social Care in the voluntary sector through Grants. This funding supports day care, carers, short breaks, information and advice, volunteer and a broad range of early intervention and preventative services. In addition, significant funds are awarded to the voluntary sector organisations with charitable status through a contract tender process.

(2) The purpose of this paper is to inform Members of the implications of legislation and policy, European, national and local, that require a redefinition of the relationship between KCC and the voluntary sector.

Legal and Contractual Context

2. (1) In 2007 the Council introduced 3 year Service Agreements, in line with the newly introduced Kent Compact. Those agreements, together with the Compact, provided voluntary sector organisations with clear and formal terms and conditions and specifications. However, the Service Agreements were intended as an interim measure only as they did not fully meet legal requirements. Whilst performance reviews were robust in certain instances, they were not uniformly carried out and the allocation of the funding was largely historical, rolled forward from year to year, and outside of any competitive bidding or tendering processes.

(2) Current European legislation requires the Council to award grant funding that offers value for money through a fair transparent process. Generally speaking this approach has been adopted. By the beginning of 2011 commissioners were beginning to use a bidding process as a way of meeting legal requirements. New grants are awarded through an electronic application form on kent.gov.uk which ensures that organisations have equitable access to funding. It is now planned to introduce bidding processes through the South East Business Portal.

(3) The Council's traditional practice of awarding grants and service agreements year on year has been challenged. State Aid Regulations aim to ensure fair competition and a single common market, avoid providing advantage to an organisation without competitive processes, and ensure processes and plans do not distort competition.

(4) Of late, there are several instances where time limited six month grants have been issued in order to confirm availability of budget, and/or to develop commissioning strategies and, where law necessitates, to put these agreements onto a contractual footing.

(5) Mandatory considerations as to the way forward as per the State Aid Regulations include:

- Funding allocated by all State resources in excess of €200k (for 3 years)
- Funding that confers an advantage to an organisation without a competitive process
- Funding that has the potential to distort competition
- Funding that affects Member States intra-trade.

Strategic Commissioning

3. (1) Strategic commissioners are working closely with Legal and Procurement colleagues to take into account the above considerations.

(2) Further, emerging commissioning strategies are focusing scarce resource on priority services and where appropriate that these be available county wide. Strategies are also likely to focus resources and services to targeted geographical or service groups.

Implications and Risks

4. (1) The implications are far reaching and have arisen at a time of significant budget constraint and organisational change. Commissioning strategies are developing and service focused dialogue is taking place with voluntary and community sectors.

(2) The current situation gives rise to a number of risks in addition to the legal risks highlighted above.

(3) Competitive contracting and realignment of priorities within strategic commissioning plans may lead to changes in the voluntary sector in Kent. There can be no guarantee that contracts will be awarded to traditional providers and commercial or out of county businesses may be successful in their tenders. Focus on service or client priorities means that funding may shift amongst organisations.

Conclusion

5. (1) The current pressures indicate significant changes in the voluntary sector over the next few years in response to legal, contractual, budget and strategic pressures and priorities. The changes mean that the past relationship with the voluntary sector can no longer continue in its current form. Voluntary sector organisations are largely aware of this and their response is as diverse as the organisations themselves. Bold Steps offers some support to voluntary sector organisations in the form of financial support through the Big Society Fund, and assistance in tendering for contracts. Further, some volunteer organisations are taking strong early steps to shape their future in response to the changing times.

Recommendation

6. (1) Members are asked to:
- (a) NOTE the changes in regulations and the possible impact on the relationship between adult social care and the voluntary and community sector, and
 - (b) COMMENT on the changes and the implications.

Cathi Sacco
Interim Director of Strategic Commissioning, FSC
Contact: 01622 694934
Mobile: 07725759693

Background documents: None

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By: Graham Gibbens – Cabinet Member for Adult Social Care and Public Health
Roger Gough – Cabinet Member for Business Strategy, Performance & Health Reform
Meradin Peachey - Director of Public Health

To: Adult Social Services & Public Health Policy Overview and Scrutiny Committee – 7 July 2011

Subject: Proposal for the alignment of PCT public health staff to KCC and associated Memorandum of Understanding

Summary:

1. Responsibility for public health is proposed to transfer from the NHS to local authorities and new body called Public Health England from 2013. This report introduces a Memorandum of Understanding (MOU) between KCC and the Kent PCT's designed to facilitate the alignment of PCT staff to KCC management without changing their terms and conditions of employment or the accountabilities of the PCTs, which will remain responsible for public health until 2013.
2. The MOU is attached to this report.

For Approval

Introduction:

3. The changes to the organisation of public health in England have been proposed in the White Paper – Healthy Lives, Healthy People – and incorporated in the Health and Social Care Bill currently before parliament. The key changes proposed and their implications have been reported to KCC Cabinet and PCT Boards on previous occasions but it is helpful to rehearse the timetable that applies and therefore the period covered by the proposed MOU:
4. Local authorities are able to begin preparations for the change in responsibilities from April 2011 onwards.
5. The Human Resources Framework for transition of public health staff is expected to be issued by the Department of Health during Summer 2011.
6. Shadow arrangements for discharging the public health responsibilities within upper tier local authorities such as KCC should be in place by April 2012.
7. Indicative budgets will be issued for April 2012 onwards. Ring fenced budgets based on the funding currently devoted to public health activity in

the NHS and according to population profiles will be given to local authorities from 2013.

8. Current proposals are that public health commissioning will be subject to oversight by the Health and Wellbeing Board (H&WB Board) to ensure it reflects the priorities identified in the Joint Strategic Needs Assessment and Health and Wellbeing Strategy that the new legislation requires. KCC is an early implementer for H&WB Boards and the next meeting of the emerging "Shadow Shadow" board is in July. H&WB Boards should be established in shadow form by April 2012 and be fully operational by April 2013.
9. Latest information from the DH is that Public Health England will be established from July 2013 at the earliest. This has changed from the initial date of April 2013.

Transition in Kent

10. The purpose of the MOU is to align PCT staff currently engaged in public health with KCC day to day management. There is no intention to change terms and conditions of service for these staff or the responsibility for their employment which will remain clearly with the PCTs until other arrangements are made or the PCTs cease to exist. In particular any and all financial responsibility for these staff including any redundancy payments or pension arrangements will remain with the PCTs unless and until a full formal transfer of staff to KCC is negotiated separately. The MOU specifically excludes the aligned staff from accruing from KCC any employment rights under TUPE.
11. These staff will report to the jointly appointed Director of Public Health (DPH) who holds dual accountability to KCC and the Kent PCTs and will continue to remain accountable to the PCT Boards (via the PCT Cluster Board), for specific public health performance delivery, during the life of the PCTs.
12. Full legal accountability for the public health service will continue to remain with the PCTs unless and until it is formally transferred to KCC through legislation.
13. Schedule 3 of the MOU describes the accountabilities under the proposed arrangements.
14. The staff mainly comprise the public health consultants (the highest qualified public health staff) and associated colleagues. Staff will be aligned with districts within Kent to ensure local responsiveness is maintained and also with KCC directorates so that the function can be integrated across all of KCC's activities and responsibilities.
15. The alignment involves approximately 55 staff with an annual salary cost of approximately £3.2m.
16. Following further discussion with KCC Personnel and Legal Services the MOU now includes two additional clauses to the final draft document:

- in relation to information governance to ensure statutory obligations are met and the information reporting obligations of the organisations involved are identified and managed accordingly
- to define managerial responsibilities and accountabilities to ensure the demarcation between the employing organisations and those managing the staffing resources are fully understood

Public Health functions:

17. The functions of public health that are the responsibility of the DPH are listed in the MOU Schedule 5.
18. The budgets within PCTs identified as supporting public health activity so far are listed in the MOU Schedule 4. Work continues to locate other relevant budgets within the PCTs and it is expected that the figure of c. £17m reached so far will increase in the near future.
19. Taken together these schedules list the many current and new functions that will be assumed by KCC from 2013. Given the extent of the new responsibilities it is sensible for the staff involved to be aligned within KCC structures sooner rather than later to enable both staff and KCC itself to adjust to the new arrangements.

Recommendation:

Members are asked:

- to note the alignment of the PCT staff and posts to KCC management structures under the terms of the MOU, as attached to this report, prior to consideration at County Council on 21 July 2011.

Attached

Memorandum of Understanding for alignment of PCT public health staff to KCC.

Meradin Peachey
Director of Public Health

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DATED

- (1) NHS EASTERN & COASTAL KENT**
- (2) NHS WEST KENT**
- (3) KENT COUNTY COUNCIL**

**Memorandum of Understanding
Alignment of PCT staff to KCC**

PARTIES

- (1) **NHS EASTERN & COASTAL KENT** whose principal place of business is at Brook House, Chestfield, Canterbury, Kent CT1 1AZ **and**
- (2) **NHS WEST KENT** whose principal place of business is at Wharf House, Medway Wharf Road, Tonbridge, Kent TN9 1RE together and NHS (together the “**PCTs**” and each a “**PCT**”); and
- (3) **KENT COUNTY COUNCIL** whose principal place of business is at Sessions House, County Hall, Maidstone, Kent ME14 1XQ (‘**KCC**’)

1. Glossary

- 1.1. If a word or term in this Memorandum of Understanding (‘this Memorandum of Understanding’) is capitalised, it will have the meaning set out in the Glossary in Schedule 1.

2. Purpose

- 2.1. The PCTs have agreed to align certain employees to fulfil the Functions (“being the oversight, management and governance of the Public Health functions, with the exception of Business planning and continuity which sits within Emergency Planning within the PCT”) under the management of KCC.
- 2.2. This Memorandum of Understanding does not set out every detail about the alignment of staff and the incidental arrangements. It sets out a high level summary of the basis of the agreement between the Parties.
- 2.3. With the exception of paragraphs 5 to 12 inclusive (Key Terms, Costs, Information sharing and Data Protection Act; Confidentiality and Intellectual Property, Freedom of Information, Counterparts, Governing Law and Third Party Rights), and the provisions of the 1st and 2nd Schedule, this Memorandum of Understanding is not intended to be legally binding upon the Parties.

3. Background

- 3.1. Statute (the National Health Service Act 2006) enables the PCTs to work jointly with local councils in the interests of efficiency.
- 3.2. The PCTs have been working jointly with KCC for several years under joint commissioning arrangements in a number of areas, including some senior joint appointments, for example the Director of Public Health.
- 3.3. The Government set out in July 2010 its intention to abolish Primary Care Trusts by March 2013. The Government’s White Paper also set out intentions to transfer public health functions from Primary Care Trusts to new arrangements located in upper tier local councils.

- 3.4. The PCTs and KCC are entering into this Memorandum of Understanding to ensure the business continuity of existing joint commissioning arrangements and to begin the permanent movement of these, and other public health functions, from the PCTs to KCC.
- 3.5. Both parties recognise that in future a permanent transfer of some staff may take place subject to certain safeguards and approvals. For the avoidance of doubt, however, this Memorandum of Understanding executes a temporary alignment of staff on an interim and temporary basis, as defined in the Department of Health Letter from Sir David Nicholson dated 17 February 2011,(to view letter go to http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_124440) and not a transfer of staff.

4. Timetable

- 4.1. The Parties intend this Memorandum of Understanding to take effect from 22 July 2011.

5. Key Terms

- 5.1 From 22 July 2011, KCC shall take over the oversight, management and governance of the functions. Public health with the exception of business planning and continuity KCC shall utilise its existing management and governance arrangements in connection with the functions. In practice, this will mean that:
 - 5.1.1 the Aligned Staff and Transferring Functions will be managed on a day to day basis by KCC, but for the avoidance of doubt the PCTs shall retain ultimate managerial control of the Aligned Staff ;
 - 5.1.2 the Aligned Staff shall remain employees of the PCTs
 - 5.1.3 the KCC Chief Executive, or her nominated deputy, shall attend such relevant meetings of the Boards of the PCTs as the PCTs may reasonably require for the purposes of discussing the operation of the Transferring Functions; and
 - 5.1.4 KCC, with the cooperation of the PCTs, shall ensure that appropriate organisational governance procedures are in place for the oversight of the Transferring Functions and will provide the PCTs with periodic assurances and risk reports regarding the services.
- 5.2 KCC will undertake the Transferring Functions with all reasonable skill and care, in accordance with all Change Management Policies, guidance and legislation applicable to the Transferring Functions in such a manner
 - 5.2.1 (a) so as to ensure business continuity of the Transferring Functions;
 - 5.2.2 that is consistent with the PCTs and KCC discharging their statutory functions; and in cooperation with all relevant stakeholders.
- 5.3 The PCT's will follow their own managing change policies for any consultation within the transition.
- 5.4 The PCTs shall take all reasonable steps to ensure the cooperation of the Aligned Staff with KCC in respect of their responsibilities under paragraph 5.2 and this Memorandum of Understanding in general.

- 5.5 The Transferring Functions under this Memorandum of Understanding shall be provided on a cost neutral basis. There shall be no payment made for the day to day management function provided by KCC
- 5.6 The Aligned Staff to be deployed to KCC under this Memorandum of Understanding will be so deployed on the basis more particularly set out at Schedule 2.
- 5.7 The Aligned Staff shall not immediately move their work location to offices within the premises of KCC, but may be required to do so in the future in accordance with the provisions of their contracts of employment.
- 5.8 The term of this Memorandum of Understanding will be from 22nd July 2011 until 31 March 2013 or until the PCTs cease to exist or cease to have responsibility for the Transferring Functions, whichever is the earlier, unless terminated earlier in accordance with paragraph 5.8 or 5.9 below.
- 5.9 This Memorandum of Understanding may be terminated by written agreement between both Parties signed under hand by the agreed representatives of both Parties. Termination agreed in this way shall not take effect until any required period of consultation with the Aligned Staff and other affected staff is completed and in any case not until three months after the date of the signed agreement to terminate.
- 5.10 This Memorandum of Understanding will terminate on the full transfer of Aligned Staff to KCC should that transfer be agreed between the Parties or required by statute, statutory instrument or by Order
- 5.11 The PCTs shall provide support services to KCC under this Memorandum of Understanding in respect of the Aligned Staff to include payroll, human resources (including training) and insurance and commissioning staff functions commensurate with the duties of the employing organisation as set out at Schedule 2.
- 5.12 KCC shall not provide support services to the PCT under this Memorandum of Understanding.
- 5.13 Without prejudice to the provisions of paragraph 1. of the 2nd Schedule, both parties shall remain liable for any losses or liabilities incurred due to their own or their employee's actions and neither party intends that the other party shall be liable for any loss it suffers as a result of this Memorandum of Understanding.
- 5.14 The Parties share financial risks to the extent described under existing agreements between the Parties.
- 5.15 Senior managers of KCC shall report to KCC on all matters relating to the operational management and oversight of the Transferring Functions. KCC shall take over the oversight, management and governance of the functions and shall utilise its existing management and governance arrangements in connection with these Functions.
- 5.16 The agreed representative for each Party will be: the Chief Executive Officer for each Party, namely Ann Sutton for the PCTs and Katherine Kerswell for KCC.
- 5.17 Disputes will be referred to the Chief Executive Officer of each Party as defined in clause 5.16.

5.18 The financial liability of each staff group within the Transferring Functions is set out in Schedule 2 of this Memorandum of Understanding.

6. Costs

6.1. The PCTs and KCC agree to pay their own costs and expenses incurred in connection with the negotiation, preparation and signing of this Memorandum of Understanding and any of the documents mentioned herein.

7. Information sharing and Data Protection Act

7.1 The Parties shall registered under the Data Protection Act 1998 ("DPA") and the Parties will duly observe all their obligations under the DPA which arise in connection with this Memorandum of Understanding and

7.1.1 to take appropriate technical and organisational measures against accidental loss or destruction of and damage to any personal data and.

7.1.2 not to transfer any personal data outside the countries of the European Economic Area without and only to the extent of any written consent of the relevant data subject and the other Parties.

7.2 Notwithstanding the general obligation in this clause, where any Party is processing personal data (as defined by the DPA) as a data processor for any other Party (as defined by the DPA), that party shall ensure that it has in place appropriate technical and organisational measures to ensure the security of the personal data (and to guard against unauthorised or unlawful processing of the personal data and against accidental loss or destruction of, or damage to, the personal data), as required under the Seventh Data Protection Principle in Schedule 1 to the DPA.

7.3 The Parties undertake to:

7.3.1 provide the each other with such information as another Party may reasonably require to satisfy itself that they are complying with its obligations under the DPA;

7.3.2 promptly notify the relevant Party of any breach of any security measures required to be put in place pursuant to the DPA; and

7.3.3 ensure that it does nothing knowingly or negligently which places another party in breach of that Party's obligations under the DPA.

7.4 The provisions of this clause shall apply during the continuance of this Memorandum of Understanding and indefinitely after its expiry or termination.

7.5 Subject to the requirements of this Clause 7 and the Data Protection Act the Parties agree throughout the Period of the Memorandum of Understanding to co-operate with others in the provision to the others of information reasonably required to enable them to report on their statutory obligations and planning overall strategies to meet statutory obligations

8. Confidentiality and Intellectual Property

- 8.1 Each Party acknowledges that it is a public authority within the meaning of Schedule 1 of the Freedom of Information Act 2000. In consideration of each Party providing confidential information to the other in connection with the Memorandum of Understanding or any tender or transfer of services, the PCTs and KCC each agree not to (and will make sure that no officer, employee or agent acting on its behalf will) disclose to any other party any confidential information concerning or in connection with the Parties or this Memorandum of Understanding, subject to its obligations under the Freedom of Information Act 2000, the *Code of Practice on Openness in the NHS* (4 August 2003) and any other applicable laws, rules, regulations and guidance
- 8.2 All written information and data made available by one Party ("the Disclosing Party") to the other ("the Receiving Party") hereunder is confidential ("Confidential Information") and each Party undertakes to treat such Confidential Information with the same care as it would reasonably treat its own confidential information.
- 8.3 Each Party will ensure that its staff comply fully with the principles and requirements set out in the Caldicott Report.
- 8.4 Each Party undertakes that the transmission of patient related information will comply with the PCT's Information Governance requirements and will be sent to safehaven addresses whether transmitted electronically, by facsimile or post.
- 8.5 Each Party will use all reasonable endeavours to ensure that the Confidential Information is not copied or disclosed to any third party whatsoever.
- 8.6 Upon written request of the Disclosing Party on expiration or termination of this Memorandum of Understanding the Receiving Party will return to the Disclosing Party all Confidential Information not previously returned.
- 8.7 The obligations contained in this clause will survive termination of this Memorandum of Understanding by ten (10) years.
- 8.8 Information shall not be considered as Confidential Information where it is:
- 8.8.1 already in the public domain other than through default of the Receiving Party;
 - 8.8.2 already in the Receiving Party's possession with no obligation of confidentiality; or
 - 8.8.3 Independently developed by the Receiving Party without reference to the Confidential Information.
- 8.9 Any samples, plans, drawings or information relating to the subject matter of this Memorandum of Understanding supplied to or specifically produced by one Party for another, together with the copyright, design rights or any other intellectual property rights in the same, shall be the exclusive property of the Disclosing Party and shall be used solely by the Receiving Party for the purposes of this Memorandum of Understanding.

9. Freedom of Information

- 9.1 The Parties acknowledge that the other Parties are subject to the requirements of the Freedom of Information Act and the Environmental Information Regulations 2004 and each Party shall assist and co-operate with the others (at their own expense) to enable the other Parties to comply with these Information disclosure obligations.
- 9.2 Where a Party receives a Request for Information (“Request for Information” means any request for information made pursuant to the Freedom of Information Act 2000 or the Environmental Information Regulations 2004”) in relation to information which it is holding on behalf of any other Party, it shall (and shall procure that its sub-contractors shall):-
- 9.2.1 transfer the Request for Information to the other Party as soon as practicable after receipt and in any event within two Working Days of receiving a Request for Information;
 - 9.2.2 provide the other Party with a copy of all information in its possession or power in the form that the other Party requires within five Working Days of that Party requesting that Information; and
 - 9.2.3 provide all necessary assistance as reasonably requested by the other Party to enable that Party to respond to a Request for Information within the time for compliance set out in section 10 of the Freedom of Information Act or regulation 5 of the Environmental Information Regulations 2004.
- 9.3 Where a Party receives a Request for Information which relates to this Memorandum of Understanding, it shall inform the other Party of the Request for Information as soon as practicable after receipt and in any event within two Working Days of receiving a Request for Information.
- 9.4 If a Party determines that information (including Confidential Information) must be disclosed, then it shall notify the other Party of that decision at least two Working Days before disclosure.
- 9.5 The Parties shall be responsible for determining at their absolute discretion whether the Information:-
- 9.5.1 is exempt from disclosure under the Freedom of Information Act 2000 or the Environmental Information Regulations 2004;
 - 9.5.2 is to be disclosed in response to a Request for Information.
- 9.6 The Parties acknowledges that the other Party may, acting in accordance with its obligations under the Freedom of Information Act 2000 or the Environmental Information Regulations 2004 or in accordance with a decision of the Information Commissioner, the Information Tribunal or other similar court or tribunal be obliged under the Freedom of Information Act 2000 or the Environmental Information Regulations 2004 to disclose Information:-
- 9.6.1 without consulting with the other Party, or
 - 9.6.2 following consultation with the other Party and having taken its views into account.
- 9.7 The Parties agree and acknowledges that any information disclosed in accordance with paragraph 9.6 above will not amount to a breach of any part of this Memorandum of Understanding.

10. Counterparts

This Memorandum of Understanding may be executed in any number of counterparts, each of which when executed will constitute an original of this Memorandum of Understanding, but all the counterparts shall together constitute the same Memorandum of Understanding.

11. Governing law

This Memorandum of Understanding and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims) shall be governed by and construed in accordance with the law of England and Wales.

12. Third party rights

This Memorandum of Understanding is for the benefit of, and where applicable, is binding on the Parties and their respective successors and assigns. Anyone who is not a party to this Memorandum of Understanding will not have any rights under this Memorandum of Understanding.

SCHEDULE 1 GLOSSARY

Aligned Staff	Those staff detailed under Schedule 2 who will remain employees of the PCTs but be managed on a day to day basis by KCC for the PCTs under the terms of this Memorandum of Understanding
Confidential Information	shall mean any information which has been designated as confidential by any Party in writing or that which ought to be considered as confidential (however it is conveyed or on whatever media it is stored) including information which relates to the business, affairs, properties, assets, trading practices, Services, developments, trade secrets, intellectual property rights, know-how, personnel, customers and suppliers of either Party, all personal data and sensitive personal data within the meaning of the Data Protection Act 1998;
Transferring Functions	The functions and management arrangements to be undertaken by KCC under this Memorandum of Understanding, as set out in paragraph 5.1
PCTs	The PCTs being the organisations with which the Aligned Staff have their contract of employment
Employee Emoluments	All employment related outgoings including salaries, wages, bonus or commission, holiday pay, expenses, national insurance and pension contributions and any liability to taxation;
Parties	The PCTs and KCC;

Interpretation:

- References to any statute, statutory instrument, regulations or guidance are references to those as from time to time amended, replaced, extended or consolidated.
- References to any statutory body shall include its statutory successor(s) or assign(s).

SCHEDULE 2
STAFF ALIGNMENT ARRANGEMENTS

- 1.1. The Parties agree the following arrangements for the alignment of Aligned Staff to KCC
- 1.2. The Aligned Staff shall be line managed by and accountable to officers of KCC where their previous line management arrangements within the PCTs no longer exist following their alignment.
- 1.3. The Aligned Staff shall remain employed by the PCTs in accordance with their contracts of employment and the PCTs shall remain entirely responsible for all payments due to or with respect to them including all PAYE (Pay As You Earn) and NHS Pension Scheme payments and for any action which may be required in relation to the employment of the Aligned staff such as action in respect of conduct, attendance or performance but the PCTs shall consult with KCC about any such proposed action and should KCC become aware of any act or omission of the Aligned Staff which may constitute any material breach of their terms or conditions then KCC shall notify the PCTs.
- 1.4. For the avoidance of doubt, the period of the alignment of staff is intended to end upon the termination of this Memorandum of Understanding.
- 1.5. The Parties shall consult with each other about any proposal to make any change to the terms and conditions of employment of the Aligned Staff but it shall be the responsibility of the PCTs to consult with the Aligned Staff about such changes to terms and conditions and ultimately to implement any changes.
- 1.6. KCC shall be responsible for ensuring that the Aligned Staff receive appropriate supervision, appraisals and reviews where their previous line management arrangements within the PCTs no longer exist following their alignment
- 1.7. All Aligned Staff under this Memorandum of Understanding will have an entitlement to annual leave in line with their NHS (National Health Service) terms and conditions of employment. Arrangements for holiday absences will, be initially discussed and agreed with the operational line manager, who, if a KCC member of staff will ensure that relevant PCT receives a contemporaneous note of all holidays taken and those planned for each member of staff.
- 1.8. KCC will ensure that at the premises which it controls there are sufficient resources in order for the Aligned Staff based at those premises to be operationally effective. This will include sufficient desks, chairs, (but not telephony and computer equipment), together with a secure and safe internet connection.
- 1.9. Where the Parties agree there is a business need for the same the Parties will provide Aligned Staff with equitable access to mobile telephones, which will be regularly maintained.
- 1.10. Aligned Staff will complete paperwork required by the PCTs and will have access to stationery and resources to enable them to function on a day to day basis.
- 1.11. All Aligned Staff will be deployed to work with KCC. They will be accountable to the Director of Public Health, Meradin Peachey through their respective line management structure regardless of professional background, unless those management structures have ceased to exist in which case paragraph 1.2 of this Schedule will

apply. This will include accountability for performance activity and budget management against the respective service and management of their workload.

- 1.12 All parties will work to the highest standards of service quality and will strive for continuous improvement and use the following PCT or KCC equivalent codes of organisational practice.
- a) Clinical Governance
 - b) Infection Prevention and Control
 - c) Patient Information Confidentiality
 - d) Information Security and Governance, including the transmission and receipt of personal identifiable information using safehaven procedures.
 - e) Controls Assurance
 - f) Audit
 - g) Equipment maintenance, testing and calibration standards
 - h) Care Quality Commission (CQC) Quality and Safety Outcomes
 - i) Reporting of Risks and Incidents
 - j) All relevant standard operating procedures regarding the services covered by this Memorandum of Understanding.
- 1.13 Access to reports on performance against the above standards will be made available at the reasonable request of any Party.
- 1.14 All Parties will take account of the key principles of the NHS Constitution and operate within all NHS standards, guidance, protocols, policies and mandates and deliver the services with due care and diligence.
- 1.15 All Parties will comply with all regulations and guidelines set by the statutory bodies and professional organisations regarding training and practice of their professional and administrative staff for the services covered by this Memorandum of Understanding. All Parties will further ensure that their respective professional staff fulfil the requirements for registration to practice with the relevant UK registration body and are so registered.
- 1.16 All Parties will warrant that each member of staff involved in the delivery of this Memorandum of Understanding has the appropriate level of qualifications, experience and competency and have the appropriate level of Criminal Records Bureau and security clearance.
- 1.17 All Parties will comply with their own organisational processes for reporting and managing serious incidents; the review and management of which will be fully discussed between the parties. Where required and appropriate, action plans will be produced and shared.
- 1.18 The Parties do not believe that the arrangements under this Schedule constitute a relevant transfer for the purposes of the Transfer of Undertakings (Protection of Employment) Regulations 2006 ("TUPE") but in the event that it is agreed or determined that TUPE does apply then:

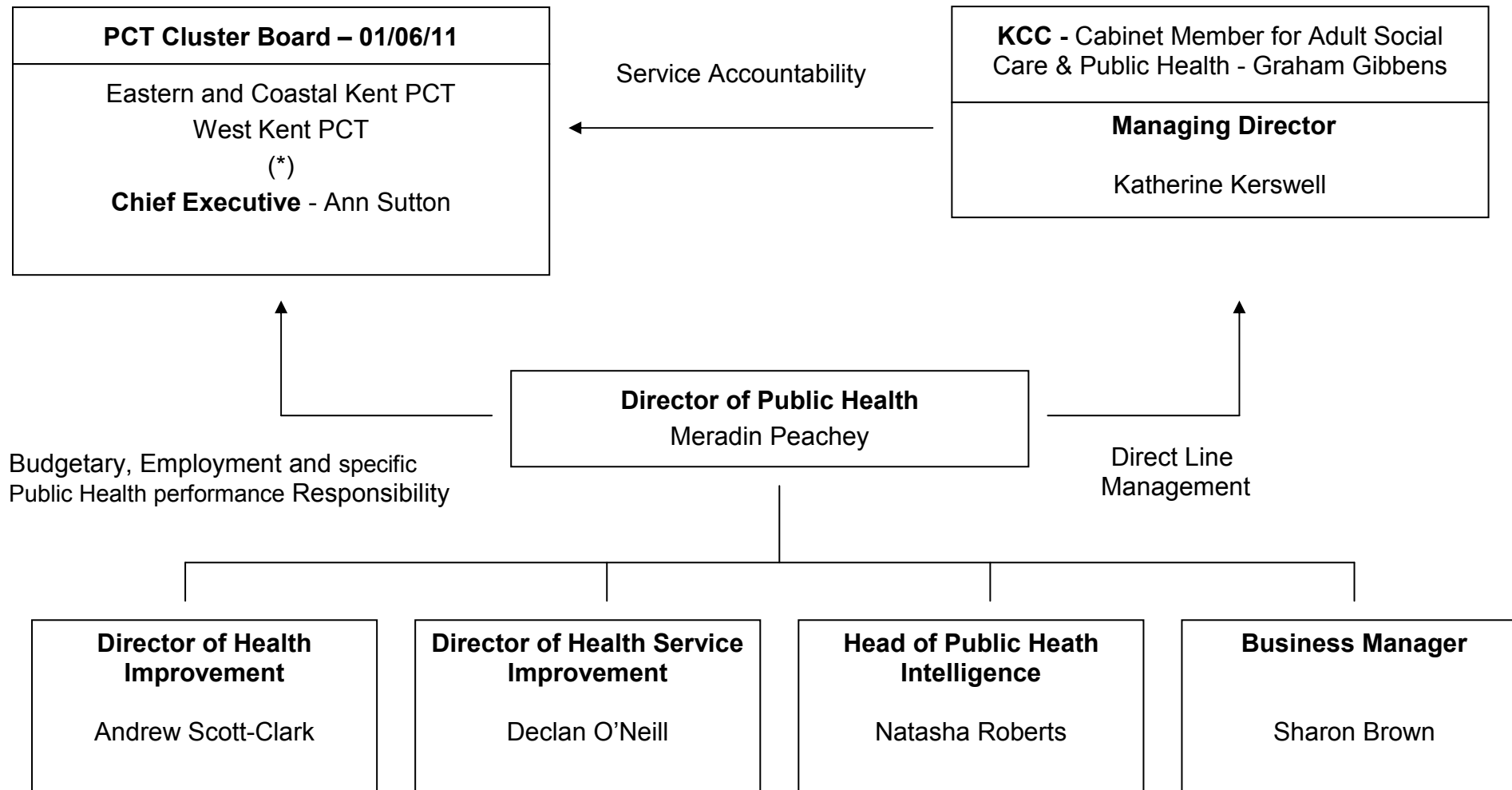
- 1.18.1 the PCTs shall be responsible for all Employee Emoluments in relation to the Aligned Staff up until the date of termination of this Memorandum of Understanding even if the date of the transfer is deemed to have occurred earlier;
- 1.18.2 the PCTs shall indemnify and keep KCC indemnified against all claims, losses, damages or awards including any associated legal costs incurred by KCC arising out of or relating to any act or omission of the PCTs arising from or relating to the employment of the Aligned Staff or its termination prior to the date of the termination of this Memorandum of Understanding or the date upon which any transfer of staff in accordance with TUPE is deemed to have occurred if earlier; and
- 1.18.3 the PCTs and KCC shall otherwise cooperate with each other to determine such other required financial contributions and other necessary arrangements that may be required to give effect to the transfer.
- 1.19 For the avoidance of doubt, the PCTs shall continue to be responsible in respect of any claims or other liabilities whatsoever which arise in respect of or from the Aligned Staff and in respect of any claims or other liabilities to any third party arising out of any act or omission of the Aligned Staff during the term of the Memorandum of Understanding and it will continue to maintain such relevant NHSLA cover in respect of the Aligned Staff except for all claims or liabilities arising from any act or omission of KCC.
- 1.20 The PCTs shall use its reasonable endeavours to procure the consent of the Aligned Staff to KCC having access to such personal data relating to the Aligned Staff which is under the PCTs' control as may be reasonably required by KCC.
- 1.21 Nothing in this Schedule shall be construed as having the effect of forming or recording any relationship of employer and employee between the Aligned Staff and KCC.
- 1.22 Financial responsibility for PCT staff remains with the PCTs and for KCC staff financial responsibility remains with KCC.
- 1.23 Budgetary responsibility is held by the Director of Public Health, who is accountable to both PCTs and KCC under their respective financial protocols and procedures

Schedule 3

Governance and Accountability of PCT staff Aligned with KCC

(* Medway PCT, not shown here has similar accountability to PCT Cluster Board)

Page 28



Schedule 4

Currently identified commissioned public health activity and budgets in Eastern and Coastal Kent PCT and West Kent PCT:

Service	Contract value – 11/12	Service Provider
East Kent Stop Smoking Service	£1,609,970	Eastern and Coastal Kent Community Services NHS Trust
Healthy Weight Services	£937,831	Eastern and Coastal Kent Community Services NHS Trust
Health Trainer Service	£683,395	Eastern and Coastal Kent Community Services NHS Trust
Sexual Health services	£7,090,432	Eastern and Coastal Kent Community Services NHS Trust
Sexual Health Promotion	£374,015	Eastern and Coastal Kent Community Services NHS Trust
Termination of Pregnancy	£1,116,787	Marie Stopes
Healthy Schools programme – (overseen by Children’s Services Commissioner)	£305,546	Eastern and Coastal Kent Community Services NHS Trust
Breastfeeding promotion (£90k)	£0K 11/12 (£90K 10/11)	PS breastfeeding
Healthy walk funding	£0K 11/12 (£81K 10/11)	Kent County Council
Swale Community development worker	£19,488	Swale CVS
GP Healthy weight pilots	£TBC 11/12 £167,385 10/11	Various practices
Enhanced services	£138,696 £98,564 £566,879 £65,000	Various practices
Alcohol services	£400,127	KDAAT * commissioned jointly with Probation Service who contribute £60k
West Kent Stop Smoking Service	£1,000,000	Stop Smoking Team (Public Health)

Healthy Weight Services	£437,999	Local Authorities and Healthy Living Centres Dartford & Gravesham NHS Trust (dietetics dept)
	£36,000	NB: In addition, PCT awarded Pilot Status for DoH Change4Life (one-off funding from Community fund - £50k)
	£8,000	One off programme of training from accredited training providers
	£130,000	Acute Hospitals (DVH, Maidstone and Pembury); Community Breastfeeding Support workers; individual contracts with National Childbirth Trust;
	£47,000	West Kent Community Health
Health Trainer Service	£75,000	NHS West Kent
Sexual Health services	1,000,000	NHSWK Chlamydia Team West Kent Community Health Acute Trusts for GUM GPs and community pharmacies Healthy Living Centres Urban Blue bus
Local Authority Community Development (Health and Wellbeing programmes)	£291,999 £270,000	6 Local Authorities
Alcohol services	£90,000 £40,000* £133,000	KDAAT * commissioned jointly with Probation Service who contribute £60k
Healthy Schools programme	£180,000	NHS West Kent
Total	£17,145,688	

Schedule 5

Current public health functions that are the responsibility of the Kent DPH:

These functions have been identified along with the staff that currently deliver them. Some of the main local authority contributions are included in italics:

HEALTH IMPROVEMENT	WORKFORCE
<p>Joint strategic Needs Assessments (JSNA)</p> <p>Commission Health and Well being interventions</p>	<p>Consultant in Public Health Public Health intelligence officers <i>Joint work with LA's esp. KASS and CFE</i></p> <p>Consultant in Public Health</p>
<p>Building sustainable capacity and resources for health improvement and reducing health inequalities:</p>	<p>Public Health specialists with commissioning skills <i>Many LA functions contribute directly to reducing health inequalities – HI Strategy applies</i></p>
<p>Sexual health (inc Teenage Pregnancy)</p> <p>Manage business planning, service specification and tender process for service</p> <p>Manage Service Level Agreements and contracts with providers</p> <p>Directly manage provision of chlamydia services</p> <p>Performance management and evaluation</p>	<p>Consultant in PH PH specialists <i>Teenage Pregnancy Partnership Youth Service</i></p>
<p>Smoking cessation and tobacco control</p> <p>Manage Service Level Agreements and contracts with service providers</p> <p>Management of smoking cessation service</p> <p>Performance management</p> <p>Analysis</p> <p>Tobacco control</p> <p>Alcohol and substance abuse services</p> <p>Manage service specification and development</p> <p>Performance management, data collection and analysis</p>	<p>Consultant in PH PH specialists</p> <p><i>LA Trading Standards LA Environmental Health</i></p> <p>Tobacco control manager</p> <p>Consultant in PH ,PH specialists <i>Kent Drug and Alcohol Action Team</i></p>
<p>Healthy weight</p> <p>SLA and contract with providers</p> <p>Target monitoring and data collection</p> <p>Analysis</p>	<p>Consultant in PH, PH specialists</p>
<p>Mental Health</p> <p>Manage service specification and development</p> <p>Manage Service Level Agreements and contracts with providers</p> <p>Performance management</p>	<p>Consultant in PH PH specialists <i>Joint Mental Health Service</i></p>
<p>Falls prevention</p> <p>Manage service specification and development</p>	<p>Consultant in PH PH specialists</p>

Activity monitoring	<i>LA KASS involvement</i>
Health Care Acquired Infections Performance management and Service Level Agreement monitoring Incident reporting Target monitoring	Consultant in PH PH specialists <i>Kent HealthWatch</i>
SCREENING	
Antenatal; Neonatal - newborn hearing; Cancer - breast, cervical, bowel; AAA; Diabetic retinopathy; Chlamydia; Develop newborn physical exam Surveillance monitoring Quality assurance SLA and contract monitoring performance, data collection and analysis	PH specialists Consultant in PH
HEALTH INEQUALITIES	
Healthy living centres service specification, contract monitoring and data analysis Service development Learning difficulties expert input	Consultant in PH <i>Many LA functions contribute directly to reducing health inequalities – HI Strategy applies</i> PH Specialists <i>LA LD services and policy</i>
Vulnerable groups expert input	<i>LA services and policy</i>
PARTNERSHIP WORKING	
Build strategic partnerships Statutory duties include participation in: LSP; CSP; JSNA; Safeguarding Children Board; Children's Trust Board; Local Health and Wellbeing Board Community engagement Advocacy for health <i>Kent Partnership</i> <i>Kent Agreement</i>	Consultant in PH PH Specialists Senior Health Improvement Officers Health improvement specialists Campaigns co-ordinator Consultant in Public Health Health improvement specialists Communications officers <i>Officers from all KCC directorates and policy functions</i>
HEALTH AND EUROPE CENTRE	
European partnership working Social enterprises Training opportunities for PH staff	Director and business administrator <i>KCC International affairs</i>
SCHOOL HEALTH	
Enhanced healthy school status promotion National Indicators <i>Healthy Schools programme and PHSE education in schools</i>	Consultant in PH PH specialists <i>LA Function within CFE</i>

HEALTH TRAINERS	
Service specification and development SLA monitoring Professional development of HTs Activity data collection and analysis	Consultant in PH PH specialists
COMMUNICATION	
Social marketing Health promotion	<i>LA policy and comms functions</i>
HEALTHCARE - PUBLIC HEALTH	
Clinically and cost effective health services commissioning Needs assessment Care pathways, policies and guidelines to improve health outcomes Assess need, demand, utilisation and outcomes Commissioning support through information provision Decommission where evidence supports	DPH, Consultant in PH, PH Specialists, Information Analysts <i>JSNAs jointly with LAs</i> <i>KASS contribution</i>
Prioritisation of health and social care services Evaluate clinical and cost effectiveness Exceptional treatment requests •Produce evidence summaries •Panel members Clinically appraise business cases	DPH, Consultant in PH, PH Specialists, Information Analysts, PH Pharmacist
Equity of service provision Monitor access and use of services Use of Health Equity Audit Use of Equity Impact Assessment Plan services for vulnerable groups	DPH, Consultant in PH, PH Specialists, Information Analysts <i>Kent HealthWatch</i>
Clinical governance and quality improvement Agree service specifications and standards to monitor performance and outcomes Generate information to support QA and monitor performance Audit services and practices to improve outcomes Benchmarking against NICE guidelines	DPH, Consultant in PH, PH Specialists, Information Analysts <i>Kent HealthWatch</i>
Healthcare audit, evaluation and research Links with Equity of service provision and Academic PH	DPH, Consultant in PH, PH Specialists, Information Analysts

Patient safety	DPH, Consultant in PH, PH Specialists, Information Analysts, statistician
Risk analysis	<i>Kent HealthWatch</i>
Serious untoward incident management	
Healthcare development/planning Horizon scanning Analyse cost, benefits and risks for new services/technologies Facilitate strategic and business planning Develop service frameworks	DPH, Consultant in PH, PH Specialists
Leadership for health Strategic view of future developments in health Provide leadership for improving health and tackling inequalities	DPH, Consultant in PH, PH Specialists <i>Public Health policy function</i>
Capacity building Ensure access to training posts Workforce planning	DPH, Consultant in PH, PH Specialists Workforce planner
HEALTH PROTECTION	
Reactive acute functions Proper Office of local authority Contact tracing Outbreak and incident control Infection control including advice on HCAI Advice on immunisation queries	CCDC, DPH, Health Protection Nurses/Specialists
Proactive prevention functions Outbreak prevention plans eg. Tuberculosis, STIs, port health Environmental health liaison Microbiology and tropical diseases medicine liaison Emergency preparedness Business Continuity	CCDC Analysts Emergency planning officer <i>Emergency Planning function</i>
Both proactive and reactive functions Advice on novel threats to health and manage risk	Analysts, surveillance and data support staff
INFECTION PREVENTION AND CONTROL	
Monitoring Tuberculosis Business plan, service specification SLA performance and monitoring Tracing and incidents participation	CCDC, DIPC Consultant in public health (PH), CCDC
Influenza planning	Consultant in PH, CCDC

Seasonal Pandemic	<i>Emergency planning</i>
IMMUNISATION AND VACCINATION	
Performance and contract monitoring Target monitoring and data collection for the following programmes: •Childhood vaccination programme •HPV •Staff flu programme	Consultant in PH Immunisation co-ordinator
PUBLIC HEALTH INTELLIGENCE	
DPH annual report Health needs assessments	DPH PH Consultants
Mapping health indicators Health equity audit Health impact assessment Improving quality of health data PBC tailored inequality planning Economic modelling and evaluation Surveillance Evidence analysis and guidance	PH Specialists PH analysts Knowledge manager Librarian <i>KCC data and information functions</i> <i>Public Health policy function</i>
ACADEMIC PUBLIC HEALTH	
RESEARCH AND ANALYSIS	
Determine priorities for PH research Formulate specific PH research questions Define outcome measures Gap analyses Translate complex research results into information and knowledge to improve population health and wellbeing Evaluation of health services and PH interventions	PH consultant Lecturer in PH SpR/SPT in PH Social scientist Epidemiologist Health service researcher
EDUCATION	
Teaching of other staff, medical students and colleagues Mentorship and group tutorials London/KSS Deanery training programme Specialist portfolio development CPD KSF IPA Public Health Champions	DPH, Consultant in PH, PH Specialists

**THIS MEMORANDUM OF UNDERSTANDING is duly executed on the date stated above
by**

.....
Ann Sutton – Chief Executive of Kent & Medway Cluster

For and on behalf of NHS Eastern & Coastal Kent

.....
Ann Sutton – Chief Executive of Kent & Medway Cluster

For and on behalf of NHS West Kent

.....
Katherine Kerswell – Managing Director
For and on behalf of Kent County Council

By: Graham Gibbens, Cabinet Member, Adult Social Care and Public Health
Malcolm Newsam, Interim Corporate Director, Families and Social Care

To: Adult Social Services and Public Health Overview and Scrutiny Committee – 7 July 2011

Subject: **DRAFT KENT ANNUAL CARERS REPORT APRIL 2010- March 2011**

Classification: Unrestricted

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

Introduction

1. (1) This third year report (Appendix 1) provides an update of the support provided for Carers in Kent during 2010/11, and shows the combined contribution by the voluntary sector, Kent County Council Adult Social Services, the NHS in Kent, private and the independent sector and Children's Social Services.

(2) The Carers Advisory Group, whose membership is drawn from key partners involved in the support of carers across Kent, have commented on the contents of the draft Annual Report 2010/11 during consultation in May 2011. The Advisory Group continues to have a central role in the implementation of the Multi Agency Kent Adult Carers Strategy which was launched in 2009.

(3) The purpose of this report is to present the draft Kent Carers Annual Report 2010/11 to the Policy Overview and Scrutiny Committee (POSC) for consideration. The Kent Carers Annual Report 2010/11 informs the Committee about the carers policy and support landscape that has fashioned the work that Families and Social Care has undertaken in partnership with the various organisations to support both adult and young carers in the county. It sets out the national policy drivers and captures in one place information about all major carer-related activity.

(4) The final report once endorsed by the Adult Social Services and Public Health Overview and Scrutiny Committee shall be published on kent.gov in PDF format. Any tables in this draft report will be replaced by graphics in the final version .

(5) Following the endorsement of the Kent Carers Annual Report 2009/10 by the POSC on the 25 June 2010 members requested the opportunity to attend Carers Training Courses.

The reason this has not happened is because in September 2010 the DH withdrew funding for the delivery the Carers Training pilot 'Caring with Confidence', due to this Kent County Council and West Kent PCT commissioned and redesigned the 'Caring with Confidence' course and developed the new 'Caring Confidently in Kent' Carers training course, delivery is currently suspended while the course outcomes and content are evaluated. Invitations to POSC Members are therefore suspended.

Policy and Strategy Context

2. (1) In the last year there have been several national policy developments for carers which have been referenced in this year's Annual Report:

- The National Carers Strategy Refresh 'Recognised, Valued and Supported – next steps for the Carers Strategy' 2010
- NHS operating framework 2011-12
- White paper: 'Equality and Excellence, Liberating the NHS' 2011

(2) This report also refers to Bills before Parliament:

- Health and Social Care Bill 2011
- Carers (Identification and Support) Bill 2010 -11

(3) **How carers services are contributing to Bold Steps and the three ambitions for Kent:**

- **To help the Kent economy grow** – Health and Social Care Commissioners have reviewed all carers services in Kent and have created a new model of carers services due to commence in April 2012. All commissioners are committed to reinvesting funds in the voluntary sector to encourage and assist economic growth.
- **To put the citizen in control** – Policy are working alongside commissioners to ensure carers and voluntary sector partners voices are heard and new services are developed alongside their wishes. Policy and information technology developments will also ensure that carers support outcomes are reviewed, creating a mechanism for reporting on carers satisfaction of services and informing future commissioning.
- **To tackle disadvantage** – Carers are well reported as a disadvantaged group who are often not able to access the same employment, education and life opportunities as other members of the public¹. Kent County Council and partners have developed the new model of carers support services based on one point of access and service equality countywide. With the current Bills before Parliament, there are due to be significant changes for carers and their rights within legislation. Kent County Council and their partners are already working towards enforcing these changes within Kent.

¹ National Carers Strategy 'Carers at the heart of 21st century families and communities' 2008

Content and Format of the report

3. (1) The key areas of development for Kent Carers in 2010-2011 are:

- Carer Awareness Training for Professionals
- Caring Confidently in Kent
- DementiaWeb and 24 hour Helpline
- Support for Deaf Carers
- Dementia/Care Crisis Support Service
- Independent Dementia Advocacy
- Carers/Family and Friends of Substance Misusers
- Quality of Care Project
- Carers Survey
- Carers Needs Assessment
- Carers Assessment Policy
- Better NHS Support for Carers
- Dementia Peer Support
- Dementia Cafes
- Kent Carers Emergency Card

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

- Quotes from Carers identified by the Better NHS Support for Carers Project:

'Really nice to have someone who's independent from the wards and can give us advice impartially'
'Without you I'm not sure what I would have done over the last couple of months, I can't imagine not having a hospital carer support worker and feel it must be a service that continues'
'Its so nice to hear that someone is there for us carers'

- Examples of short breaks and Carers having a life of their own as a result of the Carers Assessment Policy:
 - Art supplies to pursue a hobby
 - Seats/planters for the carer's garden to help them to relax
 - Driving lessons to combat isolation

Conclusion

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

Recommendation

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

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Appendices:

Appendix 1 Carers Annual Report

Background Documents:

Kent Adult Carers Strategy

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

Kent Adult Carers Annual Report 2009/2010.

<https://shareweb.kent.gov.uk/Documents/adult-Social-Services/carers/CarersReport.2009-2010.pdf>

Health and Social Care Bill 2010-11

<http://services.parliament.uk/bills/2010-11/healthandsocialcare.html>

Kent Adult Social Services Active Lives

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

Recognised, Valued and Supported. Next Steps for the Carers Strategy 2010

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_117249

Equality and Excellence, Liberating the NHS 2010

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353

Kent Carers Annual Report 2010/11

A Partnership Report

Contents	Page
FOREWORD by Graham Gibbens, Cabinet Member, Adult Social Care and Public Health, Kent County Council	3
SECTION 1 Introduction	4
SECTION 2 Kent Carers Partnership in Action	5
2.1 Kent Adult Carers Strategy	5
2.2 Carers Advisory Group	5
2.3 Carers Reference Group	5
2.4 Kent Adult Carers Strategy Implementation Group	6
2.5 Carers Joint Commissioning Group	6
SECTION 3 Developments since the last Annual Report	7
3.1 Carer Awareness Training for Professionals	7
3.2 Caring Confidently in Kent	7
3.3 DementiaWeb and 24 hour Helpline	8
3.4 Support for Deaf Carers	9
3.5 Dementia/Care Crisis Support Service	9
3.6 Independent Dementia Advocacy	10
3.7 Carers/Family and Friends of Substance Misusers	10
3.8 Quality of Care Project	12
3.9 Carers Survey	13
3.10 Carers Needs Assessment	14
3.11 Carers' Assessment Policy	14
3.12 Better NHS Support for Carers	15
3.13 Dementia Peer Support	17
3.14 Dementia Cafes	17
3.15 Improving Access to Diagnosis and Support in BME Communities	18
3.16 Carers Health Checks	18
3.17 Carers Support Centre	18
3.18 Home Treatment Service	18
3.19 The Sahayak Project	18
3.20 Additional work with carers of people with learning disabilities	19
3.21 Young Carers are now recognised nationally as a group vulnerable to poor outcomes	19
3.22 Parent Carers	20
3.23 Kent Carers' Emergency Card	20
SECTION 4 Looking to the future	21
APPENDIX 1 Submissions by Voluntary Organisations Supporting Carers	23
APPENDIX 2 Short Breaks for Carers	36

Foreword by Graham Gibbens, Cabinet Member, Adult Social Care and Public Health, Kent County Council

Caring is a natural part of family and community life, many people may not call themselves a 'carer' and there are a number of people looking after someone who has an illness or is unable to care for themselves. Providing care, everything from personal and emotional support to nursing and treatment in this way can quite literally change a person's way of life; therefore it is important to also care for the carer.

The county council and its partners recognise the role carers play, and the fact that though they may want to care for their family member or friend, to continue to do so, they may need support and regular time away from caring.

We believe that working in collaboration with public sector partners, the voluntary sector and carers is the most effective way of delivering high quality services for carers in Kent. Kent County Council is committed to the continued development in commissioning carers services in partnership.

We want to make support for carers in Kent among the best in the country so that the many dedicated carers in Kent can continue doing what they do better than anyone else could; looking after the people in their life.

SECTION 1 Introduction

This is the third Kent Carers Annual Report. Its aim is to report updates on the collaborative development of support provided to adult carers in Kent since the Kent Carers Annual Report 2009/10.

It is estimated that around 5 million adult carers in England provided care and support to a family member or friend in an unpaid capacity. Two in five people were receiving care and support from a family member or friend, without any additional social care support in 2009/10. This contribution made by carers equates to an economic value of £76 billion*. Kent County Council's approach towards carers along with their partners in health, voluntary and third sector services is based on the understanding that carers are the main providers of care and support, and it is important that they are supported in their role and recognised as expert partners in care†.

Kent County Council and the NHS have a responsibility to ensure that carers are supported and have access to timely information, support to care which can include short breaks‡, practical assistance, and emotional support and help to maintain their own health. Much of our work with carers is delivered through a range of partnerships, through grants, service agreements or contracts with the voluntary and independent sector.

For information on national and local policy, legislation and demographics for carers please refer to the Kent Carers Annual Report 2009/10. The main body of this report references national policy and legislation that has been developed over the last year.

* Information Centre, *Survey of Carers in Households 2009-10* (2010) p 7

† White Paper: 'Equality and Excellence, Liberating the NHS' (2011)

‡ Department of Health, *NHS Operating Framework 2010-11* (2010)

SECTION 2 Kent Carers Partnership in Action

2.1 Kent Adult Carers Strategy

The multi-agency Kent Adult Carers Strategy is a joint commissioning strategy which was launched on 2nd July 2009. The Kent Adult Carers Strategy sets out the vision we plan to take forward working in partnerships across Kent.

In 2010 the government refreshed the 2008 National Carers Strategy 'Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own'. This strategy refresh 'Recognised, valued and supported: next steps for the Carers Strategy' 2010, identified four new priorities for meeting the needs of carers:

- Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages.
- Enabling those with caring responsibilities to fulfil their educational and employment potential.
- Personalised support both for carers and those they support, enabling them to have a family and community life.
- Supporting carers to remain mentally and physically well.

2.2 Carers Advisory Group

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

The Carers Advisory Group, which is facilitated by Kent County Council, includes representatives from all key partners involved in the support of carers across Kent (Appendix 1). The role of the group is to focus on partnerships and joint working to develop a locally agreed response to current and future Carers needs. The group's work informs the planning and commissioning of services for adult carers across Kent.

2.3 Carers Reference Group

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

If you are a Carer and would like to join the Carers reference group please call Kent Adult Social Services on 01622 696258 or alternatively send an email to kentcarers@kent.gov.uk

2.4 Kent Adult Carers Strategy Implementation Group

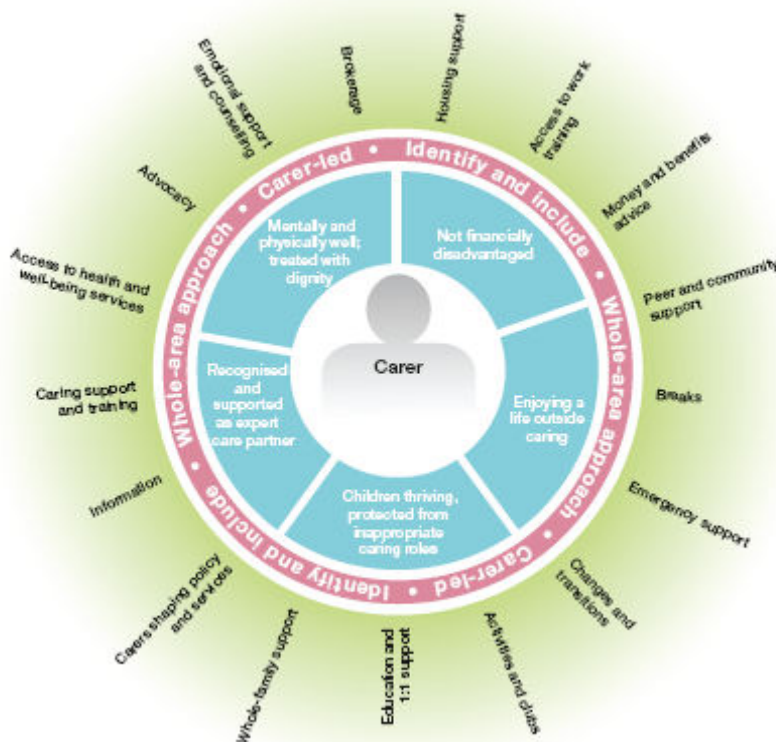
The East Kent Implementation Group that has driven forward the implementation of the Kent Adult Carers Strategy at a local level. Membership of the group is drawn from all the key partner organisations.

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

2.5 Carers Joint Commissioning Group

The Carers Joint Commissioning Group is a County Wide Group made up of key commissioners in health and social care, contracting departments and policy.

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



SECTION 3 Developments since the last Annual Report

3.1 Carer Awareness Training for Professionals

Carer Awareness Training for Professionals has been rolled out across North Kent in GP surgeries as part of the NHS Demonstrator Project 'Better NHS Support for Carers'. The sessions are run for either one or two hour sessions, depending on time allocation within surgeries.

The training programme began delivering the sessions in February 2011. The course module asks GP's to check their understanding of what a Carer is and their knowledge of Carers in the UK and Kent. GP's are asked to carry out a quiz testing their knowledge and understanding of the information provided during the session. The Laws and Rights surrounding Carers are also covered.

An e-learning package is in the process of being commissioned for the South East region with the purpose of providing online, work based training to professionals which will highlight the importance of the caring role and also help identify carers. It is proposed that this training will form part of the induction process for relevant staff.

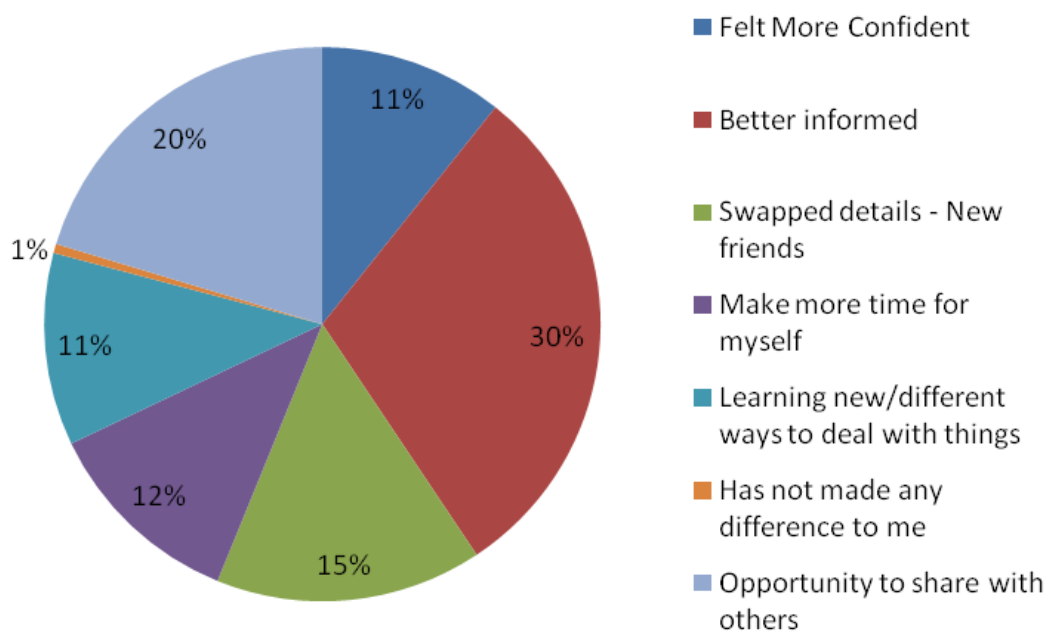
3.2 Caring Confidently in Kent

"Caring Confidently in Kent" was developed to replace the "Caring with Confidence" programme which ran from July 2009 until September 2010. The new course was condensed from a 7 week programme to a 3 week programme to increase carers ability to attend the course. Every effort was made to maintain the quality and integrity of the original course and combine it with the Carers UK material that NHS West Kent commissioned, to create a more focused and valuable programme for carers and professionals alike.

The aim of the programme was to enhance the knowledge and skills that carers already have. The programme was also designed to assist carers in taking steps to achieve time for themselves, enabling them to have a life of their own and take care of their own health needs, therefore reducing the risk of entering into a crisis situation.

The first Caring Confidently courses and professional sessions commenced in November 2010 in West Kent with a rolling programme was then delivered across the county of Kent. The sessions were commissioned to run until 31st March 2011.

During this time period 211 carer sessions were delivered. The graph below shows the impact carers reported due to attending the sessions:



3.3 DementiaWeb and 24 hour Helpline

Last year we reported the development of the DementiaWeb information website for people with Dementia and their carers. Along with the website is a 24 hour telephone helpline. Since its launch in May 2010 405 People have accessed the 24 hour telephone helpline, the breakdown of calls is tabled below:

Type of call

Information	206
Information and emotional support	98
Emotional support	101

Number of calls by area

East Kent	108
West Kent	98
Medway	49
Area not given	123
Outside of Kent and Medway	27

Time calls were received

8.30am – 1pm	156
1pm – 5pm	106
5pm – 10pm	69
10pm – 8.30pm	67
Time not recorded	7

Length of calls

0-5 min	165
6-10 min	91
11-15 min	52
16 – 20 min	24
21-25 min	16
26-30 min	24
Length of call not recorded	33

Contact information:

<http://www.dementiawebkentandmedway.org.uk/>

Tel **0800 500 3014**

3.4 Support for Deaf Carers

Last years annual report introduced a new project where The Royal Association for Deaf people [RAD] and Kent County Council have been working in partnership. The project has provided:

- Accessible information to d/Deaf people about what being a carer means through visits to Deaf clubs, local Deaf pubs - speaking to over 200 people.
- Accessible information about carers provision so that workers can support d/Deaf carers.
- Accessible information to eleven carers organisations to enable Deaf Awareness and improved access for d/Deaf people.
- Worked with seven d/Deaf carers providing initial advice and support and support for carers' assessments and access to relevant support services.

**Over 200 carers have
been engaged by this
project**

3.5 Dementia/Care Crisis Support Service

NHS West Kent commissioned a new service in 2010. The service provides crisis short break support aimed at preventing the breakdown of a caring situation that would normally lead to people with dementia being admitted to hospitals or to care homes.

The service is person-centred and quick to respond, it is staffed by trained and experienced care workers who are used to supporting people with more complex needs. The service supports and where necessary stays with the person and their carer until a full assessment of their needs can be made.

The service is meeting its set aims to enable better planning, avoid unnecessary admissions and enable crisis situations to be better managed.

So far it has supported over 130 people with dementia in times of crisis preventing admission to hospital or care homes. The service is regularly used when carers have been taken ill or are in crisis and provides peace of mind that their loved one is safe whilst they are temporarily unable to provide the care they usually do.

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

- Dartford, Gravesham & Swanley – Community Lifeline on 01474 709000
- Maidstone and Malling – Meritum on 01622 618608
- Tonbridge, Tunbridge Wells and Sevenoaks – Crossroads on 01622 816320

**Over 130 people have
been supported by this
service**

3.6 Independent Dementia Advocacy

A new West Kent Independent Dementia Advocacy Service began in May 2010. The service is designed to support people with dementia to express their point of view and ensure that their opinion is heard and that they are able to access the support, services and benefits that they are entitled to. In the first 10 months since the service began they have supported over 80 people with a range of issues ranging from support with financial issues to supporting decisions about whether or not to enter residential care. The service is run by Invicta Advocacy if you would like to make a referral please call 01322 285 234.

**Over 80 People have
been supported by this
service**

3.7 Carers/Family and Friends of Substance Misusers

The Kent Drug & Alcohol Action team and its commissioned substance misuse treatment services have continued to work successfully in partnership with carer agencies providing appropriate advice and information as well as practical and emotional support to carers/family members/friends of substance misusers.

Having a relative or friend who is a drug or alcohol misuser is an extremely stressful experience which can affect an individuals' physical health and psychological well being, finances, social lives and relationships with others. These impacts often means those families, kinship carers and other carers e.g. friends need help in their own right to enable them to cope better with what are usually ongoing, long-term issues.

Because of the associated stigma the problem is often hidden; individuals feel isolated and may be too embarrassed to enter treatment agencies for help. In addition, family members/friends of substance misusers do not recognise themselves as 'carers' and do not realise there is support for them.

As a result of this partnership, the service has been promoted more widely in the communities. Carers have the opportunity to attend regular support groups and/or access 1:1 support at a community centre rather than a treatment agency. The support groups are facilitated by a member of the carer agency and a representative from the local treatment agency. This joint approach ensures that the carers receive expert advice and guidance regarding drugs and alcohol at each session as well as expert carer support.

During 2010/11 the number of support groups for carers/family/friends of substance misusers increased and are as follows:

Tonbridge	:	hosted by Carers First – 01732 357555
Sittingbourne	:	hosted by Swale & Canterbury Carers – 01795 583440
Gravesend	:	hosted by NW Kent Carers – 01474 364733
Maidstone	:	hosted by Maidstone & Malling Carers – 01622 685276

In addition to accessing the support group some individuals have also benefited from being signposted to other services to meet diversity of need. They speak highly of the quality of support provided, the staff and speakers involved and the benefits they have derived from the friendships developed within the group.

The support group is a support and help to me just being there to listen and giving ideas and ways of helping me to cope with a very difficult and sometimes dangerous situation

Very helpful. Listening to others makes you realise it could be worse –you get to talk to others and you understand you are not on your own

The group has given me the strength to stop/reduce enabling my son's addiction. So far I have not felt the guilt I usually feel when saying no to requests for financial help

For more information contact:

Sally Duncan, Kent Drug & Alcohol Action Team (t) 01622 221676
(m) 07798674061 (e) sally.duncan@kent.gov.uk

3.8 Quality of Care Project

The My Home Life Programme has been commissioned in West Kent. My Home Life (MHL) is a UK-wide charitable initiative promoting quality of life for older people living and dying in care homes and for those visiting and working with them. It is a collaborative scheme bringing together organisations which reflect the interests of care home providers, commissioners, regulators, care home residents and relatives and those interested in education, research and practice development. 35 Care Home Managers from both the public and private sector are currently part of the programme. MHL was developed by over 60 academic researchers from universities across the UK (National Care Homes R&D Forum). The review of evidence focused on looking only at research that explored 'what residents want from care homes' and 'what practices work in care homes'.

Together these themes offer a vision for care homes, a framework from which to deliver quality of life.

<p>1.Managing Transitions Supporting people both to manage the loss & upheaval associated with going into a home and to move forward.</p>	<p>5.Improving Health & Healthcare Ensuring adequate access to healthcare services and promoting health to optimise resident quality of life</p>
<p>2.Maintaining Identity Working creatively with residents to maintain their sense of personal identity and engage in meaningful activity.</p>	<p>6.Supporting Good End of Life Valuing the 'living' and dying' in care homes and helping residents to prepare for a 'good death' with the support of their families.</p>
<p>3.Creating Community Optimising relationships between and across staff, residents, family, friends and the wider local community. Encouraging a sense of security, continuity, belonging, purpose, achievement and significance for all</p>	<p>7.Keeping Workforce Fit for Purpose Identifying and meeting ever-changing training needs within the care home workforce</p>
<p>4.Sharing Decision-making Facilitating informed risk-taking and the involvement of residents, relatives and staff in shared decision-making in all aspects of home life.</p>	<p>8.Promoting a Positive Culture Developing leadership, management and expertise to deliver a culture of care where care homes are seen as a positive option.</p>

35 Care Home Managers from both the public and private sector are currently part of this programme

3.9 Carers Survey

In last years annual report, we reported on the findings of the 2008 Kent Carers Survey and advised that the 2009 National User Experience Survey of Carers was due to be reported on. Now the 2009 finding are available we are able to compare the Kent findings from the two surveys. The surveys collated carers' thoughts, feelings and opinions on topics that could help them achieve a life of their own alongside their caring role.

The comparable findings showed that although between the two surveys there were no differences that made a statistical impact, there was an overall increase in carers' satisfaction:

<ul style="list-style-type: none"> • Overall, the findings show little significant change in how carers rate service quality or their social care related quality of life between The 2008 Kent Carers Survey and the 2009/10 Carers' Experience Survey.
<ul style="list-style-type: none"> • The comparison of the social care related quality of life of carers showed that there were, with the exception of occupation, no significant differences between the two surveys.
<ul style="list-style-type: none"> • There was a threefold rise in the number of carers reporting that they had used services to enable them to have a break of 24 hours or more in 2009/10 compared to 2008.
<ul style="list-style-type: none"> • There were no significant differences in the reporting of satisfaction with the help provided by Kent Adult Social Services between the two surveys, however satisfaction levels have increased.
<ul style="list-style-type: none"> • The percentage of carers saying they felt that they were always involved in the assessment and planning of the person they care for almost doubled between 2008 and 2009/10.
<ul style="list-style-type: none"> • There were an increased number of carers reporting that services made their lives easier in 2009/10 compared to 2008.

The full analysis of the 2009 National Carers Survey can be found at <http://www.ic.nhs.uk/statistics-and-data-collections/social-care/adult-social-care-information/personal-social-services-survey-of-adult-carers-in-england--2009-10>

3.10 Carers Needs Assessment

As mentioned in last years annual report Kent County Council (KCC) and both of Kent's PCT's commissioned a Carers Joint Needs Assessment. This needs assessment looks at the Kent population of carers, the impact caring has on people's lives and health, where services are meeting carers needs and how services could be improved in the future.

3.11 Carers' Assessment Policy

Carers Assessments and 'something for me' one off payments for carers has continued in 2010/11 following the launch of the Carers Assessment Policy in 2009.

Kent County Council has continued to pilot the commissioning of Carers Assessments via carers support organisations in two Kent localities. Due to the success of the pilot, it has been decided more recently to commission this service from the voluntary sector for the whole county.

Some examples of how carers used their 'something for me' payment as a result of the Carers Assessment Policy include:

- digital cameras to pursue a hobby



- salsa classes for exercise and socialising

- art supplies to pursue a hobby



- access to relaxation treatments such as reflexology or Indian head massages

- seats/planters for their garden to create a nicer place for the carer to relax.



- laptops to enable carers to keep in touch with family/friends or simply access things that have become difficult due to their caring role.

- refurbish a room to use a personal space in which the carer could relax



- driving lessons so that the carer would be less isolated

1428[§] Carers Assessments have been completed

3.12 Better NHS Support for Carers

NHS West Kent is one of seven National Demonstrator sites for this Department of Health funded 18 month project which finished at the end of March 2011.

[§] This figure includes Carers Assessments undertaken by Adult Social Services, Mental Health Services and the two Voluntary Organisations piloting Carers Assessments.

The overall objectives of the project were to:

- Identify new carers. Many people are carers but don't acknowledge themselves as such
- Provide advice, guidance, signposting and support to improve carer's confidence and their ability to provide care.
- Develop and deliver comprehensive training programmes to both carers and professionals

Project targets have been exceeded, as have revised targets. The original project target was to identify 150 new carers throughout the life of the project. As at the end of December 2010, 420 new carers had been identified and supported. A full evaluation of the project is currently underway and the full report is expected later this year.

Feedback from carers in relation to the project evidences the success and value it has brought to carers.



Work has started to explore opportunities to continue this valuable work.

Over 420 Carers have been supported by this project

3.13 Dementia Peer Support

Kent was successful in bidding to become a Department of Health Demonstrator Site to develop and evaluate models of peer support for people with dementia and their carers. The Demonstrator Project has funded both peer support groups and dementia cafes.

There are now five peer support groups in Kent: Maidstone, Ashford, Dover, Tenterden and West Malling. The Tenterden group is the most recent and started in January 2011, additional new groups are planned for Canterbury, Hawkhurst and Tonbridge. The long term aim is to have peer support group in every local authority district in Kent.

The objective of the peer support groups is to ensure that people can live well with dementia. They achieve this by providing emotional support, helping people come to terms with their diagnosis and reducing social isolation. The groups provide increased access to information, which is invaluable when someone has recently been diagnosed with a devastating illness, and attending the groups helps maintain independence and life skills as well as increasing self confidence and well being.

As a result of attending a peer support group is believed that admission to hospital or residential care will be reduced. These groups help sustain the health and well being of the person with dementia and increase the chance that they may be able to live at home longer as they are more able to care for themselves and their families are more able to cope.

The unanimous feeling amongst people attending peer support groups in Kent is that the stated aims of the groups are more than being met. Mainly that the support people give each other is invaluable in helping them come to terms with their diagnosis. The groups give people back some independence and they provide a chance to discuss problems and difficulties which may arise at home – as well as being a social occasion, with stimulating discussion and a chance to make new friends.

There are now 5 Dementia peer support groups in Kent

3.14 Dementia Cafes

There are six Dementia Cafes across Kent. Five are run by the Alzheimer's Society and one in the Gravesham Area is run by a local charity Alzheimer's and Dementia Support Services. The cafes are semi structured yet informal drop in sessions open to people with dementia and their carers. Each time the cafés meet there is a different speaker who will talk about a dementia, health or social care related subject. The cafés are also visited by

professionals so that they can be on hand to impart advice and information as necessary. The cafés are a unique mixture of a social event along with access to advice information and guidance.

There are 6 Dementia Cafes in Kent

3.15 Improving Access to Diagnosis and Support in BME Communities

The successful pilot for BME community development work in Dartford and Gravesham has been continued. The project is designed to encourage people from BME communities to understand what dementia is, to recognise the signs and symptoms, to seek diagnosis and engage with support services.

3.16 Carers Health Checks

The pilot project featured in the Kent Carers Annual Report 2009/10 continues in Ashford pending the development of joint commissioning arrangements between health and social care.

Swale and Canterbury Carers Support also employ a Carers Health Promotion Officer whose role is to monitor the Health and Wellbeing of the Carer and to provide healthy eating, exercise and lifestyle advice to the Carer and their family. Another key feature of this role is to forge links with health Professionals in order to raise awareness and recognition of Carers, the health inequalities they face and the role they perform.

3.17 Carers Support Centre

The carers support centre featured in the Kent Carers Annual Report 2009/10 continues in Dover District 4 days a week and in Thanet one morning a week. 600 carers used this service during the year. Most were new to the organisation and had not previously identified themselves as a carer.

Over 600 carers used this service

3.18 Home Treatment Service

The Home Treatment Service was featured in the Kent Carers Annual Report 2009/10. Work is due to start to look at extending the hours that the service works and to increase access from other services.

3.19 The Sahayak Project

The Sahayak project which is based in the Dartford Gravesham and Swanley area is run by Rethink and provides information and support for the Asian Community. The project provides support to people with mental health conditions and their carers.

3.20 Additional work with carers of people with learning disabilities

As part of the implementation of Valuing People Now in Kent some additional development work has been undertaken with groups of carers in Ashford and Maidstone. This work had 2 clear and separate elements that have been delivered by 2 nationally recognised organisations.

The first project looked at developing family/carers as leaders; leaders in terms of in their own life and with a view towards developing leadership skills to engage with public organisations. This project has been lead by the Foundation for People with learning disabilities who have facilitated groups of families/ carers to come together in both Ashford and Maidstone, with the support of both local Carers organisations and District Partnership Groups. The groups have explored issues around being a carer of people with learning disabilities and the major changes occurring to Health and Social Care. This in turn has lead to work within the groups to construct a local carer to carer information leaflet on personalisation and what it means to carers. The groups are keen also to promote peer support models and to look how they can influence and support the development of local policy for carers.

The second project has developed out of the VPN Housing Implementation Group together with the leadership group/Maidstone district partnership group. This group has looked at work around young people and housing options led by Housing Options, a nationally recognised organisation on this subject for people with learning disabilities. This has seen people explore a much wider range of options than most people look at including shared ownership, private tenancies, the use of direct payments and personal budgets. This work has led to individual planning and outcomes for a number of young people and their families identifying how they would like live in the future.

Both of these projects have emphasised to commissioners the positive results that can be achieved through the training and development of carers and families, as well as the cared for.

3.21 Young Carers are now recognised nationally as a group vulnerable to poor outcomes

Young carers in Kent have long expressed their view that School can be a difficult environment for them. The new Healthy Schools Enhancement Model, includes guidance on how to identify, support and meet the needs of young carers in school. This guidance reiterates that which has already been made available to Kent schools via Trust Web for a number of years, but the formalisation of the need to consider young carers under the Healthy Schools banner is a positive step forward. Across the county Healthy Schools specialists are including the needs of young carers in their discussions with local schools.

The Local Children's Trusts continue to commission a range of services for young carers and covers a range of social and recreational activities for young carers including:

residential weekends, weekly support groups, holiday and weekend activities; this is largely supported by funding via external grants and donations sourced by the carer centres.

- Activity in schools to build awareness of young carers and develop capacity to deliver in school support and identify young carers; and
- Tailored individual support for those young carers most in need.

For those Young Carers in greatest need of support a Common Assessment Framework (CAF) and Child in Need Assessment are appropriate routes to identify need and develop support.

3.22 Parent Carers

Disabled Children Service use their share of the Carers Grant to support parent carers in a whole variety of ways, including a very large increase in Direct Payments over the last 3 years. We also support a number of voluntary organisations in the support they give to parents and carers across the county through playschemes, support groups, direct support.

3.23 Kent Carers' Emergency Card

Every year 2 million people move in and out of caring situations, carers are not a static group and every day approximately 6,000 people take on new caring roles. This scheme continues to provide Carers with peace of mind when away from the person that they care for that should something untoward happened to them that emergency assistance could be accessed. Once the carer's role has ended, the card is cancelled. The following graph shows the uptake trend of the card since its launch in 2008,

2008/09	689
2009/10	1300
2010/11	1900

SECTION 4 Looking to the future

At the time of writing this report the Health and Social Care Bill 2011 is at the report stage at the House of Commons. The Bill, once it has received Royal Assent, will clearly lay out the responsibility for the reform of Health and Social Care services. The Bill promotes integration of Health and Social Care Services and increases democratic accountability and the public voice.

Also the House of Commons, will debate the Carers (Identification and Support) Bill 2010-11. This Bill, if it receives Royal Assent will require health bodies, general medical practitioners, and certain other organisations, to identify patients who are carers or who have a carer. It will also require identified carers to be referred to sources of help and support and to make further provision in relation to such arrangements.

Kent County Council Families and Social Care directorate is working closely with Eastern and Coastal Kent PCT and West Kent PCT to review carers' services that we fund and to ensure that future services are aligned with what carers have told us.

Carers have told us that they want to be able to easily access **Information, Advice and Guidance** at the time when they need it. In the future KCC will be hosting a single telephone number and funding an emotional support helpline for Carers so that Carers can easily get the information, advice and guidance they need when they need it.

Carers have a right to a Carers Assessments. Carers have told us that just being recognised by social services as a carer is associated with having a better quality of life. KCC and Health are working together to purchase **Carer Assessment services**.

KCC and Health are working together to purchase **Carer Support services** which are fully aligned with what Carers have told us is important to them.

The provision of **short breaks** (appendix 2) is often cited as the single most important issue by carers both in terms of their own quality of life and their capacity to continue in their caring role. KCC and Health are working together to review current services and ensure that in the future a range of short term break services are easily accessible in a crisis and bookable in advance.

In commissioning services in the future we have identified some key principles. It is essential that services are both affordable and sustainable into the longer term. It is important that we seek to reduce duplications and encourage providers to work together to improve the customer journey for carers. Services must be outcome focused and place the individual carer/user at the heart of delivery. Recent consultation and reviews have also highlighted the importance of ensuring that funding is proportioned fairly across the County to ensure that Carers can easily access services irrespective of where they live and this will play an important factor in how we fund services in the future.

Kent has been one of the three pilot areas for the national 'Whole Systems Demonstrator' project. Carers were a part of the evaluation framework, the publication of the final report is due imminently and it is anticipated this will provide some information about the support to carers by assistive technologies to inform our future commissioning strategy.

All of the above may mean some changes in the way services are currently provided to individual carers. We will be working very closely with Carers and those who support them to ensure that any changes to the services they receive are communicated well in advance. KCC and Health are committed to continuing to listen to and support Carers to undertake their caring role and live the life they want.

Appendix 1 Submissions by Voluntary Organisations Supporting Carers

Carers' Support

Carers' Support Carers Centre is based in Ashford and provides support, advice, and information and advocacy services to adult Carers within Ashford and Shepway area. Carers are always very welcome to pop into the Centre between 9-5pm Monday – Friday for support, advice or help to complete a form.

Support groups are held in Ashford, Folkestone, Hythe and New Romney . All of the groups have a following of regular Carers and welcome new people to the group. A monthly parent/carers group is held at the Carers Centre.

We support 1020 adult carers all of which are sent a Newsletter three times per year. Within the newsletter there is latest information about Carers issues, forthcoming activities for carers to attend and any training opportunities.

The Kent Carers' Emergency Card continues to be very popular with Carers who like to have the peace of mind when leaving their family member.

The tele-befriending project is a service which helps to reduce the isolation of Carers. A trained volunteer makes contact with a carer on a regular basis usually weekly, their friendship is built over a period of time. Many Carers like the opportunity to off load their thoughts and worries to someone outside of the family.

Carers Health Checks has been a highly successful project, which meant that Eastern Coastal PCT have funded this project. A member of staff and a nurse visit community groups and various venues throughout Ashford & Shepway, identifying Carers and offering health checks to all carers.

Carers Support organises various activities throughout the year for adult Carers. Recently there has been a trip to Bluewater Shopping centre, In the Autumn there was a therapy day held in Hythe and during the summer there was an afternoon Cream Tea at Beech Gardens.

For the past year there have been free weekly IT sessions at Norman House for Carers and their families to attend, enabling them to learn basic IT skills to gain access to online facilities. Other training courses we have organized are First Aid, visual and hearing impairment and hosting the Caring with Confidence program.

We have an active Young Carers Project, supports 352 young people between the ages of 6 – 18 years who are residents in Ashford, Shepway and Dover/Deal. Schools development workers visited schools within the area identifying Young Carers and offering help and support. Various activities/workshops are organized for the young people during the school holidays giving them the opportunity to learn and try new experiences.

Carers FIRST

Carers FIRST provides comprehensive information, advice and short breaks to carers across Tonbridge & Malling, Tunbridge Wells and Sevenoaks districts and for older carers of those with learning disabilities in Swanley, Gravesham & Dartford.

Adult Carers

The service, supporting 1915 carers, received 493 referrals an increased referral rate of 76%. A triage system was successfully introduced, providing a better and faster response. We continue to demonstrate that we are effectively reaching carers in all the communities we serve and that we adapted our services to meet their needs.

Support is provided through the general support service or through specialist projects:

Mental Health:

252 carers accessed practical and emotional support, support groups, and training programmes. Of these 116 carers benefited from the carers break fund. We continue to work in partnership with the CMA assessment worker and through the community initiative, "Re Connect".

Older Carers of those with Learning Disabilities:

The project provided support to 113 older carers and those they care for. Mutual caring roles, emotional support and planning for the future are the priorities of the service.

Substance Misuse Pilot:

11 carers access support groups and have received assessments, advice on benefits and employment and other needs

152 Statutory Carers Assessments were conducted on behalf of KCC and over 80 carers accessed Carer Direct Payments. All carers accessing the service may, if appropriate, receive a holistic assessment of their needs.

We hosted 613 attendances at support groups, 332 attendances at respite activities and 264 attendances at carer training days. 44 parent carers attended a main speaker event and 278 attendances were hosted at support groups and 117 at family respite events.

The befriending service is currently supporting 22 carers that are elderly carers or isolated elderly people living alone.

Carers FIRST circulated 8,176 newsletters and 3,180 of the older carer forum newsletters to carers, professionals and to community settings.

Young Carers:

Those young carers accessing the service continued to grow rapidly to 455, necessitating changes in our assessment and support model. Owing to uncertainty over funding, changes have included closure of 3 support groups. All children continue to have access to groups and comprehensive support.

Attendances at support groups were 859. We held 231 school drop-ins and 31 assemblies. We provided 356 respite breaks, including that 59 young carers accessed 4x 4 day and 3x3 day residential trips. In addition we provided 17 respite activity days.

Young carers regularly access one to one support and we provide support at CAF and other review meetings.

Carers' Support- Dover District & Thanet

Carers' Support – Dover District and Thanet provides support for Carers, over the age of 18 who live in Dover, Deal, Sandwich, Broadstairs, Ramsgate, Margate and outlying areas.

As part of their core service, Carers' Support – Dover District & Thanet maintain regular contact with all of their 1400 clients by telephone and offer emotional support, advice and information; this can be more or less frequent depending on each individual case. They make on average 8000 calls to and about Carers per year and receive 6500 calls from Carers and professionals seeking support and information. During the year 600 carers used the Carers Centre drop in service for information and advice. They also run a number of support groups to include, a monthly group for older Carers of an adult child with a learning disability, a monthly support group for those caring for someone with a dementia and a monthly coffee drop-in for those with memory problems and their Carers. There is a general Carers support group in Thanet and a former Carers social group.

There is a Carers and former Carers walking group in Deal, Dover and Thanet lead by a former Carer

Carers' Support – Dover District & Thanet also run fortnightly a Young Onset Dementia (YOD) Activities Project, this is for Carers and the cared for to attend together and focuses on communal activities such as gardening, cooking and eating lunch together.

Forums and information events are held for Carers and to consult with them on their needs. They are working with the matrons from the 3 hospitals in the locality to implement the "This is Me" admission form for those with a dementia on an acute hospital ward. They work with local GPs to raise awareness of Carers.

They, along with Carers First in West Kent are undertaking a Carers' Assessment pilot on behalf of Kent Adult Social Services. 118 carers received an assessment during 10/11 and 47 received a 'something for me' payment.

Maidstone and Malling Carers Project

Maidstone and Malling Carers Project is a point of contact for anyone living in Maidstone and Malling who looks after a relative, partner or friend. Currently 1,743 carers are registered with the project.

The following services are provided;

Information, advice and guidance tailored to the individual needs of carers. The project regularly reprints a range of updated information booklets for carers with 9,000 distributed throughout the local community. All publications including newsletters can be downloaded via the projects website.

Emotional support - either face to face or over the phone and sometimes by email. There is a proactive telephone service for currently 103 carers. Each carer receives a regular call at a frequency and time to meet their needs; this provides a valuable lifeline to the most isolated carers and has also helped pick up issues before they develop into a crisis.

Practical assistance is given with benefit applications, during 2010/11 around £408,180 was successfully claimed for carers and their families. Carers are supported to assert their rights, access entitlements and when necessary advocacy is provided.

Peer support groups are facilitated, 6 run currently every month and include groups for; all carers, mental health carers, learning disability carers and people affected by another's substance misuse. Between 6 - 15 carers attend each group.

Carers health and well being is often neglected and to address this the project runs a wide range of social groups which bring carers together to share interests and activities. These include; weekly swim/gym group, line dancing, zumba dancing, monthly walking group, book group and art group and courses on card making, wire jewellery making and floral arrangements.

Maidstone Carers Forum enables carers to meet and speak directly to planners and managers of health and social services. The Forum meets 3 times a year. There are 500 carers on the attendance circulation with an average of 40 carers attending each event.

A dedicated mental health carer support worker provides services to 238 carers. The project also administers the mental health carers breaks fund accessed by 41 carers. Breaks are flexible and responsive to carers needs.

The project promotes the Kent Carers Emergency Card and has registered 355 carers to date, has hosted the NHS Pilot to improve support to carers, and facilitated delivery of the Caring with Confidence Programme.

Swale & Canterbury Carers Support

Swale & Canterbury Carers Support aims: to promote, support and empower Carers of all ages residing within the Swale and Canterbury districts of Kent; to reduce the stress and stigma associated with the caring role and in the case of Young Carers to restore lost childhood.

SCCS provides a comprehensive range of support services to Carers of all ages, including advice, information, advocacy, 1:1 and emotional support services to unpaid family Carers, along with support groups and respite opportunities.

The services currently provided include:

Adult Carer Support - an adult caring for another adult with a physical disability, mental health problems, substance misuse, elderly or frail, long term or terminal illness.

Within the Adult Carer Support services are the following additional services.

Older Carers of people with Learning Difficulties (OCLD). Carers aged 60+ caring for an adult child with learning difficulties.

Alzheimers and Dementia Support - for Carers looking after someone affected by Alzheimers and Dementia.

Parent Carer Support - supporting parents of children aged 0 - 25 years with additional needs or disability

Carers Health Promotion - raising awareness of Carers with health and medical professionals, monitoring Carers health and encouraging Carers to adopt healthy lifestyles to ensure and maintain their own well being.

In addition to supporting a wide-range of Adult Carers, SCCS also continues to provide Young Carers Support - for children and young people aged 5 - 18 years who are helping to care for someone with a physical disability, long term or terminal illness, mental health problems or substance misuse. This service is currently only available in the Sheppey and Sittingbourne areas of Swale.

Schools Development Service - raising awareness within Schools of the issues facing Young Carers through various means, including: Assemblies, PSHE lessons, staff training. This service is currently only available in the Swale area.

SCCS is currently commissioned by The Princess Royal Trust for Carers and Comic Relief to deliver 1 of 2 National Pilots considering 'The Whole Family Approach' and is working in partnership with Family-ActionSheerness to this effect.

With effect from April 2011 SCCS is to be commissioned to deliver support services specifically to Carers of those affected by Mental Health issues in the Swale area.

SCCS works in partnership with KDAAT to deliver specific Support to Carers of those with Drug, Alcohol and Substance Dep[endency].

SCCS has been named as KM Group Charity of the Year 2011 for Swale and was also named as Ward & Partners Children's Award, Charity of the Year in 2010.

SCCS normal opening times are 9 - 5.00 Monday to Thursday, 9 - 4.30 Friday

For further information, please visit our website at www.swalecarers.org.uk

North West Kent Carers Support

NWK Carers Support provides all the strategic services under both the national and Kent Carers Strategy. These are provided primarily in Dartford, Gravesham, Swanley and surrounding areas bounded by Vigo, Culverstone, Meopham, and Istead Rise across to New Ash Green, West Kingsdown, Eynsford, Farningham, Crockenhill then back to the Thames at Dartford. NWK Carers have over 1600 active Carers on their register, 370 are referrals in the last year.

Their services are primarily information, advice and guidance; support groups; short breaks; counselling, social events and networking activities. In partnership with Kent Adult Social Services and the NHS they have also facilitated the Caring Confidently in Kent learning and development programme at no cost to Kent's Carers.

NWK Carers' Support provides ten Carers' support groups including two for parent Carers of children with conditions such as autism. There is also a "transition" group for young adult Carers.

A valuable part of their information and advice service is 1:1 help with benefits advice in the Carers' home, achieving maximisation of income for Carers/cared for. Some additional advocacy services are also provided. This service contributes over £1million of new money to caring families every year which is generally spent locally on numerous aspects of their much needed support, thus contributing to the wider local economy.

NWK Carers' Support telephone helpline is the frontline point for Carer referrals, processing the Kent Carers' Emergency Card and sign posting to services provided by themselves or other organisations, statutory and voluntary. They produce and distribute the "Carers Connect" newsletter to 2000 carers, associates and professionals. It is also available from their web site www.carerskent.org

Wherever feasible and practical NWK Carers Support work in partnership with other organisations. They accept referrals from any source: self-referral, care management, social workers, Community, Ellenor and McMillan Nurses. NWK Carers Support is an NHS Demonstrator site aiming to improve Carers services and awareness through WK NHS, as well as being active participants in the Kent Carers Advisory and Reference Groups. For further information please call 01474 364733 or e-mail info@carerskent.org

Carers Relief Service

Carers Relief Service is a local Charity working mainly in the Swale, Maidstone and the Medway areas supporting adults with a learning disability who either live at home with their parents/guardians or who are attempting to live independently in the community.

Carers Relief Service provides a free service to carers of adults with a learning disability in the Swale area, carers outside the Swale area or adults with a learning disability can purchase support hours using private funding, direct payments, ILF or other funding streams.

Carers Relief Services aims are to provide a flexible service based on the carers requirements. We employ Personal Support Workers to work in the community with adults who have a learning disability to relieve the main carer from the pressure of caring. Over the years the emphasis has changed from staff staying in the clients' home to more requests to encourage adults with a learning disability to make choices about the activities they engage in within their community. Duties can include, shopping, swimming, hospital visits, attending parties and clubs, discos and support to attend a college course. We may also stay in the home to provide time for carers to relax, enjoy an outside interest or attend a social event. The service is designed to meet each carer's specific needs and provides a person centered approach to providing an individual care plan to the adult with a learning disability. The importance of familiar staff attending regularly is recognised.

DGSM yourChoice

DGSM yourChoice formerly known as DGS Mencap is a membership organisation and an independent charity supporting people with learning disabilities and their carers. The charity is affiliated to Royal Mencap and works across the Kent and Medway areas. It provides housing, day opportunities, drop-in centres, employment and training projects, leisure clubs, drama, music, short term breaks and support to people in their own homes through its registered domiciliary service Building Bridges.

The service supports over 500 people with a learning disability and their carers. Most of the charity's activities and projects result in carers getting much needed respite from their day to day caring role.

Specific services which directly affect family carers include:

Connect 3 in Orchard Street, Dartford runs the Community Access Project 3 days a week using money from the Carers Grant. The project offers coffee mornings for carers and community based activities for adults with a learning disability.

Lets Break Away is a project offering supported short term breaks in France to people with learning disabilities giving carers the opportunity of a well earned rest.

North Kent Carers Forum supported by the charity meets bimonthly on a Wednesday evening in Orchard Street, Dartford. The charity provides advice, support and training for carers through the Forum on important issues affecting carers' lives. The topics for discussion are driven by the Forum members and it's a very lively and welcoming group.

A Newsletter circulated bimonthly details the charity's activities but also includes useful information and tips for carers; 3,000 newsletters are circulated annually.

Housing & Support Carers Forums for family carers of people the charity supports in registered housing and supported living schemes are held regularly.

In July 2010 DGSM yourChoice was awarded the 2010 Kent Excellence in Business Award by Kent Social Services in recognition of its achievements. In 2010 40 new carers joined us, bringing the total carers on our register to 109.

DGSM yourChoice registered offices are based at 53 Highfield Road, Dartford DA1 2JS

Tel: 01322 281833

Further information on all our services can be found on our website www.dgsmyourchoice.org.uk

Caring for Mental Health DGS Mind

Caring for Mental Health is a service provided by Dartford Gravesham and Swanley MIND which is focused purely on the needs of Carers.

Caring for Mental Health has seen some notable expansion in the last year, and in keeping with our strategy to provide services across the three towns that form our catchment area, we have established monthly support groups in Swanley, Gravesend and Temple Hill Dartford, fulfilling the commitment made.

We are now in touch with 102 Carers, compared to the 60 a year ago, offering 1 to 1 sessions, support group meetings, Carers workshops and special "break" funds for carers to have a holiday or other activity away from the stress of those for whom they care. With a BAME (Black, Asian and Minority Ethnic) worker now attached to the service, we have spent time on alerting

organisations of our ability to now provide for people from these communities too.

We are also keen to develop a regular programmed course for Carers covering a wide range of issues useful to them in their caring role, which will enable them to continue caring whilst looking after themselves. This will hopefully commence in the summer of 2011.

We also provide advocacy to support carers in dealing with mental health professionals and other agencies.

A Social Group has been formed and facilitated by a trained volunteer, who has helped arrange social events and mutual support groups/coffee mornings.

We also provide access to our specialist library of books on mental health issues.

Towards the end of last year we ran a very successful training day on the experiences of Hearing Voices and being Bi-Polar which proved to be hugely beneficial to many of the Carers that attended. We hope to be able to repeat this kind of event as and when funds allow.

Alzheimer's and Dementia Support Services

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

ADSS provides advice, information and guidance to people with dementia and their carers. They have a website – www.alzheimers-dementia.org.uk. There has been 198 referrals to our services this year.

Our support groups in Gravesend, Meopham, Dartford & Farningham have 114 members. These groups are open to people with dementia and their carers. There is also a monthly support group for carers only which has 30 members and 26 carers have benefited from our 1 to 1 support services.

ADSS run day services at Garden Lodge in Northfleet six days per week, Tuesday to Saturday 10am to 3pm, providing places for 84 clients. Monday 10am to 3pm is a Club for people in the early stages of their dementia, providing places for 16 clients.

ADSS in partnership with the Alzheimer's Society run a 24 hour Help Line to enable carers and those with dementia to access round the clock information

and emotional support. This is also open to health professionals seeking information. The number is 0845 604 4391.

The five-year, Big Lottery funded Early Intervention Project with GP surgeries is in the second year and has completed work with 15 surgeries. Many patients identified by this project are now benefiting by using ADSS services.

The Black & Minority Ethnic Project continues to raise awareness, provide information, support and services to people from the BME communities. This post is funded by NHS West Kent.

A new development this year has been the dementia cafe. It has proved to be very popular and runs monthly in Gravesend. It provides information and social interaction for people with dementia and their carers.

Kent and Medway Alzheimer's Society

Kent and Medway Alzheimer's Society is a registered charity providing services to support people with dementia and their carers throughout the locality. We are dedicated to providing specialist services from highly trained and expert staff and volunteers. In 2010, we provided support to 7,158 people in Kent, which includes the 2,270 new carers registered in 2010. We have offices in Tudeley, Maidstone and Lympe.

Our approach is strongly person centred, prioritising the support needs of people with dementia. We facilitate a wide range of social and creative activities, including trips, sports, walks, music therapy, reflexology, massage, manicure, quizzes, puzzles, books, art, crafts, cooking and computing. Currently, we offer Day Support services in Tudeley, Tonbridge, Maidstone, Tunbridge Wells and Cranbrook. In 2011 we will be opening a new Day Support service in Hawkinge.

We have established a number of very popular Carers Groups and Lunch Clubs, which meet regularly in community centres and pubs. These groups are facilitated by trained staff to provide a safe environment in which to share concerns and worries and to socialise and enjoy the company of others.

In 2010 we were invited by the Department of Health to organise a network of specialist Peer Support Groups - for people experiencing the early stages of dementia, and to set up drop-in Dementia Cafes - providing information and support to people with dementia and their carers, in a relaxed and informal setting. These projects are successfully supporting people in Sevenoaks, West Malling, Maidstone, Ashford, Tenterden, Dover, Canterbury and Whitstable with more planned.

As part of a wider national organisation, we have campaigned successfully for NICE to recommend the universal availability of Alzheimer's treatment drugs for all who need them. We have also worked to raise awareness of the particular needs of people with dementia when being cared for in hospital,

which has led to the development of a widely accepted support leaflet 'This is Me'.

Our services are open to anyone with a diagnosis of dementia and we accept referrals from carers and professionals.

In partnership with other professional organisations we also offer a dedicated Kent wide 24 Hour Dementia Helpline 08456044391 and website www.dementiawebkentandmedway.org.uk to provide information and support.

Crossroads Care West Kent

Crossroads Care West Kent is a charity which supports carers in the West Kent area encompassing Dartford, Swanley, Gravesham, Maidstone, Malling, Sevenoaks, Tonbridge, Tunbridge Wells and the outlying villages.

Crossroads Care provides a free short break service to carers by supporting the cared for within their own home or enabling a social outing in the local community. The service is tailored to suit each family's needs and the needs of the individual, including providing personal care. The scheme supported 654 adult carers by providing over 59,325 replacement care hours with our team of specially trained and selected staff.

We actively engage in partnership working with statutory and voluntary bodies to improve services to Carers. We work with Macmillan Cancer Support and West Kent PCT to provide a specialist Palliative Care Service which gives flexible support to those caring for relatives or friends who have a life threatening condition.

Dementia Crisis and Emergency Response

Crossroads Care West Kent are working in partnership with Carers FIRST and Alzheimer's Society to provide an emergency and crisis response for those with dementia and their carers. The service has been in operation since April 2010 and we have helped 115 families cope with a crisis in their own homes.

Young Carers Project

Our Young Carers's Project supports children and young people who have a substantial caring role. We support 123 young carers through a weekly club, trips, activities and one to one sessions aimed at providing quality time in a supportive environment. Befriending sessions give the young carers some 'me' time where they can talk and offload. During the year we provided over 10,200 hours of targeted support.

Our activities are aimed at improving confidence and self esteem, social and emotional development, developing conflict resolution skills and reducing isolation. Club night activities include sports, dance, crafts, homework club, improving emotional resilience, discussing health issues and information sessions. Young carers can enjoy regular trips out and, for those who would

not otherwise have the opportunity, holidays (including under canvas) are provided in the summer months. Through funding from Comic Relief we have been able to run a programme of sporting activities for young carers including swimming, ice skating, trampolining and football. For those approaching the end of their academic study, we provide CV workshops, interview skills and access to careers advice. We are also looking to develop supportive work experience placements with local employers.

Crossroads Care East Kent

Crossroads Care supports Carers and the people they care for, by offering high quality replacement care, enabling Carers to have a break from their caring role knowing that their family member/friend is being well cared for. The service can take the form of emotional support for Carers, personal care for the person with care needs, or other care related support. It is usually, but not necessarily, provided in the persons own home.

Person centred planning is Crossroads key to a successful service. Mutually designed support plans, agreed by both Carers, and the people they care for, means that Crossroads Care can provide a unique service for individual families, helping to prevent or delay the need for residential care or social services intervention.

As a member of the national network of Crossroads Care charities, we work closely with health and social services, and other voluntary organisations to complement services that already exist, but not to replace them.

Crossroads Care currently receives funding from both health and social services to provide free respite care to Carers throughout our area of benefit; the 6 districts in East Kent, Ashford, Shepway, Dover, Canterbury, Thanet and Swale. During 2010/2011 we delivered nearly **70,000** hours of support to over **1166** Carers and people with care needs.

Volcare

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

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

Over the past year Volcare have provided 11,389 hours to 110 carers and the people they care for. In addition, new carers to the service have been visited and assessed for planned booked respite breaks later in the year.

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

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

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

Canterbury & Coastal Rethink Carers' Support Group

Canterbury & Coastal Rethink Carers' Support Group has been in existence since 1975. It was set up to help carers of relatives, partners or friends with a wide variety of mental health problems, to access help and information and to provide comfort and support on a regular basis. Like many of the Rethink groups it is lead by voluntary coordinators. The overheads for running these groups can be relatively low because they are run by unpaid volunteers.

The Canterbury & Coastal group provides the following support to carers of service users with functional mental illness:

mutual support; monthly newsletter (over 500 copies); monthly meetings often with a guest speaker; telephone and email contact; sign-posting; book loans from group library; local and national campaigning; participation in commissioning service meetings; access to Rethink national organisation support; networking with other carer and service user organisations.

For details of Rethink's groups in Kent go to www.rethink.org

The Stroke Association

We offer information, advice and support to both Stroke Survivors and their carers in Canterbury, Swale, Ashford, Shepway, Thanet and Medway. We will help all parties decide on the support and care they require alongside the resource allocation assessment. We offer on-going support, Home visits, Information, advice and support, Information on personal budgets, help with deciding on the care and support that might be needed, help with completing self assessment forms, help with finding the right care providers, Information about benefits and other sources of financial assistance. We can refer families and carers to other specialist services where needed and offer 'life after stroke grants' for families suffering with financial hardship following their stroke.

Furthermore, training and respite can also be delivered to carers through our communication support services. We run communication groups all over Kent for those who suffer with aphasia or want to meet fellow survivors coping with the same challenges, and this can act as respite for carers where necessary. Our communication support workers can deliver training to carers who require further assistance dealing with the lasting effects around stroke.

APPENDIX 2 Short Breaks for Carers

Carers' Short Breaks

The vast majority of (but not all) short breaks are provided to service users with carers. Short stays in care homes provide an essential break for a significant number of carers. The figures below reflect the use of Kent County Council beds in the year 2010/11, the figures are worked out of average unit cost and indicated as weeks of respite as one service user may receive more than one weeks respite within the year.

Many people are now choosing to receive a Direct Payment to purchase their short break, meaning that short breaks are becoming more flexible and often taken outside a care setting such as a residential home. The figures below do not reflect the use of Direct Payments or how people have chosen to spend them.

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

Services purchased	Weekly Cost average (£)	Total Cost (£)
1749 weeks of residential respite care for people over the age of 65	421.70	737,551
434 weeks of nursing home respite care for people over the age of 65	495.81	215,181
706 weeks of residential respite care for adults with a learning disability	1147.52	810,149
129 weeks of residential respite care for people with a physical disability	853.69	110,126

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

Services purchased	Weekly Cost average (£)	Total Cost (£)
5323 weeks of residential respite care for people over the age of 65	353.76	1,696,946
173 weeks of nursing home respite care for people over the age of 65	444.04	76,819
1274 weeks of residential respite care for adults with a learning disability	1210.51	1,542,109

559 weeks of residential and nursing respite care for people with a physical disability	781.96	437,116
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Day Opportunity Services

Across the whole of West Kent there are 1011 day service places offered on a weekly basis.

Across the whole of East Kent there are 3952 day service places offered on a weekly basis.

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

Adult Placement Scheme

In East Kent 13 and in West Kent 15 people and their families/carers benefited from 496 nights of flexible short breaks provided by the Adult Placement Scheme. The Adult Placement Scheme pays on average £ 58 per night to their host families this equates to £ 28,768.00 worth of short-break being provided by the adult placement scheme.

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

Crossroads Care – Caring for Carers

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

- Crossroads Care East Kent
- Crossroads Care West Kent

Volcare

Volcare respite and short breaks service for Carers that provides carers with flexible and individual support in their own homes. Full time volunteers can offer Carers anything from a whole day to two weeks respite on an occasional basis. Volcare works in the Canterbury, Thanet and Dover Districts, and the Faversham area.

Over the past year Volcare have provided 11,389 hours of respite care to 110 Carers and the people they care for. In addition, new Carers to the service have been visited and assessed for planned booked respite breaks later in the year. There are currently 107 carers registered with Volcare of which 34 are new carers for 2010 -11.

Carers First

Carers First short breaks service supported 97 families through providing 10,716 hours of respite to Carers of adults. The flexibility of the service continued to improve including more late evenings, overnights and weekend breaks.

Brighter Days befriending service delivered by Carers First to those living in isolation currently supports 22 older people and 29 during the year.

The number of families of children with disabilities receiving short breaks increased to 64 and the hours of support to 6,318 hours in 2010/11.

North West Kent Carers

1200 hours of Short-breaks for Carers is provided by their adult sitter service annually, as well as 350 hours per year of 1:1 befriending to Carers. They work closely with Crossroads who provide a full respite service. They organise many helpful social and networking events for hundreds of Carers, some with their cared for. These include "Stress Free Days" for Carers with a selection of alternative therapies - massage, reiki, aromatherapy and holistic.

Swale and Canterbury Carers Support

SCCS provided 8,184 hours of short-break activities free-of-charge to 357 Adult Carers. Activities ranged from Support Groups, Spa Days, Theatre Trips, Golfing Days and week-long holidays – some of which included the whole family. Additionally, SCCS provides a wide range of activities and respite opportunities to 250+ Young Carers aged 5-18. As SCCS does not currently provide a respite sitting service, in order to enable Carers to access and benefit from these events, SCCS makes onward referrals to other appropriate providers as necessary.

Kent and Medway Alzheimer's Society

We provide one-to-one support via our Home Support and Outreach visits throughout West and South Kent, including periods of Short Term Intensive Support at times of greatest need. This is an enabling service and typically includes banking, shopping, cooking, walks, trips, appointments, hobbies and reminiscence.

Alzheimer's and Dementia Support Services

ADSS run a respite/support at home scheme providing 1-1 support in activities of daily living and providing carers with a welcome break. There are currently 34 clients who during the year have received 1,750 hours of support.

Rethink

Rethink provide short breaks for Carers of people with mental health conditions in East Kent in 2010/11 they worked with 352 people and provided 102 carers breaks.

Voluntary Action Maidstone, Carers First & MIND

Voluntary Action Maidstone, Carers First & MIND provide carers breaks in West Kent for carers of people with mental health conditions. In 2010/11 they worked with 338 carers and provided 143 carers breaks.

Carers Grant

Kent Adult Social Services total allocation of Carers' Grant in 2010/11 was £4,993,600. Although the grant is not ring fenced, Kent county Council still target the funds for carers services.

A proportion of the grant was allocated to fund The Kent Carers' Emergency Card scheme, the Carers' Survey, the Evaluation of Carers Services, Carers one-off direct payments and consultation events held during the year. £2,802,100 was put into area budgets to supplement what they spend on day care, respite and carers' short-break services, an additional £1,645,000 was allocated specifically for Older Persons respite services. The remainder of the grant was allocated to Kent Drug and Alcohol Addiction Team £30,000, Sensory Disability Team £20,000, Learning Disabilities £318,000 and Mental Health £387,000.

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By: Carolyn McKenzie – Sustainability and Climate Change
Margaret Howard, Asst Corporate Director ASSPH
Graham Gibbens Cabinet Member ASCPH

To: ASSPH Policy Overview and Scrutiny Committee 7th July 2011.

Subject: **Kent Environment Strategy Update**

Classification: Unrestricted

Summary:

This report summarises the progress towards delivery of the KCC Corporate commitments under the Kent Environment Strategy, emerging issues and gaps in delivery. Members are asked to note progress and agree recommendations outlined at the end of the report.

1. Introduction

1.1. The purpose of this paper is to give an annual update on progress towards delivery of KCC's commitments under the Kent Forum's Kent Environment Strategy. It replaces the annual sustainability and climate change update to Policy Overview and Scrutiny Committees.

The Kent Environment Strategy has now been agreed by Kent Forum and all Districts. Appendix 1 gives an overview of the key Themes and Priorities and Red/Amber/Green rates progress against each. The Strategy will be launched on the 22 July in Thanet and is available on:

www.kent.gov.uk/kentenvironmentstrategy .

1.2. The Kent Environment Strategy is a key part of Bold Steps for Kent and KCC's commitments have been woven into the new Bold Steps Performance Framework. Any necessary changes have also been made to the KCC Environment Policy. Progress will also be monitored through KCC's ISO14001 and reporting will be through POSC and Cabinet and the KCC Performance Assurance Team. A full report on Kent wide delivery of the Kent Environment Strategy will be produced in the fourth quarter of the year and reported to the Kent Forum.

2. Changing Policy Environment

2.1. Since the last update to POSCs the policy environment has changed significantly and is still in a considerable state of flux. National carbon targets have been raised to a 50% reduction by 2025 and numerous policy initiatives have been produced – most significantly the Green Deal and the Green Investment Bank as well as a Memorandum of Understanding signed between the Local Government Group and the Department for Energy and Climate Change. A more detailed written brief on policy changes can be produced if required.

2.2. Through targeted research, evidence gathering and continual evaluation of issues and opportunities KCC is seeking to place itself at the forefront of green developments and opportunities. Carbon modelling using specialised Carbon Descent Software and the commissioning of a Renewable Energy Resource Study to inform our long term action planning for renewable energy are good examples of this.

3. Priorities for Kent County Council

3.1. As the environment and climate change agenda is so disparate and diffuse, it is essential that KCC focuses on those issues that are most important and which we as a public sector body can influence. It is recommended that KCC put a greater focus on the three following areas:

- More efficient use of resources and reduction in carbon emissions, in particular:

- KCC buildings, transport and travel, working closely with the rest of the public sector
 - Increasing the pace of energy efficiency/low carbon retrofit of the domestic sector housing, ensuring consistent communication and support to Kent residents
 - Assistance to SMEs to help save money and sell green credentials
- Building resilience to climate change and making the most of emerging opportunities:
 - Ensuring a proactive approach to delivery of the Kent Climate Change Adaptation Plan – working with the public sector, business and communities.
 - Facilitating the delivery of renewable energy generation in Kent through the Kent Renewable Energy Strategy and Action Plan
 - Ensuring the continuity of the sustainable business support programme to further develop and deliver green business support.
 - Conserve and enhance the quality of Kent's natural and heritage capital:
 - Established functional habitat areas and wildlife networks in Biodiversity Opportunity Areas that support local landscape character.

3.2. Green jobs and green business growth, though a focus in it's own right it, it should also be seen as a key strategic priority across all strands of work.

4. Challenges to the delivery of the Kent Environment Strategy

4.1. This is a fast moving agenda and many areas of policy are still unclear. If KCC is to deliver real improvement another step change in approach will be needed to accelerate change.

4.2. As already identified in external discussions through the Kent Partnership and lately the Kent Forum, strong and visible leadership is crucial. KCC will need to examine in full the way it operates and behaves, identifying smarter ways of working and new ways of delivering services.

4.3. This will need to include greater virtual working, better use of tele/video conferencing and increased online delivery of services or functions online. The use of teleconferencing in KCC is still lower than expected, with only 10% of BT MeetMe accounts in regular use, and only just over 900 accounts across KCC. If all BTMeetMe account holders used their accounts in line with current regular users, savings are estimated to be in the region of over £1.5m.

4.4. Step change physical improvements in the KCC estate, as well as increased stimulation of capital investment in local energy efficiency and renewable energy installations in Kent will need the development of innovative finance arrangements and partnerships. There will need to be an acceptance of a reasonable element of risk and perhaps longer term payback, which should be balanced against a comprehensive and pragmatic business case. KCC will need to match its aspirations by facilitating real investment.

4.5. Required behaviours will need to be embedded in existing and new processes to ensure environmental considerations are mainstreamed. Bolting on environment considerations in the final stages of policy, programme and project development leads to less than satisfactory environmental outcomes and increased costs.

4.6. Creating a positive and vibrant green image for KCC and Kent will be essential. Much will need to be developed in partnership and require meaningful engagement with residents and businesses. A key aspect of this engagement will be to raise the profile of the issues outlined in the Kent Environment Strategy and create clear communications that inform, engage and excite residents, Kent businesses and potential inward investors in Kent.

4.7. We need to build on the image of the 21st Century Garden of England, to create the vision that Kent is a green county, welcoming to the development of appropriate green business with a high quality natural and historic environment.

5. Progress in the KCC Corporate Estate – Buildings, Transport and ISO14001

5.1. KCC continues to meet the ISO 14001 Environmental Management Standard, with a successful external assessment in May 2011. The next assessment is due in November and following a best value contract review we will be transferring to assessors BSI. A full report on KCC's corporate progress can be found in the KCC Environment Report 2010 which can be found here: <https://shareweb.kent.gov.uk/Documents/environment-and-planning/environment-and-climate-change/FINAL%20Environment%20Report%202009.pdf>

5.2. The picture for carbon emissions is mixed. The non-school buildings emissions have reduced by just over 5% since 2004 and further reductions are expected during the next 2 years as the estate efficiency programme makes an impact. Savings are being achieved in our larger estate buildings, but the large number of smaller, older and inefficient properties is holding back overall performance. Emissions from the schools estate have increased due to an increase in electricity consumption of 50% mainly due to greater use of ICT and extended schools.

5.3. KCC continues to invest in energy, water and carbon reduction, mainly through its Energy and Water Investment Fund (EWIF) housed by Enterprise and Environment. This year £572,500 has been invested, making a total of £1,710,550 invested in 120 projects since 2005 and life time savings of £3,013,414. This figure includes almost £900,000 of grants. A further £324,000 has been invested in exemplar projects that are part of larger initiatives in the main e.g. Oakwood House. Investment this year includes:

- £317,000 13 energy efficiency projects; this makes a total of 58, the largest being an ICT server virtualisation project which will reduce energy costs by 75%, saving £768,331
- £65,000 in 14 water efficiency projects including our first rain water harvesting unit at the Welsh Mountain Youth Centre giving a £900 annual saving, and a total of 28 water projects
- £80,000 on 7 renewable energy installations, making a total of 28 across the estate including 3 school biomass boilers and a ground source heat pump and solar thermal panels at Oakwood. We are now exploring another 2 schools to take on biomass boilers using local wood suppliers. This could provide a good alternative to using expensive heating oil for schools that are not able to use gas.
- £60,000 in trialling new technologies including 6 LED lighting projects

5.4. An initial business case has been developed for further roll-out of solar panels across the KCC corporate estate. Though the initial return on investment is acceptable, actual investment return will be on a building-by-building basis. Individual buildings are now in the process of being identified and assessed.

5.5. Business miles travelled for 2010-11 has reduced again by 11%, a cumulative total of 14% since 2008/09 with 2.5m less miles travelled and a reduction in claims of £571,000 over two years.

5.6. There are now over 900 BT Meet Me Teleconferencing accounts open. In the last year it is estimated avoided costs relating to travel and time totalled £167,000. The number of conferences made last year was 1,730, this represented almost 200,000 minutes of call time. The peak use was coupled with the winter weather, where there was an increase of 57% in calls made.

5.7. As part of our strategy to reduce fuel use, a Smarter Driver Training pilot was run last year with 66 essential and fuel card users which demonstrated possible annual savings of £27,312, and a potential fuel saving of 20%. If this was carried out across all fuel card holders and drivers that use on-site fuel tanks, potential savings per year would equate to over £220,000. We are currently investigating roll-out.

5.8. The latest waste data shows office waste recycling is at best practice level at 66%, exceeding the 2010 target set of 50%. Approximately 100kg of office type waste is generated per employee, good practice is deemed 200kgs or less.

6. Community Leadership – Climate Change and Community

6.1. In March this year, KCC was awarded the Improvement Efficiency South East award for Progress through Innovation for the development of the Kent Climate Change Adaptation Plan. Kent is now a leading case study for our approach to tackling the impacts of climate change, and KCC sits on the Government's Local Adaptation Advisory Panel.

6.2. An important part of our climate change work is to further understand how we are impacted by, how we respond to and the costs of, climate change impacts in particular severe weather events. To enable this, we have developed in partnership with the public sector in Kent the Severe Weather Impacts Monitoring System (SWIMS). SWIMS is an on-line tool enabling service providers across Kent to record how their service is affected by severe weather. Reports are then produced for each organisation as a decision support tool.

6.3. As part of our work with communities, four Kent community groups were given the chance to develop an environmental project in their area after winning a share of Kent County Council's Community Challenge Fund 2010. Groups from across the county competed for the £11,000 funding. The winners were Petham Primary School, Canterbury, which was awarded £5,000 to install solar panels; Shoreham Village Hall, Shoreham, near Otford, which was awarded £3,915 to insulate the building; and Herne & Broomfield Parish Council, Herne, which was awarded £500 to buy 'Eco-eye' monitors that will allow local residents to measure their energy consumption. Wye Community Farm, Wye, which was highly commended, was awarded partial funding of £1,500 to help it become self sufficient in fuel and food production by processing its own bio-fuel.

6.4. Helping residents to keep warm and cut their costs through retrofitting their houses with energy efficiency measures continues to be a focus for KCC. Last year Kent County Council working with its partners provided practical help to residents to reduce their energy bills. In partnership with district councils in Dover, Swale, Thanet and Tunbridge Wells, 2,273 energy and water saving devices were installed in over 600 homes. This included energy monitors, TV power down switches, shower timers, toilet hippo bags and hosepipe trigger guns. Some householders were put in touch with accredited installers to carry out loft and cavity wall installation. So far, more than 125 installations have been completed, with more underway. The project has provided extremely valuable insight into the behaviour of residents and will help us frame future retrofit programmes for Kent.

6.5. KCC and Kent AONB are leading a Forestry Commission Pathfinder Project, backed with a European funding grant of around £120,000. The project looks at wood fuel potential in Kent and the issues, barriers and solutions to develop it further. There are several large scale developments in South East utilising wood fuel, providing a growing market for wood fuel that this project will help Kent businesses access.

7. Community Leadership - Sustainable Business.

7.1. Through the creation of the Carbon Hub online support service, using an ERDF grant of almost £400,000, KCC is now moving towards more virtual low carbon support that can reach a greater number of businesses in Kent. To date over 500 businesses have registered on the Carbon Hub and receive regular support from energy/water advice, travel and green marketing.

7.2. In addition, this Spring KCC began an intensive programme of activity to help support businesses in our supply chain. Almost 1,500 of our key suppliers have been contacted with a survey to ask them about their energy and water usage and what support they may need. Over 259 have already returned the survey and are now being provided with an initial environmental report which identifies money saving measures. Initial results show that for the almost 136 businesses that have had a completed report average annual savings equated to £4,865 – though more usual savings for a small or medium sized business would be around £2,000. We are rolling out our Supply Chain Programme with the Kent Police, Fire Service and Prison Service as well as corporate businesses such as Skanska.

7.3. Improving environmental management is a key part of our strategy to help Kent business retain and win more business both in and outside of Kent in an increasingly environmentally aware marketplace. To this end we have developed STEMS – Steps To Environment Management - an certification scheme equivalent to the BS855 Level 3 which is sufficient for most companies to satisfy large clients, and in particular the public sector. The certification scheme is simple and quick to use and supported by the Institute of Environmental Management and the Carbon Trust.

7.4. Learning from our experience within KCC we are now starting to provide economic driver training for small and medium sized businesses in Kent. The first training session was held mid June and estimated savings identified totalled £29,133 (6 businesses) – with one business planning to roll out the training to the rest of his business which could save them £17,990/ year.

7.5. A targeted green business support package, building on the work of the Carbon Hub is being developed in partnership with Business Strategy and Support and Economic Development in Environment and Economy. Bids are being considered for ERDF funding and also the KCC Regeneration Fund. Existing green business support is being pulled together to maximise help available and provide a consistent communication with businesses to maximise opportunities.

8. Specific Progress for Adult Social Services and Public Health (ASSPH)

8.1. KASS (now FSC) offices demonstrated decrease in total energy consumption of 25.7% comparing to Jan - Dec 2010 with baseline (2004). Electricity use showed a decrease of 43%, gas a 20% decrease and oil use a decrease of 18%.

8.2. The end of year data for 2010/11 shows mileage claimed for the former KASS Directorate as 4.1 million miles. This represents an overall decrease of 10% when compared to the previous year and a decrease of 16% when compared to 08/09. This resulted in a reduction in mileage claims costs of £196,000.

8.3. KASS, and Public Health have been instrumental in pushing forward the development of the Kent Climate Change Adaptation Plan and the development of the SWIMS online database mentioned in paragraph 6.2 and 6.3. The insight given into the public health agenda and issues related to vulnerable adults has been invaluable and contributed greatly to the winning of the IESE award, and KCC being a best practice case study. The new FSC will have a crucial role to play in the role out of the Climate Change Adaptation Plan

8.4. KASS have also provided valuable help to the ongoing development of KCC's housing retrofit programme mentioned in paragraph 6.4. The insight into vulnerable elderly issues was very helpful in developing the programme and will be essential as the programme moves forward.

9. Conclusions

To conclude, much progress has been made, and some quite significant savings. However, the trajectory with regards to environment being seen as a national priority is upwards, and if KCC wish to be on the front foot and at the forefront of change then a new level of activity will be needed to ensure continued progress and innovation.

Recommendations

ASSPH POSC Members are asked to:

- a. Note, and celebrate overall progress made by KCC and the C&C (CMY) Directorate, especially the re accreditation to ISO14001
- b. Discuss and agree the priorities and recommended approach outlined in Section 3 and 4.

Background Documents: Kent Environment Strategy. Kent Climate Change Adaptation Plan. KCC Corporate Environment Report.

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Appendix 1 - Kent Environment Strategy Priorities, KCC and BSS (CED) Current and Planned Activity.

Living Well Within Our Environmental Limits	KCC Env. Policy reference.	Key KCC and E&E Current Activity and Progress	Gaps in Delivery/Issues	RAG
Priority 1 Make homes and public sector buildings in Kent energy and water efficient, and cut costs for residents and taxpayers	Our estate Our leadership role in the community	<p>Overall carbon emissions are showing an increase against our 2004 baseline, this is mainly as a result of an increase in energy use in schools due to policy changes such as extended schools and increased levels of ICT. Schools account for the largest share of KCC's energy use. In contrast, non schools buildings energy use decreased by 5.2%, two cold winters have reduced savings gained from energy efficiency projects. KASS (now FSC) offices demonstrated decrease in total energy consumption of 25.7% comparing to Jan - Dec 2010 with baseline (2004). Electricity use showed a decrease of 43%, gas a 20% decrease and oil use a decrease of 18%. The KCC Energy and Water Investment Fund has loaned and granted £1,710,550, saving £3,013,414 over the lifetime of the equipment.</p> <p>KCC is working closely with Districts to ensure Kent makes the most of the Green Deal when it comes into being, and developing targeted behaviour change campaigns and communications for residents relating to low carbon technologies, energy efficiency and water.</p>	Build on fuel poverty and energy efficiency in the home activity already underway in partnership with other KCC Directorates as part of the KCC Retrofit Project.	<p>KCC carbon target is red overall.</p> <p>Corporate Target is amber.</p>
Priority 2 New developments and infrastructure in Kent are cost effective, low carbon and resource efficient whilst not entailing unreasonable costs.	Our leadership role in the community	Developing activity. Kent Design under review. A successful European Funded Event was held in January to work with key stakeholders to look at how energy efficiency, carbon and climate change can be incorporated into design and development in the future without incurring excessive additional cost.	Developing activity	
Priority 3 Turn Kent's waste into new resources and jobs for Kent	Partially covered under Our Decisions	Developing activity. A lot of work is being undertaken as part of the SE7 initiative. KCC is working closely with DEFRA, the SE7 and the Environment Agencies European Pathways to Zero Waste project.	Developing activity	
Priority 4 Reduce the ecological footprint of what we consume	Partially covered under 'Our Procurement	<p>E&E have set up the Carbon Hub which provides both online and targeted face to face to the public sector supply chain in Kent to save money and cut carbon. The Carbon Hub will aim to help 1000 businesses by 2013.</p> <p>A survey of needs and opportunities for energy efficiency and renewable energy are being undertaken for KCC and the public sector in Kent.</p>	More focus is needed around KCC's procurement and how we account for carbon, and the purchase of local goods.	

Meeting the Climate Change Challenge	KCC Env Policy reference.	Key KCC and E&E Current Activity and Progress	Gaps in Delivery/Issues	RAG
Priority 5 Reduce future carbon emissions	Partially covered under Our Estate	<p>Overall the council achieved a business miles reduction of 11% between 2009 and 2010 with savings of £277,000. The end of year data for 2010/11 shows mileage claimed for the former KASS Directorate as 4.1 million miles. This represents an overall decrease of 10% when compared to the previous year and a decrease of 16% when compared to 08/09. This resulted in a reduction in mileage claims costs of £196,000.</p> <p>We have 28 renewable energy installations across the estate, and are continuing to explore further opportunities including more solar on corporate buildings and 2 more biomass boilers for schools supplied from a local woodland.</p> <p>The services provided by the Carbon Hub have been extended and a KCC Supply Chain Programme has been set up.</p>	<p>More work needed on how we develop and finance renewable energy resources within KCC and Kent, and how we support the development of green jobs and growth.</p> <p>To this end a Renewable Energy Resource Study is being undertaken to establish where the best opportunities are.</p>	
Priority 6 Manage the impacts of climate change, in particular extreme weather events	Partially covered under Our Decisions	Climate risk is incorporated into the KCC Corporate Risk Register. Areas of particular risk or vulnerability have been identified and action in progressing. A Kent wide Adaptation Plan has been agreed, and is being implemented. Kent is a national case study.	Detailed action plans need to be developed for each of the nine priority risk areas identified, and action begun.	
Priority 7 Support the development of green jobs and business in Kent	Partially covered under Our Decisions.	<p>Low Carbon Sector Strategy developed. A bid for further funding for support is being considered by the ERDF Fund and the KCC Regeneration Fund.</p> <p>Support for Green Business is being consolidated.</p>	KCC approach and resources need to be agreed.	

Value From Our Natural and Living Environment				
Priority 8 Utilise the full social and economic potential of a high quality natural and historic environment in Kent	Partially covered under Our Estate and Our Leadership role in the Community.	Activity currently limited, though some action has been undertaken through social return on investment and by Public Health.	E&E needs to ensure continued links are made between the natural environment, the economy and the community.	
Priority 9 Conserve and enhance the quality of Kent's natural and heritage capital	Partially covered under Our Estate and Our Leadership role in the Community.	Work underway to implement KCC's new Biodiversity Duty.	Need to assess implications of Natural Environment White Paper.	
Priority 10 Ensure that Kent residents have access to the benefits of Kent's coast, countryside, green space and cultural heritage	Partially covered under Our Estate and Our Leadership role in the Community.	Links continue to be made between delivery of KCC's services and Kent's natural and heritage environment.	More consistent links to be developed and maintained across service delivery areas in order to identify opportunities.	

By: Graham Gibbens, Cabinet Member, Adult Social Care and Public Health
 Malcolm Newsam, Interim Corporate Director, Families and Social Care

To: Adult Social Services and Public Health Policy Overview and Scrutiny Committee – 7 July 2011

Subject: **END OF YEAR PERFORMANCE FOR ADULT SOCIAL SERVICES (2010-2011)**

Classification: Unrestricted

Summary: This report updates Members on the results for Kent Adult Social Services' performance indicators for the year ending 31 March 2011.

Introduction

1. (1) The Adult Social Services Directorate has a statutory duty to provide performance information to the Department of Health on an annual basis, via a number of statutory returns.

(2) The process for assessing Adult Social Care in Councils is changing. In the past, Councils were expected to complete the Self-Assessment Statement which provided information about all aspects of our approach to strategic management, policy, service management, planning and customer care across all client groups. Regular meetings with our Care Quality Commission (CQC) colleagues were also in place to provide the opportunity for discussion about the issues the Directorate faced, together with our plans to maintain or improve performance. This was used by CQC, together with the performance indicators, to form an assessment of each Council.

(3) The role that CQC now has in relation to assessing Councils is much reduced; there is no longer a requirement for self assessment nationally, and no process for judging each Council.

(4) In its place, there are proposals and ongoing work to determine how Councils can rely on peer and sector led assessment, as well as having mechanisms in place for the public to hold Adult Social Services to account. Clarity and guidance are still to be issued.

(5) The performance indicators are still being collected for the immediate future, and will be benchmarked as in previous years across all Councils.

(6) The Department of Health has started a “Zero Based Review” of all data collections for Adult Social Care, with the long term intention that Councils will only submit information that is relevant and meaningful, and will provide a reduced burden in producing statistics. This new streamlined approach fits with the personalisation of social care more appropriately than the old framework and is welcomed by Kent.

(7) The reduction in a national requirement for performance information will also support the national expectation that Councils will develop local performance frameworks to deliver the Health and Social Care agenda.

Results for 2010-11

2. (1) The results for the ongoing performance indicators for Adult Social Care can be found at Appendix A.

(2) The Directorate has seen some good improvements. In particular, the Directorate has delivered:

- A significant increase since 2009-10 results of 3,909 people receiving a personal budget or direct payment, to over 7,000 people receiving a personal budget or direct payment in 2010-11.
- The Directorate received over 33,000 referrals during 2010-11. An increasing proportion of these were responded to at the point of contact. (nearly 20% compared to 13% last year)
- 85% of older people receiving intermediate care after discharge from hospital are living at home independently three months later.
- People continue to be supported to live at home. Although not a performance indicator, it is worth noting that nearly 26,000 older people have been helped to live at home during 2010/11.
- Although not a performance indicator, it is also worth noting that over 4000 people have been supported through an enablement service since the introduction of Self Directed Support.

(3) The definition for the indicator relating to personal budgets is still being debated nationally. A national target of 30% has been set across the Country, which we were able to meet.

Core Monitoring

3. (1) For information, the latest set of information for core monitoring for Adult Social Care is attached at Appendix B. This contains some of the key activity lines used within budget monitoring.

Recommendations

4. Members are asked to NOTE KASS's performance indicators for 2010-2011.

Steph Abbott
Head of Performance and Management Information
01622 691796

Background documents: None

APPENDIX A

New Kent Adult Social Services Performance Indicators 2010-11								
Indicator	Title	Description	2008-09 Result	2009-10 Target	2009-10 Result	2010-11 Mid Yr Position	2010-11 Result	Comment
NI 125	Achieving independence for older people through rehabilitation/ intermediate care (LAA)	Percentage of Older People who are in their own homes three months after receiving intermediate care	75%	77%	78%	80%	85%	
NI127	Self reported experience of social care users	Average of answers to a combination of questions in the Adult Social Care Survey which cover 8 different domains which are related to quality of life					18.4	The maximum score for all responses is 24 over the eight questions.*
NI 130	Social care clients receiving Self Directed Support (Direct Payments and Individual Budgets)	Percentage of all clients receiving a personal budget	5%	8%	9%	12%	32%	Over 7,000 people are now in receipt of a personal budget
NI 131	Delayed transfers of care	The average number of delays per 100,000 population aged 18+			5.48	5.56	5.46	
NI 135	Carers receiving needs assessment or review and a specific carer's service, or advice and information	Percentage of service users who have a carer receiving support	29%	29%	40%	N/A	38%	This information is only calculated on an annual basis. However, KASS have maintained high levels of support to carers.
NI 136	People supported to live independently through social services (all ages)	The number of adults (18 and over) per 100,000 population that are assisted directly through social services funded support to live independently, plus those supported through grant funded services	3,062	3,062	3,382	3339	3,393	Maintaining levels of people supported independently. This will not include the increasing number of people that have been successfully enabled to return home without a care package.
NI 145	Adults with learning disabilities in settled accommodation	Percentage of people with a learning disability in settled accommodation	37%	40%	68%	69%	69%	Improved stability
NI 146	Adults with learning disabilities in employment	Percentage of people with a learning disability in employment	10%	11%	5.6%	5.6%	5.9%	Reduction in percentage relates to the definition change during 2009-10

* Questions included were:

Qn	Question
3	Which of the following statements best describes how much control you have over your daily life?
4	Thinking about your personal care, by which we mean being clean and presentable in appearance, which of the following statements best describes your situation?
5	Thinking about the food and drink you get, which of the following statements best describes your situation?
6	Which of the following statements best describes how clean and comfortable your home is?
7	Which of the following statements best describes how safe you feel?
8	Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?
9	Which of the following statements best describes how you spend your time?
10	Which of these statements best describes how having help to do things makes you think and feel about yourself?

Kent County Council

Core Monitoring Report

Cabinet 20 June

Extracts for ASSPHPOSC

**Including Information up to the end of
March 2011**



Contents

Description	Page	Previous Status	Current Status
Overall Summary of Performance	4		
Key to interpreting the data	6		
Council-wide Indicators			
Contact Kent : calls answered within 20 seconds		Green	Amber
Gateways		Provided for information only	
Complaints			
Staffing numbers (FTE)			
Staffing age profile		Amber	Amber
Staffing equalities – disability		Amber	Amber
Staffing equalities – ethnicity		Amber	Amber
Staff turnover		Information only	
Staff sickness absence		Amber	Green
CO2 emissions from KCC non-schools estate		Amber	Amber
CO2 emissions from schools		Red	Red
Children, Families and Education			
Foundation Stage pupil attainment		Amber	Green
Key stage 2 attainment – all children		Red	Red
Key stage 2 attainment – looked after children		Red	Amber
GCSE results – all children		Amber	Amber
GCSE results – children with free school meals		Red	Red
GCSE results – looked after children		Amber	Red
Young people not in education, employment or training		Green	Green
Secondary schools inspections		Green	Green
Primary schools inspections		Red	Red
Early years and childcare providers inspections		Amber	Green
Schools in special measures		Amber	Red
SEN assessments		Amber	Amber
Pupil exclusions		Amber	Amber
Pupil absence – secondary schools		Amber	Amber
Children’s Social Services			
Referrals to children’s social services		Red	Red
Initial assessments		Red	Red
Initial assessments completed within 7 days		Red	Amber
Core assessments within timescales		Red	Red
Children with child protection plan		Red	Red
Number of looked after children (LAC)		Red	Red
Social worker vacancies		Amber	Green
Asylum service – young people now aged 18+		Red	Red
LAC placed in Kent by other local authorities		Red	Red

APPENDIX B

Description	Page	Previous Status	Current Status
Adult Social Services			
Direct payments/Personal budgets	7	Amber	Green
Older people in residential care	8	Amber	Amber
Older people in nursing care	9	Amber	Amber
Domiciliary care for older people	10	Amber	Green
Learning disability residential care	11	Red	Red
Environment, Highways and Waste			
Household waste tonnage		Amber	Amber
Recycling/composting		Amber	Amber
Municipal waste taken to landfill		Green	Green
Congestion - Maidstone		Amber	Green
Freedom pass		Amber	Red
Routine highways repairs within 28 days		Amber	Red
Pothole repairs – average repair time		Red	Amber
Streetlight faults repaired - KCC		Amber	Amber
Streetlight faults repaired - UKPN		Red	Red
Road traffic casualties		Amber	Green
Communities			
Library visits		Amber	Amber
Library book issues		Red	Red
KCC apprenticeships		Green	Green
New entrants to the youth justice system		Amber	Amber
Young offenders in education, employment and training		Amber	Amber
Adult education enrolments		Green	Green
Drug users leaving treatment free of dependency		Green	Green
Supporting People – people achieving independent living		Amber	Amber

Overall Summary of Performance

This is our fourth Core Monitoring report for 2010/11. It provides information on key activity and performance for the fourth financial quarter, up to the end of March 2011.

The publication of this report is part of our transparency agenda, making the information and data we use as an organisation more open to public scrutiny.

The main concern in the financial year was the poor Ofsted report for our children's social services received in November. An Improvement Plan has been drawn up and various actions to improve the service are now underway. The improvement of services for vulnerable children is the top priority for the council and additional indicators relating to Children's Social Services have been added to the Core Monitoring report to ensure that the position and improvements are openly reported.

Overall performance for the indicators included in the current Core Monitoring is as follows:

RAG Status	Indicators in each category		
	Previous	Current	Net Change
Green	7	14	+7
Amber	29	21	-8
Red	17	18	+1
Total	53	53	

The following areas have shown improvement:

- Average days sickness for staff has reduced in the year
- Attainment for Kent children is now significantly better than the national average at Foundation Stage
- Ofsted inspection results for early years settings are also now better than the national average
- Attainment for looked after children at Key Stage 2 has improved and is now close to the national average
- Timeliness of initial assessments for children's social services has improved and is now closer to the Improvement Notice target
- Social worker vacancies have now been reduced to close to zero
- The percentage of adult social services clients with personal budgets and direct payments has reached the national target level
- Hours of domiciliary care for older people purchased from the independent sector during the year has come in within budget
- Average journey time in Maidstone morning peak hours has improved in the quarter compared to the same time last year
- Average time to repair potholes improved in the quarter and performance was close to target
- The numbers of people with serious injury in road traffic accidents in Kent has continued to reduce this year and the rate of reduction is ahead of the last published national average.

The following areas have shown a drop in performance:

- Response times for answering in-coming phone calls dropped below the national benchmark for the quarter

APPENDIX B

- GCSE results for looked after children have fallen significantly behind the national average and actions to address this are in the Improvement Plan
- The number of schools in special measures has again increased in the quarter and is above the national average
- Take-up of the Freedom Pass has been very successful and as a result has led to a budget pressure
- Response times for routine highway repairs have dropped in the quarter and remain below target.

The following areas have maintained a high level of performance:

- The percentage of young people aged 16 to 18 not in education, employment or training in Kent continues to be significantly below the national average
- The rate of good or better Ofsted inspection results for secondary schools continues to be ahead of the national average
- The percentage of household waste taken to landfill in Kent is significantly lower than the national average
- The number of apprenticeships provided by KCC continues to be ahead of target
- Adult education enrolments in Kent exceeded target for the year
- Success rates for drug treatment services continue to be significantly better than national average.

The following areas show performance continuing to be rated with a Red RAG status:

- Carbon dioxide emissions from schools have increased and our target for a 10% reduction by 2010 has not been met
- Pupil attainment at Key Stage 2 remains significantly behind the national average as do the related primary school Ofsted inspection results
- Attainment results for children with free school meals is significantly below the national average
- A range of indicators relating to children's social services from referral rates, to speed of carrying out core assessments to the numbers of children on child protection plans or looked after are below target levels set in the Improvement Plan
- The number of unaccompanied asylum seeker children, now aged over 18 and continuing to be supported by KCC continues to be above past levels
- The number of looked after children placed in Kent by other local authorities continues to be significantly higher than the average for other local authorities
- The number of adults with learning disability supported in residential care continues to be significantly above the national average resulting in budget pressures
- Average response times for repairing streetlights where the network operator is responsible continue to remain some way behind the target level
- The number of library book issues continues to be significantly below the national average.

Further details on these areas of concern and the actions to address them can be found in the main body of this report.

Katherine Kerswell
Group Managing Director
Kent County Council

General notes on interpreting the data included in this report

A selection of key indicators for the core areas of activity and performance of the council is included in this report. Indicator values are shown by graph and data tables, including Direction of Travel and RAG ratings (see tables below for a key to interpreting these).




A range of presentation styles are provided for different indicators depending on the information available. In some cases we provide the most recent results for the last four financial year quarters, while for other indicators we provide annual data for the last few years with the most recent quarter's data also shown.

Where relevant and available, the indicators are provided with comparative data showing national averages or other suitable benchmark information.




It should be noted that past annual data provided in this report is generally validated data which is public domain and available in many cases within the remit of national statistics.

However, quarterly data provided in this report and all information subsequent to March 2010 is classed as provisional local management information which in some cases is provided on an estimated basis. This data is likely to be subject to future revisions.

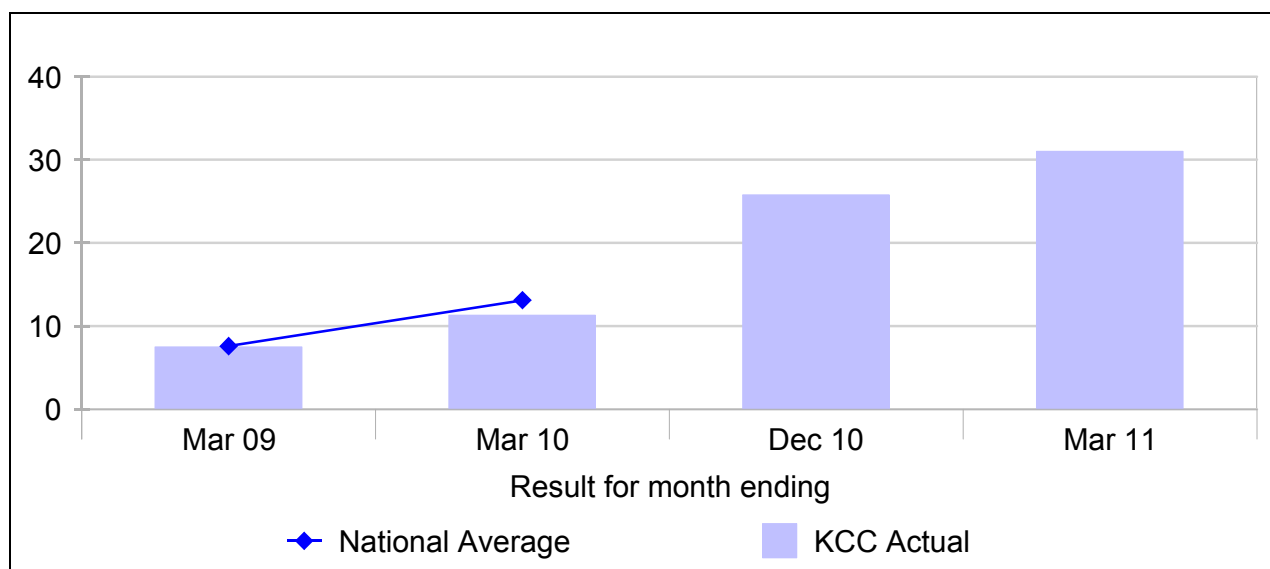
Key to RAG (Red/Amber/Green) ratings

		RAG Ratings
Green		Performance is significantly better than the most recently published national average/benchmark or exceeds local targets where set or the indicator represents an activity which is performing within the budget allocation
Amber		Performance not significantly different from most recently published national average or close to but not exceeding local target or an activity which is performing close to the budget allocation
Red		Performance significantly worse than the most recently published national average or significantly behind local targets where set or the indicator represents an activity which is performing over the budget allocation provided
N/a		Data not available in order to assess performance

Key to DoT (Direction of Travel) ratings

		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

Percentage of adult clients with community based social care services receiving direct payments and/or a Personal Budget	Green ↑
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Higher result is better	Mar 09	Mar 10	Dec 10	Mar 11 Provisional
KCC Result	7.5%	11.3% ↑	25.8% ↑	31.0% ↑
National average	7.6%	13.1%	N/a	N/a
RAG Rating	●	●	●	★
Number of clients	2,120	3,190	6,430	7,740

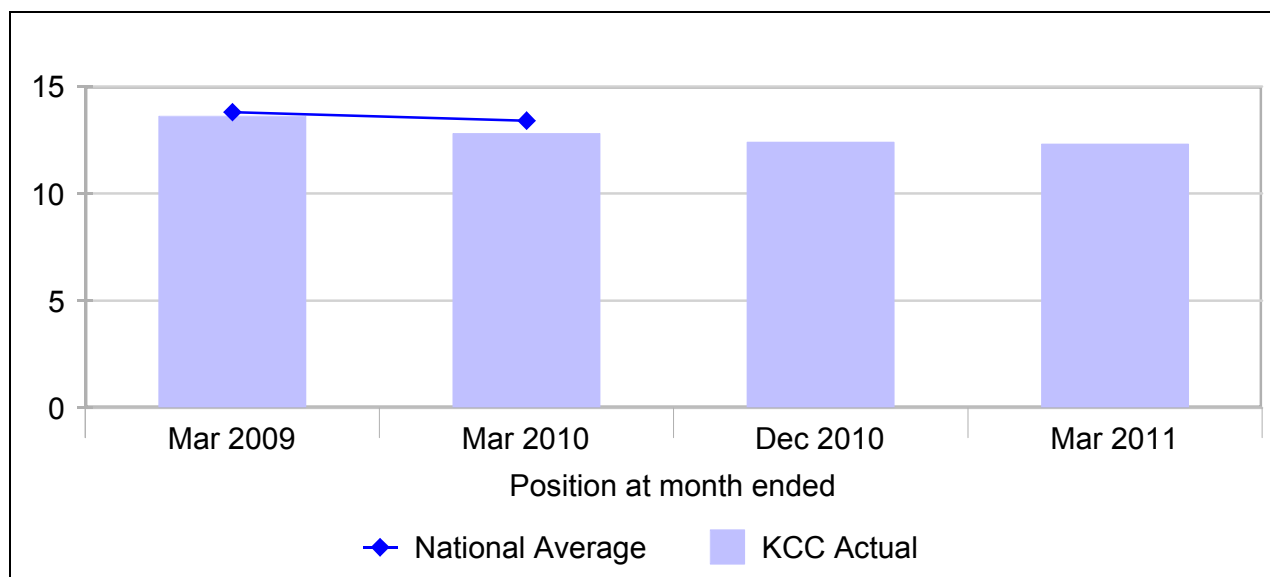
2009/10 was the first year of significant roll out of Self Directed Support with new clients being offered Personal Budgets for the first time.

Kent has seen continued increases in take up of Personal Budgets during the current financial year. The March position of 7,740 clients compares to the September position of 5,200 clients.

There is a national target of 30% take up of personal budgets by April 2011 which has now been met.

- Data Notes:
- The indicator shown above is based on a snapshot of on-going clients (not including carers) at each date.
 - The indicator shown is different from the national indicator which is based on all clients receiving services in the year, included carers.
 - Previous year data and national benchmarks are taken from the National Adult Social Care Intelligence Service.
 - Client data rounded to nearest 10.

Older people supported in residential care, permanent placements per 1,000 people aged 65 and over	Amber ↑
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Lower result is better	Mar 09	Mar 10	Dec 10	Mar 11 Provisional
KCC Result	13.6	12.8 ↑	12.4 ↑	12.3 ↑
National average	13.8	13.4	N/a	N/a
RAG Rating	●	●	●	●
Number of clients	3,350	3,240	3,140	3,110

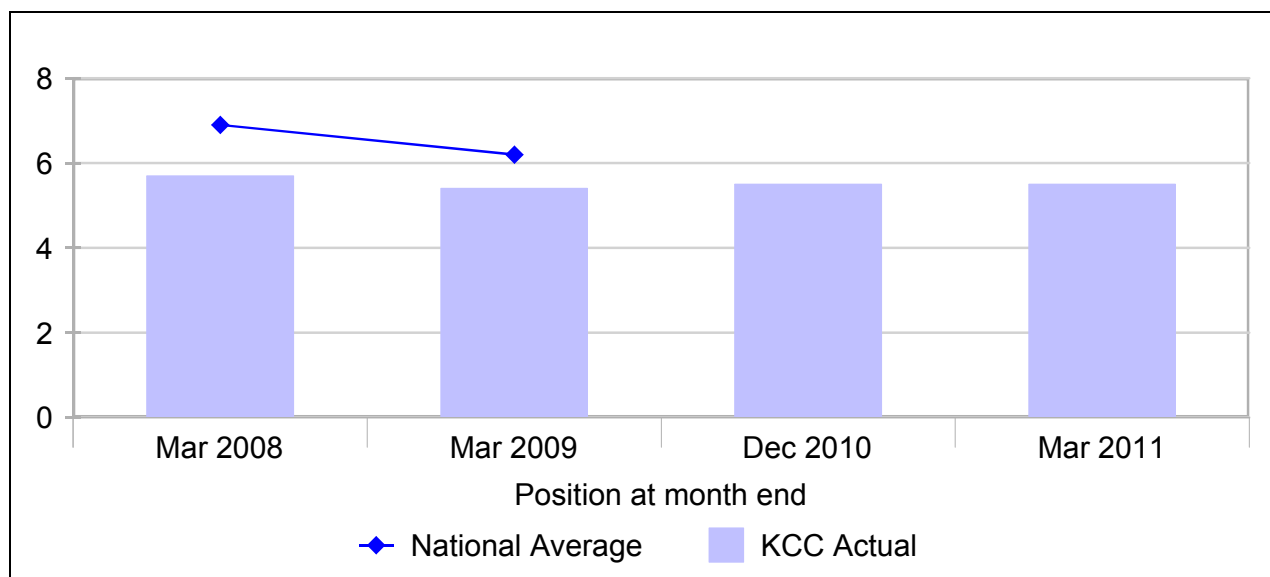
The long term trend for the total number of clients aged over 65 in residential care continues to show a decline with Kent showing a similar fall and rate of provision to national levels.

The number of clients placed in permanent independent sector residential care at the end of March 2011 was 2,787 up from 2,751 in March 2010 (excluding preserved rights) but this is a lower position then seen in the September to November period.

There are ongoing pressures relating to clients with dementia and the number of clients with dementia in independent sector provision increasing from 1,195 in March 2010 to 1,285 in March 2011.

- Data Notes:
- Previous year data and national benchmarks are taken from the National Adult Social Care Intelligence Service.
 - Data includes all clients whether placed in in-house provision or with external providers.
 - Client data rounded to nearest 10.

Older people supported in nursing care, permanent placements per 1,000 people aged 65 and over	Amber ↔
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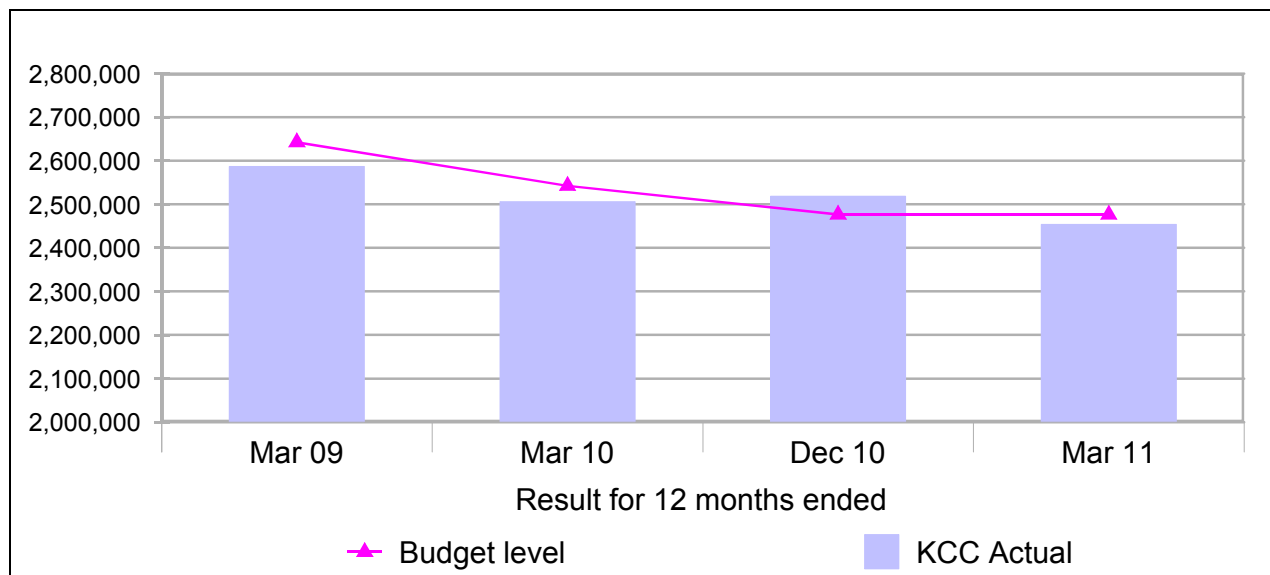
Lower result is better	Mar 09	Mar 10	Dec 10	Mar 11 Provisional
KCC Result	5.4	5.4 ↔	5.5 ↓	5.5 ↔
National average	6.2	5.9	N/a	N/a
RAG Rating	★	●	●	●
Number of clients	1,340	1,370	1,390	1,400

The number of clients aged over 65 in permanent placements of nursing care has increased this year and the levels remain slightly above those seen in the previous 2 years.

Kent has historically maintained a lower level of usage of nursing care than the national average, although the national average has been reducing significantly in the last few years.

- Data Notes:
- Previous year data and national benchmarks are taken from the National Adult Social Care Intelligence Service.
 - Data includes all clients whether placed in in-house provision or with external providers.
 - Client data rounded to nearest 10.

Hours of independent domiciliary home care funded by KCC and provided to people aged 65 and over	Green ↑
---	-------------------



Lower result is better	Year ended Mar 09	Year ended Mar 10	Year ended Dec 10	Year ended Mar 11 Provisional
Hours care provided (000's)	2,587	2,506 ↑	2,519 ↑	2,454 ↑
Budget level	2,642	2,542	2,477	2,477
RAG Rating	●	●	●	★
Number of clients	6,490	6,230 ↑	6,060 ↑	5,710 ↑

Client numbers with externally provided domiciliary provision were 5,710 in March 2011 which is down from 6,230 in March 2010. The year end position is within budget and hence rated Green.

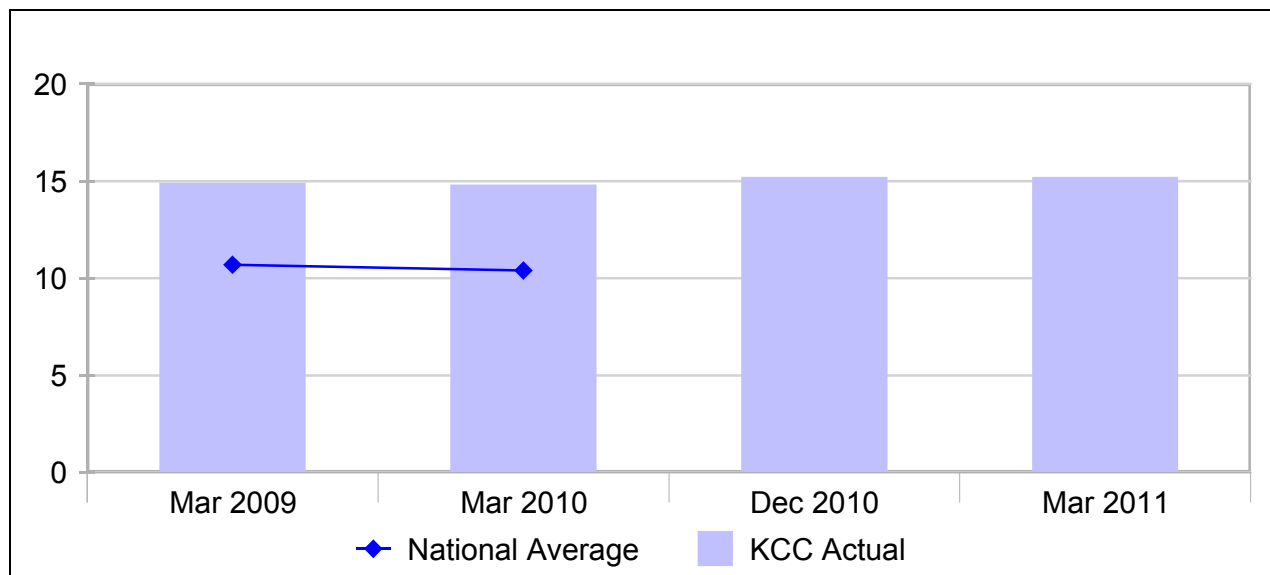
The number of hours of externally purchased domiciliary care has decreased since 2008/09 and this was expected due to other services being provided such as intermediate care, telecare and telehealth and increased take up of direct payments as well as further development of provision through voluntary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

In addition, with the introduction of enablement, more people are able to return home with minimal or no care package. However, although the numbers of people who continue to receive a service are fewer, those that do may receive a more intensive care package.

Data notes:

- Client data rounded to nearest 10.

Adult clients with learning disability supported in residential care, per 10,000 population aged 18 to 64	Red ↔
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Lower result is better	Mar 09	Mar 10	Dec 10	Mar 11 Provisional
KCC Result	14.9	14.8 ↑	15.2 ↓	15.2 ↔
National average	10.7	10.4	N/a	N/a
RAG Rating	▲	▲	▲	▲
Number of clients	1,260	1,250	1,290	1,290

Demographic pressures and the NHS transfer continue to impact on Learning Disability Services, particularly residential care.

In addition, Kent has a higher than average proportion of preserved rights clients, which will impact on any benchmarking analysis. These are clients who have been in long term care, some of whom would have been placed in Kent from other parts of the country. Responsibility for these clients transferred from government to local authorities some time in the past and government provides a specific grant to meet the costs of care for these clients.

The number of clients in residential care excluding those with preserved rights at the end of March 2011 was 713, up from 632 in March. This includes NHS transfer figures.

Data Notes:

- Previous year data and national benchmarks are taken from the National Adult Social Care Intelligence Service.
- Client data rounded to nearest 10.

By: Roger Gough, Cabinet Member for Business Strategy & Support
 Katherine Kerswell, Managing Director

To: Adult Social Services and Public Health POSC – 7 July 2011

Subject: **KCC's Performance Management Framework - Delivering Bold Steps**

Classification: Unrestricted

SUMMARY

We are currently developing the performance framework for delivering 'Bold Steps for Kent' which will go to County Council for approval on 21 July.

This report sets out the steps being taken to finalise the performance framework.

FOR COMMENT

1. Introduction

- 1.1 As part of the development of the performance framework for delivering 'Bold Steps for Kent' two workshops were held for Policy Overview & Scrutiny Committee (POSC) Members during May.
- 1.2 We have used the feedback from the workshops to help develop an early draft of the performance framework, and are now seeking feedback on this from all POSC members at their meetings in June/July before seeking approval to the final performance framework by County Council on 21 July.
- 1.3 **This paper attaches the latest iteration of the framework which is still draft and requires further development ahead of County Council in July.** It also sets out the steps being taken to develop and finalise the performance framework.

2. POSC Workshops

- 2.1 We held two structured workshops with POSC members during May to help develop the performance framework for 'Bold Steps for Kent' by seeking their views on the following areas for each of the 17 strategic priorities set out in 'Delivering Bold Steps':
 - The success factors i.e. what we will have needed to deliver by March 2015
 - The key milestones
 - How we will measure performance. This is not just about quantitative PI data but should also include the use of qualitative data as well as

formal evaluation of the outcomes delivered towards the end of the four year term of 'Bold Steps' for some key projects.

- 2.2 A copy of 'Delivering Bold Steps' was circulated to all POSC members in advance of the workshops. Members were offered a choice of two dates to attend and were invited to come to one of them. The events were well attended with around 15 members at each plus two different Cabinet Members on both days.
- 2.3 The purpose of the workshop was made clear at the start of each one. The workshops were structured to allow members to choose two themes out of the four and to spend at least 45 minutes at each round table discussing the priorities in those themes.
- 2.4 Two officers were at each round table to help facilitate discussion and to be able to provide some background knowledge on the priorities being discussed on the table.
- 2.5 There was some useful feedback. Much of this related to the boxes entitled 'By 2014/15 we will have delivered'. Some was also provided on the key milestones and measures. A copy of the feedback from the two workshops has already been sent to POSC members.

3. Next Steps

- 3.1 We are using the feedback from the two POSC workshops to help finalise both the milestones and measures for each of the 17 strategic priorities and the current iteration is attached for comment by members. Whilst Cabinet and the Corporate Management Team have inputted into earlier iterations of the milestones and performance measures, they have yet to endorse or approve the latest draft attached at Appendix 1. We are doing more work to refine this list with Cabinet Members as well as alongside officers in directorates to ensure the data is robust and collectable. However, we are keen to receive POSC members' views on the draft list of measures and milestones attached.
- 3.2 Members will have noted Adult Social Care issues in the media recently in regard to Southern Cross and the 'Panorama' investigation into abuse at a learning disabled residential home. The Minister responsible, Paul Burstow MP, has made a number of statements reminding local authorities that they have a duty to ensure social care standards and that there is likely to be a significant increase in the level of external inspection of social care provision as a result. The Cabinet Member for Adult Social Care and Public Health (Mr Gibbens) is keen to reflect this within Delivering Bold Steps and to develop an appropriate milestone and measure around this issue. Moreover, he also feels it will be necessary to broaden the priority regarding to 'helping the most vulnerable young people' to ensure vulnerable adults are also included. Although still in discussion, specific reflection in the measures and milestones against Learning Disability and Children and Adult Mental Health Services (CAMHS) are being suggested for the next iteration of the document.

- 3.3 Once the measures and milestones have been finalised they will then go to County Council for approval in July. Consideration of the comments made by POSC members on the boxes called 'By 2014/15 we will have delivered' is still in progress. On the whole members were in broad agreement with what was stated but they offered views on some of the specific nature of some of the words as well as views on what else they would like to see included.
- 3.4 The sections 'By 2014/15 we will have delivered' will now be subject to consideration by Cabinet Members and will result in some revised wording. This will be added to the milestones and measures and then the whole 'Delivering Bold Steps' document will be presented to County Council for approval on 21 July.

4. Recommendations

- 4.1 For Members to COMMENT on the draft milestones and measures of success and to NOTE the next steps as set out in section 3, above.

Appendices

Appendix 1: Delivering Bold Steps – Milestones and Indicators –
Draft for discussion with POSC members.

Officer contact details:

Sue Garton,
County Performance & Evaluation Manager,
Business Strategy,
BSS, 01622 221980

David Whittle,
Policy Manager,
Business Strategy,
BSS, 01622 696969

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Delivering Bold Steps – Milestones and Measures – Draft proposals for discussion with POSC members.
This is not a final document and in some cases represents suggestions from service managers which are still subject to Cabinet/CMT review and consideration.

Priority	Possible Milestones	Possible Measures
Transform how we procure and commission services to support new models of service delivery.	<ul style="list-style-type: none"> • Establish 7 Locality Boards by July 2012 • Publication of Procurement and Commissioning Register for all services by April 2012 • Pilot Right to Challenge • At least 3 Locality Boards with delegated budgets from County and District to allow joint commissioning of agreed services 	<ul style="list-style-type: none"> • The number of tenders from Small-Medium Sized Enterprises and the VCSE in KCC procurement processes • The total number of funding streams / the total volume of funding delegated to Locality Boards
Support the transformation of health and social care in Kent	<ul style="list-style-type: none"> • Full Shadow Health and Wellbeing Board for Kent established by April 2012 • JSNA completed and used to inform commissioning plans – October 2011 • An Integrated Health & Social Care Commissioning Strategy agreed by 2013 • By 2014 a 5% shift in total NHS resource in Kent from acute to community and primary health care 	<ul style="list-style-type: none"> • % NHS and Social Care budget commissioned jointly by KCC and Clinical Commissioning Consortia • Differences in all-age mortality gap across Kent • Measure relating to the patient /social care user experience of care

Delivering Bold Steps – Milestones and Measures – Draft proposals for discussion with POSC members.
This is not a final document and in some cases represents suggestions from service managers which are still subject to Cabinet/CMT review and consideration.

Priority	Possible Milestones	Possible Measures
Ensure all pupils meet their full potential	<ul style="list-style-type: none"> • Introduction of the Kent Challenge • Establish EduKent by September 2011 • Kent Association of Schools established by September 2011 • Agreement on increased delegation of DSG from KCC to schools 	<ul style="list-style-type: none"> • Key stage 2 results achieving national average • Attainment gap (for children FSM, SEN or LAC) at key stage 2 reduced
Shape education and skills provision around the needs of the Kent economy	<ul style="list-style-type: none"> • Publication of KCC Select Committee on Student Journey • 14-24 Strategy Launched • Bid to transfer functions from National Apprenticeship Service for Kent submitted to Government by April 2012 	<ul style="list-style-type: none"> • No of apprenticeships provided by Kent Success Apprenticeship Scheme • Number of apprentices in Kent • % Residents with level 3 and level 4 skills
Deliver the Kent Environment Strategy	<ul style="list-style-type: none"> • Established a Kent 'Green Deal' • Delivered a targeted package of low carbon business support • Established functional habitat areas and wildlife networks in Biodiversity Opportunity Areas 	<ul style="list-style-type: none"> • KCC carbon footprint • Renewable energy generated in Kent • Biodiversity levels in Biodiversity Opportunity Areas

Delivering Bold Steps – Milestones and Measures – Draft proposals for discussion with POSC members. This is not a final document and in some cases represents suggestions from service managers which are still subject to Cabinet/CMT review and consideration.

Priority	Possible Milestones	Possible Measures
Promote Kent and enhance its cultural and sporting offer for residents	<ul style="list-style-type: none"> • Kent School Games delivered in 2012 and 2014 • Future Libraries Strategy published • Opening of the Marlowe Theatre • Open Golf at Sandwich • Paralympics cycling event at Brands Hatch 	<ul style="list-style-type: none"> • Growth (new business or % share of economy) of the leisure and cultural sector in Kent • Participation in sport and physical activity
Build a strong relationship with key business sectors across Kent	<ul style="list-style-type: none"> • Programme of 'sector conversations' completed with actions identified and taken forward • Kent Rural PLC established and adding value to Kent economy 	<ul style="list-style-type: none"> • Businesses supported by Produced in Kent and Kent Downs and March Leader programmes • Employment growth in key sectors (advanced manufacturing, renewables/environmental, construction, rural, creative)
Respond to key regeneration challenges working with our partners in the Local Enterprise Partnership	<ul style="list-style-type: none"> • Programme of development commenced at Manston Park and Eurokent in Thanet • Town centre regeneration schemes in Dartford, Sittingbourne and Dover underway • Development of the Commercial Quarter in Ashford, adjacent to the Station 	<ul style="list-style-type: none"> • Rate of growth in Kent economy compared to national and regional average • Increased inward investment in the Kent economy (£ or job numbers)

Delivering Bold Steps – Milestones and Measures – Draft proposals for discussion with POSC members. This is not a final document and in some cases represents suggestions from service managers which are still subject to Cabinet/CMT review and consideration.

Priority	Possible Milestones	Possible Measures
Support new housing growth that is affordable, sustainable with the right infrastructure	<ul style="list-style-type: none"> • Introduction of Community Infrastructure Levy across Kent • At least 100 homes brought back to use in Thanet and Dover through No Use Empty campaign • Establishment of Kent and Medway Investment Fund • 1,000 homes delivered on public sector land by 2015 	<ul style="list-style-type: none"> • Number of affordable homes delivered • % Kent residents expressing concern regarding access/affordability of housing in Kent
Facilitate access to high speed broadband infrastructure	<ul style="list-style-type: none"> • 15 innovative proof of concept models to deliver superfast broadband to rural communities underway • BDUK BID funded at an agreed level and actions underway 	<ul style="list-style-type: none"> • Better broadband provision to more businesses and households
Deliver Growth without Gridlock	<ul style="list-style-type: none"> • Location and funding package for a Lower Thames Crossing agreed with DfT • Kent Rail Action Plan has influenced new Integrated Kent rail franchise commencing in April 2014 	<ul style="list-style-type: none"> • Increased economic activity in the Thames Gateway through private sector confidence in the DfT's commitment to deliver a Lower Thames Crossing • Increased public satisfaction with the performance of the rail network

Delivering Bold Steps – Milestones and Measures – Draft proposals for discussion with POSC members. This is not a final document and in some cases represents suggestions from service managers which are still subject to Cabinet/CMT review and consideration.

Priority	Possible Milestones	Possible Measures
Improve access to KCC services and move towards a single initial assessment process	<ul style="list-style-type: none"> • Publication of Customer Services Strategy • X new gateways introduced • Kent Card rolled out to at least three new service areas by April 2012 • Gateway online by March 2012 • Single initial assessment process established by April 2013 	<ul style="list-style-type: none"> • % Shift in customer contact from face-to-face to telephone and online • % Satisfaction with customer access
Empower Social Service users through increased use of personal budgets	<ul style="list-style-type: none"> • 100% of eligible social care users with a personal budget by 2013 • Roll out of additional Enablement Services 2011/12 • Additional investment in telecare and telehealth solutions through NHS integration grant 2011/12 	<ul style="list-style-type: none"> • % increase in use of enablement by 2014 • % Social care users with a personal budget • % Social care users accessing independent brokerage services
Establish a Big Society Fund to support new social enterprise in Kent	<ul style="list-style-type: none"> • Establishment of Fund • Bid to Big Society Bank • Leverage in at least an additional £5m by April 2014 	<ul style="list-style-type: none"> • Number of applications made to the Big Society Fund • Number of new social ventures supported by the fund

Delivering Bold Steps – Milestones and Measures – Draft proposals for discussion with POSC members. This is not a final document and in some cases represents suggestions from service managers which are still subject to Cabinet/CMT review and consideration.

Priority	Possible Milestones	Possible Measures
Ensure the most robust and effective public protection arrangements	<ul style="list-style-type: none"> • Peripatetic team in place 2011-12 • Workforce strategy agreed 2011 • Revised establishment and structure for children's social care in place 2011 • Integrated access arrangements for public protection enquiries in place 2012 • Ofsted satisfactory rating for unannounced inspection 2011 • Ofsted satisfactory rating for announced inspection of safeguarding and LAC 	<ul style="list-style-type: none"> • Improvement Notice targets met in full • Audits of safeguarding in adults consistently demonstrate good practice across FSC
Improve services for some of the most vulnerable young people in Kent	<ul style="list-style-type: none"> • Specialist LAC teams in place by Sep 2011 • Integrated Community CAMHS service in place by April 2012 • Range of targeted prevention services in place to avoid unnecessary family breakdown 2011 • Supported Boarding Pilot established by September 2011 • Martin Narey report in Kent Fostering & Adoption published by September 2011 	<ul style="list-style-type: none"> • Number of Looked After Children (LAC) to 47 per 10,000 • Increase in numbers of children adopted

Delivering Bold Steps – Milestones and Measures – Draft proposals for discussion with POSC members. This is not a final document and in some cases represents suggestions from service managers which are still subject to Cabinet/CMT review and consideration.

Priority	Possible Milestones	Possible Measures
Support families with complex needs and increase the use of community budgets	<ul style="list-style-type: none"> • Three new services areas identified, and pilot areas agreed for new Community Budgets by April 2012 • Further roll out of Community Budget for Families with Complex Needs by April 2012 • Locality Board to integrated into Community Budget governance arrangements by April 2012 	<ul style="list-style-type: none"> • Number of families with complex needs supported through Community Budget pilots • Saving per family to public services from engagement with families with complex need through programme

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By: Head of Democratic Services

To: Adult Social Services and Public Health Policy Overview and Scrutiny Committee - 7 April 2011

Subject: **UPDATE ON SELECT COMMITTEE WORK**

Classification: Unrestricted

Summary: This report updates Members on current and future Select Committee work and invites suggestions for future Select Committee Topic Reviews.

Current Select Committee Review Work

1. The following reviews are underway:-

Dementia – This POSC is the ‘parent’ committee for this review. The Select Committee held its first meeting in January to elect Mrs T Dean as its Chairman, and held briefing and training sessions to give Members a background to the issue. A focus group fed into the review’s terms of reference and scope. Visits to day centres, care homes, dementia cafés and meetings with peer support groups, carers and people with dementia took place through February, with hearings taking place through March and early April. A number of organisations have offered to undertake small pieces of work and engagement which will feed into the review. The Select Committee met in early June to take stock of its findings and identify any further evidence needed, prior to drafting its report over the summer to go to full Council in December 2011.

The contacts in Democratic Services for this Select Committee are: Research Officer Sue Frampton (01622 694993) and Democratic Services Officer Christine Singh (01622 694334).

Educational Attainment at Key Stage 2 – The Select Committee held its first meeting in early February to elect Mr C T Wells as its Chairman and agree its terms of reference and scope. Informal briefings, hearings and visits are taking place through the summer and possibly into September. If this is the case, it is unlikely that the Select Committee will be able to submit its final report to full Council in December, and a revised timetable will be prepared for consideration by the Scrutiny Board.

The contacts in Democratic Services for this Select Committee are: Research Officer Pippa Cracknell (01622 694178) and Assistant Democratic Services Manager Denise Fitch (01622 694269).

The Student Journey – This review cuts across Regeneration and Economic Development POSC, Customer and Communities POSC and Education, Learning and Skills POSC. The Select Committee awaited the publication of the Wolf Report in Spring

2011 before starting its work. The first meeting of the Select Committee took place late in April, at which Mr K Smith was elected Chairman and Mr M Dance Vice-Chairman, and the terms of reference and scope were agreed. An extensive programme of evidence-gathering hearings and visits will run through the summer and autumn, and the review will submit its final report to Cabinet in April and full Council in May 2012.

The contacts in Democratic Services for this Select Committee are: Research Officer Gaetano Romagnuolo (01622 694292) and Democratic Services Officer Theresa Grayell (01622 694277).

Suggestions for Select Committee Topic Reviews

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.

Recommendation:-

3. Members are asked to note the review work currently underway and advise the Democratic Services Officer of any topics which they would like to put forward for consideration for inclusion in the future Select Committee Topic Review Work Programme.

Theresa Grayell
Democratic Services Officer

Background Information: *Nil*

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