

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

Tuesday, 20th September, 2011

10.00 am

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





AGENDA

ADULT SOCIAL CARE AND PUBLIC HEALTH POLICY OVERVIEW AND SCRUTINY COMMITTEE

Tuesday, 20 September 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 E 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

Please note: this meeting may be filmed for live or subsequent broadcast via the Council's internet site – at the start of the meeting the Chairman will confirm if all or part of the meeting is being filmed.

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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 Substitutes

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

A4 Minutes of the meeting held on 7 July 2011 (1 - 16)
A copy of the Committee's Terms of Reference is attached after the minutes.

A5 Meeting dates for 2012

The following dates have been reserved for the Committee's meetings:-

Tuesday 10 January 2012

Friday 30 March 2012

Friday 6 July 2012

Friday 14 September 2012

Friday 9 November 2012

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

A6 Chairman's Announcements

A7 Mrs Margaret Howard

A8 Oral Updates by Cabinet Member, Director of Public Health and Assistant Director of Adult Social Services

B. PRESENTATION

C. ITEMS FOR SCRUTINY

C1 Charging Policy for Home Care and other Non-Residential Services (Domiciliary Charging Policy) (17 - 84)

All County Council Members have been invited to attend for this item.

C2 Kent County Council and Kent and Medway Partnership Trust (KMPT) Partnership for Delivery of Social Care to Adults of Working Age with Mental Health Needs (85 - 88)

D. PUBLIC HEALTH ITEMS

D1 Kent Annual Public Health Report - TO FOLLOW

D2 The Commission on Funding of Care and Support Report (89 - 98)

E. ITEMS FOR CONSIDERATION

E1 Autistic Spectrum Disorder - 'Two Years On' report (99 - 148)

E2 Adult Services Budget Forecast Report 2011/12 (149 - 180)

E3 Families and Social Care - Adult Social Services Public Involvement and Consultations Report (181 - 192)

E4 Annual Complaints and Compliments Report - TO FOLLOW

F. ITEMS PLACED ON THE AGENDA BY MEMBERS

G. SELECT COMMITTEE WORK

G1 Update on Select Committee Work (193 - 194)

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

Monday, 12 September 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 CARE AND PUBLIC HEALTH POLICY
OVERVIEW AND SCRUTINY COMMITTEE**

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

PRESENT: Mr C J Capon (Chairman), Mrs V J Dagger (Vice-Chairman), Mr R E Brookbank, Mr L Christie, Mrs P T Cole, Mr N J Collor, Mr J M Cubitt, Mr C Hibberd, Mr M J Jarvis, Mr S J G Koowaree, Mr C P Smith Mr C T Wells

ALSO PRESENT: Mr G K Gibbens, Mr P W A Lake

IN ATTENDANCE: Mrs M Howard (Director of Operations), Ms M Peachey (Kent Director Of Public Health) Miss T Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

21. Membership
(Item A2)

Members noted that Mr L Christie and Mr C Hibberd had joined the Committee in place of Mr G Cowan and Mrs A D Allen respectively.

22. Minutes of the meeting held on 7 April 2011
(Item A5)

RESOLVED that the minutes of the final meeting of the former Adult Social Services Policy Overview and Scrutiny Committee, held on 7 April 2011, are correctly recorded and they be signed by the Chairman.

23. Oral updates by Cabinet Member, Director of Public Health and Assistant Director of Adult Social Services
(Item A7)

Mr Gibbens gave an oral update on the following:-

- a) he has recently been elected as Chairman of the South East Councils Adult Social Care, which is made up of Lead Members in the South East Counties.
- b) Residential Care Homes Closures are progressing one by one. Separate briefings are being arranged for local Members.
- c) Health and Wellbeing Boards. He and the Cabinet Member for NHS Transition have visited GPs and NHS partners. Kent will be an early adopter and a shadow Board will exist from April 2012.
- d) Thanet Good Day Programme Formal Consultation – a major consultation on services for people with learning disabilities has now commenced.
- e) Transition and Integration Event on 16 June for Health Staff. A paper on Public Health transition will be going to full Council on 21 July.

- f) The Dilnot Report had been published this week, and meetings will take place with officers to identify the likely impacts for Kent. A report on this will be made to the next meeting of the POSC, and a briefing for all KCC Members was also suggested.
- g) Changing the POSC's name to reflect the portfolio title; Adult Social Care and Public Health. County Council will be asked to agree to change the name on 21 July.

Mrs Howard gave an oral update on the following:-

- a) Director Posts - the final interviews for the Corporate Director posts will take place on 11 July. Mark Lobban has been appointed-Director of Strategic Commissioning, and Penny Southern the Interim Director of Learning Disability and Mental Health.
- b) Much work is still going on around reviewing in-house services as the Directorate moves to a Strategic commissioning function.
- c) CQC home closures.
- d) Southern Cross update. KCC is working with Southern Cross to help residents and their families to understand the issues and likely impact around the organisation's financial difficulties, with the aim if possible of avoiding moves.
- e) Adults part of the Directorate update through the transition.
- f) The new Broadmeadow short stay beds and day centre and integrated services facility will formally open this week, offering a centre of excellence for people with Dementia. POSC Members are encouraged to visit.

Ms Peachey gave an oral update on the following:-

- a) GP Commissioning Change to Clinical Commissioning Groups.
- b) Change to the timescale for Strategic Health Authorities and Public Health England to be established, moved back from December 2012 to April 2013.
- c) Local preparation for GP Commissioning Consortia, of which there are expected to be fewer than previously thought – perhaps 5. These will now be called Clinical Commissioning Groups.
- d) The configuration of these Clinical Commissioning Groups will change further, and the Health and Wellbeing Boards will have a say on this.

24. Non-Residential Charging Policy Changes - update (Item B1)

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

1. Mr Thomas-Sam presented a series of slides which set out the reasons for the proposed changes and a summary of them, some examples to illustrate the old and proposed new charging schemes and the responses received so far to the consultation process. Mr Thomas-Sam and Mrs Howard responded to comments and questions from Members. The following points were highlighted:-

- a) the proposed changes to the non-residential charging policy should not be confused with any change to eligibility criteria, which Kent was committed to keeping as 'moderate';
- b) feedback from the consultation exercise will be made available to Members, and will be in the public domain prior to when the issue is discussed at Cabinet and by the POSC prior to the Cabinet Member taking a decision; and
- c) the consultation is concentrating on ensuring stakeholders understand the detail of the proposals and are able to explain what they believe the likely impact may be on them.

2. Members expressed concern that the POSC would not have the opportunity to discuss the issue again before it was considered by Cabinet, as the POSC meeting falls on the day after the Cabinet meeting. The Chairman and Cabinet Member reassured Members that the decision would be taken by the Cabinet Member, rather than by the full Cabinet, and that the POSC would have an opportunity to discuss the consultation outcomes and put forward views before the decision is ultimately taken. Mr Gibbens gave a commitment that he would listen to the views expressed both by his Cabinet colleagues on 19 September and the POSC on 20 September when taking the decision later that day, and emphasised that his decision would be taken in the light of the comments made at the earlier meetings. Members welcomed the opportunity to discuss the issue again at the POSC's September meeting.

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

25. Relationship with the Voluntary Sector (Item C1)

The Cabinet Member, Mr G K Gibbens, declared an interest in this item as his wife is the Assistant Manager of the Canterbury Volunteer Bureau. He stated that he would not make any comment on this item, and if any comment were needed, it would be made by the Deputy Cabinet Member, Mr P W A Lake.

Mr R E Brookbank also made a general declaration of interest in this item as he is involved in several voluntary organisations.

Ms C Sacco, Interim Director of Strategic Commissioning, was in attendance for this item.

1. Ms Sacco introduced the report and responded to comments and questions from Members. The following points were highlighted:-

- a) Members were assured that the KCC had taken legal advice on its new position, and that contracts with the voluntary sector would be entered into only after such advice had been taken;
- b) some Members expressed concern that the new contract arrangements and responsibilities might deter some people from taking on the

voluntary role of trustee. Ms Sacco undertook to deal with Members' specific concerns outside the meeting;

- c) Members also expressed concern that the voluntary sector might soon arrive at a crisis point, as it was inevitably being asked to deliver more with fewer resources;
- d) voluntary bodies will receive KCC support to help them bid for grants, and training will be provided to help them understand their new role. Change must necessarily be gentle, and take into account the great value of the work undertaken by the voluntary sector;
- e) the response of the voluntary sector to the changes has so far been very positive; and
- f) Members would need to have much more information to help them understand the complexities of the different types of funding arrangements available.

2. Mr Christie proposed that the POSC should not simply note the report, as requested, but place on record its concerns about the changes and the impact they would have on the work of the voluntary sector, and that a further report be made to the a future meeting of the POSC to allow Members to discuss the consequences and impact of the changes. This was generally agreed.

3. RESOLVED that:-

- a) the information set out in the report and given in response to Members' comments and questions be noted, with concern; and
- b) a further report be made to a future meeting of the POSC, to allow Members to discuss the consequences and impact of the changes.

26. KCC Health Inequalities Strategy Update

(Item D1)

The Chairman sought and received the Committee's agreement to consider this item as urgent business, as the papers had not been placed on public deposit with the required five clear days' notice.

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

1. Ms Peachey introduced the report and explained that, under the new changes affecting public health, KCC would take on responsibility for addressing the issue of health inequalities. A Working Group had been established and the Plan produced to set out how this new responsibility would be approached. Ms Peachey and Ms Smith responded to comments and questions from Members. The following points were highlighted:-

- a) one challenge in addressing this issue is a difficulty in identifying who is using health services and what outcomes these people achieve;

- b) two recent reports, by the Christie Commission in Scotland and by the Local Government Association, have identified the importance of identifying and tackling health inequalities early in a person's life;
- c) it would be important to be able to demonstrate county-wide improvement. Kent, as a large and very diverse county, has a broad range of health inequality issues, which will in turn need a range of different measures to address them; and
- d) housing is a key factor in health inequality, so investment in good housing will be key. Inspiration and creativity in approaching the subject will be as important as financial input.

2. Ms Peachey suggested that a briefing session be arranged to introduce Members to the health inequalities strategy in more depth, and that regular updates be made to keep Members apprised of its progress.

3. RESOLVED that:-

- a) the information set out in the report and given in response to Members' comments and questions be noted, with thanks; and
- b) the course of action being taken by the Health Inequalities Working Group be agreed in principle.

27. Proposal for the alignment of PCT public health staff to KCC, and associated Memorandum of Understanding.
(Item D2)

1. Ms Peachey introduced the report and explained that the KCC had taken the initiative to move ahead early on this issue rather than wait until April 2012. The Primary Care Trusts have confirmed that they are happy with the Memorandum of Understanding, which has also been seen by the KCC Cabinet and will be considered by the full Council on 21 July. Members of the POSC were being given the opportunity to discuss and have an early influence on the wording of the Memorandum of Understanding.

2. RESOLVED that:-

- a) the information set out in the report and given in response to Members' comments and questions be noted, with thanks; and
- b) the wording of the Memorandum of Understanding be amended to reflect Members' comments, ie on the inclusion of specific officers' names, and to clarify the role of Adult Social Services.

28. Draft Kent Annual Carers Report
(Item E1)

Mr M Thomas-Sam, Head of Policy and Service Standards, and Miss N Hill, Policy Officer, were in attendance for this item.

1. Mr Thomas-Sam introduced the report and he, Miss Hill and Mrs Howard responded to comments and questions from Members. The following points were highlighted:-

- a) it has been difficult to compare some of the data included in the report with data for previous years, particularly for national trends, as the method of measurement has changed;
- b) similarly, figures for the use of day services in East and West Kent are difficult to compare, and appear to be very different as services have historically been categorised differently in the two areas; and
- c) Members welcomed the report and offered to send more detailed comments to officers after the meeting.

2. RESOLVED that the information set out in the report and given in response to Members' comments and questions be noted, with thanks, and the draft Annual Carers Report be endorsed.

29. Adult Social Services Directorate/Portfolio Financial Outturn 2010/2011
(Item E2)

The Chairman sought and received the Committee's agreement to consider items E2, E3 and E4 as urgent business, as the papers had not been placed on public deposit with the required five clear days' notice.

Miss M Goldsmith, Finance Business Partner, was in attendance for this and the following two items.

1. Miss Goldsmith introduced the report and responded to comments and questions from Members, which will also be referred to the Budget IMG for this POSC when it meets for the first time on 28 July, at which they can be examined in more depth. The following points were highlighted:-

- a) Members expressed concern about the substantial fluctuation in spending on services for people with learning disabilities. It was explained that budget allocations were based on anticipated needs, which were not always borne out by subsequent patterns of service use through the year. Changes in patterns of service use would inevitably have a knock-on effect; for example, if more people with learning disabilities moved into the community, the spend on residential services would decrease, and vice versa. In Kent, learning disability was traditionally a volatile area in terms of service demand and, hence, spend; and
- b) the planned and actual spend on all capital projects, over the lifetime of those projects (*shown in Table 3 on page 9 of the report*) did not show any change in costs over the period listed. This is because the forecasts of spend are long-term and made to cover a five-year period, and no variation had yet arisen.

2. RESOLVED that the information set out in the report and given in response to Members' comments and questions be noted, with thanks, and the comments made be referred to the POSC's Budget IMG.

30. KASS Debt Position, June 2011

(Item E3)

1. Miss Goldsmith introduced the report and responded to comments and questions from Members, which will also be addressed at the meeting of the Client Debt IMG on 11 July, at which they can be examined in more depth. The following points were highlighted:-

- a) it would be helpful for Members to know how much of the KCC's client debt is more than two years old, and how well recent debt is managed and, if possible, minimised. An ideal situation would be for both old and new debt to be recovered and reduced as far as possible;
- b) however, the KCC should guard against spending excessive resources on pursuing old debt which it is very unlikely to be able to recover; and
- c) Members were assured that the notes of the IMG meeting on 11 July would be included in the meeting papers for the POSC's September meeting, so the information in them would become public at that time.

2. RESOLVED that the information set out in the report and given in response to Members' comments and questions be noted, with thanks, and the points raised be addressed at the meeting of the Client Debt IMG on 11 July.

31. 2011/2012 Budget Savings

(Item E4)

1. Miss Goldsmith introduced the report and presented a series of slides which set out more detail on progress against those budget savings for which progress was currently rated 'amber' or 'red'. Miss Goldsmith and Mrs Howard responded to comments and questions from Members, and the following points were highlighted:-

- a) some savings identified were too small to have a project initiation document (PID) prepared for them. Figures for the total savings given in the report and shown on the slides were different as one total included these smaller savings and the other did not;
- b) to address savings in placement costs for people with learning disabilities and physical disabilities, KCC was liaising with service providers to review the most expensive placement types first;
- c) the KASS budget is largely demand-led and hence liable to constant change, so to compare progress on savings being made by KASS to those being made by other Directorates was difficult; and
- d) having been advised that it would not be possible to deliver all of the £1,477m target increase in non-residential charging which KASS had been set, and that savings would have to be made elsewhere to make

up the difference, Members expressed concern about where these other savings would be made. Miss Goldsmith explained that it was still early in the financial year and final savings could only be estimated at this stage. Savings would be looked at in the round. Mrs Howard assured Members that no service would be cut to help absorb a shortfall in savings elsewhere without the proper process being followed. Members were offered the opportunity to discuss specific concerns with officers outside the meeting.

2. Mr Gibbens reassured Members that ongoing monitoring of savings was an important part of his role and that he would work closely with officers to achieve the savings. A report on progress would be submitted to every meeting of the POSC so Members have a chance for ongoing scrutiny.

3. RESOLVED that the information set out in the report and given in response to Members' comments and questions be noted, with thanks, and that further update reports be made to every subsequent meeting of the POSC.

32. Kent Environment Strategy Update

(Item E5)

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

1. Ms McKenzie introduced the item and highlighted the progress KASS had achieved in introducing changes in its own premises and in clients' homes. She encouraged Members to contact her team and become involved in the changes.

2. One Member expressed the view that such an important topic, on which Members were being asked to discuss and agree priorities, needed more time than could be afforded to it at the end of a long agenda. It was possible for Members to welcome the report put before them, but not to agree it without time for discussion. Such an important subject required a stronger recommendation by which the POSC could influence future action.

3. Mr Gibbens reassured Members that he would always take notice of points made and views expressed in POSC meetings and take them forward in his role as Cabinet Member.

4. RESOLVED that report be welcomed and the information set out in it be noted.

33. End of Year Performance for Adult Social Services 2010 - 2011

(Item E6)

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

1. Mrs Abbott introduced the report and she and Mrs Howard responded to comments and questions from Members. The following points were highlighted:-

- a) the update includes progress on performance for county-wide indicators (eg relating to the Contact Kent call centre) as well as indicators which relate specifically to particular Directorates;
 - b) progress against indicator NI 130 does not make clear how many people take up a Direct Payment. Members were reassured that use of a Direct Payment is entirely voluntary for those clients for whom it is suitable, which is by no means all clients. NI 130 had been re-worded to include all types of Personal Budgets, not just Direct Payments. Officers offered to advise Members of the figures for Direct Payments outside the meeting; and
 - c) progress against indicator NI 136 does not include a figure for the number of people who return to their own home without a care package, so gives the impression that the KCC supports fewer people. Some people may not actually need any care package, and to include this figure alongside the others would present a fuller picture and emphasise the more positive aspect that does not show up currently. The required method of reporting does not give scope to reflect this fuller picture.
2. RESOLVED that the information set out in the report and given in response to Members' comments and questions be noted, with thanks, and Members' comments on the reporting of indicators NI 130 and NI 136 be taken into account in future years.

34. KCC's Performance Management Framework - Delivering Bold Steps *(Item E7)*

Mrs S Garton, County Performance and Evaluation Manager, was in attendance for this item.

1. Mrs Garton introduced the report, which set out the outcomes of the Members' workshops held in May 2011. The draft milestones and measures document was presented for the POSC to note and would then be considered by Cabinet on 18 July.
2. RESOLVED that the information set out in the report be noted, with thanks.

35. Update on Select Committee Work *(Item G1)*

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

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Appendix 2 Part 2: Functions delegated by the Council to Committees

Policy Overview and Scrutiny Committee Suite

1. Cabinet Scrutiny Committee

14 Members

Conservative: 11; Liberal Democrat: 1; Labour: 1; independent 1; and (for relevant education items only): Churches: 3; Parent Governors: 2.

1.1 The Council has appointed this committee under section 21 of the Local Government Act 2000 to:

(a) review or scrutinise formal decisions made by the Leader, the Cabinet, Cabinet Members or Cabinet committees.

(b) call-in any decision made but not yet implemented by the Leader, the Cabinet or a Cabinet Member and either:

- (i) recommend that the decision be reconsidered by the person who made it or
- (ii) arrange for its function under (a) above (so far as it relates to the decision) to be exercised by the Council

(c) make reports or recommendations to the Leader, Cabinet, Cabinet Member, the relevant officer or the Council arising out of its functions.

1.2 When exercising its powers in relation to education functions, this Committee will include persons nominated by the Diocesan Boards of Education of the Canterbury and Rochester Dioceses of the Church of England and the Roman Catholic bishop whose diocese includes Kent (paragraph 7 of Schedule 1 to the 2000 Act), as well as persons elected as representatives of parent governors at schools maintained by the Council as the local education authority for Kent (paragraph 9 of Schedule 1 to the 2000 Act).

1.3 The Cabinet Scrutiny Committee has the power to:

(a) require the Leader, Cabinet Members and officers to attend before it and answer questions.

(b) question and gather evidence from any person (with their consent).

(c) appoint one or more sub-committees to discharge any of its functions.

2. Policy Overview and Scrutiny Committees

2.1 These committees make reports or recommendations to the Council or the Executive on the discharge of functions or matters affecting its area or inhabitants (see Article 7).

2.2 The Policy Overview and Scrutiny Committees whose terms of reference involve education functions, include persons nominated by the Diocesan Boards of Education of the Canterbury and Rochester Dioceses of the Church of England and the Roman Catholic bishop whose diocese includes Kent (paragraph 7 of Schedule 1 to the 2000 Act), as well as persons elected as representatives of parent governors at schools maintained by the Council as the local education authority for Kent (paragraph 9 of Schedule 1 to the 2000 Act).

2.3 The Procedure Rules include provision (in Appendix 4 Part 8) regulating how the Cabinet Scrutiny and Policy Overview and Scrutiny Committees exercise these powers.

2.4 The work of the Policy Overview and Scrutiny Committees is co-ordinated by the Scrutiny Board.

2.5 Each Policy Overview and Scrutiny Committee has the power to:

(a) assist and advise the Council, the Leader, a Cabinet Member and the Cabinet in the development of the Policy Framework

(b) review the performance of the Council in relation to its policy objectives and performance targets

(c) require the Leader, Cabinet Members and officers to attend before it and answer questions

(d) review or scrutinise the performance of other public bodies in Kent, invite reports from them and request them to address the Committee about their activities and performance

(e) question and gather evidence from any person (with their consent)

(f) conduct research, community and other consultation about service performance, policy issues and possible options

(g) recommend to the Scrutiny Board the appointment of Select Committees (with the legal status of Sub-Committees) to conduct reviews with the same powers as the main Committee

(h) make reports and recommendations to the Council, the Leader, a Cabinet Member, the Cabinet or any other Council Committee or officer arising from the exercise of the preceding terms of reference or affecting Kent or its inhabitants within their allocated areas of responsibility.

(i) hear evidence from an officer following the receipt of a petition signed by the required number of signatories (in accordance with the Petition Scheme).

(j) consider petitions referred to it in accordance with the Petition Scheme and to make recommendations for action to be taken.

3. Scrutiny Board

10 Members

Conservative: 9; Liberal Democrat: 1.

This committee is made up of the Chairman of Cabinet Scrutiny Committee, the Chairmen of the Policy Overview and Scrutiny Committees, the Chairman of the Health Overview and Scrutiny Committee and such other Members as may be required to comply with the proportionality requirements of the Local Government and Housing Act 1989.

This committee has been appointed by the Council under section 21 of the Local Government Act 2000, either by itself or by allocation to one or more of the Policy Overview and Scrutiny Committees, to:

- (a) review or scrutinise:
 - (i) decisions made or other action taken in connection with the discharge of any non-Executive functions
 - (ii) actions taken in connection with the discharge of any Executive functions by the Leader, the Cabinet or Cabinet Members (other than formal decisions)
 - (iii) officer decisions (whether exercising Executive or non-Executive functions)
- (b) request, but not require, that implementation of a decision be postponed when considering any decision taken by an officer or by a Committee exercising functions delegated by the Council.
- (c) co-ordinate the programme of Select Committee reviews during the year
- (d) allocate Select Committee reviews to Policy Overview and Scrutiny Committees and decide the appointment, co-ordination, composition and chairing of Select Committees to conduct the reviews
- (e) undertake policy development activity where this is of a cross-cutting nature, or allocate this power to the relevant Policy Overview and Scrutiny Committee
- (f) consider and keep under review the overall mechanisms and functions of the Overview and Scrutiny process and to make recommendations to the Council as appropriate
- (g) deploy Policy Overview and Scrutiny support staff and resources
- (h) to consider and determine all requests from a lead petitioner for a review of the response to a petition in accordance with the Petition Scheme

4. Education Learning and Skills Policy Overview and Scrutiny Committee

13 Members

Conservative: 11; Liberal Democrat: 1; Labour: 1; and (for relevant education items only): Churches: 3; Parent Governors: 2 (Teacher Advisor Representatives - non voting: 6).

This committee considers the functions of the Council that are the responsibility of the Corporate Director Education, Learning & Skills and related matters affecting Kent or its residents.

5. Specialist Children's Services Policy Overview and Scrutiny Committee

12 Members

Conservative: 10; Liberal Democrat: 1; Labour: 1.

This committee considers the functions of the Council that are the responsibility of the Director of Specialist Children's Services and related matters affecting Kent or its residents.

6. Adult Social Care & Public Health Policy Overview and Scrutiny Committee

13 Members

Conservative: 11; Liberal Democrat: 1; Labour: 1.

This committee considers the functions of the Council that are the responsibility of the Corporate Director Families & Social Care (other than specialist children's services) and the Director of Public Health and related matters affecting Kent or its residents.

7. Environment, Highways and Waste Policy Overview and Scrutiny Committee

12 Members

Conservative: 11; Liberal Democrat: 1.

This committee considers the functions of the Council that are the responsibility of the Corporate Director Enterprise & Environment in relation to environment, highways and waste functions and related matters affecting Kent or its residents, including flood risk management.

8. Regeneration and Economic Development Policy Overview and Scrutiny Committee

12 Members

Conservative: 11; Liberal Democrat: 1.

This committee considers the functions of the Council that are the responsibility of the Corporate Director Business Strategy & Support in relation to regeneration, economic development and related matters affecting Kent or its residents.

9. Customer & Communities Policy Overview and Scrutiny Committee

12 Members

Conservative: 10; Liberal Democrat: 1; Labour: 1.

This committee considers the functions of the Council that are the responsibility of the Corporate Director Customer & Communities and related matters affecting Kent or its residents.

It is also responsible for the scrutiny of authorities responsible for Crime and Disorder strategies in accordance with section 19 of the Police and Justice Act 2006 and the Protocol at Appendix 4 Part 5 Annex C.

10. Corporate Policy Overview and Scrutiny Committee

12 Members

Conservative: 11; Liberal Democrat: 1.

This committee considers the functions of the Council managed by the Managing Director (with the exception of regeneration and economic development) and related matters affecting Kent or its residents.

11. Health Overview and Scrutiny Committee

12 Members

Conservative: 10; Liberal Democrat: 1; Labour: 1.

This committee reviews and scrutinises matters relating to health and social care in Kent and exercises the powers conferred on the Council under the Health and Social Care Act 2001 and the Local Government and Public Involvement in Health Act 2007.

12. Select Committees

8 Members

Conservative: 7; Liberal Democrat: 1.

(a) These are time limited, task specific sub-committees of the Policy Overview and Scrutiny Committees, appointed to carry out reviews on behalf of the Policy Overview and Scrutiny Committees with the same powers as the main committee.

(b) The general scope of each Select Committee review is agreed by the Scrutiny Board when it is included in the work programme. The detailed terms of reference of each Select Committee Review are developed by a cross party Member group (one from each group), for approval by the Select Committee and endorsement by the parent Policy Overview and Scrutiny Committee.

(c) A register of all appointments of Select Committees is kept by the Monitoring Officer.

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

To: Adult Social Care and Public Health Policy Overview and Scrutiny Committee – 20 September 2011

Subject: **CHARGING POLICY FOR HOME CARE AND OTHER NON-RESIDENTIAL SERVICES (DOMICILIARY CHARGING POLICY)**

Classification: Unrestricted

Summary: A decision to change the Council's Charging Policy for non-residential services was confirmed on 17 February 2011, when the County Council approved the budget for 2011-2012. Kent County Council's Non-residential Charging Policy has historically been more generous when compared to other local authorities. The changes agreed by the County Council will bring Kent into line with similar authorities and will continue to be compliant with the Government's Fairer Charging Guidance.

The Council is required to undertake a consultation with users on the impact of this decision and have regard to the findings of that consultation before coming to a final view. Consultation on the details of the policy was undertaken between 9 May 2011 and 31 July 2011 to assess the impact of the policy changes on service users prior to the implementation of the policy.

This report presents the results of that consultation, considers its implications for service users and any impact on inequalities.

FOR COMMENT Adult Social Care and Public Health Policy and Scrutiny Overview Committee is asked to note that the Cabinet Member for Adult Social Care and Public Health will take the final decision on implementing the revised charging policy, after taking into account the views expressed in this report and any further views put forward by Members of the Cabinet at its meeting on 19 September 2011 and the Adult Social Care and Public Health Policy Overview and Scrutiny Committee (ASCPHPOSC) at its meeting on 20 September 2011.

ASCPHPOSC is asked to provide the Cabinet Member with their views on this revised policy.

Introduction

1. (1) A decision to change the Council's Charging Policy for non-residential services was confirmed on 17 February 2011, when the County Council approved the budget for 2011-2012. This included a provision to raise additional income of £2.954m through making changes to the Non-residential Charging Policy. The Council is required to

undertake a consultation with users on the impact of this decision before coming to a final view. The purpose of this report is to provide Cabinet with the analysis of the response to the consultation on the impact of the changes to KCC's Charging Policy for Home Care and other non-residential services (Domiciliary Charging Policy). The consultation took place between 9 May 2011 and 31 July 2011. The decision in relation to this policy was included in the Forward Plan on 18 March 2011, covering the period 1 April 2011 to 30 September 2011.

(2) The consultation exercise was carried out to do two things. First to inform people about the details of the proposed policy changes and, secondly, to invite the views of service users and carers so that the Council could better understand the direct impact of those changes on them, and take into account those views when reaching its final decision. The consultation programme included writing to existing and prospective service users, Kent County Council Members, Kent Members of Parliament, Voluntary Sector organisations, District/Borough Councils, NHS partners and Families and Social Care staff. It also included presentations to Members at a briefing meeting on 18 May 2011 and to the then Adult Social Services and Public Health Overview and Scrutiny Committee, on 7 July 2011. In addition a total of 16 public consultation meetings were held as part of the listening exercise.

(3) The revised Non-Residential Charging Policy is based on good practice and is in line with the Government's Fairer Charging Guidance. This policy is also in-step with that of many other local authorities in respect of their charging policy on non-residential services.

(4) Kent is one of the few local authorities nationally that has eligibility criteria set at the moderate level for determining who can have adult social care support.

Policy Context

2. (1) The Health and Social Services and Social Security Adjudications Act 1983, specifically section 17, grants councils a discretionary power to charge people in receipt of non-residential services. This provides the policy framework within which councils may recover some charges in respect of home care and other non-residential services. Kent, along with almost all Councils with Adult Social Services Responsibilities in England, has used this power to charge for services that fall within this policy framework.

(2) The relevant Department of Health (DH) guidance documents covering this policy are the 'Fairer Charging Policies for Home Care and other non-residential Social Services (2003)' and the 'Fairer Contributions Guidance (2010)' both of which were issued under section 7 of the Local Authority Social Services Act 1970. This means that councils are required to apply them unless they can demonstrate compelling reasons for departing from the guidance. The 2010 'Fairer Contributions Guidance' does not supersede the earlier 'Fairer Charging Guidance'. It simply supplements the earlier guidance by explaining how it should apply to the new concept of Personal Budgets, in particular how to work out the chargeable component of the Personal Budget.

(3) The 'Fairer Charging – Guidance for Councils with Adult Social Services Responsibilities (2003)', requires that charging policies should not reduce the net income of service recipients below the protected basic levels of Income Support or the Guarantee Pension Credit, plus a buffer of 25%. In Kent we call this the Protected Income Level.

(4) In addition to the Protected Income Level, the guidance also states that when disability-related benefits (such as Attendance Allowance and Disability Living Allowance) are taken into account in the charging assessment, councils must consider what Disability Related Expenditure (DRE) a person has. This must then be added to the Protected Income Level. KCC provides a standard disability-related expenditure allowance for all service users, and not just for those receiving disability related benefits as required by the Government guidance. In addition, people have the right to have a detailed individual disability-related assessment. On top of the DRE the guidance states that housing costs (net of any benefit) are also deducted from a service user's income.

(5) After the above deductions have been made, councils have discretion to decide the percentage of available income which may be taken into account, when working out a person's contribution towards the services they receive. The current maximum percentage of available income for charging purposes set by Kent is 85%. It is noted that neighbouring authorities including Medway, East Sussex, West Sussex, Bexley, Croydon, Bromley, Brighton & Hove and Buckingham take 100% of the available income into account. Surrey, Essex and Hampshire have set theirs at 80%, 90% and 95% respectively.

Overview of the current Charging Policy

3. (1) Firstly, individuals are assessed to see how much capital (savings and other assets) they have (excluding the value of the home they currently live in). If they have more than £23,250 they will be expected to pay the full cost of their domiciliary care and will not be entitled to a Direct Payment from KCC.

(2) Individuals who have less than £23,250 will be assessed on their income. After certain amounts (the Protected Income Level, the DRE, housing costs and certain other deductions in individual cases) have been deducted from this income they will be left with an amount that is "available" for charging (also known as "disposable income").

(3) The actual charge is worked out by comparing 85% of the disposable income to the cost of their care/Personal Budget. The charge is whichever is the lower figure. If the service user is one of a couple then a couple's assessment is offered to see if this results in a lower charge.

(4) Information on the contribution profile of existing service users, as at 31 July 2011, indicates that 40% (approximately 4 in 10) of people who receive domiciliary support services are assessed as not required to pay any charge. This is because, after all the deductions referred to above, they have no income available for charging. A further 50% (approximately 5 in 10), are assessed as being able to make some contribution towards their services. Finally, 10% (approximately 1 in 10) are assessed as being able to pay the full cost of their services as a result of having savings above the threshold of £23,250 or the cost of the service is less than their assessed charge. The value of the home is not taken into account when calculating the charge.

(5) Advice on benefits and benefit maximisation is an important part of the service which the county council staff such as the Finance and Benefit Officers provide. These specialist officers play a key role in ensuring that people claim all the benefits they are entitled to.

(6) The current policy is known as the Domiciliary Charging Policy with the corresponding public information booklet known as Charging for Care Provided at Home.

The DH guidance mentioned earlier, is titled 'Fairer Charging Policies for Home Care and other non-residential Social Services'. Charges can be recovered for services that are provided both in and outside of the home. For the avoidance of confusion, it is proposed that the Domiciliary Charging Policy should be renamed Non-residential Charging Policy, and that, the Charging for Care Provided at Home public information booklet, should also be amended to reflect this change.

Consultation and Communication

4. (1) The duty to inform, consult and involve, introduced by the Local Government and Public Involvement in Health Act 2002, came into force as a statutory duty placed on all councils in April 2009. The Fairer Charging Guidance (2003) also requires councils to consult with service users and carers about charging policies including any increases or changes in charges. The guidance further states that 'where changes in charging policy would result in significant increases in charge for some users, this should be specifically explained and considered as part of the consultation'.

(2) The consultation undertaken by KCC, followed the 'Cabinet Office Code of Practice on Consultation' and the Fairer Charging Guidance. The consultation was undertaken over a 12 week period from 9 May 2011 to 31 July 2011. The full 'Consultation Analysis Report', which contains details of the outcome of the consultation, is attached to this report (Appendix A). In line with good practice and the commitment given during the consultation exercise, the response to the consultation will be published on the KCC website at www.kent.gov.uk/fsccharging. The report will also be made available to any interested persons or a representative group that requests it. There is also facility to provide the report in different formats on request.

(3) People have expressed mixed views to the consultation, which was principally about understanding the impact of the policy decision on service users. The summary of the response from the consultation to each of the eight questions is set out below.

Feedback on each of the proposals

Proposal 1 – Charge people who use mental health services in the same way as all other people in receipt of services

Agree	Disagree	Neither agree or disagree	Don't know	Missing data
2496 37%	2593 38%	709 11%	769 11%	199 3%

Proposal 2 – Include day care and transport as part of the services that can be charged

Agree	Disagree	Neither agree or disagree	Don't know	Missing data
2277 34%	3042 45%	677 10%	593 9%	177 2%

Proposal 3 – Increase the amount of available income that is taken into account when working out a person’s charge from 85% to 100%

Agree	Disagree	Neither agree or disagree	Don't know	Missing data
1397 21%	4011 59%	591 9%	577 8%	190 3%

Proposal 4 – Reduce the standard amount allowed for the Disability Related Expenditure Assessment from £21 per week to £17 per week for everyone

Agree	Disagree	Neither agree or disagree	Don't know	Missing data
1365 20%	3957 59%	653 10%	620 9%	171 2%

Understanding how the proposed changes may affect people

Respondents who contribute at present

Pay nothing	Pay a charge	Pay full cost	Does not apply	Don't know	Missing data
2206	1801	481	1230	595	453

How respondents say the proposals will affect them

Doesn't affect them	Affects them a little	Affects them a lot	Don't know	Missing data
1597	1284	1437	2043	405

What impact people considered the changes will have on the number of people who receive care

More people can be helped	The same number will be helped	Fewer people will be helped	Not sure	Missing data
767	653	2749	2268	329

Financial Implications

5. (1) As mentioned earlier in paragraph 1.1 above, the County Council budget for 2011-12 assumed that additional income of £1.477m would be raised through charges to the Non-residential Charging Policy for Adult Social Services. This amount increases to £2.954m in a full year. The achievement of £1.477m in 2011/12 assumed implementation in October 2011.

(2) The breakdown of how this was anticipated to be achieved is as follows:

	2011/12	Full Year 2012/13
a) Charge for certain mental health services	£0.080m	£0.160m
b) Charge for day care and transport	<u>£0.350m</u>	<u>£0.700m</u>
c) Increasing the % of available income taken into account from 85% to 100%.	<u>£0.675m</u>	<u>£1.350m</u>
d) Reducing the standard disability – related expenditure allowance from £21 per week to £17 per week.	<u>£0.372m</u>	<u>£0.744m</u>
Total	<u>£1.477m</u>	<u>£2.954m</u>

(3)

(i) Should Cabinet Member approve the recommendation it is proposed to implement the changes with regard to increasing the % of available income and reducing the DREA with effect from 12 December 2011. This means that the actual income anticipated will be as follows:

a) Increase in % of available income taken into account	£415k
b) Reduction in standard DREA to £17 a week	£229k

This equates to a shortfall of £403k income against the £1,047k anticipated.

(ii) It was also decided prior to the consultation commencing that additional time would be required to fully assess those users affected by the introduction of charging for certain mental health services, day care and transport. Therefore the implementation of these changes will be delayed until April 2012 resulting in none of the anticipated savings of £430k being made in 2011-12.

(iii) If the implementation dates shown above are agreed, the total resulting overspend in the current year will be £833k. This is already reflected in the figures in the quarterly budget monitoring report elsewhere on the agenda of Cabinet on the 19 September.

Legal Implications

6. (1) The public sector equality duty created by section 1 of the Equality Act 2000 came into force on 5 April 2011. The section provides that:

"An authority to which this section applies [which includes county councils] must, when making decisions of a strategic nature about how to exercise its functions, have due regard to the desirability of exercising them in a way that is designed to reduce the inequalities of outcome which result from socio-economic disadvantage"

(2) Section 149 of the Act provides that:

A public authority must, in the exercise of its functions, have due regard to the need to

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

(3) Adult Social Care and Public Health Policy and Scrutiny Overview Committee's attention is drawn to the equality duties. The county council may have formed a provisional view, but it is essential that the possibility that the consultation process may affect that view is acknowledged. The decision, when it is taken, should pay due regard to the equality impact assessment, and must relate whatever decision is made to that assessment and, if it is not following it, or if it is choosing not to accept the views of those consulted, it must record the reasons for doing so. A proper assessment of alternative proposals or of actions that could be taken to mitigate the effect of the policy must be considered.

Equality Impact Assessments

7. (1) In line with the public sector equality duty and KCC's Equality Impact Assessment Policy, an assessment was carried out during the policy formulation stage. The impact assessment was later revised when the consultation closed and following the analysis of the consultation response to address issues that arose during the formal consultation process.

(2) There is a clear requirement on all public bodies to comply with the 'due regard' duties. Adult Social Care and Public Health Policy and Scrutiny Overview Committee is advised of the need to take account of the impact of the decision to implement the policy and consider practical measures that might lessen the impact on existing service users who pay a charge and those who will come into the charging scheme for the first time. The disability equality duty is at its most important when decisions are taken which directly affect disabled people. The consideration of equality issues must inform the decisions reached. Furthermore, it will not be adequate that the decision-maker has considered an impact assessment by itself. The decision-maker must address their mind to the statutory duty. The impact assessment can assist in ensuring that the decision-maker comes to a decision with reference to 'due regard' and is able to do so in a considered and informed manner (Appendix B).

(3) The decision to make changes to the non-residential charging policy may have a cumulative effect on particular service users. This would affect some service users who currently make a contribution. It would also affect people who use services that would come into the charging scheme for the first time. It is estimated that changes to the percentage of available income taken into account and the reduction to the standard disability-related expenditure allowance will broadly affect about 3400 service users. Approximately 250 people who currently do not contribute towards their support package will pay up to £4 per week as a result. The introduction of charges for some mental health service users may affect about 560 service users. Bringing day care and transport into the charging scheme is estimated to affect about 1100 people.

(4) People in receipt of disability-related benefits have a right to receive an individual disability-related expenditure assessment, which may result in higher disability-related allowance provision than the standard amount. This would then reduce their charge and may counteract the effect of the proposed changes.

(5) It is considered that other specific groups with protected characteristics (based on gender, ethnicity, religion or belief and sexual orientation) will not be disadvantaged by the changes.

(6) A number of practical measures will be put in place to help address difficulties faced by people as a result of the policy changes. These include:

- Promote and make available individual disability related expenditure assessments;
- Drive up benefit maximisation and ensure that people claim the benefits they are entitled to through Finance and Benefits Officers;
- Continue to offer enablement services in the face of emerging evidence that people require less support at the end of the enablement period;
- Retain managers' discretion to apply exceptional disregards in individual circumstances.

(7) The operation of the policy will be carefully monitored for the first year. In particular teams will monitor the following:

- the number of people refusing or cutting down on services as a result of charging and take steps to work with them;
- the level of service user debt on domiciliary care from the point that the policy comes into effect;
- the level of service user complaints due to the implementation of the charging policy;
- the charging profile of service users (those who pay nothing, pay some contribution and pay the full cost).

Sustainability Implications

8. (1) The policy changes have been assessed against the five principles of sustainability and the evaluation has not identified any negative sustainability implications.

Alternatives and Options

9. (1) If these policy changes are not approved then there will be a requirement to find savings of approximately £3 million from some other source.

Risk and Business Continuity Management

10. (1) Reputational risks, if any, relate to the potential challenge that could be mounted against the decision. Detailed planning work puts the Council in a good position to manage all operational issues associated with the implementation of the policy, if a decision to that effect is taken. The Policy and the Public Information Booklet will be revised and will be put in place should approval to adopt the policy be given.

Conclusion

11. (1) This report, has presented the result of the consultation on changes to Kent's Domiciliary Charging Policy. The consultation followed the 'Cabinet Office Code of Practice on Consultation' and, the Fairer Charging Guidance over a 12 week period. The consultation responses have been analysed in a paper attached to this report.

(2) The outcome of the consultation has shown that there has been a mixed response from service users and carers. In addition, to the summary of the consultation response described above, analyses of the written comments and the views expressed at the public meetings have been grouped under key themes. The top three themes centre on general concern about paying for services, particular issues for some mental health service users and a recognition that charges may increase if current levels of services are to continue.

(3) Changes to the Non-residential Charging Policy are within the law and the Government's Fairer Charging Guidance. In many respects, it brings the Council's Non-residential Charging Policy more in line with that of neighbouring local authorities.

(4) The revenue budget for 2011 – 2012 factored in changes to the non-residential charging policy, to raise additional income of £2.954m (in a full year). Kent's eligibility criterion for adult social care has been kept at the 'moderate' level which means that as many people as possible can be supported.

(5) The obligation to comply with the 'due regard' duties placed on councils has been set out in section 6 of this report. Adult Social Care and Public Health Policy and Scrutiny Overview Committee's attention is drawn to the need to take account of the impact of the decision to implement the policy. A number of practical measures are proposed to help address difficulties faced by people as a result of the policy changes.

(6) The current policy is known as the Domiciliary Charging Policy with the corresponding public information booklet known as Charging for Care Provided at Home. The DH guidance mentioned earlier, is titled 'Fairer Charging Policies for Home Care and other non-residential Social Services'. Charges can be recovered for services that are provided both in and outside of the home. For the avoidance of confusion, it is proposed that the Domiciliary Charging Policy should be renamed Non-residential Charging Policy, and that, the Charging for Care Provided at Home public information booklet, should also be amended to reflect this change.

(7) Adult Social Care and Public Health Policy and Scrutiny Overview Committee is asked to consider the contents of this report prior to a final decision on the implementation of the policy as set out in the main recommendation below.

Recommendations

12. (1) Adult Social Care and Public Health Policy and Scrutiny Overview Committee is asked to:
- a) **NOTE** that the Cabinet Member for Adult Social Care and Public Health will take the final decision to implement the revised charging policy after taking into account the views expressed in this report and any further views put forward by Members of the Cabinet at its meeting on 19 September 2011 and the Adult Social Care and Public Health Policy Overview and Scrutiny Committee at its meeting on 20 September 2011.
 - b) **COMMENT** on the revised policy.
 - c) **NOTE** that the Cabinet Member for Adult Social Care and Public Health will take the decision to approve the proposed change of name of the policy.

Appendices:

Appendix A: Consultation Analysis Report

Appendix B: Equality Impact Assessment

Background Documents:

Consultation on Non – residential Charging Policy Presentation, Adult Social Services and Public Health Policy Overview and Scrutiny Committee, 7 July 2011.

Non – Residential Charging Policy Changes Report, Adult Social Services and Public Health Policy Overview and Scrutiny Committee, 7 April 2011.

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Proposed changes to Kent County Council's charging policy for non-residential services



Consultation analysis report
12 September 2011

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Fairer Charging Policy in line with the Local Authority Circular LAC (2001)32

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1. Executive Summary

1.1 Introduction

Statutory guidance requires local authorities to undertake a consultation exercise when a change in policy would result in significant changes for some service users. Where this is the case the proposals should be fully explained and considered alongside the potential impact.

The consultation exercise on the proposed changes to the non-residential charging policy has therefore been designed to do the following;

- To inform people about the proposals
- To understand how the proposals may affect people
- To seek the views of users and carers prior to the implementation of changes.

This report provides an analysis of the responses to the consultation which took place between 9 May 2011 and 31 July 2011 as set out in the consultation letter and questionnaire dated 9 May 2011⁽¹⁾.

The report will be submitted to the Families and Social Care Directorate Management Team and KCC Members for their consideration in September 2011. The analysis of the consultation responses contained in this report, the views on the proposals and any alternatives suggested by respondents will be used to inform the final decision.

In the light of the increasing demand for services and the need to make savings as a result of the current financial climate, KCC has had to make decisions that both save money and protect front line services. In order to continue to provide the current levels of care and support the council must therefore raise additional income.

KCC Members want to continue to provide services for people at current levels. This should enable people to remain well and independent for longer, which is better for them and will ultimately be more cost effective.

Under KCC's current charging policy and based on the information available, of those who receive care in the community 40% are assessed as not having to pay a charge, 50% are assessed as able to make some contribution towards the cost of their care and 10% are assessed as having to pay the full cost of their service.

It is recognised that there will always be some people who will have financial difficulties and every effort will be made to help people to maximise their benefits. This will be done at the same time as undertaking their means tested financial assessment, to assess how much they should contribute to the cost of their care. Therefore it is important to state that a means tested financial assessment should be done for everyone before any changes to their charges are implemented.

1.2. The process

The consultation used four separate methods to gather the views of individuals and organisations - written, telephone, online, and public meetings. In total 24985 questionnaires were sent to services users, carers and voluntary sector organisations including user and carer groups. People assessed for services after the start of the consultation were also provided with copies of the consultation documentation and invited to comment.

KCC received 6766 submissions consisting of 6540 returned paper questionnaires and 226 completed online of which 1428 had also made written comments. The total response rate to the questionnaires sent out was 27%, which we consider to be a good response rate, and shows how important this subject is to service users and their families and carers.

In addition, comments were recorded as part of the sixteen public meetings held around the county which were attended by 345 people and these have been summarised in Appendix 2.

1.3. Summary of responses to the questionnaire

Proposal 1 – Charge people who use mental health services in the same way as all other people in receipt of services.

Of the 6766 returns:

- 2496 (37%) of people agreed with this proposal
- 2593 (38%) disagreed
- 1677 (25%) neither agreed nor disagreed, did not know or did not answer the question ⁽³⁾.

Proposal 2 – Include day care and transport as part of the services that can be charged.

Of the 6766 returns:

- 2277 (34%) of people agreed with this proposal
- 3042 (45%) disagreed
- 1447 (21%) neither agreed nor disagreed, did not know or did not answer the question ⁽³⁾.

Proposal 3 – Increase the amount of available income that is taken into account when working out a person’s charge from 85% to 100%.

Of the 6766 returns:

- 1397 (21%) of people agreed with this proposal
- 4011 (59%) disagreed
- 1358 (20%) neither agreed nor disagreed, did not know or did not answer the question ⁽³⁾.

Proposal 4 – Reduce the standard amount allowed for the Disability Related Expenditure Assessment (DREA) from £21 to £17 per week for every one.

Of the 6766 returns:

- 1365 (20%) of people agreed with this proposal
- 3957 (59%) disagreed
- 1444 (21%) neither agreed nor disagreed, did not know or did not answer the question ⁽³⁾.

1.4. Feedback

The questionnaire provided an opportunity for people to comment, or provide alternative proposals in a free text field. These comments have been analysed and broken down into 12 categories which are summarised in section 6 of this report. Feedback from each of the public meetings was also recorded and have been summarised in appendix 2⁽²⁾.

1. See Appendix 1 consultation letter and questionnaire
2. See Appendix 2 summary of comments from public meetings.
3. See section 5 for full breakdown

2. Equality Impact Assessment

The Public Sector Equality Duty in the Equality Act 2000 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- A. Eliminate discrimination, harassment, victimisation and any other conduct which is prohibited by or under the Act;
- B. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- C. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

An Equality Impact Assessment was completed prior to commencing the consultation. The Equality Impact Assessment was then reviewed during and after the consultation to enable KCC to respond to any new issues that arose during the consultation and ensure no groups were disadvantaged.

The questionnaire asked specific questions about the impact the proposals may have and also offered individuals the opportunity to identify any group to which they belong to enable the council to understand if the proposed changes treated any groups unfairly.

It is important that the final decision is fully informed and considered in the light of the impact assessment.

3. Consultation Purpose

The Kent County Council Budget 2011/12 was presented to Cabinet Members on 2 February 2011 and was then approved at a full meeting of the county council on the 17 February 2011. This included increasing income by making changes to the way charges for non-residential services were calculated but did not include the details of how policy would be changed. These proposals provide the detail of the proposed changes in order to increase income in accordance with the decision made at full council. The current policy is based on a careful assessment of a person's circumstances and his or her ability to pay. Charges are then based on a comparison between a person's available income for charging purposes and the cost of their package which ever is the lower. It is important to note that this fundamental principal will not change.

The purpose of the consultation was to seek the views of service users, carers, service user representatives and user groups on the following proposals and understand the impact the proposed changes may have on individuals. These proposals are to;

- charge people who use mental health services in the same way as all other people in receipt of services
- include day care and transport as part of the services that can be charged
- increase the amount of available income that is taken into account when working out a person's charge from 85% to 100%
- reduce the standard amount allowed for the Disability Related Expenditure Assessment (DREA) from £21 to £17 per week for every one.

4. Methodology

A report on the proposals and consultation was debated at the Adult Social Services and Public Health Policy and Overview Committee meeting on 7 April 2011.

The consultation was undertaken over a 12-week period between 9 May 2011 and 31 July 2011 and consisted of four separate methods.

Written consultation – a letter explaining why we were consulting and a questionnaire giving details on each of the proposals was sent to all service users, those acting on behalf of someone receiving services and those representing a user or carer group.

In addition to this we also wrote to people known to adult social services who might need a service in the future or had received a service in the past.

People who were assessed and who received services during the consultation period were also provided with consultation documentation to enable them to respond.

Mr. Graham Gibbens, Cabinet Member for Adult Social Care and Public Health also wrote to Kent County Councillors and Kent Members of Parliament to inform them of the consultation exercise and the proposed changes to the policy to ensure they were able to provide constituents with informed advice and support.

Telephone Hotline – a dedicated Free-phone number (0800 298 6002) was set up to answer questions and to assist people in completing the questionnaire over the telephone.

Online consultation – a dedicated online consultation page was set up on the KCC website which provided information as well as the option to complete the questionnaire online.

Public meeting consultation – information regarding three initial public meetings was included with the letters and questionnaires, which went out in May 2011. Additional presentations and public meetings were arranged in response to public and organisational requests.

- Older Persons Development Forum Tunbridge Wells 13 May
- Learning Disability Partnership Board 19 May
- Ashford Enterprise Centre, Kennington, 2 June
- Dover Discovery Centre, Market Square, 7 June
- Directorate Involvement Group 9 June
- Lecture Theatre, County Hall, Maidstone 22 June

• Northdown House, Margate	23	June
• Camden Centre, Tunbridge Wells	30	June
• Dover District Disability Group	4	July
• Thanet Local Board	5	July
• Guru Nanak Day Centre, Gravesend	13	July
• Council Chambers, Gravesham Borough Council	13	July
• West Kent Area Involvement Group, Maidstone	12	July
• East Kent Area Involvement Group, Herne Bay	14	July
• K College, Ashford	27	July
• Willow Day Centre, Sittingbourne	29	July

Margaret Howard, Director of Learning Disability and Mental Health and Anne Tidmarsh, Director of Older People and Physical Disability chaired the meetings. Graham Gibbens, Cabinet Member for Adult Social Care and Public Health, and Peter Lake, Deputy Cabinet Member for Adult Social Care and Public Health were the key note speakers with Michael Thomas-Sam, Head of Policy and Service Standards (Adult Social Care).

An update on the consultation was provided to the Adult Social Services and Public Health Policy and Overview Committee meeting on the 7 July 2011.

5. Responses to the proposals

5.1. Overall response to the consultation

We received 6766 responses to the 24985 questionnaires sent out, which represented a response rate of 27%. The following analysis has been undertaken in respect of completed questionnaires. Where an individual question has not been answered then this has been recorded as missing data. During the consultation period presentations were made at 16 public meetings attended by 345 people; the contact centre also took 932 calls directly relating to the consultation.

Chart 1: **Geographic distribution**

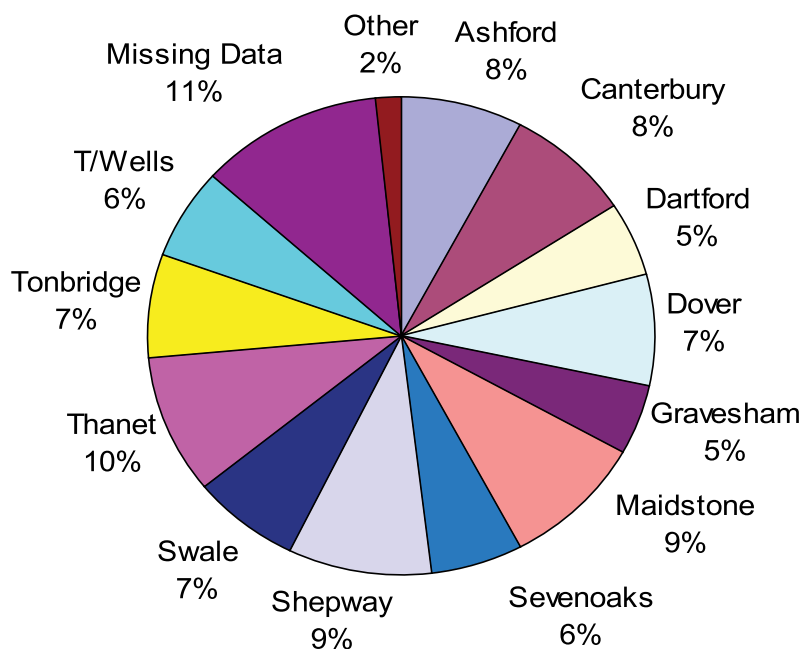
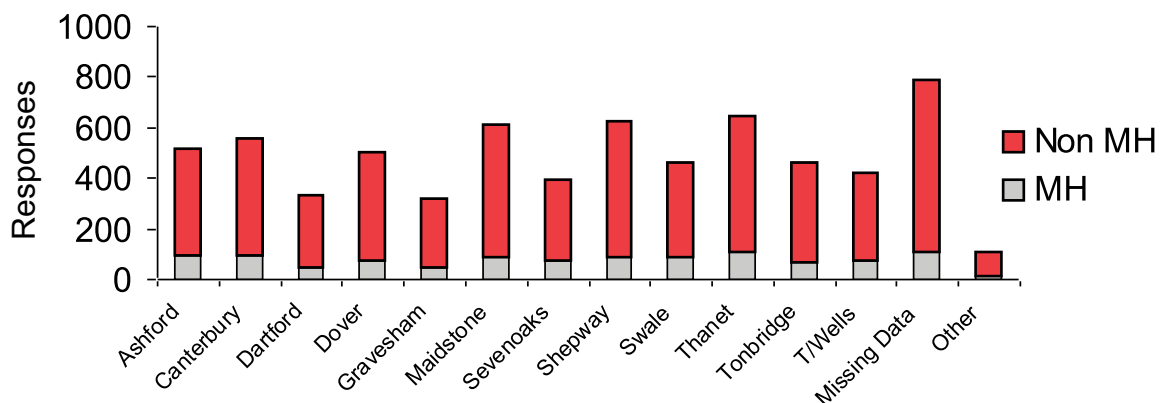


Chart 1 above shows the distribution of responses received from across the county which are relatively evenly spread.

5.2. Demographic data

Chart 2 : **Mental health responses as a proportion of the total responses**



Proposal 1 was to introduce charging for Mental Health services, it was therefore important to understand the number of responses from people who may be affected by this proposal. Chart 2 gives the same district data showing mental health as a proportion of the total.

The 'other' category indicates that the respondent has put down a non standard response, i.e. Kent or an out of county district as opposed to the district from which the service user resides.

Chart 3: **Total response rate by district** (ranked by size of district)

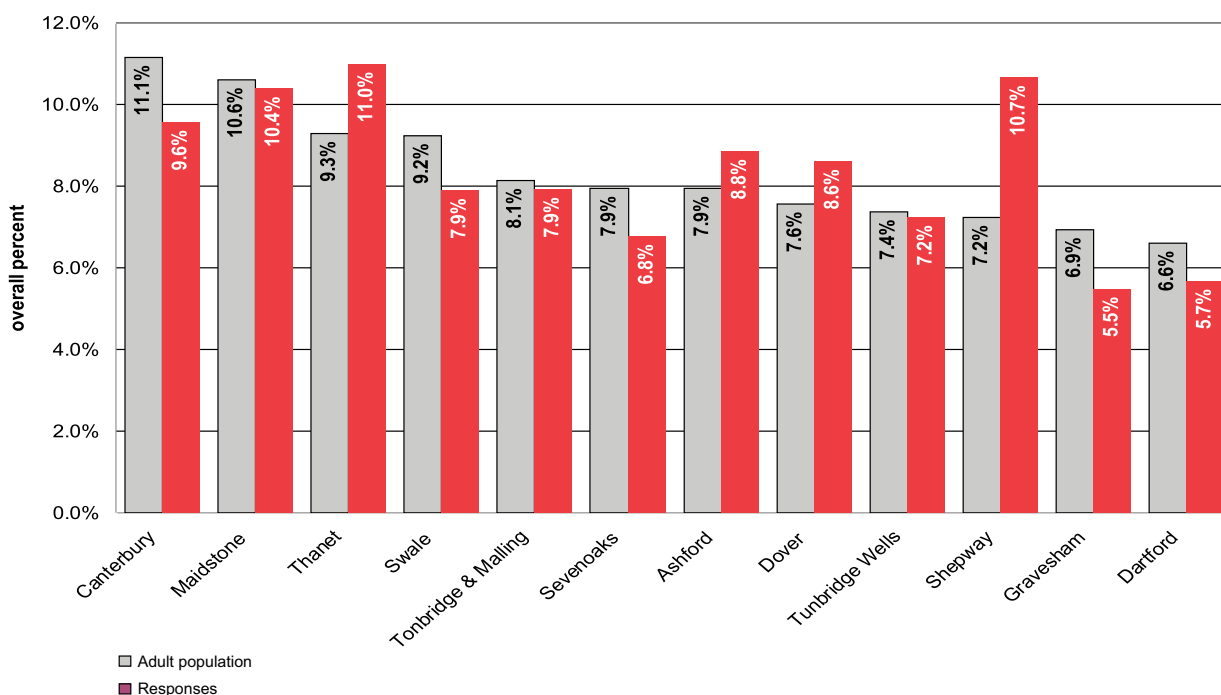


Chart 3 compares the proportion of responses received to the questionnaire by district alongside the proportion of the over 18 adult population of the county. Thanet, Ashford, Dover and Shepway show a higher response rate proportionate to their population i.e. Shepway represents 7.2% of the County's population but 10.7% of the responses, this is not unexpected as these districts contain a larger proportion of the county's service users. Conversely, while Maidstone and Tunbridge Wells show a response rate consistent with their population one would expect to see a lower figure of responses as they have a smaller proportion of service users.

Overall the distribution of responses indicates that it is proportionate to the general adult population of the county having taken into account the distribution of service users.

Chart 4: **Age band of respondents**

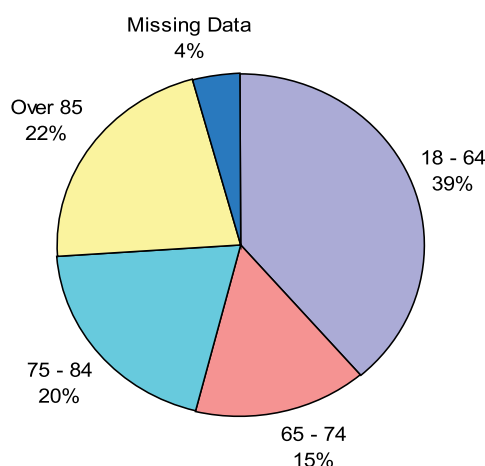
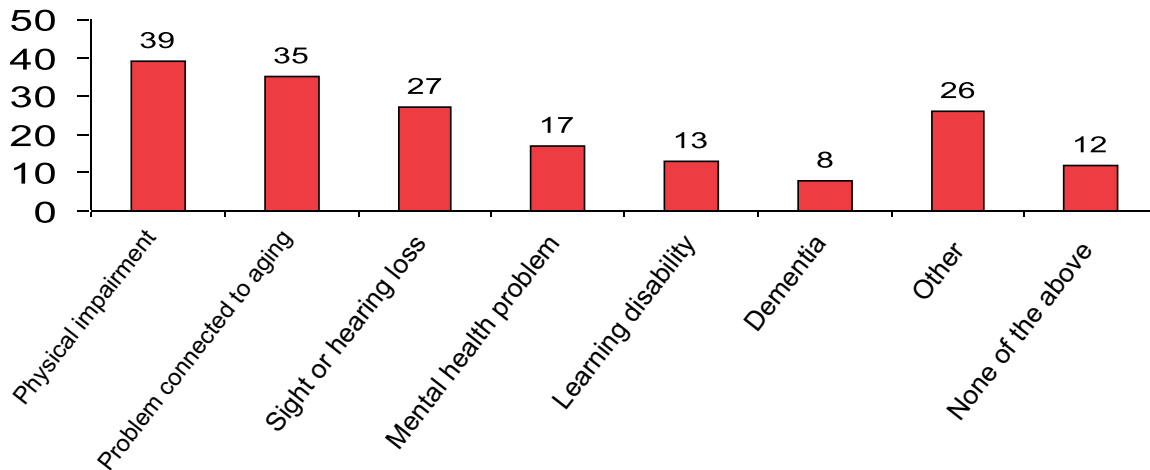


Chart 4 provides a breakdown of the respondents by age band and shows that there was a representative sample across each group.

Chart 5: **Percentage of respondents by client condition**



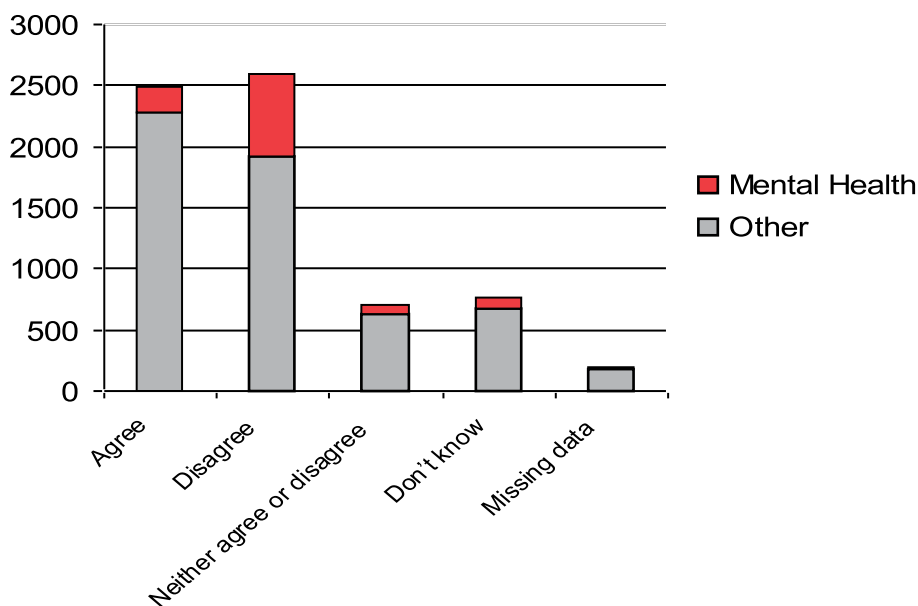
Of the 6766 responses received 6356 people identified which of the above conditions they thought applied to them. The chart above shows the percentage under each condition and will add up to more than 100 percent as people had the option of ticking more than one box and some have multiple conditions/ impairments.

5.3. Responses to the Proposals

The following data shows how people responded to each of the individual consultation proposals.

Proposal 1 – Charge people who use mental health services in the same way as all other people in receipt of services.

Responses to proposal 1



The above chart shows how people responded to proposal 1 with mental health service user responses shown as a subset of the total.

All respondents

Agree	Disagree	Neither agree or disagree	Don't know	Missing data
2496 37%	2593 38%	709 11%	769 11%	199 3%

Respondents with a mental health problem or illness

Agree	Disagree	Neither agree or disagree	Don't know	Missing data
210 20%	668 62%	85 8%	95 9%	15 1%

Overall nearly equal numbers of respondents agree as disagree with the proposal to charge for mental health services.

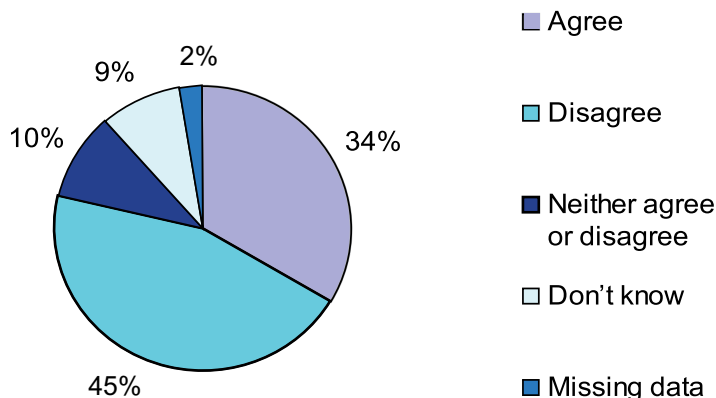
Of those with a mental health problem or illness 28% either agree, or neither agree or disagree with this proposal.

“The principle of treating those with mental ill health the same as others is sound, I think it is important to still feel part of wider society and making a financial contribution could be slightly beneficial to a person’s mental health.” **A mental health client from Dover**

“Reducing benefits and charging for services will increase the already difficult burden of caring for someone with mental health problems.”
A carer of a mental health service user from Canterbury

Proposal 2 – Include day care and transport as part of the services that can be charged.

Responses to proposal 2



Agree	Disagree	Neither agree or disagree	Don't know	Missing data
2277	3042	677	593	177

45% of respondents disagreed with the proposal, representing less than 50% of the total responses.

An increasing number of people are deciding to manage their own care and support and use a direct payment to fund alternatives to day care.

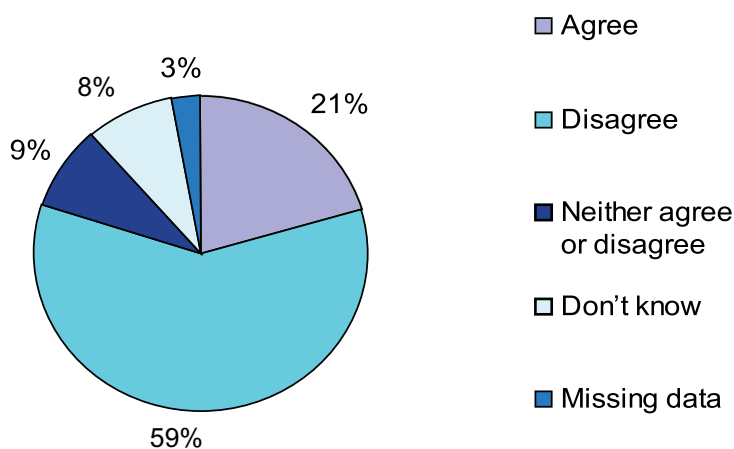
“I will not be able to afford to go to the day centre if I have to pay.”

A young service user with learning difficulties

“I feel my daughter hasn’t always been allowed to achieve her potential within the day care service. If she was paying a contribution I would be more proactive in ensuring it really met her needs.” **A mother with a disabled daughter from Maidstone**

Proposal 3 – Increase the amount of available income that is taken into account when working out a person’s charge from 85% to 100%.

Responses to proposal 3



Agree	Disagree	Neither agree or disagree	Don't know	Missing data
1397	4011	591	577	190

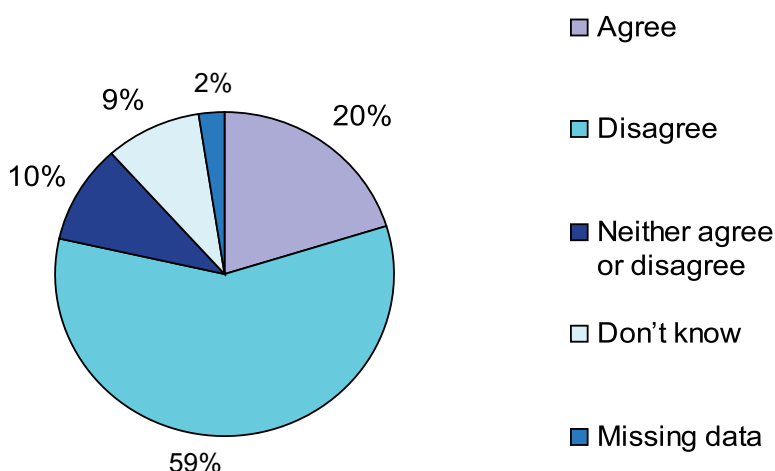
More people disagree with this proposal with 59% against it and 21% agreeing with the proposed change.

“The proposed charges will affect a lot of people, needing the extra money to pay for other things to make their lives more comfortable.” **A physical impairment service user from Canterbury**

“As long as a fair financial assessment is carried out those who contribute will be able to afford to.” **A younger disabled person from Thanet**

Proposal 4 – Reduce the standard amount allowed for the Disability Related Expenditure Assessment (DREA) from £21 to £17 per week for every one.

Responses to proposal 4



Agree	Disagree	Neither agree or disagree	Don't know	Missing data
1365	3957	653	620	171

With the exception of those exempt from paying a contribution, proposals 3 and 4 will affect every-one receiving a chargeable service. This was evident in the discussion and debate that went on both at the public meetings and from the written feedback.

There are however safeguards in place in respect to this specific proposal. Anyone considering that the costs they incur due to their disability are higher than the standard Disability Related Expenditure Assessment allowance is entitled to an individual Disability Related Expenditure Assessment.

“It seems as though the most vulnerable i.e. the elderly and disabled, the very people Government keep saying they want to provide better services for, are the very people who must always pay the highest price” **An over 85 year old from Dover**

5.4. Understanding how the proposed changes may affect people

Respondents who contribute at present.

Pay nothing	Pay a charge	Pay full cost	Does not apply	Don't know	Missing data
2206	1801	481	1230	595	453

The table above shows the breakdown of those who responded to the questionnaire on the basis of whether they currently make a contribution towards their care costs or not.

How respondents say the proposals will affect them.

Doesn't affect them	Affects them a little	Affects them a lot	Don't know	Missing data
1597	1284	1437	2043	405

43% of respondents answering this question consider that the proposals will affect them, 23% considered that they would be affected a lot.

What impact people considered the changes will have on the number of people who receive care.

More people can be helped	The same number will be helped	Fewer people will be helped	Not sure	Missing data
767	653	2749	2268	329

40% of respondents considered fewer people would be helped if these proposals were implemented.

6. Analysis of key topics

Of the 1428 individual written comments received 835 were related to the consultation and have been broken down under the following themes. The others included such comments as “daughter completed on behalf of mother” etc.

Key Themes	Number	Percentage
Increasing charges will make life harder for people, many of whom can not afford to pay any more and already have enough worries.	125	15.0
The increases will cause distress and worry to a lot of people particularly those with a mental illness and savings should be made in other areas	123	14.7
Accept that these are difficult times and that there have to be increases in charges if services are to continue. However they should not be excessive and people should be fairly assessed on a regular basis	105	12.6
Found the proposals too complex and difficult to understand and the questionnaire over complicated	105	12.6
Will deter people from taking up services leading to isolation and the deterioration of people’s health	93	11.1
Social care should be provided free of charge and charges should certainly not go up	84	10.1
The whole consultation process is a waste of time and money as the decision has already been made	59	7.1
The disabled and vulnerable are being hit by KCC and central government more than other groups despite reassurances that government want to protect them	57	6.8
People should not be penalised for having saved and paid into a pension all their life	33	4.0
It must be cheaper to keep people living at home therefore we are already saving the local authority money	22	2.6
Day care should be left alone	22	2.6
Any change should be phased in over a number of years	7	0.8
Total	835	100

7. Conclusion

The consultation overall has generated a good level of response. This is despite the survey being sent out to a wide audience which not only included those currently receiving a chargeable service but also those who were recorded as receiving one in the past or known to adult services as maybe requiring a service in the future.

Charging for non-residential services is a difficult issue for a lot of people particularly in the present financial climate. In order to continue to provide services to an increasing population while at the same time make financial savings was always going to be difficult.

We understand people are worried about the proposals to increase charges and recognise that the whole issue of financial assessment is complex and sometimes difficult to understand.

Before anyone is asked to make a contribution towards their services they will always be given a full financial assessment to ensure that they can afford to do so and as previously stated, 40% are likely to end up paying no contribution towards their services following such an assessment.

While the examples provided in the questionnaire were intended to help explain the impact these proposals would have on people, they were clearly still too complex for some. Others on the other hand felt that they needed more information in order to make a proper judgement.

This balance is always difficult and we will learn from people's feedback and use it to help us improve the way we undertake future consultations.

This report will now be placed before the County Council's Cabinet, and the Adult Social Services and Public Health Overview and Scrutiny Committee for discussion in mid September before the final decision is made by the Cabinet Member for Adult Social Care and Public Health.

"Please don't raise charges as it is difficult enough to pay the bills"
A disabled service user from Thanet

"I have no doubt that whatever you do it will be done with compassion. You will know, better than I that you are caring for people not objects and some flexibility must be allowed" **An over 85 year old from Tunbridge Wells.**

8. Appendix 1: Consultation Letter and Questionnaire

FSC Consultation
Kent Families and Social Care
Brenchley House
County Hall
123-135 Week Street
Maidstone
Kent
ME14 1BR

Our ref: FSC/Charging/11
Date: 9 May 2011

Dear Sir/Madam

Consultation on the impact of proposed changes to Kent County Council's charges for adult social care services (other than residential care)

You have received this letter because, either:

- you currently receive a service, or
- you act on behalf of someone who receives a service, or
- you represent a user or carer group, or
- you are known to adult social services and might need a service in the future or have received a service in the past.

As a result of the current financial climate, Kent County Council (KCC) has had to make decisions that both save money and help protect front line services.

In light of the increasing demand for services and the need to make savings, the county council has decided to make changes to its non-residential charging policy.

The questionnaire included with this letter gives details of the four proposals and asks for your views about them. KCC would also welcome any other comments and ideas.

In summary KCC proposes to:

charge people who use mental health services in the same way as all other people in receipt of services (from spring 2012)

include day care and transport as part of the services that can be charged (from spring 2012)

(this may not affect people who attend day centres provided by grant funded voluntary organisations which already charge their service users)

increase the amount of available income that is taken into account when working out a person's charge (from autumn 2011)

(this increase would be from 85% to 100%)

reduce the standard amount allowed for the Disability Related Expenditure Assessment (DREA) from £21 to £17 per week for everyone (from autumn 2011)

(this is the money allowed for the extra costs of living with a disability)

These are the ways to complete the questionnaire:

Paper questionnaire:	Included with pre-paid envelope in this pack
Online:	www.kent.gov.uk/fsccharging
Phone:	0800 298 6002 (Monday to Friday 9am to 5pm)
Textphone (minicom):	08458 247 905

During the consultation period (9 May to 31 July 2011) public meetings will take place, which you are welcome to attend. Further details about these are included in this pack.

If you have questions or if there is anything in this pack that you don't understand, please get in touch. You can also contact us with your views, comments or ideas on:

Phone:	0800 298 6002 (Monday to Friday 9am to 5pm)
Textphone (minicom):	08458 247 905
Email:	fsc.consultation@kent.gov.uk
Online:	www.kent.gov.uk/fsccharging

Yours faithfully



Malcolm Newsam
Corporate Director, Families and Social Care

This pack is available in alternative formats including easy read and can be provided in a range of languages. Please contact us on 0800 298 6002 (Monday to Friday 9am to 5pm).



Non Residential Charging Questionnaire

Consultation on the impact of proposed changes to Kent County Council's charges for adult social care services (other than residential care)

Introduction

This questionnaire has been sent to you because, either:

- you currently receive a service, or
- you act on behalf of someone who receives services, or
- you represent a user or carer group, or
- you are known to adult social services and might need a service in the future or have received a service in the past.

The letter that comes with this questionnaire tells you why Kent County Council (KCC) needs to make changes to the financial contribution people make towards their care and support. The letter also explains that for some people charges will increase.

There are four proposals outlined in the letter and more detail is given later in this questionnaire. We value your views and comments about the impact of these proposals and encourage you to respond. You can do this by:

- completing this questionnaire and posting it back to us in the pre-paid envelope provided in this pack
- completing online at www.kent.gov.uk/fsccharging
- completing the questionnaire by phone or textphone
- attending one of three scheduled public meetings.

The consultation will close on **31 July 2011**.

Online: www.kent.gov.uk/fsccharging
Tel: 0800 298 6002 (Monday to Friday 9am to 5pm)
Textphone/Minicom: 08458 247 905
Email: fsc.consultation@kent.gov.uk

This questionnaire is available in alternative formats including easy read and can be provided in a range of languages. Please contact us on 0800 298 6002 (Monday to Friday 9am to 5pm).

Explanation of main changes

Proposal 1

Charge people who use mental health services in the same way as all other people in receipt of services.

At the moment, Kent County Council (KCC) does not charge mental health service users for social care services except for residential care. Some people are exempt from being charged if they are entitled to a free after care service under Section 117 of the Mental Health Act 1983, therefore these proposed changes will not affect S117 service users.

Under this proposal, mental health service users who are not exempt would be financially assessed to see if they should be charged for non-residential services in the same way as all other people who receive a service.

Example: Mrs B receives a care package of £85.50 per week. As she is receiving a mental health service she does not currently have to pay towards it.

Under the proposed policy, mental health service users will be treated in the same way as everyone else. They will be financially assessed to calculate how much, if anything, they will need to contribute.

Note: Proposals 2 to 4 will also impact on people who use mental health services.

What are your views about charging people who use mental health services and who are not exempt, in the same way as all other people who receive services?

Q1. Please tick one of the following:

- Agree
- Disagree
- Neither agree nor disagree
- Don't know

Proposal 2

Include day care and transport as part of the services that can be charged.

At the moment Kent County Council (KCC) does not charge people who attend day care centres.

Some voluntary sector day centres do charge people for the service. In order to be fair and treat everyone the same, it is proposed to include day care and transport as part of the services that can be charged.

On the whole, this will not affect those people who are charged directly by their day centres.

Examples: The only service Mr W currently receives from KCC is a day care service costing KCC £35.00 per week. Under the current policy he is not charged for day care as it is free. Under the proposed policy he will be financially assessed and may need to pay towards the cost of his day care.

Mr S also goes to day care as well as having home care support and in his case the cost of the services will be added together and will not affect the amount he pays unless the total cost of his package is less than his available income.

What are your views about including day care and transport within the services that can be charged, in the same way as other services?

Q2. Please tick one of the following:

- Agree
- Disagree
- Neither agree nor disagree
- Don't know

Proposal 3

Increase the amount of available income that is taken into account when working out a person's charge.

Government policy says that the income of people who receive non-residential care services should not fall below a minimum weekly amount (known as the Protected Income Level) as a result of charging. This is to make sure that everyone has some income to meet their basic cost of living. The income left after the basic cost of living is worked out is called the available income.

Local authorities, such as Kent County Council (KCC), work out a person's available income and then base any charges on this amount. At the moment KCC work out a person's charge based on 85% of available income. KCC is proposing to base charges on 100% of available income which is similar to many other local authorities.

Example: Mrs S is an 85-year-old woman with a care package costing £85.50 per week. Her total income is £240.00 per week. Her available income after deducting certain amounts (see examples on pages 6-8) is £45 per week. Therefore under the proposed policy she would be expected to pay £45 per week towards the cost of her care package.

If Mrs S had no available income then she would not be expected to pay towards her care package under any of the above proposals.

The amount a person will be asked to contribute will be the lower of either the cost of the care package or their available income. What are your views about KCC increasing the percentage of available income taken into account from 85% to 100%?

Q3. Please tick one of the following:

- Agree
- Disagree
- Neither agree nor disagree
- Don't know

Proposal 4

Reduce the standard amount allowed for the Disability Related Expenditure Assessment (DREA) from £21 to £17 per week for everyone.

Disability Related Expenditure is the term used for some additional costs that people entitled to disability benefits have in their everyday lives because of their disability. Government policy says that these additional costs should be deducted before working out whether or not a person is able to pay something towards any service they receive.

At the moment Kent County Council (KCC) allows everyone £21 per week for these additional costs. This is so that people receiving a service do not have to keep and provide KCC with receipts or bills to show us what they have spent. It also means that you do not need an extra assessment (DREA) to work out what you should be allowed. We think it is simpler both for you and KCC, to allow everyone the same amount. The proposal is to reduce the amount allowed for additional costs to £17 per week. However, anyone who receives a disability related benefit can ask for an individual Disability Related Expenditure Assessment.

Example: Mr J is an 80 year-old man who uses a wheelchair and is entitled to disability benefits. He was just on the borderline of not having to pay a contribution towards his services. The reduction in DREA from £21 per week to £17 per week will mean that his available income is now assessed as £4 per week more. This will now be taken into account in assessing his contribution.

What are your views about KCC reducing the standard amount of DREA from £21 per week to £17 per week?

Q4. Please tick one of the following

Agree

Disagree

Neither agree nor disagree

Don't know

The following examples show how the proposals might affect three typical people.

Example 1

Mr A is an 85 year-old man who lives alone. He receives a State Retirement Pension topped up with Pension Credit and Attendance Allowance.

He has a care package that costs Kent County Council (KCC) £55 per week.

	Existing Policy	Proposed Policy	Note
Income	£241.95	£241.95	
Less Protected Income Level	£171.69	£171.69	This is the government recommended minimum amount for living costs for a person in these circumstances.
Less Standard DREA	£21.00	£17.00	This is an additional amount KCC allows to cover any extra living costs associated with having a disability.
Total Deductions Allowed	£192.69	£188.69	
Available Income	£49.26	£53.26	This is the maximum amount the individual can contribute towards their social care costs.
Charge	85% £41.87	100% £53.26	The actual amount the individual should contribute to the cost of their care.

NB: Mr A doesn't get any deduction for housing costs because he receives full Housing Benefit and Council Tax Benefit so has no rent or Council Tax to pay.

Example 2

Miss F is a 54 year-old woman who lives alone and has Multiple Sclerosis. Her income is made up of contribution based Employment Support Allowance, Disability Living Allowance and other private income. She also receives a Disability Living Allowance Mobility Component but this is disregarded from the calculation.

She has a care package that costs Kent County Council (KCC) £216 per week.

	Existing Policy	Proposed Policy	Note
Income	£210.00	£210.00	
Less Protected Income Level	£138.00	£138.00	This is the government recommended minimum amount for living costs for a person in these circumstances.
Less Housing/Council Tax	£15.00	£15.00	This is an additional allowance for people who have to pay certain housing costs (subject to certain rules).
Less Standard DREA	£21.00	£17.00	This is an additional amount KCC allows to cover any extra living costs associated with having a disability.
Total Deductions Allowed	£174.00	£170.00	
Available Income	£36.00	£40.00	This is the maximum amount the individual can contribute towards their social care costs.
Charge	85% £30.60	100% £40.00	The actual amount the individual should contribute to the cost of their care.

Example 3

Mrs P is a 50 year-old woman who lives with her husband. They are both disabled but only Mrs P receives services from Kent County Council (KCC). Mrs P receives Incapacity Benefit and Disability Living Allowance (DLA).

She has a care package which costs KCC £100 per week.

	Existing Policy	Proposed Policy	Note
Income	£157.35	£157.35	
Less			
Protected Income Level	£104.56	£104.56	This is the government recommended minimum amount for living costs for a person in these circumstances.
Less			
Housing/Council Tax	£12.00	£12.00	This is an additional allowance for people who have to pay certain housing costs (subject to certain rules).
Less			
Standard DREA	£21.00	£17.00	This is an additional amount KCC allows to cover any extra living costs associated with having a disability.
Total Deductions Allowed	£137.56	£133.56	
Available Income	£19.79	£23.79	This is the maximum amount the individual can contribute towards their social care costs.
Charge	85%	100%	The actual amount the individual should contribute to the cost of their care.
	£16.82	£23.79	

Note:

1. There will still be some people who will continue to pay the full cost of their care package and some people who have no available income and pay no contribution towards the cost of their care
2. Charges will continue to be limited to the person's available income or the cost of the care package, whichever is less.

Understanding how the proposed changes may affect you (or someone you act on behalf of)

Please tick one of the boxes in each section

Q5. Do you receive a bill for your care, or someone that you act on behalf of, from KCC?

Yes No

Q6. I (they) currently pay:

- Nothing
- Pay a charge
- Pay the full cost
- This does not apply to me
- I don't know

Q7. How would the proposed changes affect you (them)?

- Doesn't affect me
- Affects me a little
- Affects me a lot
- I don't know

Q8. Do you consider the proposed changes will make a difference to the number of people who receive care?

- More people can be helped
- The same number of people can be helped
- Fewer people will be helped
- Not sure

About You

I am a:

Please tick all that apply

- Service user
- Carer
- Other (Please specify) _____

Which age group do you fall into?

Please tick one box

- 18 - 64
- 65 - 74
- 75 - 84
- 85 or Over

Do you have any of the following?

Please tick all that apply

- Dementia
- A physical impairment or disability
- Sight or hearing loss
- A mental health problem or illness
- Problems connected to ageing
- A learning disability or difficulty
- Other
- None of the above

Which district/borough do you live in? _____
(i.e. who do you pay your Council Tax to?)

The above information will be treated with confidence and not attributed to any individual. If you choose to return this questionnaire by email your details will be kept confidential and not passed on to a third party.

Do you have any other comments or ideas?

Thank you for taking the time to complete this questionnaire.

Please make sure it is returned to us in the enclosed pre-paid envelope by **31 July 2011**.

What happens next?

We will write a report to let KCC Members know what you think of these proposals. It will help them to come to a decision about changes to KCC charges for adult social care services.

We will put the report on our website at www.kent.gov.uk/fsccharging

If you would like a paper copy of the report:

Phone: 0800 298 6002 (Monday to Friday 9am to 5pm) or

E-mail: fsc.consultation@kent.gov.uk

You are welcome to attend one of the public consultation meetings.

To book a place at a meeting please phone 0800 298 6002 or Textphone/ Minicom 08458 247 905 (Monday to Friday 9am to 5pm) stating the venue you wish to attend and if you require British Sign Language (BSL) Interpretation. Places will be allocated on a first come, first served basis because of health and safety restrictions on numbers at venues.

Ashford Enterprise Centre
Towers School
Faversham Road
Kennington
Ashford
TN24 9AL

2 June 2011
2:30pm to 3:30pm

Dover Discovery Centre
Market Square
Dover
CT16 1PB

7 June 2011
7pm to 8pm

Lecture Theatre
County Hall
County Road
Maidstone
ME14 1XQ

22 June 2011
7pm to 8pm

All venues are accessible and will have a hearing loop.

PJ14/4/11

9. Appendix 2: Summary of feedback from public meetings

The public meetings raised a number of key questions relating to the proposed changes to the policy and its implementation, many of the questions and points raised were very similar at each meeting. The points raised have all been included in the analysis of the consultation responses. The following provides a summary of some of the questions raised:

The Consultation Process

- Q. The decision has already been made and published in the budget; the consultation is a tick box exercise.
- R. The budget identified that savings would be made through changes to the non-residential charging policy, it did not provide detail about what those changes would be. The consultation provides the detail of how income will be generated, seeks the views of the public on how this will impact on the people of Kent and if there are alternative ways to increase income in social care.
- Q. The public consultations were not held in all localities across Kent and concerns about access were raised.
- R. Additional venues were added during the consultation. Interpreters attended meetings on request.
- Q. Why did the consultation questionnaire have 'agree' as the first option?
- Q. Why did the consultation ask questions about my disability and about mental capacity?
- R. The questionnaire was laid out in line with standards set out nationally for research; the questions about the individual were to enable us to look at whether any group was disadvantaged above other groups.

Charging

- Q. Where a person is in receipt of support for a range of needs which don't fit neatly into one service area, for example mental health services and learning disability services would they be assessed twice? Equally this could be asked about a person in receipt of a domiciliary service and day care.
- R. Services are combined to provide one cost, the person then receives one financial assessment which takes the cost of all services into account.
- Q. Could you look at the whole of a household's income when completing a financial assessment?
- R. The government sets out what can be taken into account when assessing a person's contribution to services so we must follow the rules as they have set them out.

- Q. What if a person refuses to pay or cannot afford to pay, will their services be stopped?
- R. Each person receives a financial assessment to determine their contribution to the cost of services. This is based on their income and a number of other factors such as the amount of money the government say a person in their circumstances needs to live on. If there are particular factors relating to the individual circumstances of a person which impact on their ability to pay then these are considered on a case by case basis.

Assessment

- Q. Will the changes to the policy mean that more front line social workers are taken away from assessing people for services in order to assess their charges?
- R. Financial assessments are undertaken by finance and benefits officers, these officers are able to ensure people are in receipt of all the benefits to which they are entitled at the same time as assessing any contribution a person may be asked to make towards the cost of their services.
People who have mental health needs and who have not previously been charged will be assessed by more experienced finance officers; with their social worker in attendance as part of a normal review meeting.

Disability Related Expenditure Assessment (DREA)

- Q. The reduction in Disability Related Expenditure Assessment allowance means some people will be disadvantaged as their expenditure may be much higher than this especially people with severe disabilities; this was also raised in relation to housing costs (home owners).
- R. The Disability Related Expenditure Assessment allowance is applied at a standard rate to reduce the number of assessments people have and the amount of information they are required to provide. People are able to request an individual Disability Related Expenditure Assessment if they feel the allowance does not cover the costs of their expenditure.

Carers

- Q. Carer's allowance is only £53 per week, if carers withdraw their care because of increases in charging this will cost the council a lot more
- Q. Carers who are also pensioners do not receive a carers allowance, how is this fair?
- R. The council recognises the value of carers in supporting people to stay at home. All carers are entitled to a carer's assessment and may also be eligible for some support or a one off payment. Rules on benefits are set nationally and the council does not have the authority to change these.

Mental health

- Q. You are cutting services to mental health services users at the same time as both Supporting People and the NHS are cutting services.
- R. Representatives from mental health services have been involved in the consultation steering group and the commissioners will ensure that appropriate services are in place.
- Q. These charges will cause distress to mental health users who have not had to contribute in the past and their health may deteriorate with them ending up back in hospital.
- R. Mental health social workers have been kept fully informed about these proposals and we have set up a help line to assist any one with any questions or concerns. Every one will be given an individual financial assessment and informed of the result before any charge is made.
- Q. Would it not be better to phase this in for new mental health clients and not charge existing mental health service users?
- R. This is of course one of the options but there would then be issues of inequality.

Transport

- Q. Will everyone who uses transport to attend day services have to pay for this now?
- R. A person's ability to pay for or to contribute to their transport costs will be based on their individual circumstances and will be looked at on a case by case basis.

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KENT COUNTY COUNCIL

EQUALITY IMPACT ASSESSMENT Interim review

Directorate:

Families and Social Care (Adults)

Name of policy, procedure, project or service

Non - Residential Charging Policy

Type

What are you impact assessing, a policy procedure or service?

Policy

Responsible Owner/ Senior Officer

Janice Grant, Senior Policy Manager

Date of Initial Screening

Please provide the date of your initial screening

Initial screening 14/02/2011

Interim review 06/07/2011

Final Review 03/08/2011

The interim review is set out in the action plan section of this Equality Impact Assessment. Pages 2- 8 remain as set in the initial screening.

Screening Grid

Characteristic	Could this policy, procedure, project or service affect this group differently from others in Kent? YES/NO	Could this policy, procedure, project or service promote equal opportunities for this group? YES/NO	Assessment of potential impact HIGH/MEDIUM/LOW/ NONE/UNKNOWN		Provide details: a) Is internal action required? If yes, why? b) Is further assessment required? If yes, why? c) Explain how good practice can promote equal opportunities
			Positive	Negative	
Age	Yes	No Whilst the increases in charges will not be welcomed by service user. They are being levied fairly and equitably. The additional income at a time of reduced budgets will enable KCC to maintain preventative services	High	High	However the impact will deliver equality. The current policy for non – residential services provides that people who are under 65yrs and have a Mental Health need are not charged for any support. Those who are over 65yrs and have a MH need are charged for their support. The proposal will provide that all age groups are treated equitably, but in implementing this there will be a greater impact on people under 65yrs.
Disability	Yes	No Whilst the increases in charges will not be welcomed by service user. They are being levied fairly and equitably. The additional income at a time of reduced budgets will enable KCC to maintain preventative services		High	The introduction of charging for Day Centre provision will impact differently for older people who use day centres and people with an LD who use day centres. This is because of the way day centre provisions have been commissioned and are provided. In the main, KASS knows who is in receipt of day care from KASS where the person has a learning disability, but where the person is over 65yrs recording and commissioning practices vary. Some people over 65yrs will access day care directly and others will access it via KASS, some of those accessing directly will be community care eligible, this may result in unequal application of charging for people over 65yrs.

Gender	No	No			N/A
Gender identity	No	No			N/A
Race	No	No			Any changes to charging will be applied irrespective of the location of provision, so if a person chose to attend day care in a centre which is designed to meet a specific cultural need then the policy would be applied equally. Discretionary disregards will still apply.
Religion or belief	No	No			Any changes to charging will be applied irrespective of the location of provision, so if a person chose to attend day care in a centre which is designed to meet a specific cultural need then the policy would be applied equally. Discretionary disregards will still apply.
Sexual orientation	No	No			N/A
Pregnancy and maternity	No	No			N/A

Part 1: INITIAL SCREENING

Context

Explain how this policy, procedure, project or service relates to a wider strategy

Following an assessment to identify a person's eligibility for social care the person will write a support plan (with help from a Families and Social Care (FSC) worker if required). This will outline any social care support the person might use to help them.

FSC is able to charge for the social care support it provides and so the person will be further assessed to see what, if anything, they may be expected to pay towards their care. KASS is able to do this because of a discretionary power contained within section 17 of the Health and Social Services and Social Security Adjudication Act.

The way Kent works out the contribution a person makes to the cost of their care is described in the Non-residential Charging Policy. This policy complies with the guidance issued by the Department of Health in 2001, LAC (2001)32: Fairer Charging policies for home care and other non-residential services.

Aims and Objectives

Provide a summary of what the policy, procedure, project or service is trying to achieve and how it will be achieved

In order to continue to provide support to the widest number of people in Kent who are eligible for social care support and to enable FSC to continue to invest in preventative services, we must review all mechanisms open to us to maximise management of the budget.

The current financial situation constraints for local authorities are placed within the national context of savings required by public sector organisations. One of the areas in which FSC is able to influence the budget position is the way it charges for services.

FSC is exploring a range of options which could deliver financial savings, one of those options is to review the non-residential charging policy, and this could potentially increase income by £2.9m (full year effect).

This policy aims to achieve increases in charges in as fair and equitable way as is possible.

Beneficiaries

Set out who the intended beneficiaries?

The review of non –residential charging will enable KASS to continue to provide support to as many people as possible who are eligible for social care. Without making changes to the charging policy it will be necessary for FSC to

make savings in other ways which would include cuts to service provision for some people. It would also mean that FSC would have less money to invest in preventative services and it is through this early intervention that FSC is able to help people to help themselves rather than become more dependant upon more expensive forms of support.

Consultation and data

Please record any data/research and/or consultation you have carried out to inform your screening

An analysis of FSC's client data system SWIFT was undertaken to identify the numbers of people who would be directly affected. This information was supplemented with local intelligence regarding those groups attending KASS funded voluntary sector provision.

Potential Impact

Provide a summary of the results from your initial screening, highlighting where there is any potential positive or adverse impact. If there is no impact on any group or the impact is unknown please state that here.

Adverse Impact:

(1) Increase % of net disposable income taken into account: The charging process basically compares the cost of an individuals care to their net disposable income (ndi) and charges them the lower of the two figures. The ndi is derived from the financial assessment and is the amount of money each week that it is calculated an individual can afford to contribute to the cost of their care. Currently only 85% of the ndi is taken into account when charging. It is proposed that this should be increase to 100% which will deliver additional income in the region of £1.350m per annum. This will not impact on those people who are already paying the full cost of their service (900). However, it will impact on those people who are making a contribution to their service (3300), but will not affect those people who do not contribute to their care (3400)

(2) Reduce the standard allowance for the Disability Related Expenditure Assessment (DREA): Councils are required to offer a Disability Related Expenditure Assessment to anyone who is in receipt of disability related benefits. The intention is to ensure that the additional costs incurred as the result of an individuals disability or illness are allowed for when calculating their charges. FSC has introduced a standard allowance which currently stands at £21 per week, but if anyone feels that their costs exceed this figure they are entitled to an individual DREA. It is proposed that the standard allowance is reduced to £17 per week and it is anticipated that this will deliver additional income of approximately £0.744m per annum after making an allowance for the cost of additional DREA's. This will not impact on those people who are already paying the full cost of their service. However, it will impact on those people who are making a contribution to their service and it is estimated that it will affect approximately 250 people who are not currently contributing to their care and will face charges of up to £4 per week.

(3) Charging Mental Health Service Users: Currently 560 service users in this client group are in receipt of non residential services and whilst it is not permissible to charge people who are in receipt of Section 117 aftercare, it is proposed that the remainder should be charged. It is estimated that additional income in the region of £0.160m per annum could be gained.

(4) Charging for day care and transport to day care: Approximately 2900 people are in receipt of day care. However, 1800 of these are also receiving a domiciliary package and most of these people will already be making the maximum contribution to their care although some will be paying full cost and therefore could make an additional contribution to their day care. It is proposed that the cost of day care and the cost of transport to day care are included as part of the cost of service in the charging process and therefore become chargeable services. This will impact mainly on the 1100 people who only appear to be receiving day care services and it is estimated that additional income of approximately £0.700m per annum will be achieved. Day care is provided in a range of ways:

- KCC provided within residential care homes (older persons)
- KCC provided within integrated care centres (older persons)
- KCC provided within stand alone day centres (older persons)
- KCC provided with Learning Disability 'day centres'
- KCC commissioned private sector day care
- Voluntary sector day care
- Purchased using a Direct payment

FSC will be able to identify those people who have a learning disability and use day care provisions; for older people the position holds less clarity as some people have been sign posted to access the provision directly and are community care eligible; there are others who access day care directly who are not community care eligible and some who access day care via FSC. It may take a period of time to identify which people over 65years may be required to contribute to the cost of their day care, it will therefore be essential to ensure that any changes to the charging policy for day care are applied equitably for all service groups.

Positive Impact:

The increase in charges will not have a positive impact on the individuals concerned but will enable FSC to maintain preventative services.

JUDGEMENT

Option 1 – Screening Sufficient **No**

Justification:

Option 2 – Internal Action Required **YES**

There is potential for adverse impact on particular groups and we have found scope to improve the proposal.

In order to gain a better understanding of the impact that this may have on people a 12 week period of consultation will be undertaken with the public as a whole as well as with those individuals who currently receive a non residential service before any changes are made..

This will be undertaken by holding a number of Public meetings as well as writing to those individuals who are currently in receipt of a service funded by FSC.

Voluntary sector providers such as Age Concern will also be provided with letters to send out to those individuals who have been referred by KASS but may not be recorded on SWIFT.

Loop systems will be available at public meetings to assist those with hearing difficulties and letters in easy read versions or large print will also be available if required.

KASS staff will ensure that benefits for individuals are maximised and will also retain the responsibility to assess if there has been an adverse impact on an individual case by case basis and to apply an exceptional disregard if this is assessed as appropriate.

Option 3 – Full Impact Assessment **NO**

Only go to full impact assessment if an adverse impact has been identified that will need to undertake further analysis, consultation and action

Sign Off

I have noted the content of the equality impact assessment and agree the actions to mitigate the adverse impact(s) that have been identified.

Senior Officer

Signed: Janice Grant

Date: 18th Feb 11

Name: Janice Grant

Job Title: Senior Policy Manager

Directorate Equality Lead

Signed: Keith Wyncoll

Date: 18th Feb 11

Name: Keith Wyncoll

Directorate Equality Lead

Review of EIA Non- Residential Charging 6th July 2011

Action Plan

The consultation on the of the 4 proposals to change the non residential charging policy commenced on 9th May 2011. The consultation was sent to more than 25000 people who are currently using social care services, have used services or who may be in need of services in the future.

The people sent the consultation were identified from the KCC social care client system and include carers.

The consultation was also sent to approximately 160 voluntary organisations both for their information and to invite their involvement and also so they could publicise this through their own networks.

Prior to commencing the consultation 3 of public meetings were organised to run during the consultation period. The numbers of venues was increased during the consultation in response to requests from the public.

A telephone helpline has also been available alongside on-line information throughout the consultation.

Monitoring and Review

The initial Equalities Impact Assessment was completed in February 2011 prior to commencing the consultation.

The decision was made by the steering group that the EIA should be reviewed during the consultation period to take account of the views of people raised in the public meetings. It will be reviewed again in August, at the close of the consultation period and will be submitted to Cabinet Members at their meeting on 19th September as part of the final report.

Protected Characteristics

Protected characteristics as set out in the Equality Act 2010 are: age, disability, gender reassignment, marriage and civil partnership, race, religion or belief, sex and sexual orientation. The issues identified in the action plan were raised within public meetings and it is therefore not possible to attribute them to some of the characteristics listed.

Sign Off

Senior Officer

Signed: Janice Grant

Date: 07/07/2011

Name: Janice Grant

Job Title: Senior Policy Manager

Directorate Equality Lead

Signed: Keith Wyncoll

Date: 07/07/2011

Name: Keith Wyncoll

Directorate Equality Lead

Equality Impact Assessment Action Plan – initial review

The issues identified in this action plan are those raised by members of the public attending the consultation meetings

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
DISABILITY People with Mental Health needs	“Increased risk of debt due to the introduction of charges.”	Staff training plan. Experienced finance and benefits officers to undertake the assessments with an MH practitioner known to the person. Work with voluntary organisations.	Staff and voluntary organisations will be able to provide the right level of support for the person. The Finance and Benefits Officers will ensure the person is claiming benefits.	Michelle Goldsmith	6 months	
DISABILITY People with a disability	“The cost of having a disability has not reduced but KCC propose to increase charges”	Individual Disability Related Expenditure Assessments (DREA) will continue to be available. Managers retain the flexibility to apply exceptional disregards in some circumstances depending on individual needs	Individual needs will be taken into account where they are indicated in the assessment Enablement will be used to maximise independence of services.	Janice Grant (Chris Grosskopf)	No change in current policy.	
DISABILITY People for who English is not a first language including those with sensory disabilities	“The person may not be able to understand the information presented to them.”	Charging information is available in accessible formats. Interpreters should be used where this is indicated. Staff training	Staff will be aware of communication needs. People will have access to information in a format which is accessible to them.	Janice Grant (Glyn Pallister)	No change in current policy	

DISABILITY Carers	“There may be an increase in the numbers of people who refuse a service or support because they feel they cannot afford to pay, this would have an impact on their carers”	People will be assessed on their ability to pay. Individual DREA’s are available. Exceptional circumstances can be taken into account by the manager. Carers are entitled to an assessment in their own right to ensure their needs are taken into account – and can inform the above. KCC is developing a strategy for carers assessments to be undertaken by voluntary organisations.	Carers needs will be looked at to inform individual circumstances where it is indicated that charges are causing hardship. Enablement will be used to maximise independence of services.	Janice Grant (Naomi Hill)	6 months	
DISABILITY Disabled people who are home owners	“Increases in charging will reduce the ability to maintain homes”	Individual DREA can take maintenance costs into account.	Costs of living are taken into account where applicable	Janice Grant (Chris Grosskopf)	Current policy	
DISABILITY All groups consulted	“The consultation documents are inaccessible to some people”	Public meetings and a helpline are available. Alternative formats are also available. The complexity of the	Use comments to inform future work and improve accessibility	Janice Grant (Glyn Pallister)	Added to lessons learned	

		<p>subject is acknowledged, the information is also available in easy read versions and there is also a help line and public meetings to enable as many people to have access to a range of different ways of receiving information as possible. Interpreters have attended public meetings. Add to 'lessons learned' to inform future consultations and surveys conducted by KCC</p>				
<p>DISABILITY</p> <p>All groups consulted living in Swale/ areas where no public meetings held</p>	<p>"The public meetings set up at the outset of the consultation were in only 3 localities."</p>	<p>During the consultation 13 additional public meetings were arranged to ensure they were accessible Kent wide. Staff also presented at the Learning Disability Partnership Board and Directorate Involvement Group as well as other forums.</p>	<p>The meetings would be accessible Kent wide</p>	<p>Jeremy Blackman</p>	<p>actioned</p>	<p>£600</p>
<p>DISABILITY</p> <p>Disability</p>	<p>"Disability organisations should have been consulted prior to</p>	<p>The consultation went live on 9th May 2011, the press was briefed on the morning of the 9th and letters sent to</p>	<p>Disability groups feel they would have been better prepared to support people had</p>	<p>Steering group</p>	<p>NFA</p>	

organisations	going live.”	all groups as well as users on the same day.	they been informed beforehand, however the decision made by the steering group was that all information should be released on the same day.			
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Final review of EIA Non- Residential Charging 3rd August 2011

Action Plan

Statutory guidance requires local authorities to undertake a consultation exercise where a change in policy would, or may result in significant changes for some service users.

KCC considers that in undertaking a 12 week consultation on the proposed changes to the non- residential charging policy it has ensured that people who will be, or may be affected have had opportunity to read, interrogate and respond to the proposals using a variety of mechanisms.

The methodology for consultation involved written consultation documents, the option to complete a telephone response or on-line response, and or attendance at one of the public meetings held across the county.

The interim EIA demonstrated a need to make documents and public meetings more accessible. As the consultation had already started the documents could not be changed, easy read has been available throughout the consultation period. However, the council was able to add further public meetings. The scheduled 3 meetings was increased and in total 16 public meetings were held between 13th May and 29th July 2011

The process for calculating an individuals contribution to social care services is complex and detailed It requires the assessor to look at the individual's financial circumstances in detail and to measure their income against a number of specifications to determine what, if any income should be considered when making a charge for care services. The detail of the proposals is therefore complex and difficult to present, this complexity resulted in a number of respondents challenging the complexity of the consultation documents. KCC considers that the provision of a dedicated hot-line and the public meetings provided a mechanism for people to ask for more detail or explanation of how the changes might affect them or the wider population.

Respondents were also concerned that vulnerable groups are being targeted to make savings and that they may refuse care services due to fear about additional costs. KCC is committed to supporting those for whom it provides services and where people believe they have exceptional circumstances those will be considered during the financial assessment.

Monitoring and Review

The initial Equalities Impact Assessment was completed in February 2011 prior to commencing the consultation.

The decision was made by the steering group that the EIA should be reviewed during the consultation period to take account of the views of people raised in the public meetings and again at the close of the consultation period

This final review considers the responses received by telephone, letter and on-line and will be submitted to Cabinet Members at their meeting on 19th September as part of the final report.

The review does not replicate the interim review but takes the key topics identified in the analysis of the consultation.

Protected Characteristics

Protected characteristics as set out in the Equality Act 2010 are: age, disability, gender reassignment, marriage and civil partnership, race, religion or belief, sex and sexual orientation. The issues identified in the action plan were raised within public meetings and it is therefore not possible to attribute them to some of the characteristics listed.

There were no issues raised which related to gender reassignment, race, religion or belief or sex and sexual orientation.

One attendee asked why the income of a spouse is not taken into consideration especially where the spouse may have a lot of savings or a very high income. This is not considered within the consultation as the spouses income disregard is based on Government guidance

Sign Off

Senior Officer

Signed: Janice Grant

Date: 03/08/2011

Job Title: Senior Policy Manager

Signed: Keith Wyncoll

Date: 09/08/2011

Name: Keith Wyncoll

Job Title: Directorate Equality Lead

Directorate Management Team approval: 10/08/2011

Corporate Management Team Approval: 23/08/2011

Equality Impact Assessment Action Plan – final review

The issues identified in this action plan are those raised by members of the public attending the consultation meetings

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
DISABILITY	Increasing charges will make it harder for people, many of whom can't afford to pay anymore.	People will be assessed on their ability to pay. Individual DREA's are available. Exceptional circumstances can be taken into account by the manager.	The policy will reflect managers discretionary role	Janice Grant (Chris Grosskopf)	In line with any agreed implementation of changes	
DISABILITY	The increases will cause distress and worry to a lot of people particularly those with a mental illness	Staff training plan. Experienced finance and benefits officers to undertake the assessments with an MH practitioner known to the person. Work with voluntary organisations.	Staff will provide the required support and advice to people if there are any changes in the contribution they make to the costs of their services.	Michelle Goldsmith	In line with any agreed implementation of changes	
	Complexity of the questionnaire	A telephone help line and public meetings were made available to provide second line support.	People would have access to further details of the proposals. This will also be recorded and considered in future consultation processes.	Steering group	complete	

DISABILITY	People will be deterred from taking up services.	People will be assessed on their ability to pay. Individual DREA's are available. Exceptional circumstances can be taken into account by the manager.	The policy will reflect managers discretionary role Enablement will be used to maximise independence of services.	Janice Grant (Chris Grosskopf)	In line with any agreed implementation of changes	
AGE – DISABILITY	People should not be penalised for having saved and paid into a pension all their life	People are individually assessed on their ability to contribute to the cost of their care services in line with central government guidance.	KCC acts within the guidance as set out by government.	Janice Grant	NFA	
GENDER REASSIGNMENT RACE RELIGION or BELIEF SEX and SEXUAL ORIENTATION	No issues raised or identified through the consultation responses				NFA	
MARRIAGE or CIVIL PARTNERSHIP	The spouses/ partners income is not taken into account	No action to be taken as the spouses income is disregarded in line with government guidance	KCC acts within the guidance as set out by government.	Janice Grant	NFA	

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

Care Malcolm Newsam, Interim Corporate Director, Families and Social

To: Adult Social Care and Public Health Policy Overview and Scrutiny Committee – 20 September 2011

Subject: **KCC/KMPT PARTNERSHIP FOR DELIVERY OF SOCIAL CARE TO ADULTS OF WORKING AGE WITH MENTAL HEALTH NEEDS**

Classification: Unrestricted

Summary: This report

- Introduces the findings of the review of the partnership between KCC and KMPT for the delivery of social care for adults with mental ill health.
- Describes the mutually agreed improvement plan and the progress to date
- Explains the 2 stage process for both delivering improvements in the partnership and agreeing the future configuration of the partnership

Introduction

1. (1) Kent County Council has had a partnership agreement with NHS organisations to provide mental health services for adults of working age since 2002. In 2006 when KMPT was formed from the merger of the two previous trusts a new section 75 agreement was drawn up which has been in place since.

(2) KCC has circa 280 staff seconded to KMPT. Total KCC investment in mental health is £22.1M, of which £9.25m is the cost of seconded staff and their accommodation. KCC's investment in the Partnership enables the delivery of social care support to adults of working age with mental health needs.

Substance of report

2. (1) The partners agreed in 2010 that a number of the aspects of the partnership were not working as effectively as was required. Therefore KASS commissioned a review of the partnership from an independent organisation, SCP Consult. This work commenced in November 2010 and reported in February 2011.

(2) The report highlighted the areas that the partners needed to address. These included:

- The need to re-establish trust and confidence and a shared responsibility for the partnership between the two organisations
- The need to rebuild effective links and working relationships between the two organisations across a variety of work streams including training and development, policy and planning, information and systems use, shared priorities, principles and action plans
- The re-establishment of an effective high level governance arrangement between the organisations that not only oversees the partnership, but also monitors the delivery of the action plan

(3) The specifics included the need for the partners to tackle issues to do with under performance against social care targets and personalisation and the lack of policy and systems infrastructure to assess social care eligibility in a timely and consistent manner. Furthermore the reviewer felt more could be done to support the KCC social care staff seconded to the Trust and to profile social care issues.

(4) It is of course the responsibility of both organisations to make any partnership work and there were a number of areas within the review where culpability is shared and this has been acknowledged. The nature of the 2006 agreement was described by the reviewers as “lacking the rigour that might be expected and failed to build in sufficient flexibility for the Council to vary its requirements. The success or failure of the agreement in practice relied heavily upon the establishment and maintenance of shared purpose between the two organisations particularly the ability of KMPT to own the values of the Council. However, the processes to achieve this were not established and indeed the previous (and successful) Partnership Board arrangement went into abeyance.”

(5) Proposals have been agreed to both implement an improvement plan to tackle the above and also to do that within the context of the changing NHS landscape and the need for the social care staff to better support the pathway of adults with mental ill health through an alignment not only with secondary but also primary mental health services.

(6) The proposals emanating from the second stage of this programme will need to ensure coherence with the nationally implemented HoNOS (Health of the Nation Outcome Scales) and the commissioning of mental health services via Payment by Results clusters. Several of these clusters will have a social care focus and it is expected they will be commissioned to be delivered with a focus on primary care. This will mean that social care staff will very likely need to be able to work not only in partnership with secondary staff at KMPT but also with colleagues in primary care to ensure adults eligible for social services intervention and support are able to access that support at the appropriate time and place.

(7) Further to the review a series of external audits of safeguarding practice have been undertaken and the safeguarding action plan for KMPT has been integrated into the improvement plan to enable both aspects to be monitored on a monthly basis by the programme board.

Proposals

2. (1) The proposals are in two stages. They address the outstanding issues and reframe the partnership in the context of the current and anticipated changes.

(2) Phase 1 proposals have been agreed and a programme board has been established to deliver both the improvement plan and the planning work for stage 2.

(3) With regard to Phase 1 the following has been undertaken thus far:

- (a) Reviewed the Director of Social Care Post and other posts in part or in full funded by KCC, but not directly accountable for the front line social care staff. Over time with the variety of structural changes in KMPT these staff had remained and retained accountability but lost direct responsibility for the social care staff. These posts have been deleted and a new structure is being established. The new structure includes a Head of Social Work and 2 support officers. The Head of Social Work has been appointed and commenced in early September. She is working directly to the Families and Social Care Director of Learning Disabilities and Mental Health and she and her team will promote and monitor the delivery of the social care agenda, assure effective professional leadership for social work and social care staff and develop and maintain effective relationships between KCC and KMPT especially with regard to training and development, policy and information and planning
- (b) The programme board to oversee the improvement plan emanating from the review and now also including the safeguarding action plan has been established. Specific timetabled measures have been included in the improvement plan to assure the partners that appropriate timely progress is being made across all the improvement areas and the focus on these areas is maintained.
- (c) Programme management to lead the work on preparing for stage 2 of the proposals and to develop a working group to deliver these has been established.
- (d) A review of the Support Time and Recovery/Community Support Service (STR/CSS) workers in line with the other reviews of in-house services as part of our efficiency plan has been commenced and informal consultation begun.

(4) We will also be undertaking a review of the social care staff working in forensic services and how they may be more effectively linked with the wider workforce to improve the care pathway of secure patients.

(5) For the second stage, it is proposed the relationship may change between KCC and KMPT. Currently work is underway to scope the options. These may include the relevant social care staff remaining co-located with secondary colleagues in KMPT but working in another organisation which could be a social enterprise. The staff would then joint work not only with secondary but also primary mental health services. We anticipate being able to detail these options by the spring of 2012 with a view to a decision being made for consultation by April 2012.

(6) Throughout this programme, we will work closely with the PCT lead commissioning team for mental health who commission the health outcomes from KMPT. This will be to ensure, as far as possible, that we do not unnecessarily destabilise the ability of KMPT to deliver the core outcomes expected of them. In particular we will ensure that the programme aids the ability to deliver future commissioning requirements linked to Payment by Results and the HoNOS Clusters.

Recommendations

3. (1) The Adult Social Care and Public Health Policy Overview and Scrutiny Committee is asked to:

- (i) NOTE the report
- (ii) NOTE the progress to date
- (iii) NOTE the intention to review the options for the partnership and the timeframes
- (iv) Anticipate a report in April 2012 setting out the options for the future shape of the partnership

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Background Information

2006 Partnership Agreement
Terms of Reference of Review
The Future of Public Sector Service Delivery – Juliet Doswell
Mental Health Clustering Booklet - Care Pathways and Packages Project (DoH)

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

Malcolm Newsam, Interim Corporate Director, Families and Social Care

To: Adult Social Care and Public Health Policy Overview and Scrutiny Committee – 20 September 2011

Subject: **THE COMMISSION ON FUNDING OF CARE AND SUPPORT REPORT**

Classification: Unrestricted

Summary: The Committee is asked to consider the initial assessment of the implications arising from the above report for Kent County Council.

Introduction

1. (1) The Commission on Funding of Care and Support (informally known as the Dilnot Commission) published its final report on 4 July 2011. This report note summarises the main recommendations of the Dilnot Commission report and the potential implications as well as opportunities for Kent County Council. The summary of the key recommendations together with the key implications and opportunities for KCC is attached as Appendix 1.

(2) A full financial and non-financial impact assessment would be carried out by officers following the publication of the Government's full response to the Commission's proposals later this summer.

Policy Context

2. (1) The Policy Overview and Scrutiny Committee will be aware that a number of the proposals put forward by the above report also formed part of the recommendations in the Law Commission Report which focused on the reform of adult social care law.

(2) It is likely that the implementation of both reports, should they receive Government endorsement, would result in a comprehensive renewal of the adult social care legal framework not seen since the National Assistance 1948.

Recommendation

3. (1) The Committee is asked to:
 - (a) **NOTE** and **COMMENT** on the initial impact assessment.
 - (b) **NOTE** that further work be done to produce a full impact assessment following the publication of the Government's full response.

Background documents: None

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THE COMMISSION ON FUNDING OF CARE AND SUPPORT REPORT

1. INTRODUCTION

The Commission on Funding of Care and Support (informally known as the Dilnot Commission) published its final report on 4 July 2011. This briefing note summarises the main recommendations in the report and the potential implications as well as opportunities for Kent County Council.

The report raises a number of important issues and implications for local government. Many of the issues that concern KCC were outlined in the County Council's response to the 'Shaping the Future of Care and Support' consultation in November 2009. The implications arising from the Dilnot Commission are covered in some detail later in this briefing. They cover financial, democratic legitimacy, workforce and training, partnership and public expectations concerns. The areas that present real opportunities are also touched upon.

The Government is considering the Dilnot Commission's Report and it is the expectation that it will publish its full response later this summer. A full assessment will be carried out following the publication of the Government's response to the report.

The implementation of key recommendations from this report and that of the Law Commission would result in fundamental reform of adult social care law not seen since the National Assistance Act 1948. If a new law is enacted, it will result in sweeping away some 30 pieces of legislation governing adult social care, to be replaced by a single legal framework.

2. BACKGROUND

The Commission on Funding of Care and Support was launched in July 2010 as an independent body to make recommendations on how to achieve an affordable and sustainable funding system for care and support, for all adults in England, both in the home and other settings.

The Commission was given four areas on which to produce recommendations:

- How best to meet the costs of care and support as a partnership between individuals and the state;
- How people could choose to protect their assets, especially their homes, against the cost of care;
- How, both now and in the future, public funding for the care and support system can be best used to meet care and support needs; and
- How any option can be delivered.

3. SUMMARY OF THE KEY RECOMMENDATIONS

3.1 Contribution to social care costs should be capped

An individual's lifetime contribution to adult social care costs should be capped at between £25,000 and £50,000 (£35,000 being the preferred figure).

The Commission believes that this certainty about the maximum an individual has to pay will lead to a great increase in the social care insurance products available to individuals.

This contribution could be made in various ways including from:

- Weekly income from pensions and benefits
- Savings
- The equity in property either now or the future (secured via a legal charge as with Deferred Payments)
- Money paid out from specific care related insurance policies

The capped contribution of those below retirement age should be less, reducing to zero for those who develop their need for care and support under the age of 40.

Once a person has made their capped contribution, the state will pick up any further costs (providing they are assessed as needed) for care and support.

This capped contribution does not cover general living costs such as food, heating and accommodation. Individuals will need to find additional funding to cover this.

3.2 Means-tested support should continue but the threshold should be raised

For those of lower means who cannot afford to pay the full cost of their care and support, means-tested support should continue. However the asset threshold for those in residential care beyond which no means-tested help is given should increase from the current threshold of £23,250 to £100,000. This does not mean that people with less than £100,000 will not have to use their capital at all as it is recommended that capital between £14,250 and £100,000 is assumed to generate a "tariff income" of £1 per week for every £250 between these limits.

It is presumed that a person making only a partial weekly contribution towards the cost of their care could still reach the capped contribution of £35,000. After that it appears they would cease having to make a contribution.

3.3 No contribution from those who develop needs under the age of 40

People born with a care and support need or who develop one in early life (suggested as under 40) should immediately be eligible for free state support to meet their care needs, rather than being subjected to a means test. They will still be expected to contribute towards their general living costs, including in residential care.

3.4 Disability Benefits should continue

Universal disability benefits for people of all ages should continue as now. The Government should consider how better to align benefits with the reformed social care funding system and the Attendance Allowance should be re-branded to clarify its purpose (a similar exercise is currently underway with Disability Living Allowance).

3.5 Accommodation costs in residential care

People should contribute a standard amount to cover their general living costs, such as food heating and accommodation, in residential care. A figure in the range of £7,000 to £10,000 a year is recommended.

3.6 Eligibility criteria should be standardised and portable

Eligibility criteria for service entitlement should be set on a standardised national basis to improve consistency and fairness across England, and there should be portability of assessments. In the short term, it is recommended that a minimum eligibility threshold should be set nationally at 'substantial' under the current system. The Government should also urgently develop a more objective eligibility and assessment framework.

3.7 Government awareness campaign

To encourage people to plan ahead for their later life, the Government should invest in an awareness campaign to inform people of the new system and the importance of planning ahead. This campaign could be linked into the wider work to encourage pension savings.

3.8 Information and advice strategy

The Government should develop a major new information and advice strategy to help when care needs arise. It is critical that the public has access to better, easy-to-understand and reliable information and advice about services and funding sources. This strategy should be produced in partnership with charities, local government and the financial services sector. As proposed by the Law Commission, a statutory duty should be placed on local authorities to provide information, advice and assistance services in their areas. These should be available to all people, irrespective of how their care is funded or provided.

3.9 Carers support should be improved

Carers should be supported by improved assessments which take place alongside the assessment of the person being cared for and which aim to ensure that the impact on the carer is manageable and sustainable. Proposals set out by the Law Commission to give carers new legal rights to services and improve carers' assessments are supported. In implementing recommendations on information and advice, the Government should ensure that carers have better information and advice about support and available services.

3.10 Integration with other services, especially the health service

In reforming the funding of social care, the Government should review the scope for improving the integration of adult social care with other services in the wider care and support system. In particular, it is important that there is improved integration of health and social care in order to deliver better outcomes for individuals and value for money from the state.

3.11 Funding the recommendations

The Commission believes that greater government resources should be devoted to adult social care and the resources made available to local authorities should be 'transparent'. They estimate that, at current costs, the recommended changes would cost from around £1.3 billion for a cap of £50,000 to £2.2 billion for a cap of £25,000.

The Commission has identified three possible ways to pay for the recommendations:

- Raising additional revenue through general taxation. This is the way in which the current system is funded.
- Reprioritising existing expenditure.
- Introducing a specific tax increase and, if it did so, making this to be paid at least in part by those who are benefitting directly from the reforms, i.e those over state pension age. The recommendation is that rather than creating a new tax, it would be preferable to use an existing tax.

4. TIMETABLE FOR IMPLEMENTATION

The commission recommends the following timetable:

December 2011

The Government should publish a white paper bringing together the work of the Dilnot Commission, the Law Commission's recommendations and the Government's vision for adult social care.

The Government should also set up three working groups:

- To develop a national eligibility and assessment framework
- To support the development of new financial products and
- To design a new national and local framework for information and advice.

Spring 2012

The Government should introduce a bill on social care and a firm timetable for the introduction of the reforms.

2013 onwards

The implementation of changes to the funding of adult social care should commence.

NB: since the publication of the report, the Government has stated it aims to introduce a white paper by Spring 2012 which is later than planned.

5. POTENTIAL IMPLICATIONS AND OPPORTUNITIES FOR KENT COUNTY COUNCIL

Financial implications

The present recommendations, if implemented as proposed would lead to a huge increase in the number of people requiring a care assessment. This is because in order to work out when a person has spent up to their capped contribution (e.g. £35,000) they and the state will need to know how much they need to spend on their care in order to meet their needs (this will be worked out according to national and local criteria).

The raising of the capital threshold means it would be worthwhile for many more people to approach the local authority as they may benefit for financial help. KCC could potentially be supporting three times the number of people it does now, before any demographic changes are taken into account. Moreover, it is difficult to accurately predict the likely additional numbers without knowing the threshold a person would need to pass before receiving support under the new eligibility scheme.

There would be a huge increase in the number of people requiring a detailed financial assessment as all people with less than £100,000 could potentially receive financial support from the local authority. Whether they do actually receive financial support will depend on the means test. The extra work/staff involved may be partially offset if the data

sharing clauses in the current Welfare Reform Bill go through. This would enable financial assessments for many people to be simplified and possibly be carried out as an electronic exercise.

Furthermore, the potential increase in transactions from needs and financial assessments could be compounded by the effect of young people with care and support need who are placed by other local authorities in Kent. As noted above, people born with a care and support need or who develop one in early life would be eligible for free a state support to meet their care needs. This is because the current ordinary residence rules result in children placed by other local authorities acquiring ordinary residence in Kent. When this happens they become the responsibility of adult social care in Kent. The Law Commission report on the reform of adult social care law did not make a recommendation on changing the ordinary residence rules.

The proposal to base the national eligibility criteria at the substantial level may work against KCC financially, if the local government funding formula is not sensitive to the issues of authorities such as Kent that has invested in providing services at the moderate level of the eligibility criteria. If eligibility is made uniform at substantial KCC will have to decide whether to retain the moderate level in Kent. If it chose not to or there was no local discretion, significant number of service users may have to be reassessed and /or given transitional protection. There are two important factors in connection with the funding issue. The first one concerns the overall funding to local authorities and the second, relates to the distributional effect of the funding between local authorities.

KCC has historically and, continues to spend more on adult social care than is indicated by national government funding levels. This additional support is subsidised from the council tax and is a legitimate part of a set of local democratic decisions.

We do not have any information on how current service users with debts owed to the local authority will be funded and managed.

Taking all of the above factors into account, naturally, leads one to conclude that the associated transactional costs (assessment, monitoring and tracking changes in need and review) could be substantial, not unless the national system is streamlined and heavily relies on technology. This will be against the backdrop of current pressures to deliver £340 million over the next four year.

These concerns will be reduced if the reforms are backed by adequate funding for local government. The initial assessment by the Finance Team indicates that this will present a significant funding issue for the authority without sufficient funding from central government to address the additional burden associated with the implementation of the proposals.

Implications for local political accountability

The potential for these proposals to disrupt the established local democratic accountability should not be underplayed. Any proposal that risks removing KCC's ability to make decisions that reflect its local circumstances should be carefully assessed. KCC would be in a difficult position if, on the one hand, it is required to apply a national system and on the other, local people held it responsible.

Workforce and training implications

All indications are that implementation of key proposals contained in the Dilnot Commission Report will take place only after the fundamental reform of adult social care law along the lines of the Law Commission recommendation. The effect of this will mean that all frontline social care staff, managers and lawyers in local government will all have to be trained in order to understand and carry out the new responsibilities.

Public expectation implications

The public may form high expectations from the headline messages of the Dilnot Commission Report. Specifically, matters such as the portability of assessment, national eligibility and capped contribution. The report acknowledges that portability would not mean that care packages would be fully portable. The level of and type of support that an individual receives under different local authorities could still differ.

The report also states that local authorities will continue to be able to determine the cost of care packages at local prices within the system. Moreover, local authorities would use the care package rates to decide at what point in time a person (not entitled to means-tested support) would meet the cap. Initial assessment indicates that there will be winners and losers. People moving from local authorities with higher care package costs to local authorities with lower care package costs will be winners, whilst the converse will generally be losers. The 'postcode lottery effect will therefore not disappear all together even with the introduction of national systems.

Similarly, the call for better recognition for carers through the assessment framework stops short of making carers services statutory provision. Under the proposals, local authorities will continue to have a duty to carry out carers assessments.

Implications for partnership working

A key concern of the present system is that it is difficult to practically define the limits of the local authority responsibilities vis-a-vis the boundaries between health and social care systems. Putting in place an objective assessment scale for social care will need to be considered alongside the responsibility of the NHS in respect of continuing healthcare. It will be a good outcome if the development of the national eligibility system for social care manages to overcome this difficulty.

Opportunities for KCC

There is a real prospect for KCC to be involved and influence developments that might flow from work that precedes the introduction of proposals contained in the Dilnot Commission Report.

Apart from the opportunity to bring to bear its ideas on the national assessment framework, financial products and informational provision, KCC could also put itself forward regarding proposals to pilot aspects of the new system. The opportunity to work with the Government therefore will become clear following its response to this report later this summer.

6. CONCLUSION

This briefing has described the key proposals in the Report of the Commission on Funding of Care and Support. In many ways the recommendations would require fundamental changes when considered alongside the Law Commission proposals. It will need to be underpinned by a new settlement for the funding of social care.

The laws that have framed the provision of social care since the Second World War would have to be consigned to the past, to be replaced by consolidated legal framework that is able to better balance the role of the state and that of the individual.

The House of Commons Health Select Committee has announced an inquiry into adult social care since the publication of the Dilnot Commission Report. It is understood that this will take place this autumn and it will examine the provision of care and support including alternative forms for commissioning of health and social care and consider the merits of full integration of health and social care.

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

To: Adult Social Care and Public Health Policy Overview and Scrutiny Committee – 20 September 2011

Subject: **AUTISM SPECTRUM DISORDER – “TWO YEARS ON” REPORT**

Classification: Unrestricted

Summary: This report is to update Members about the progress that has been made since the Autism Spectrum Disorder (ASD) “One Year On” report. Since the latter report the Department of Health issued Statutory Guidance in December 2010, to Local Authorities, NHS organisations and Foundation Trusts on implementing the changes.

Introduction

1. (1) The Autistic Spectrum Disorder Select Committee reported to the County Council in March 2009. It made a total of 15 recommendations for further action to improve services to people with Autistic Spectrum Disorders and their carers.
- (2) Based on the Terms of Reference of the Select Committee a multi-agency ASD steering group was established to drive the changes.
- (3) First year progress against these recommendations was reported to the Select Committee on 11 May 2010 and the Adult Social Services Policy Overview and Scrutiny Committee on 25 June 2010.
- (4) Since then, Statutory Guidance has been published and is currently informing the work of the ASD steering group, chaired by the Director of Older People and Physical Disabilities.
- (5) The steering group consists of representatives from across Families and Social Care Directorate and Kent based NHS organisations. It has set up a number of sub-groups, each lead by a steering group representative to address various work streams. These sub- groups will consider and report back options for change on issues ranging from modifying existing services to make them more inclusive and responsive to people with ASD, to establishing specialist support for people with Aspergers
- (6) Concurrently the public engagement aspect of the steering group is being developed, building on existing mechanisms such as the Learning Disability Partnership Boards and Mental Health Service User forums.
- (7) The purpose of this “two year on” report is to inform Members of the Services & Public Health Policy Overview and Scrutiny Committee of the progress that has been made so far on the Select Committee’s recommendations.

Policy Context

2. (1) The Autism Act 2009 was the first ever piece of legislation designed to address the needs of one specific impairment group. It was followed by 'Fulfilling and Rewarding Lives': The strategy for adults with autism in England (March 2010))

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

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

(3) The strategy acknowledged that change will be a long term process with the first year delivery plan acting as a driver.

(4) This was followed in December 2010 by "Implementing Fulfilling and Rewarding Lives": Statutory Guidance for Local Authorities and NHS organisations to support implementation of the autism strategy.

(5) This would be achieved by the following specific areas for action:

- increasing awareness and understanding of autism amongst staff,
- strengthening diagnosis and assessment of needs including establishment of clear pathway(s) with easy access, by 2013,
- continuing to improve transition support for young people with Autism,
- developing with partners local commissioning plans to deliver appropriate support services for adults with autism and their carers

(6) One of the underlying principles of the guidance is to make sure existing policies work for people with Autism to avoid new burdens or extra requirements on Health and Social care professionals.

Summary of progress

3. (1) Specific actions that have and are been taken **Two Years On** are:

- Established a ASD Multi-agency Operational Group to drive the changes
- Created a link hosted on KCC website to provide information advice and guidance to the public
- Provided training to the majority of staff. This is continuing throughout 2011/12
- Provisionally identified an allocation from NHS monies transferred to Social Care to deliver Health outcomes, to support the establishment of a specialist service for people with Aspergers.
- Working on improving care pathways for people with autism. This includes improving transition arrangements for young people moving from children services to adult services.
- Continuing to help adults with autism into work – an essential priority, given the low numbers of adults with autism in employment.

Conclusion

4. (1) Progress to date has been steady. KCC is continuing to work with local partners to meet the required outcomes as outlined in the Statutory Guidance

Recommendation

5. Members are asked to NOTE the contents of the 'Two Years On' monitoring report.

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Appendices:

Appendix 1 Autistic Spectrum Disorder 'Two Years On' Monitoring Report
Appendix 2 Statutory guidance for Local Authorities and NHS organisations to support implementation of the autism strategy (December 2010)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122847

Background documents:

Autistic Spectrum Disorder – “One Year On” Report to ASD Select Committee, 11 May 2010 and Adult Social Services Policy Overview and Scrutiny Committee 25 June 2010, Item C2

The 'Fulfilling and rewarding Lives': The strategy for adults with autism in England, March 2010
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113369

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Summary of progress towards each Select Committee Recommendation

Recommendation 1:	Progress to date	Status
<p>The Autistic Spectrum Disorder (ASD) Select Committee recommends that the Kent Adult Social Services Directorate, through the Joint Strategic Needs Assessment for adults in Kent, establishes the most effective way of conducting a county-wide study investigating:</p> <ul style="list-style-type: none"> • the prevalence and incidence of adults with ASD in need of support and not currently receiving service provision • levels of service satisfaction of those adults with autism living at home and currently receiving support. <p>This investigation will inform the planning and commissioning of future services for adults with ASD. The study could involve sponsoring a bursary for a student to carry out a research project at the Tizard Centre, University of Kent (please refer to Chapter 3).</p>	<p>The national prevalence study work commissioned by the Department of Health will improve understanding of the prevalence and incidence of ASD locally, enabling KCC to make local estimate of need. This will in turn inform the core data sets and planned outcomes of the JSNA which is currently being revised.</p> <p>The DH Information Centre is currently not able to confirm when the prevalence information is coming out.</p> <p>Research sponsored by the Tizard Centre is currently being carried out via an undergraduate project to determine the satisfaction levels of people with ASD and their carers, with the support they receive. The findings will be shared with KCC to inform local planning and commissioning.</p> <p>A sampling exercise is being carried out to help determine the level of contacts and requests for support from people with ASD and their carers. This will be completed in September 2011.</p>	<p>Some good progress although more to do</p> <p>JSNA expected by September 2011</p> <p>Satisfaction level survey outcomes expected by: April 2012</p> <p>Outcomes sampling exercise expected: September 2011</p>

Recommendation 2:	Progress to date	Status
<p>KCC should encourage the inclusion of autism-related services, in the form of “care pathways”, amongst the services provided by multi-disciplinary mental health teams in the County. The local authority should also explore the possibility of setting up, in partnership with the NHS, a highly specialised autism service in Kent, such as the one offered by the South London and Maudsley Hospital (Chapter 4, Section 4.1 and Section 4.2).</p>	<p>The Maudsley Hospital service model has been found to be inappropriate for Kent. However, following a benchmarking exercise, the Liverpool model, subject to some modifications, may be the model that KCC and its partners consider taking forward.</p> <p>A multi disciplinary working group has been established to review service models and to propose the preferred model for Kent.</p> <p>Funding has been identified from the 3 PCTs in Kent to part fund a Social Communication Assessment Service (SCAS) to address the needs of those people with Autistic conditions who do not present with a Learning Disability or Mental Health issues. FSC has provisionally identified an allocation from monies transferred to Social Care to deliver Health outcomes, to support the establishment of appropriate services.</p> <p>Subject to funding, the Social Communication Assessment Service will establish a pathway to diagnosis, care planning and commissioning of appropriate services, including services from the private and voluntary sector, to meet the needs of individuals and their carers.</p> <p>Following a review by the coalition government of Implementing “Fulfilling and Rewarding Lives”, <i>statutory guidance for local authorities and NHS organizations to support implementation of the autism strategy</i>, was published in December 2010. The timeline, July 2012, for a model Care Pathway by The National Institute for Health and Clinical Excellence (NICE) was unaffected by the review. The ASD multi-agency Steering Group will be guided by the model pathway when it is published by NICE.</p> <p>The deadline for establishing a care pathway as laid down in the Statutory Guidance is 2013.</p>	<p>Some good progress although more to do</p> <p>Model to be proposed by October 2011</p> <p>SCAS in place by March 2012</p> <p>Services to be commissioned from January 2012</p> <p>Kent provisional Multi Agency Pathway in place by December 2011</p> <p>Final pathway in place by 2013</p>

Recommendation 3:	Progress to date	Status
<p>The Kent Adult Social Services Directorate should ensure that:</p> <ul style="list-style-type: none"> • all its staff involved in the assessment of autism are fully trained to understand the uniqueness, complexity and implications of the condition. This training should be coupled with an increasing number of early interventions aimed at diverting people with autism from care pathways that are inappropriate and expensive. • adequate advocacy services with ASD-specific knowledge are offered to all people with autism 	<p>Staff training commenced in 2009 and by the end of 2010 the majority of staff was trained. Resources have been identified for training throughout 2011 – 12. Feedback has been very positive. Continued training will be informed by national examples of good practice which will be available on-line via the Department of Health's website.</p> <p>In addition, KCC has bought an e-learning licence to provide on-line training for all staff including those of Private and Voluntary sector partners.</p> <p>Kent Autistic Trust (KAT) provides an advocacy, information and support service for Kent and Medway and has secured funding until March 2015</p>	<p>Complete/advanced progress</p>

Recommendation 4:	Progress to date	Status
<p>The Kent Adult Social Services Directorate should aim to achieve greater access to person-centred planning for, and a greater usage of Direct Payments by, people with ASD.</p> <p>It will liaise with the recently appointed Specialist Advisor for Autism at the Department of Health in an effort to expand its capacity, expertise and leadership on autism in Kent (Chapter 5).</p>	<p>Self Directed Support (SDS) places the individual at the centre of support planning. Anyone with ASD who is eligible for services and is able to manage a Direct Payment or a Personal Budget by themselves or through a third party, is offered one as a means of exercising choice and control over the support they receive.</p> <p>KCC and NHS Eastern and Coastal Kent's Personal Health Budgets pilot supported by Department of Health has been successful. It is now possible to merge some aspects of Health Budgets with Social Care Budget which, along with adoption of Common Assessment Process (CAP) will deliver even greater choice, control and flexibility to people with ASD. The Department of Health has agreed that the pilot can be extended to include integration of PHB and PBs , the first Locality where this will be tried out is Dover.</p> <p>The DASS did make contact with the Specialist Advisor to inform good practice in Kent.</p>	<p>Complete/advanced progress</p>

Recommendation 5:	Progress to date	Status
<p>The Managing Director of Kent Adult Social Services should oversee and ensure the prompt production and implementation of a protocol for joint working between KCC's learning disability and mental health teams, in order to provide a more inclusive and responsive service to individuals with ASD</p> <p>(Chapter 6, Section 6.1).</p>	<p>Following KCC's recent restructure responsibility for Learning Disability Services and the Social Care element of the Kent and Medway Partnership Trust (KMPT) is now managed by a single director. This should greatly enhance joint working, support planning and co-ordinated commissioning which should result in a more responsive service to individuals with ASD and their carers.</p> <p>A Dual Diagnosis Protocol is in place for Learning Disability and Mental Health teams. Its effectiveness will be reviewed later in 2011.</p> <p>The new Multi Agency Steering Group is aiming to develop a Dual Diagnosis protocol for people with ASD without a Learning Disability.</p>	<p>Some good progress although more to do</p> <p>Dual diagnosis protocols in place</p> <p>March 2012</p>

Recommendation 6:	Progress to date	Status
<p>The Select Committee endorses the production of Transition Protocols, which can enhance data sharing between children and adult social services in Kent, and recommends that the impact of these protocols on service planning and provision for young people with ASD – including those with Asperger syndrome - is specifically monitored</p> <p>(Chapter 6, Section 6.2).</p>	<p>The recently created Families and Social Care Directorate (FSC) is leading to greater integration of Children and Adult services particularly around data sharing and planning, resulting in more person-centred commissioning.</p> <p>Regular evaluation and monitoring of the effectiveness of the Protocols is ensuring that transition arrangements are continuously being improved.</p> <p>KCC and its partners will review the transition protocols in response to the University of York’s DH funded research into transition planning, when it is published.</p> <p>KCC and its partners will take account of any statutory guidance emanating from the DfE in relation to improving the support available to children with Special Educational Needs (SEN) and disabilities, currently the subject of a Parliamentary Green Paper: <i>“Support and aspiration: a new approach to special educational needs and disability”</i></p>	<p>Some good progress although more to do</p> <p>Publication expected in January 2012.</p> <p>Guidance expected in 2013</p>

Recommendation 7:	Progress to date	Status
<p>7a Kent Adult Social Services should lead on the establishment of a multidisciplinary task group with representation from agencies including health, social care, housing, employment services, education, independent sector providers and the voluntary sector.</p> <p>7b The task group - which should liaise with the Kent Learning Disability Partnership Board - will widen and strengthen the interdependence and joint working amongst all these agencies, to provide more efficient and effective services to people with autism and individuals with learning disabilities (Chapter 6, Section6.3).</p>	<p>Following KCC restructure the responsibility for implementing the Select Committee recommendations has been transferred from the ASD multi- agency task and finish group to the ASD multi-agency Steering Group consisting of representatives from PCTs, KMPT, Mental Health, Gypsy Unit, Education and Learning and OPPD and chaired by the director of OPPD.</p> <p>Through its membership, the group has links with the Kent Learning Disability Partnership Board, Kent Children Trust and the County Strategic Partnership for Disabled Children and Young People. The thrust of group's strategy is to make existing services work better for people with ASD while spearheading the establishment of a new specialist Social Communication Assessment Service, targeted at people with Autism and Aspergers . There may be a need to commission additional voluntary sector services to support the new pathway as part of the overall commissioning plan for ASD. A needs assessment for this is being carried out currently.</p>	<p>7a Complete/advanced progress</p> <p>7b Some good progress although more to do</p> <p>Multi disciplinary model and pathway in place by March 2012 (see above)</p> <p>Commissioning plan developed by November 2011</p>

Recommendation: 8	Progress to date	Status
<p>KCC should make sure that transition planning offered to young people with autism should start at the age of 14, and that it should be in place before they reach statutory school leaving age</p> <p>The local authority should ensure well coordinated, seamless transitions into adulthood, involving person-centred, effective planning and support. Planning should be coupled with a mechanism to monitor progress and to secure a smooth transition</p> <p>(Chapter 7, Section 7.1, Section 7.2 and Section 7.3. To view the recommendations of the report “Transition to a Positive Future” (2007) see Appendix 4).</p>	<p>Kent’s Transition Protocols are designed to ensure that young people with ASD who have complex needs are able to make the move from adolescence to adulthood with the support they need and with their involvement in all decision making processes to achieve the outcomes they want, in line with Self Directed Support.</p> <p>A framework for monitoring and evaluating the effectiveness of Transition planning has been developed and implemented by County Transition Planning and Review group, supported by Good Practice supervisors.</p> <p>Monitoring mechanism: yearly surveys, outcome based reviews where satisfaction is recorded, transition lists established between Children and Adult Services for forward planning. This is well established for children with Learning Disabilities , the multi agency group is leading on taking this work forward for children without a learning disability.</p> <p>A qualitative survey carried out last year by Education and Learning to determine young people’s experience of the Transition process revealed that a majority of young people with Learning Disability were either happy or very happy with the process and outcome, relative to their particular circumstances.</p>	<p>Some good progress although more to do</p> <p>Protocols in place by March 2012</p>

Recommendation 9:	Progress to date	Status
<p>Kent County Council should review the availability of specialist psychology, psychiatry and speech therapy health services to people with autism both during transition and into adulthood (Chapter 7, Section 7.4). Recommendation</p>	<p>The ASD Steering Group has further work to do in response to this recommendation. A multi disciplinary assessment and treatment model is being developed by the steering group (see above).</p> <p>Child and Adolescent Mental Health Services commission appropriate services including through community LD teams upon identification of anyone with ASD</p> <p>Education and Learning are able to identify those who are within the education system who need specialist psychological support.</p>	<p>Some progress although more to do</p> <p>Service in place by March 2012 (see above)</p>

Recommendation 10	Progress to date	Status
<p>Kent County Council should support a campaign to raise awareness in the community about autism. KCC should also urge internal and partner agencies, including the NHS, the Criminal Justice System, the police and the housing, employment and education services, to enhance awareness amongst their staff about autism, its complexities and the implications for their service delivery (Chapter 8, Section 8.1 and Section 8.2).</p>	<p>The KCC sponsored DVD of a young person with ASD telling their story continues to be shown and is a powerful means of raising awareness. KCC is seeking permission to place the DVD on its website.</p> <p>The ASD webpage (Rec11) is already a source of information but its value will be further enhanced when the e-training tool purchased on license by KCC goes online around September 2011. This is a cost effective way of raising awareness of ASD within the community and will be rolled out to a number of agencies such as Criminal Justice System, Police and Jobcentre Plus, Health and voluntary sector partners in Kent</p> <p>The possibility of creating a network of “Autism Ambassadors” – local volunteers who actively represent and promote the needs of people with ASD will also be explored by the ASD multi-agency Steering Group</p> <p>Kent Autistic Trust (KAT) has a good track record of raising awareness of Autism within Kent.</p>	<p>Some good progress although more to do</p> <p>September 2011</p> <p>Proposal developed by March 2012</p>




Recommendation 11:	Progress to date	Status
<p>KCC should contribute to the development of a website which provides up-to date national guidance as well as local information on all the services and support available to people with ASD and their families in Kent. Information and guidance should be presented in a clear, unambiguous and user-friendly form (Chapter 8, Section 8.3).</p>	<p>KCC, working with parents, carers and a member of staff with an Autistic Spectrum Condition, has created a web page hosted on KCC website. The web page provides information about Autistic Spectrum Conditions, how to obtain a diagnosis, assessment from KCC and access to support services within the community. There are a number of links to other websites e.g. NAS, NHS and KAT and to relevant publications. The web page will be maintained and updated as more information becomes available.</p> <p>In addition, Kent Autistic Trust (KAT) provides accessible information about services available locally for people with ASD and their carers.</p>	<p>Complete/advanced progress</p>

Recommendation 12:	Progress to date	Status
<p>Kent County Council should:</p> <ul style="list-style-type: none"> • review its recruitment practices and selection criteria so that they support and enable the employment of more people with autistic spectrum conditions within the Authority • explore the potential of further education colleges in Kent to maximise the employment opportunities of people with autism in the County • require the Supporting Independence Programme team to carry out a project, possibly with the Tizard Centre, aimed at helping people with ASD to access employment (Chapter 9, Section 9.1 and Section 9.2). 	<p>11 learners including people with ASD started on Project SEARCH in September 2010 based at QEQM Hospital in Margate. Of these, 8 learners completed the course and 3 people including 1 with ASD moved straight into jobs. Another course commences in September 2011, and there are plans to make sure similar courses are developed in other areas of Kent.</p> <p>KCC has set up an apprenticeship project for vulnerable learners offering 22 opportunities to young disabled people including people with ASD. Some of the apprenticeships have been working for KCC and the young people and their employers are receiving additional support through Kent Supported Employment now located in the Customer and Communities Directorate. The project is being independently evaluated and a report is due in early Summer 2012.</p> <p>KCC is working with Further Education (FE) colleges to make sure that projects similar to Project Search on the employment pathway are available for people with ASD. Kent Supported Employment continues to work with the FE sector to ensure that courses are better geared to support pathways into both employment and supported living</p> <p>The Employability Strategy was agreed at full Cabinet in July 2010. With the changes in KCC the functions of the Disability Equality and Employability Boards have been combined. A paper is going to CMT at the end of September 2011 for a decision on how various elements of the strategy are to be implemented.</p>	<p>Some good progress although more to do</p> <p>Ongoing development</p> <p>July 2012</p> <p>Ongoing</p> <p>Decision on implementation expected Autumn 2011</p>

Recommendation 13:	Progress to date	Status
<p>Kent County Council should:</p> <ul style="list-style-type: none"> • carry out an audit involving all Kent District Councils to ascertain accurately the housing options available to people with ASD and those with learning disabilities • urge both District Councils and the Joint Planning and Policy Board to take particular account of the needs of people with autism when discussing and deciding housing options • encourage both District Councils and the Kent Adult Social Services Directorate to consider allocating some of their PFI housing options to people with autism (Chapter 9, Section 9.3). 	<p>A Housing Needs Survey in the 12 districts and borough councils and Medway Council to determine the housing needs of Kent's residents, also considered the need for supported accommodation for people with complex needs</p> <p>The survey's findings informed the Kent Forum Housing Strategy which was launched in May 2011. The strategy supports the Joint Policy and Planning Board's (JPPB) ambition to develop appropriate housing options for people with Learning Disability and Mental Health problems, including those with ASD. This is reflected in the Kent Housing Action Plan</p> <p>Private Finance Initiatives (PFI) continues to support some people with ASD to become tenants through the allocation of accommodation that enables them to live in the community with varying levels of support.</p>	<p>Complete/advanced progress</p>

Recommendation 14:	Progress to date	Status
<p>Kent County Council should:</p> <ul style="list-style-type: none"> • start a pilot scheme in Kent in which a drop-in facility providing autism related information and guidance is available one day a week. The Committee suggests using an existing local setting, such as the successful Ashford Gateway, as the base for this pilot scheme. In order to maximise the effectiveness of this initiative, it is essential that the staff working in the premises are made aware both of the initiative and about the condition of autism • contribute to the funding of a befriending scheme, using trained volunteers, which may be run in collaboration with The National Autistic Society (Chapter 10, Section 10.1 and Section 10.2). 	<p>Autism related information is now available on line via KCC website and is accessible at all Gateways throughout Kent. There are links to both the National Autistic Society (NAS) and Kent Autistic Trust (KAT) and other supporting organizations and agencies.</p> <p>Assessment Officers are starting to provide Assessment Clinics in Gateways, this will help to provide access and support for Gateway staff. An integration project with GPs, Community Nurses and case Managers is developing models of integrated working around GP Practices , this will increase the number of local access channels for people with Autism. An integrated service is expected to be in place by March 2013 and pilots are starting from March 2012.</p> <p>With the roll out of Self Directed Support an increasing number of adults with ASD are opting for Direct Payments to access a wider range of support options to meet their assessed needs and are also using the Kent Card.</p> <p>A commissioning plan is being developed for voluntary support services (see above)</p>	<p>Some good progress although more to do</p> <p>Ongoing</p> <p>March 2012</p> <p>March 2013</p> <p>Ongoing</p> <p>Services to be commissioned by March 2012</p>

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

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

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Implementing “Fulfilling and rewarding lives”

*Statutory guidance for local authorities and NHS
organisations to support implementation of the
autism strategy*



Implementing Fulfilling and Rewarding Lives

DH INFORMATION READER BOX

Policy	<p>HR / Workforce Management Planning / Clinical</p> <p>Estates Commissioning IM & T Finance Social Care / Partnership Working</p>
Document Purpose	Best Practice Guidance
Gateway Reference	15204
Title	Implementing Fulfilling Rewarding Lives
Author	DH
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Circulation List	
Description	This guidance is required by the Autism Act 2009. The purpose of this guidance is to secure the implementation of the adult autism strategy: Fulfilling and Rewarding Lives by giving guidance to local authorities, NHS bodies and NHS Foundation Trusts around training of staff, diagnosis and the leadership and planning of services.
Cross Ref	Fulfilling and Rewarding Lives: The strategy for adults with autism in England
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Action Required	N/A
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For Recipient's Use	

Implementing “Fulfilling and rewarding lives”

Statutory guidance for local authorities and NHS organisations to support implementation of the autism strategy

Foreword from the Minister for Care Services

Adults with autism should be able to enjoy an improved quality of life, increased personal autonomy and greater inclusion in every aspect of society. This guidance is the next step on a journey towards transforming the way public services support adults with autism. That journey, which began with the private member's bill brought by the Rt Hon Cheryl Gillan MP, the Autism Act 2009 and the autism strategy, *Fulfilling and Rewarding Lives*, provided the framework: now we are focusing specifically on how health and social care services can support adults with autism more effectively.

This document is a significant step forward. It focuses on four areas where health and social care bodies can practically change the way they support adults with autism – increasing understanding of autism amongst staff, strengthening diagnosis and assessment of needs, continuing to improve transition support for young people with autism and ensuring adults with autism are included within local service planning. The actions outlined draw on best practice that has emerged across the UK, and follow logically from the strategy. They also reflect the wider outcomes that the Coalition Government has identified as being the foundations for change in the NHS, social care and public health. More local, more joined up, more personal. And a determination to make a reality of 'No decision about me, without me.'

This guidance aims to empower local areas to develop services and support in ways that truly reflect the assessed needs and priorities of their community. It aims too to enable and encourage innovation in the way services are delivered.

That is why, although this guidance is issued only to local authorities and NHS bodies (as required in the Autism Act), I want to reiterate that change must come across all public services, and indeed through the impact and input of the Big Society too. The families of adults with autism, autism representative groups and adults with autism themselves have all contributed to developing this guidance and the preceding strategy: it is our intention that they continue to contribute to improving services, using this guidance to hold those who commission and provide health and social care services to account.

Only by such a transparent and mutual approach can we achieve the vision the Government has set out for adults with autism: fulfilling and rewarding lives within a society that accepts and understands them.



Paul Burstow
Minister of State for Care Services
Department of Health

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Status of this guidance

This guidance is issued under section 2 of the Autism Act 2009 (the Act). It is issued to local authorities, NHS bodies and NHS Foundation Trusts.

As set out in section 3 of the Autism Act 2009, it is to be treated as though it were guidance issued under section 7 of the Local Authority Social Service Act 1970 (LASS Act). This means that local authorities must “follow the path charted by the guidance, with liberty to deviate from it where the authority judges on admissible grounds that there is good reason to do so, but without freedom to take a substantially different course.”

Though the LASS Act does not directly apply to NHS bodies, section 3(2) of the Autism Act 2009 makes it clear that for the purposes of this guidance “an NHS body is to be treated as if it were a local authority within the meaning of the LASS Act”. The Act also specifies that the functions of an NHS body concerned with the provision of relevant services are to be treated as if they were social services functions within the meaning of the LASS Act.

Local authorities and NHS bodies must not only take account of this guidance, but also follow the relevant sections or provide a good reason why they are not doing so (one example might be because they can prove they are providing an equivalent or better alternative). If they do not follow the guidance and cannot provide a good reason, they may be liable to judicial review or default action by the Secretary of State.

An NHS body is a Strategic Health Authority, a Primary Care Trust, an NHS trust all or most of whose hospitals, establishments and facilities are in England and a Special Health Authority performing functions only or mainly in respect of England.

The definition of NHS body in the Autism Act does not include NHS Foundation Trusts. However, this guidance **does** include Foundation Trusts, and throughout, it is stated clearly what the responsibilities of local authorities, NHS bodies and NHS Foundation Trusts are. NHS Foundation Trusts will be expected to take the guidance into account in planning and providing services for adults with autism.

Introduction

Purpose of this guidance

The purpose of this guidance is to secure the implementation of *Fulfilling and Rewarding Lives: The strategy for adults with autism in England* by giving guidance to local authorities, NHS bodies and NHS Foundation Trusts around training of staff, the diagnosis of autism and the leadership and planning of services. This guidance will help these bodies to develop services that support and meet the locally identified needs of people with autism and their families and carers.

The strategy seeks to make existing policies and public services work better for adults with autism. This guidance therefore reminds local authorities, NHS bodies and NHS Foundation Trusts of what some of the relevant policies are and their existing duties and responsibilities. It refers to existing guidance to support adults with autism¹, and sets out some additional guidance to help these bodies implement the strategy.

Background

As required by the Autism Act 2009 (the Act)², on 3 March 2010 the then government published *Fulfilling and Rewarding lives: the strategy for adults with autism in England*.

Section 2(1) of the Autism Act further requires that:

“For the purpose of securing the implementation of the autism strategy, the Secretary of State must issue guidance—

(a) to local authorities about the exercise of their social services functions within the meaning of the Local Authority Social Services Act 1970 (c. 42) (see section 1A of that Act), and
(b) to NHS bodies and NHS foundation trusts about the exercise of their functions concerned with the provision of relevant services.”

As set out at the start of this document, because the guidance is required by law, it is known as “statutory” guidance. It is to be treated as if it were guidance issued under section 7 of the Local Authority Social Services Act 1970. This means that local authorities and NHS bodies³ must follow the relevant sections or provide a good reason why they are not (one example might be because they can prove they are providing an equivalent or better alternative)⁴. If they do not follow the guidance and cannot provide a good reason, they may be liable to judicial review⁵. Lack of sufficient resource would not necessarily constitute a good reason.

¹ *Fulfilling and Rewarding Lives* includes a list of policies that apply to adults with autism. Though some of the specific programmes described there may be subject to change, it provides a useful policy context for how the strategy was developed.

² “The Secretary of State must prepare and publish a document setting out a strategy for meeting the needs of adults in England with autistic spectrum conditions by improving the provision of relevant services to such adults by local authorities, NHS bodies and NHS Foundation Trusts,” Autism Act 2009 section 1(1)

³ For the definition of “NHS body”, see page 6 “Status of this guidance”

NHS Foundation Trusts are treated differently under the Autism Act. They are expected to take this guidance into account in planning and providing services for adults with autism.

The outcomes we seek

This Government has made clear its intention that health and social care are run from the bottom up, with ownership and decision-making in the hands of professionals, patients, service users and carers. Our focus is on outcomes, not process targets, and the ultimate outcome we seek for adults with autism is the vision set out in *Fulfilling and Rewarding Lives*:

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

As the strategy acknowledged, this vision is a long-term goal, and one that requires change across all public services. We are therefore publishing – alongside this statutory guidance – a set of key outcomes and service ambitions, which will help, evaluate progress across public services towards the overall vision.

However, as required by the Act, this guidance focuses only on health and social care, and provides the next step towards delivering a system that provides personalised care for all adults with autism that reflects their health and care needs, supports carers and encourages strong joint arrangements and local partnerships.

In particular, this guidance sets out how health and social care services can:

- improve the way they identify the needs of adults with autism, and
- incorporate those identified needs more effectively into local service planning and commissioning, so that adults with autism and their carers are better able to make relevant choices about their care.

Though the guidance provides direction, the ultimate aim is that local areas apply it to reflect local needs, existing strengths in service provision and the landscape they work in. If a service is successfully delivering for adults with autism, it should not be changed simply to reflect this guidance: instead, it should be seen as a model for other services to learn from.

⁴ Case law has established that complying with section 7 guidance involves more than simply taking account of the guidance. Rather, local authorities must “follow the path charted by the guidance, with liberty to deviate from it where the authority judges on admissible grounds that there is good reason to do so, but without freedom to take a substantially different course” (R v Islington Borough Council, ex parte Rixon (1998 ICCLR 119)). A local authority which failed to comply with section 7 guidance without a compelling reason for doing so would be acting unlawfully and could find itself subject to judicial review or default action by the Secretary of State.

⁵ Judicial review is a type of court proceeding in which a judge reviews the lawfulness of a decision or action made by a public body.

Implementing Fulfilling and Rewarding Lives

Similarly, one of the underlying principles of the guidance is to avoid new burdens or extra requirements that health and social care professionals must meet. Instead, the emphasis is on making sure existing policies are followed: that is why throughout the guidance, there is a clear reminder of what existing policies, responsibilities and duties are.

However, though we do not seek change for change's sake, the guidance – like the Autism Act 2009 and the strategy – exists because we know that services must improve to better meet the needs of adults with autism: it is not sufficient to simply carry on with the status quo, and local areas should be accountable for the way they respond to this guidance.

As well as the specific outcome for adults with autism – the vision set out in *Fulfilling and Rewarding Lives* – this guidance works towards the broader outcome for the NHS, social care and public health, as set out in the relevant outcomes frameworks.

Changing landscape

The NHS White Paper *Equity and Excellence: Liberating the NHS* sets out proposed changes for the NHS including the establishment of a new NHS Commissioning Board, and a transfer of responsibility for health improvement to local government. It is envisaged that local authorities and GP consortia will work together on planning and commissioning services for local populations. The plan set out in *Liberating the NHS* provides the opportunity for a much greater degree of local co-ordination and integrated working to shift the balance of power towards local communities and individuals. This guidance reflects as far as possible the changes already announced.

The Secretary of State already has a duty, under the Autism Act, to keep the strategy under review: as part of this, the guidance will also remain under review and will be updated as required to align with the new structures.

Scope of this guidance

As required by the Autism Act, this guidance is issued to local authorities, NHS bodies and NHS Foundation Trusts. These organisations will also want to ensure that the guidance is followed by other organisations that deliver services under contract for them such as organisations contracted to provide residential or day care on behalf of a local authority.

Other providers of public services – such as employment services, police and probation – are not legally required to have regard to it. However, by following the guidance, these bodies could help improve the delivery of the services they provide: for example, ensuring that staff who provide services to adults with autism have received autism awareness training would clearly be of value across all public services.

This guidance relates to England only. Services for adults with autism in Scotland, Wales and Northern Ireland are the responsibility of the devolved administrations.

Implementing Fulfilling and Rewarding Lives

The Welsh Assembly Government has its own *Strategic Action Plan for Autistic Spectrum Disorders (ASD)*, which was published in April 2008. An ASD Strategic Action Plan is being finalised for publication in Northern Ireland, while in Scotland the ASD Reference Group completed its work by publishing guidance to local agencies on commissioning services for people with autism⁶.

Structure of the guidance

The Autism Act required that guidance covers the following:

1. the provision of relevant services⁷ for the purpose of diagnosing autistic spectrum conditions in adults
2. the identification of adults with autism
3. the assessment of the needs of adults with autism for relevant services
4. planning in relation to the provision of relevant services to people with autism as they move from being children to adults
5. other planning in relation to the provision of relevant services to adults with autism
6. the training of staff who provide relevant services to adults with autism
7. local arrangements for leadership in relation to the provision of relevant services to adults with autism.

However, there is no requirement under the Act that these seven areas are covered separately. Therefore, in recognition of the fact that there are important links between some of these areas, this guidance is structured as follows:

- A. Training of staff who provide services to adults with autism – covering item 6 above
- B. Identification and diagnosis of autism in adults, leading to assessment of needs for relevant services – covering items 2, 1 and 3 above
- C. Planning in relation to the provision of services to people with autism as they move from being children to adults – covering item 4 above.
- D. Local planning and leadership in relation to the provision of services for adults with autism – covering items 5 and 7 above

This structure helps clarify the links between these areas and simplifies the guidance. It also ensures the guidance is more clearly focused on the outcomes we seek.

Good practice examples

Fulfilling and Rewarding Lives stated that the statutory guidance would include examples of good practice in areas such as provision of training to health and social care staff, or the information which people should have following a diagnosis of autism.

⁶ The Scottish Government (2008) – Commissioning Services for People on the Autism Spectrum: Policy and Practice Guidance

⁷ Relevant services are defined in section 4(1) of the Act and mean in relation to NHS bodies health services provided under the NHS Act 2006 and in relation to local authorities means services provided in exercise of the authority's social services functions (within the meaning of section 1A of the LASS Act 1970)

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Instead of including these as part of the formal guidance, these examples will be available online soon via the DH website, and will be refreshed and added to as new models are developed and tested out in practice. This way, we can create a living and growing resource not just for health and social care bodies but also for adults with autism and their families and carers.

Terminology

Throughout the guidance, as in the strategy, we use the term “autism” as an umbrella term for all autistic spectrum conditions, including Asperger syndrome.

A. Training of staff who provide services to adults with autism

Fulfilling and Rewarding Lives makes it clear that the most fundamental step towards improving services for adults with autism is to increase awareness and understanding of autism across all public services. Increased awareness and understanding of autism will provide the foundations for the broader changes sought to the way services are provided, planned and delivered.

Improving training around autism, and increasing its availability, is therefore at the heart of the strategy for all public service staff. This guidance focuses on what this means for local authorities and NHS bodies, while recognising that the forthcoming changes to the NHS will affect the way training is delivered for the NHS workforce.

The guidance covers two distinct areas:

- general autism awareness training, which should ultimately be available for everyone working in health and social care
- specialised training for staff working in key roles – such as GPs, those responsible for conducting community care assessments, and those in leadership roles locally.

Current policies, duties and responsibilities

Health and social care commissioners and providers are expected to ensure that each member of their workforce has the relevant professional qualifications and competencies to fulfil their role and function. They are also expected to ensure that all members of their workforce have access to relevant training to enable them to deliver those roles in line with the Department of Health (DH)'s workforce strategies for health and social care.

What *Fulfilling and Rewarding Lives* says

Fulfilling and Rewarding Lives states that:

“it is ... essential that autism awareness training is available to everyone working in health or social care.”⁸

It also sets out the desired outcome:

“That training must lead not only to improved knowledge and understanding but also to changing the behaviour and attitudes of health and social care staff.”⁹

⁸ Fulfilling and rewarding lives, paragraph 2.16

⁹ Fulfilling and rewarding lives, paragraph 2.17

Implementing Fulfilling and Rewarding Lives

Further, it makes it clear that:

“training should reflect the actual situations staff work in.”¹⁰

In addition to autism awareness training for frontline staff, the strategy recommends the development of specialist training in health and social care so that staff who wish to specialise in autism or develop further knowledge can do so.

The strategy commits DH to working with key partners such as the General Medical Council, the Postgraduate Medical Education and Training Board, the Royal College of General Practitioners, the Royal College of Nursing, the British Psychological Society and the Royal College of Psychiatrists to improve the quality of autism awareness training in their curricula. These organisations have been engaged throughout the development of the strategy and stated their commitment to reviewing their curricula. As a result, this requires no additional investment from government.

What this means for health and social care

- Local authorities, NHS bodies and NHS Foundation Trusts should seek ways to make autism awareness training available to all staff working in health and social care. In line with the principles set out in *Fulfilling and Rewarding Lives*, as a minimum autism awareness training should be included within general equality and diversity training programmes¹¹.
- The core aims of this training are that staff are able to identify potential signs of autism and understand how to make reasonable adjustments in their behaviour, communication and services for people who have a diagnosis of autism or who display these characteristics.
- Those staff who are most likely to have contact with adults with autism are the priority groups for training.
- In addition to general autism awareness training for staff, local areas should develop or provide specialist training for those in key roles that have a direct impact on access to services for adults with autism – such as GPs¹² or community care assessors – and those whose career pathways focus on working with adults with autism, such as personal assistants, occupational therapists or residential care workers. The end goal of this specialist training is that, within each area, there are some staff who have clear expertise in autism.

Delivering training effectively

In recognition of the potential benefits of combining training programmes in each local area, the lead professional in the area should be involved in the commissioning of training. However, in local authorities or NHS bodies/Foundation Trusts, there is likely to be a training manager responsible for ensuring the delivery of autism awareness training.

¹⁰ Fulfilling and rewarding lives, paragraph 2.17

¹¹ Fulfilling and Rewarding Lives, paragraph 1.26

¹² According to the 2009 National Audit Office report *Supporting people with autism through adulthood* “eighty per cent of GPs feel they need additional guidance and training to manage patients with autism more effectively.” (p.19 para 2.3)

Implementing Fulfilling and Rewarding Lives

The following points aim to help those responsible for training make best use of their budgets and time.

- As the strategy made clear, initial autism awareness training can be delivered as part of existing equality and diversity training or similar programmes. Local areas may also want to consider online training, DVDs etc, as well as using the DH-commissioned online resources and information about autism for those working in the health and social care sectors, which will be available from March 2011.
- Clearly, there is considerable scope to share resources with other organisations locally – for example, co-commissioning a training programme or course.
- Autism awareness training should not be seen as a one-off.
- The most effective training will help staff put what they are learning in context, by reflecting the situations they work in – for example, in terms of the kinds of reasonable adjustments that can be made to their working environment.
- When identifying who requires training within an organisation, it is important to consider all staff – not just those in frontline service delivery. For example, a practice manager may have a key role to play in making adjustments to the setting to make it accessible for adults with autism; the response of a receptionist can make a big difference to whether an adult with autism makes and keeps an appointment.
- As well as budgeting for core awareness training, it may be necessary to allocate funding for more specialist autism training for certain staff – including those who wish to specialise in autism. It is not expected that each local authority, NHS body or NHS Foundation Trust develops its own specialist training programme, but rather that applications for specialist training are considered within the training budget.
- When planning or commissioning training, organisations should where possible involve adults with autism, their families and carers and autism representative groups. This may be in terms of inviting them to comment on or contribute to training materials, or asking them to talk to staff about autism and how it affects them, or to provide the training.

B. Identification and diagnosis of autism in adults, leading to assessment of needs for relevant services

A central part of the Government's vision for adults with autism is that "they can get a diagnosis and access support if they need it." This will require a significant shift from the current situation, where many adults find it difficult to get a diagnosis, and those that have been formally diagnosed do not necessarily receive an assessment of what support and care they need.

For many adults, receiving a clinical diagnosis of autism is an important step towards a fulfilling life. Currently, guidance is unclear about how diagnosis should be offered – partly due to the complexity of diagnosing autism (as a spectrum condition). This results in inconsistent practice across the country.

However, as *Fulfilling and rewarding lives* made clear, diagnosis is not a goal in itself. Instead, it is one part of an integrated process which should lead to adults with autism being able to access the services and support they need. This guidance aims to clarify how that process should operate from initial identification of possible autism through referral to diagnosis to assessment of needs for care services.

Current policies, duties and responsibilities

Currently, there are no specific duties around identification and diagnosis of autism beyond core professional standards within health and social care. There is also no single diagnostic process for autism.

However, the National Institute for Health and Clinical Excellence (NICE) is developing a new clinical guideline for adults with autism. This is scheduled to be published in July 2012 and will set out a model care pathway (or pathways), which will form the foundation for local commissioners to develop referral and care pathways in their areas. As part of this, NICE will consider how to make the diagnostic process more accessible and consistent.¹³

Under section 47(1) of the NHS and Community Care Act 1990, local authorities have a duty to assess a person who may be in need of community care services. This assessment may be triggered either by the individual requesting it or if the local authority believes community care services may be necessary. **This duty applies to people with autism.**

¹³ NICE is also developing a separate clinical guideline for autism in children and young people. This is scheduled to be published in September 2011

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Such an assessment should be carried out by trained practitioners, and where there are potential signs of autism, the assessment should take account of the communication needs of adults with autism. **Assessment of eligibility for care services cannot be denied on the grounds of the person's IQ.**

What *Fulfilling and rewarding lives* says

“By 2013, when this strategy will be reviewed, we expect there to be a clear pathway to diagnosis in every area. While we recognise that specialist diagnostic services have proved a highly effective way of making diagnosis more accessible in many areas, it is not expected that a diagnostic team or service will be located in all areas. Instead, the most important step for now is that a diagnostic service should be easily accessible for all areas.”¹⁴

To accelerate this, *Fulfilling and rewarding lives* recommends that:

“local areas appoint a lead professional to develop diagnostic and assessment services for adults with autism.”¹⁵

However, as the strategy also states:

“Diagnosis alone is not enough: the fundamental change we want to see is that diagnosis leads to a person-centred assessment of need, in line with the NHS and Community Care Act 1990.”¹⁶

and reinforces that by saying:

“diagnosis of autism should be recognised as a reason for assessment.”¹⁷

The strategy also says that:

“It is best practice that diagnosis of autism is recognised as a catalyst for a carer's assessment.”¹⁸

However, as with any condition, identification of possible autism is the essential first step to effective support – even before formal diagnosis. *Fulfilling and rewarding lives* recognises the role that frontline staff can play in this, and acknowledges that the biggest barrier to identification of autism is a lack of awareness amongst frontline staff. That is why the strategy emphasises the importance of appropriate information and training so that staff can identify and respond to the needs of adults with autism. In particular the strategy says that:

“the end goal is that all NHS practitioners will be able to identify potential signs of autism, so they can refer for clinical diagnosis if necessary, but more importantly so they can understand

¹⁴ Fulfilling and rewarding lives, paragraph 3.11

¹⁵ Fulfilling and rewarding lives, paragraph 3.10

¹⁶ Fulfilling and rewarding lives, paragraph 3.14

¹⁷ Fulfilling and rewarding lives, paragraph 3.14

¹⁸ Fulfilling and rewarding lives, paragraph 3.19

how to adapt their behaviour, and particularly their communication, when a patient either has been diagnosed with autism or displays these signs”¹⁹

The strategy also reiterates the duties around the provision of a person-centred assessment of need, and in particular emphasises that:

“where someone has previously had a needs assessment, and is then diagnosed as having autism, this should be recognised as a potential reason for reassessment”²⁰.

What this means for health and social care

From identification to diagnosis

- As set out in section A above, it is important that staff across health and social care receive autism awareness training so that they are better able to identify potential signs of autism. The aim of this training is that staff can:
 - inform the person who may have autism, or their families or carers, about the availability of diagnosis, and direct them appropriately if they want to access diagnosis – for example, explaining how they can get formally referred for diagnosis
 - make reasonable adjustments to the way they provide services to the person who may have autism.
- Each area should put in place a clear pathway for diagnosis of autism, from initial referral through to assessment of needs. An important starting point will be to review the current pathway to diagnosis in their area or organisation. Where there is an effective pathway locally, which has the support of clinicians and adults with autism, their families and carers, this should form the foundation of any further changes.
- The NICE clinical guideline for adults with autism is scheduled to be published in July 2012. In order to be ready for the guidance, NHS bodies and NHS Foundation Trusts that commission or provide diagnostic and assessment services need to review existing best practice²¹ now with a view to establishing how it can be adopted in their area or organisation. Once the NICE clinical guideline is published, NHS bodies and NHS Foundation Trusts that commission or provide diagnostic and assessment services should review their diagnostic processes and services against NICE’s best practice guidance. The aim of this is to make the diagnostic process more accessible and consistent.
- It is important that all relevant local organisations such as social care teams understand what the pathway to diagnosis is.

¹⁹ Fulfilling and rewarding lives, paragraph 2.21

²⁰ Fulfilling and rewarding lives, paragraph 3.18

²¹ See in particular Services for adults with autistic spectrum conditions (ASC): Good practice advice for primary care trust and local authority commissioners (www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_097418) and good practice examples cited in Fulfilling and Rewarding Lives

From diagnosis to assessment of needs

- It is vital that local authorities fulfil their duties under the 1990 Act by ensuring that adults diagnosed with autism who may have community care needs are offered an assessment. This is not a new requirement. To enable local authorities to fulfil these duties, local authorities, NHS bodies and NHS Foundation Trusts should take the following steps:
 - When an adult is diagnosed with autism, the NHS body or NHS Foundation Trust providing healthcare services to the adult informs, with the individual's consent, the relevant local authority adult services department promptly to ensure that a community care assessment can be carried out within a reasonable time period if the individual wants such an assessment.
 - The social services department then contacts the adult with autism – and any registered carers – to inform them of their entitlement to an assessment and inform carers of their right to a carer's assessment.
 - In addition, healthcare professionals who make a diagnosis of autism inform the adult diagnosed, and/or their carers, that they also have the right to request such an assessment. This will help ensure that if adults diagnosed with autism are not offered an assessment by the local authority following diagnosis within a reasonable time period, they can still access one.
- All assessments should be conducted in line with the processes and principles adopted in the development of *Working to Put People First: The Strategy for the Adult Social Care Workforce in England*.
- As *Prioritising Need*²² says: “Staff undertaking assessments or supporting self-assessments should be sufficiently skilled in understanding people with a range of needs so that specific groups are not marginalised”. It is therefore recommended that as far as possible assessment of needs be carried out by a professional who has a good knowledge of autism, and reasonable adjustments made to the assessment process to enable the adult with autism to take part fully.
- If an adult who has previously received an assessment of need for care services is subsequently diagnosed as having autism, this is a potential reason for reassessment. If an adult who has previously been refused an assessment of need is subsequently diagnosed as having autism, this is a reason for assessment.
- Assessment of eligible needs for services should not be influenced by availability of services: for example, if the assessing professional identifies that the adult with autism would benefit from an advocate, the report should reflect that whether or not advocacy services are available. This will not only help the adult with autism access the right services in the future, or benefit from relevant support when in employment or education, but also will feed into the overall picture of the needs of adults with autism in the area, and local Joint Strategic Needs Assessment (JSNA).

²² DH (2010) *Prioritising need in the context of Putting People First: a whole system approach to eligibility for social care - guidance on eligibility criteria for adult social care, England 2010*

Responsibilities

- Each local authority should appoint a lead professional to develop diagnostic and assessment services for adults with autism in their area. This should be done in conjunction with the Local Strategic Partnership.
- The Director of Adult Social Services (DASS) is responsible for ensuring that the correct processes are in place within the local area for:
 - conducting assessments of needs
 - the prompt sharing of information between diagnostic services and adult services about adults diagnosed
 - timely formal notification of the entitlement to an assessment of needs and, where relevant, a carer's assessment.

Delivering diagnosis and assessment effectively

While some areas already have effective pathways for diagnosis, most do not. The following points will help guide planning diagnostic pathways and subsequent services.

- Diagnosis of autism is **not** a guarantee of support or services. It is a reason for assessment of needs and an important piece of information to be stored on an individual's health record to support future care. Access to publicly funded care services is based on meeting the criteria set out in *Prioritising Need*.
- Diagnosis is not compulsory: not all adults who exhibit the characteristics of autistic spectrum conditions will want to be referred for formal diagnosis. Therefore, adults who may not have a formal diagnosis of autism are still entitled to a needs assessment in line with the principles of the 1990 Act.
- Diagnosis of autism can be a life-changing moment for both the individual and their family. Therefore, it is important that adults diagnosed with autism are given access to information about autism and about sources of support – even if they do not qualify for publicly funded care services following an assessment of needs. These should include:
 - Contact details for local autism support services and voluntary groups
 - Contact details for national autism representative groups
 - Signposting to the “Living with Autism” section of the NHS Choices website, www.nhs.uk/Livewell/Autism/Pages/Autismhome.asp.
- It is important to underline that an individual's needs change during their lives: an adult with autism who has been assessed as not needing care services when first diagnosed may later require services. This is particularly the case for older adults with autism living with family carers: while the family carers are able to support them, they may not require additional social care. However, when those family carers are no longer able to support them, adults with autism may need to be reassessed.
- While the focus of assessment of needs under the 1990 Act is on need for care services, there may also be a need for autism-specific health services following diagnosis. It is important that these are not overlooked.

C. Planning in relation to the provision of services to people with autism as they move from being children to adults

Through school, children with autism and their families and carers will usually have had access to support that helps them achieve and be included. Without effective transition planning, this support will disappear once people with autism reach adulthood – leaving them isolated at this critical point.

This has been identified as a problem for some years, and there has been substantial investment in recent years in improving the transition support offered to young people with autism. As a result, more young people with autism now receive transition planning and support, and the majority of local areas have put in place multi-agency transition protocols.

However, work is continuing to improve the effectiveness of transition planning and the forthcoming Department for Education (DfE) Green Paper on improving the support available to children with Special Educational Needs (SEN) and disabilities, and their families, will consider further changes to transition planning. There is also research underway at the University of York into transitions for young people with autism. The research, funded by DH, will provide in-depth qualitative data on the support provided for young people with autism and their families in five case study areas and seeks to identify best practice.

In the interim, however, this guidance focuses on the existing transition planning process.

Current policies, duties and responsibilities

For young people with statements of SEN – which includes the majority of children and young people identified with autism in schools – there is a statutory transition planning process which begins in Year 9 (when the young person is 13 or 14) and plans for the remainder of their school careers (often up to their 19th birthday) and their transition to adulthood.

While it is true that in general the number of statements of SEN has been falling, the number of statements for children with autism has risen from 24,000 in 2004 to 39,320 in 2010. Around 70% of children with autism identified through the SEN system have statements and therefore transition planning must take place for them.

Young people with autism who do not have a statement of SEN *may* instead have a Health Action Plan that covers not only medical management of their condition, but also can look at social skills and strategies to enable self-care and independent living.

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Local authorities **must** arrange assessments of needs and the provision that will be required to meet those needs for all young people with statements who are thinking of going on to further education or training. They can also arrange these assessments for other young people with SEN. These are known as section 139A assessments. Best practice is that these assessments build on the information that is already known about the young person for example through school based interventions.

These processes require adult and children's services to work with schools, families and young people themselves to identify support needs during the transition to adulthood and enable positive outcomes.

Every local area has received funding and adviser support for 2007 to 2011 to improve their transition planning for disabled young people aged 14 -19 to address inconsistencies highlighted in a 2007 report on disabled children's services. Effective transition planning should include career preparation up to age 16 and plans for education, employment, training, transport, housing and leisure from 16 to 19 and beyond. **Crucially transition plans should be individually tailored to the needs and wishes of the individual young person and reviewed and updated each year.**

What *Fulfilling and rewarding lives* says

The strategy reiterates the work underway by DH and DfE to improve transitions for young people with autism. In particular, it highlights the Transition Support Programme under *Aiming High for Disabled Children*. This programme aims to ensure that all local authorities have strategic arrangements in place, including a clear multi-agency agreed protocol, to meet their statutory duties and follow existing guidance effectively. As at December 2009, 70% of local authorities had a multi-agency transition protocol and 90% had joint processes in place across agencies.²³

The Transition Support Programme also promotes a person-centred approach to transition planning, focusing on the desired outcomes for these young people.

What this means for health and social care

- Local authorities need to comply with their existing legal obligations under the statutory guidance around transition planning in relation to their social services responsibilities for children and young people set out in the *Special Educational Needs Code of Practice*²⁴. Guidance, including legislative requirements and case study examples, are set out in *A transition guide for all services*²⁵.
- The SEN Code of Practice states that Connexions services are responsible for overseeing the delivery of the transition plan. Where local authorities no longer use Connexions, the responsibility for overseeing delivery returns to the local authority itself.

²³ This is a significant improvement compared to the findings of the NAO in its June 2009 report *Supporting people with autism through adulthood*.

²⁴ Special Educational Needs Code of Practice (reference DfES 51/2001)

²⁵ *A transition guide for all services* (DCSF & DH reference 00776-2007DOM-EN)

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- Professionals working with a young person with autism approaching transition, including child and adolescent mental health services (CAMHS) professionals, special educational needs co-ordinators (SENCOs) and social workers should inform the parent and young person of their right to a community care assessment and inform carers of the right to a carer's assessment.
- Professionals working with a child with autism approaching transition should inform social services that this individual is approaching adulthood and may need a community care assessment. The social services department should then formally contact the young person with autism, and their family, before the young person reaches adulthood, to invite them to receive a community care assessment.
- NHS bodies and NHS Foundation Trusts should ensure that protocols are in place in every local area for the transition of clinical mental health care for children with autism in receipt of CAMHS. Where individuals do not fulfil referral criteria for adult mental health teams, it would be good practice for local authorities and NHS bodies to signpost on to other sources of support and information available locally and nationally. Commissioners should be informed of gaps identified in services in these instances to support future planning.
- The DASS is responsible for ensuring that the local area follows its statutory duties around transition planning and that the local area meets at least minimum standards in transition planning.

These policies apply to young people with autism. They are all existing responsibilities.

Delivering transition planning effectively

The significant improvements seen in transition planning over recent years have also helped highlight some best practices to support effective transitions. Some of these are set out here.

- Transition should not be seen as a single point of switch-over. The most effective transitions are carefully planned and managed over a number of years. Connexions Personal Advisers can support young people from age 13 up to 25; they can therefore provide the continuity that young people with autism may need.
- Young people with autism – and their families and carers – should always be involved in transition planning. This is in line with the principle set out in *Equity and Excellence: Liberating the NHS* of “no decision about me without me.” Where appropriate, young people could be offered the assistance of an advocate to speak on their behalf and ensure their views are heard.
- For transitions to be effective, it is essential that information is passed on between children's and adult services. This is not just in terms of information about individuals at the point of transition, but also reflects the need to share information about the needs and numbers of children with autism in a local area to help with longer-term service planning.
- Local authorities, NHS bodies and NHS Foundation Trusts should ensure that all professionals involved in transitions for young people with autism have received appropriate training about autism so that they may adjust their behaviour to reflect the needs of the young person concerned .

D. Local planning and leadership in relation to the provision of services for adults with autism

One of the fundamental goals of *Fulfilling and rewarding lives* is that public services better meet the needs of adults with autism. While in part that means the development and delivery of specialist or dedicated autism services in response to locally identified needs and priorities, it also reflects the need for public services to be more effective and more personalised for adults with autism – as was stated in the overall vision:

“they [adults with autism] can depend on mainstream public services to treat them fairly as individuals”.

This section of the guidance therefore focuses on how local areas can better identify needs, and what structures and processes can best enable those needs to be met. In particular, it looks at the leadership structures locally, which will help drive change. Importantly, it does not pre-empt any decisions about what services should be made available, or how.

Current policies, duties and responsibilities

All public service delivery is currently underpinned by the Equality Act 2010, which requires all organisations that provide a service to the public to make reasonable adjustments to those services to ensure they are accessible for disabled people. **This includes making reasonable adjustments for people with autism.** Potential areas for consideration include adjustments to premises to take account of hypersensitivities, adjustments to processes, such as scheduling appointments at less busy times, and adjustments to communications, for example by ensuring essential documents and forms are available in accessible formats.

The Standard Contract for Mental Health and Learning Disabilities²⁶ explicitly requires service specifications, and therefore service providers, to demonstrate how reasonable adjustments for adults with autism are made.

In addition to these underlying principles, in recent years there has also been a clear shift in the approach to social care. Today, the goal is to deliver personalised services that give each individual the right support to have more choice and control over their own lives. *The Coalition: our programme for government* sets out the Government’s commitment to extending the roll-out of personal budgets to give people and their carers more control and purchasing power²⁷.

²⁶ Available at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111203

²⁷ Cabinet Office (2010) – *The Coalition: our programme for government* section 28 “Social Care and Disability”

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This was reinforced with the publication of *Think Local, Act Personal*, a new concordat for the social care sector and in the Government's vision for adult social care²⁸, in November 2010.

In practice, this means that aside from core services offered in every area, service planning and provision locally should reflect local needs and priorities, generally identified through the JSNA.

To ensure transparency and accountability at a local level, we recommend that local partners should include information about numbers of adults with autism in the area as part of completing the core data set for JSNA. Based on this, they can then take account of the needs of adults with autism and their carers within local service planning, and so enable adults with autism to make choices about the services and support they receive, providing additional support where necessary to enable people to make choices.

DH guidance²⁹ states that the DASS in each local authority should ensure there is a joint commissioner/senior manager who has in his/her portfolio a clear commissioning responsibility for adults with autism. **This is the key leadership role locally and local authorities are expected to appoint someone.**

What Fulfilling and rewarding lives says

To make mainstream services accessible to adults with autism, the strategy reiterates both the disability equality duty³⁰ and an existing DH commitment to “delivering guidance for mental health and learning disability services to indicate some of the kinds of adjustments that might usefully be made³¹” to better include adults with autism. Enabling adults with autism to access these mainstream services is important in terms of social inclusion and ensures they have more choices.

However, the strategy³² also underlines that:

“specific services and support dedicated to adults with autism can play a pivotal role in enabling them to use mainstream services effectively”

and that :

“there is a clear business case to be made for improving the services available for adults with autism locally, and adopting a more preventative, supportive approach³³.”

To achieve this, the strategy makes it clear that each local area should:

²⁸ DH (2010) – A vision for social care: Capable communities and active citizens

²⁹ DH (2006) – Best Practice Guidance on the Role of the Director of Adult Social Services

³⁰ The Public Sector Equality Duty under section 149 of the Equality Act 2010 is due to be implemented in April 2011 and will replace the disability equality duty.

³¹ Fulfilling and rewarding lives, paragraph 4.10

³² Fulfilling and rewarding lives, paragraph 6.1

³³ Fulfilling and rewarding lives, paragraph 6.9

“develop its own commissioning plan around services for adults with autism that reflects the output of the JSNA and all other relevant data around prevalence³⁴.”

The key here is that this should reflect local needs.

The strategy also recommends that adults with autism should be “able to access personal budgets and direct payments, in line with the assessment of their needs³⁵.” It also points to the value of advocacy and buddy schemes, many of which are delivered through the voluntary and community sector and social enterprises. It therefore encourages local authorities to explore how to support volunteer and community groups, and social enterprises, in planning and commissioning services locally.

Fulfilling and rewarding lives recognises that effective local leadership is essential to ensuring the needs of adults with autism are met in each area. Building on existing guidance, it recommends a range of ways to ensure local leadership is inclusive and clear. In particular, it reinforces the guidance that the DASS should ensure there is a joint commissioner/senior manager with a clear commissioning responsibility for adults with autism, and sets out some specific means of ensuring that the joint commissioner/senior manager appointed is able to deliver the leadership required. These include:

- making them an integral part of mainstream commissioning processes
- ensuring that the commissioner/manager works closely with the local specialised commissioning group and other relevant organisations
- ensuring that the commissioner/manager participates in relevant local and regional strategic planning groups and partnership boards, such as Valuing People regional delivery boards and the proposed Health and Wellbeing Boards.

What this means for health and social care

- Local authorities should allocate responsibility to a named joint commissioner/senior manager to lead commissioning of community care services for adults with autism in the area. This named commissioner should participate in relevant local and regional strategic planning groups and partnership boards, to ensure that the needs of adults with autism are being addressed.
- Local authorities, NHS bodies and NHS Foundation Trusts should develop local commissioning plans for services for adults with autism, and review them annually. In future, this activity could be led by the local Health and Wellbeing Board under its proposed remit to lead the JSNA and support joint commissioning. Any such plans should be based on effective needs analysis (such as the JSNA) underpinned by good information about adults with autism in the area. They should include not only social care services but also – where relevant – health services and interventions, which help, improve the health outcomes of adults with autism. Some examples of these will be available online as part of the good practice examples.

³⁴ Fulfilling and rewarding lives, paragraph 6.9

³⁵ Fulfilling and rewarding lives, paragraph 4.17

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- The commissioning of services should take account of the need for appropriate services such as care and support, travel training, etc.
- To develop such plans, it will typically be necessary to gather information locally about:
 - The number of adults known to have autism in the area
 - The range of need for support to live independently
 - The age profile of people with autism in the area – including those approaching 65 or above working age and the number of children approaching adulthood, to enable local partners to predict how need and numbers will change over time.

This does not necessarily require new information to be collected with associated resource implications. For example, it will be possible to use the national prevalence study DH has commissioned to make local estimates of need.³⁶ Also, local authorities should already be gathering some or all of the information set out above as part of helping to fulfil their requirements under the Disability Equality Duty (DED)³⁷. The DED requires local authorities to pay due regard to disability issues when carrying out their functions. Gathering information about adults with disabilities in the area would therefore be necessary to fully assess the equality impact of their policies and practices.

- In addition, it will also be valuable for local authorities to collect information about the numbers of adults with autism who are:
 - in employment in the area
 - likely to need employment support in order to work
 - placed in the area (and funded by) other local authorities
 - placed out of area by local authorities
 - in hospital or living in other NHS-funded accommodation
 - resettled from long-stay beds or NHS residential campuses to community provision
 - living at home on their own, or with family members, and not receiving health or social care services, or
 - living with older family carers.
- It will also be useful to gather information about the ethnicity, gender, religion or belief and sexual orientation of adults with autism so that local authorities, NHS bodies and NHS Foundation Trusts can understand the numbers of people from different backgrounds with autism.
- In developing these plans, local authorities, NHS bodies and NHS Foundation Trusts should consider the role of family carers and the support they need³⁸. Consideration should also be given to the role of the Big Society – in particular, local community and volunteer groups – in delivering services to meet the needs of adults with autism, their families and carers.
- Local commissioning plans should set out how the local authority will ensure that adults with autism are able to access personal budgets and benefit from the personalisation of

³⁶ DH is funding a study to explore rates of autism in a representative sample of adults in England. The contract was awarded by the NHS Information Centre on 26 March 2010 to a consortium led by the University of Leicester. The other members of the consortium are the University of Glasgow, Kings College London and the National Centre for Social Research (NatCen). Findings are expected in early 2011. See www.ic.nhs.uk/news-and-events/news/nhs-information-centre-awards-autism-study-contract-to-university-led-consortium

³⁷ As noted previously, the Public Sector Equality Duty is due to be implemented under the Equality Act in April 2011 and this will replace the DED.

³⁸ H M Government (2010) – Recognised, valued and supported: Next Steps for the Carers Strategy

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social care. As part of this, it will be important to consider the practical challenges involved in granting more choice to adults with autism, drawing on the principles set out in the Mental Capacity Act 2005³⁹.

- All local authorities, NHS bodies and NHS Foundation Trusts who provide mental health and learning disability services are recommended to review the DH guidance about the adjustments to service delivery to include adults with autism.
- All local authorities, NHS bodies and NHS Foundation Trusts and organisations with whom they have contracted to provide services are expected to take into account the views of adults with autism and their families and carers in developing and commissioning services for adults with autism. In some cases, this may require the use of advocates to speak on behalf of adults with autism.
- The DASS in each area is responsible for:
 - developing the area's commissioning plan around services for adults with autism, using the best available information about adults with autism in the area
 - appointing a joint commissioner/senior manager who has in their portfolio a clear commissioning responsibility for adults with autism
 - ensuring that the views of adults with autism and their carers are taken into account in the development of services locally.

Supporting improved local planning and leadership

The strategy highlighted several best practice approaches to support service planning and ensure an inclusive approach to leadership. These are reiterated here.

- The strategy suggests that “local partners may also want to consider establishing a local autism partnership board that brings together different organisations, services and stakeholders locally and sets a clear direction for improved services⁴⁰.” In some areas, existing structures may fulfil the same purpose – such as Learning Disability Partnership Boards and Mental Health Local Implementation Teams (LITs). Local Health and Wellbeing Boards will also have a related function.
- In addition, the strategy refers to best practice that shows that “where outcomes for adults with ASC have improved this has been as a result of the development of local teams⁴¹” dedicated to supporting adults with autism, from diagnosis through to health management and help with day-to-day living. It includes examples of several different team structures that have been adopted⁴². In particular, these approaches have proved to be cost-effective, as the NAO report *Supporting people with autism in adulthood* underlined, because they provide the integrated support needed to help adults with autism be economically included and reduce the likelihood of them falling into crisis – requiring costly and complex mental health interventions or coming into contact with the criminal justice system.
- Such approaches also help reduce the risk of adults with autism ‘falling through the gap’ between mental health or learning disability support. The experiences of adults with autism

³⁹ See www.legislation.gov.uk/ukpga/2005/9/section/1

⁴⁰ Fulfilling and rewarding lives, paragraph 6.12

⁴¹ Fulfilling and rewarding lives, paragraph 6.22

⁴² Fulfilling and rewarding lives, paragraph 6.20

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indicate that receiving such support inappropriately – simply because that is all that is available locally – can ultimately create further problems.

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

Malcolm Newsam, Interim Corporate Director, Families & Social Care

To: Adult Social Care and Public Health Policy Overview & Scrutiny Committee – 20 September 2011

Subject: **ADULT SERVICES BUDGET FORECAST REPORT 2011/12**

Classification: Unrestricted

Summary: A report on the forecast outturn against budget for the first quarter for the Adults Services of the Families & Social Care Directorate.

Introduction

1. (1) This is the first report for 2011-12 to this Committee detailing the initial forecast outturn, against budget, for the Adults element of the Families & Social Care Directorate.

Background

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

a) **Budget Monitoring reports**

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

b) **Performance data**

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

c) **Outturn report**

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

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

Budget Informal Members Group

3. (1) An initial Budget IMG, for the Adults element of this Directorate, was held on the 28 July, preceded by a Debt IMG held on the 11 July.

(2) An extract from the conclusions part of the Debt IMG minutes captures the general feedback from that meeting.

- Members concluded that the IMG did not need to meet again, as it had had comprehensive and clear written explanations of the debt recovery procedures, policy and trends.

(3) A budget IMG was held on the 28 July, this was used to set the scene of the budget for adult social services and the likely implications arising from the MTP process. Because the meeting was held at the early stages of the 2012/13 budget process, it was agreed that a further meeting would be held in early September, when more information on likely required savings may be available.

Full Monitoring report for the First Quarter

4. (1) The July 2011 Full Monitoring report for Adult Services as presented to Cabinet on 21 September is both summarized below in Table 1 and attached at Appendix 1 (sequencing in Appendix 1 replicates the Cabinet report) and this indicates an overall revenue under spend of £0.195m, including the adults element of the strategic directorate budget.

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

	Net Variance
	£'m
Learning Disability	+0.541
Mental Health	+0.053
Older People	- 3.258
Physical Disability	+1.829
Strategic Director	+ 0.353
Strategic Commissioning/ Safeguarding	+ 0.287
Total Forecast Net Variance	- 0.195

- Almost £1.700m of savings are still assumed red within the latest forecast in relation to the following:

	£'m
LD/PD Procurement	1.153
Slippage of Enhanced Domiciliary	0.100
Slippage of Jointly Owned Properties	0.040
Non residential charging Delay in implementing -NDI/DREA	0.403
Total	1.696

- The achievement of savings are pivotal to the delivery of an efficiently managed budget. We are confident that through our regular monitoring process all savings will be realised and achieved.
- The Directorate has reviewed all cash limits and affordable levels of activity in light of the 2010/11 out-turn and any changing trends in activity that have become apparent since the budget was set. An initial number of requests for virement and other known inter Directorate changes to cash limits are included as part of the Cabinet report in September. All approved roll forwards agreed at the 20 June Cabinet are also included.
- As members will know, the Kent PCTs were allocated £16,226k in 2011-12 as part of the national allocation of 'Social Care Monies for Health Outcomes', these monies and their deployment is a current matter of debate with the PCTs and a separate report will be submitted to members in relation to this. Therefore this monitoring report excludes any effect of this allocation.

The summarised reasons for variances are shown below in Table 1 below, with further detail contained within Appendix 1.

Table 1							
Budget Book Heading	New cash limit			Variance			Comments
	G	I	N	G	I	N	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	
Adult Social Care & Public Health portfolio							
Strategic Management & Directorate Support Budgets	9,922	-755	9,167	456	-103	353	Staffing pressure largely offset by additional income, increased legal services costs, BHAL pressure
Adults & Older People:							
- Direct Payments							
- Learning Disability	10,837	-736	10,101	-214	364	150	Activity below affordable & unit income lower than budgeted
- Mental Health	732	0	732	-72	0	-72	Activity below affordable
- Older People	6,359	-665	5,694	-488	44	-444	Activity below affordable
- Physical Disability	8,248	-353	7,895	711	-165	546	Activity above affordable
Total Direct Payments	26,176	-1,754	24,422	-63	243	180	
- Domiciliary Care							
- Learning Disability	7,603	-1,454	6,149	-847	34	-813	Activity below affordable
- Mental Health	898	0	898	-221	0	-221	Activity below affordable
- Older People	47,704	-11,925	35,779	-2,945	1,591	-1,354	Activity below affordable
- Physical Disability	7,684	-539	7,145	-237	23	-214	Activity below affordable
Total Domiciliary Care	63,889	-13,918	49,971	-4,250	1,648	-2,602	
- Nursing & Residential Care							
- Learning Disability	75,502	-23,389	52,113	3,757	-1,338	2,419	Activity above affordable
- Mental Health	6,737	-846	5,891	255	209	464	Activity above affordable
- Older People - Nursing	45,547	-22,070	23,477	-723	351	-372	Activity below affordable
- Older People - Residential	88,679	-36,594	52,085	-1,771	941	-830	Reduced P&V activity, reduced in house income
- Physical Disability	12,305	-1,786	10,519	1,272	42	1,314	Activity above affordable
Total Nursing & Residential Care	228,770	-84,685	144,085	2,790	205	2,995	
- Supported Accommodation							
- Learning Disability	31,227	-18,857	12,370	-903	-193	-1,096	Activity below affordable
- Physical Disability/Mental Health	1,313	-255	1,058	896	-101	795	PD Activity below affordable but higher unit cost MH Activity above affordable
Total Supported Accommodation	32,540	-19,112	13,428	-7	-294	-301	

Table 1

Budget Book Heading	New cash limit			Variance			Comments
	G	I	N	G	I	N	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	
Adult Social Care & Public Health portfolio							
- Other Services for Adults & Older People							
- Contributions to Vol Orgs	14,912	-902	14,010	-210	71	-139	Move towards SDS and Innovative commissioning
- Day Care							
- Learning Disability	13,197	-284	12,913	-246	25	-221	Reduced staffing levels
- Older People	4,086	-157	3,929	-166	-12	-178	Innovative commissioning
- Physical Disability/Mental Health	1,302	-1	1,301	-30	1	-29	
Total Day Care	18,585	-442	18,143	-442	14	-428	
- Other Adult Services	14,139	-8,185	5,954	304	295	599	Growth in OT; Meals; Loss of income
Total Other Services for A&OP	47,636	-9,529	38,107	-348	380	32	
- Intermediate Services							
- Assessment of Vulnerable Adults & Older People	42,117	-3,791	38,326	-1,001	149	-852	Vacancy management; uncommitted funds
Total ASC&PH portfolio	451,050	-133,544	317,506	-2,423	2,228	-195	

(3) Detailed at Appendix 2 is the latest capital position, excluding PFI projects, showing a re-phasing request of £1.418m, as a result of the delay in delivering both the Ebbsfleet and Eastern Quarry projects. As part of September's Cabinet report members have also been invited to agree to the recycling of capital funds in relation to the Broadmeadow extension (£0.274m), Rusthall (£0.080m) and Bower Mount (£0.045m) projects for future use against both the Older Persons and Learning Disability Good Day Programmes.

(4) The movements from the original budget and the approved cash limit have been reported in monitoring during the year and the cash limits were changed when the capital programme in 2011/14 medium term plan was approved in February.

(5) The outstanding debt as at the end of July was £18.830m compared with March's figure of £24.413m (reported to Cabinet in June) excluding any amounts not yet due for payment (as they are still within the 28 day payment term allowed). Within this figure is £4.859m of sundry debt compared to £11.011m in March. The amount of sundry can change significantly for large invoices to health, which has been the case in the movement from March. Also within the outstanding debt is £13.970m relating to Social Care (client) debt which is an increase of £0.568m from the last reported position to Cabinet in June.

Recommendations

5. (1) Members of the Adult Social Services & Public Health Policy Overview and Scrutiny Committee are asked to:
- a) NOTE the current revenue and capital financial outturn for 2011/12
 - b) NOTE the latest position with regards to the savings element of the monitoring
 - c) NOTE the latest debt position

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Background documents: None

FAMILIES & SOCIAL CARE DIRECTORATE SUMMARY JULY 2011-12 FULL MONITORING REPORT

1. FINANCE

Adult Social Care & Public Health portfolio:

Overall forecast net under spend of £195k, details of which are below.

1.1 Strategic Management & Directorate Support Budgets +£353k (including safeguarding) (+£456k gross, -£103k income)

The gross pressure of £456k is as a result of; a £130k pressure on legal services costs, work is ongoing to establish the cause of this. There is also a pressure of £287k on safeguarding and strategic commissioning, primarily caused by the existence of additional posts which are largely funded by additional income of £213k. The remaining £39k gross pressure comprises a number of smaller variances, all below £100k.

There is also a £109k pressure related to the Excellent Homes for All (EH4A) project, where income is forecast to be under recovered, further investigation is being carried out to identify ways of reducing this pressure.

1.2 Direct Payments: +£180k (net)

a. Learning Disability +£150k (-£214k gross, +£364k income)

This line is forecast to underspend by £214k on gross expenditure. The number of weeks is forecast to decrease by 540 generating a £125k forecast saving, there is also a reduction in the unit cost of £1.66, therefore further reducing this line by £77k. The remaining gross variance is due to one-offs, for example, for equipment.

The unit income is forecast to be £8.58 below affordable, resulting in a pressure of £378k and there is also a small variance in income due to the reduced level of activity.

b. Mental Health -£72k (gross)

The number of weeks are forecast to reduce by 2,072 generating a forecast under spend of £130k. The actual unit cost is £6.06 higher than affordable levels which generates a £58k forecast pressure. There is no income variance forecast.

c. Older People -£444k (-£488k gross, +£44k income)

The number of weeks is forecast to reduce by 2,482 generating a £324k forecast saving. The actual unit cost is also forecast to reduce by £3.61 which will increase this under spend by a further £164k. There is also a small variance on income.

d. Physical Disability +£546k (+£711k gross, -£165k income)

The number of weeks is forecast to increase by 6,259 generating a £1,173k pressure, offset by a reduction in unit cost of £9.20 generating a £463k saving. The additional weeks generate additional income of £50k, and the unit income is £2.51 higher than budgeted, which adds £115k to the forecast income.

1.3 Domiciliary Care: -£2,602k (net)

a. Learning Disability -£813k (-£847k gross, +£34k income)

The overall forecast is an under spend against gross of £847k, coupled with an under recovery of income of £34k. The number of hours is forecast to be 102,555 hours lower than the affordable hours, generating a £1,167k forecast under spend. The actual unit cost is £0.86 higher than the affordable levels, reducing that forecast under spend by £354k. There is a minor under recovery against income related to this. There are also minor variances, gross & income against other LD domiciliary services, including Independent Living Service (ILS)

b. Mental Health -£221k gross

There is a gross underspend forecast of £221k. Forecast hours are 9,146 below the affordable level, creating a saving of £130k, whilst the unit cost is forecast to be £1.60 lower than affordable, which adds £91k to the saving. There is no income variance forecast.

c. Older People -£1,354k (-£2,945k gross, +£1,591k income)

The overall forecast is an under spend against gross of £2,945k, coupled with an under recovery of income of £1,591k. The number of hours is forecast to be 40,927 lower than the affordable hours generating a £614k forecast under spend. The actual unit cost is £0.49 lower than the affordable level, increasing that initial forecast under spend by a further £1,200k. The reduction in hours is forecast to produce an under recovery of income of £245k, this is added to by the fact that the unit income is forecast to be £0.37 lower than affordable, adding £899k to the pressure. In house provision is also forecast to underspend, by £479k, which is due to the number of clients being below that afforded by the budget. The remaining £305k gross saving is forecast against all other older persons domiciliary services as a result of savings found when commissioning services. The remaining £100k of income under recovery is comprised of several small variances on several service lines.

e. Physical Disability -£214k (-£237k gross, +£23k income)

The overall forecast is an under spend against gross of £237k, offset by an under recovery of income of £23k. The number of hours provided is forecast to be 17,966 lower than the affordable level generating a £236k forecast under spend. The actual unit cost is £0.04 lower than the affordable levels, adding to that initial forecast under spend by £21k. This is offset by minor variances across other domiciliary services.

1.4 Nursing & Residential Care: +£2,995k (net)a. Learning Disability +£2,419k (+£3,757k gross, -£1,338k income)

The overall forecast for residential care is a pressure on gross of £3,757k, partially offset by an over recovery of income of -£1,338k, giving a net pressure of £2,419k. The number of client weeks reflects a forecast of 40,149, which is 1,664 higher than the affordable levels at a cost of £2,109k and includes those known young people who are in the 'transition' process and will be coming into the Families & Social Care Directorate before the end of the year. The actual unit cost is £1,267.40, which is £38.21 higher than the affordable level and adds a further £1,471k to the forecast.

The additional client weeks add £690k of income, and the actual income per week is higher than the expected level which generates an over-recovery in income of £591k.

There are also individual variances below £100k on the preserved rights lines, and a minor variance on in house provision, which all total to +£177k gross and -£57k income.

b. Mental Health +£464k (+£255k gross, +£209k income)

The forecast for residential care, including Preserved Rights clients, is a gross pressure of £255k and an under-recovery of income of £209k, leaving a net pressure of £464k. The forecast level of weeks is 318 higher than the affordable level at a cost of £153k. The actual unit cost is higher than the affordable level, which increases the pressure by a further £124k. The forecast also assumes a significant under-recovery in income of £187k due to the continual increasing proportion of clients falling under the Section 117 legislation, which means that they do not contribute to the cost of their care. There are also small variances on Preserved rights.

c. Older People- Nursing -£372k (-£723k gross, +£351k income)

There is an under spend of £723k on gross and an under recovery of income of £351k, leaving a net variance of -£372k. The forecast level of client weeks is 1,304 lower than the affordable level, at a forecast under spend of £623k. Whilst the year to date activity levels might suggest a forecast of activity closer to the affordable level, there is a forecast level of attrition and more use of non permanent care as opposed to permanent in the first quarter and therefore we expect numbers to reduce by year end. The unit cost is currently forecast to be slightly lower than budget at £477.82, instead of £478.80, which gives a forecast under spend of £76k. The decreased activity has resulted in a decrease in income of £232k. The actual income per week is

£177.45, against an expected level of £178.80, which creates a further pressure of £97k. There are also minor variances against preserved rights.

d. Older People- Residential -£830k (-£1,771k gross, +£941k income)

This service is reporting a gross saving of £1,771k, along with an under recovery of income of £941k. The forecast level of client weeks is 5,787 lower than the affordable levels, which generates a forecast under spend of £2,257k. However the unit cost is £2.15 higher than the affordable levels causing a £346k pressure. On the income side, the reduction in activity coupled with the higher than budgeted income levels adds a further £408k pressure. However, we expect some volatility in the forecast on this line this year because of the impact of the Modernisation agenda. Preserved Rights lines are forecasting 332 weeks more than affordable, creating a pressure of £140k, in addition the increased unit cost of £12.04 greater than affordable creates a £70k pressure. There are also minor variances on income for preserved rights.

In house provision including Integrated Care Centres (ICC) is forecasting a minor variance on gross. The In-house & ICCs are forecasting a £500k under recovery of income, mainly due to less permanent clients being placed in the homes because of the OP Modernisation programme.

e. Physical Disability + £1,314k (+£1,272k gross, +£42k income)

A gross pressure of £1,272k, along with an under recovery of income of £42k, generates the pressure reported here. The forecast level of client weeks of service is 1,300 higher than the affordable levels, giving a forecast pressure of £1,277k. The forecast unit cost is currently comparable to the affordable level. The additional activity is forecast to increase income by £134k, however the forecast weekly income is £14 lower than budgeted, creating a pressure of £175k. There are also minor variances on preserved rights lines.

1.5 **Supported Accommodation: -£301k (net)**

a. Learning Disability -£1,096k (-£903k gross, -£193k income)

A gross under spend of £903k, coupled with an over recovery of income of £193k generates the above net forecast variance. The forecast level of client weeks is 493 lower than the affordable levels, generating a £492k forecast under spend. The gross unit cost is currently forecast to be £13.94 lower than the affordable level, which generates a £421k forecast under spend. The actual income per week is £632.78, against an expected level of £616.39, which creates a saving of £495k, but this is offset as a result of the reduction in activity which causes a £312k forecast shortfall in income.

There are minor variances on other lines including Group Homes & Link Placement.

b. Physical Disability / Mental Health +£795k (+£896k gross, -£101k income)

For the mental health client group the forecast level of client weeks is 1,408 higher than the affordable level, generating a forecast pressure of £527k, offset slightly by a lower than affordable unit cost which reduces the initial pressure by £41k. This increase in activity results in a forecast over recovery of income of £68k.

For the physical disability client group the forecast level of client weeks is 4,346 lower than the affordable level of weeks, creating a saving of £150k coupled with a higher than affordable unit cost level, which adds a pressure of £559k to the forecast. There is also a minor over recovery of income.

1.6 **Other Services for Adults & Older People**

a. Contributions to Voluntary Organisations -£139k (-£210k gross, +£71k income)

As part of the ongoing drive to deliver more self directed support through Direct Payments & Personal Budgets, various contracts with voluntary organisations are currently being reviewed/re-negotiated or re-commissioned. This may result in budgets being vired to other service lines to offset this change in commissioning future services. The current effect of this is forecast to be £210k gross. The income pressure is due to decreased funding from recharges to health.

b. Day Care -£428k (-£442k gross, +£14k income)

There is a reduction in staffing levels against Learning Disability Day Services resulting in a saving of £134k. The remainder of the variance relates to a number of recommissioning strategies for both the in-house and independently provided services.

c. Other Adult Services +£599k (+£304k gross, +£295k income)

The Gross Variance is +£304k, whilst income variance is +£295k. The forecast presented here assumes the same level of growth for Occupational Therapy equipment for both the Older People & Physical Disability as experienced in 2010-11 of £176k.

There is also a pressure related to the provision of meals, where the volume of meals continues to fall creating a gross underspend of £80k. If the trend continues the cost per meal increases, therefore creating an increased pressure regarding the under recovery of income.

There is also a pressure forecast on Mental Health Community Services of £75k, which is due to changes in the expected income from Supporting People.

There are also numerous other minor variances on gross and income, which are individually all below £100k.

1.7 **Intermediate Services - Assessment of Vulnerable Adults & Older People: -£852k (-£1001k gross, +£149k income)**

The Mental Health assessment & related service contributes approximately £650k towards this forecast under spend as a result of vacancy management through continuing to hold posts vacant and delaying any recruitment process. The forecast reduction in income is as a result of the departure of 3 previously health funded posts, which have not been recruited to. There are some minor income variances totalling -£20k on other lines.

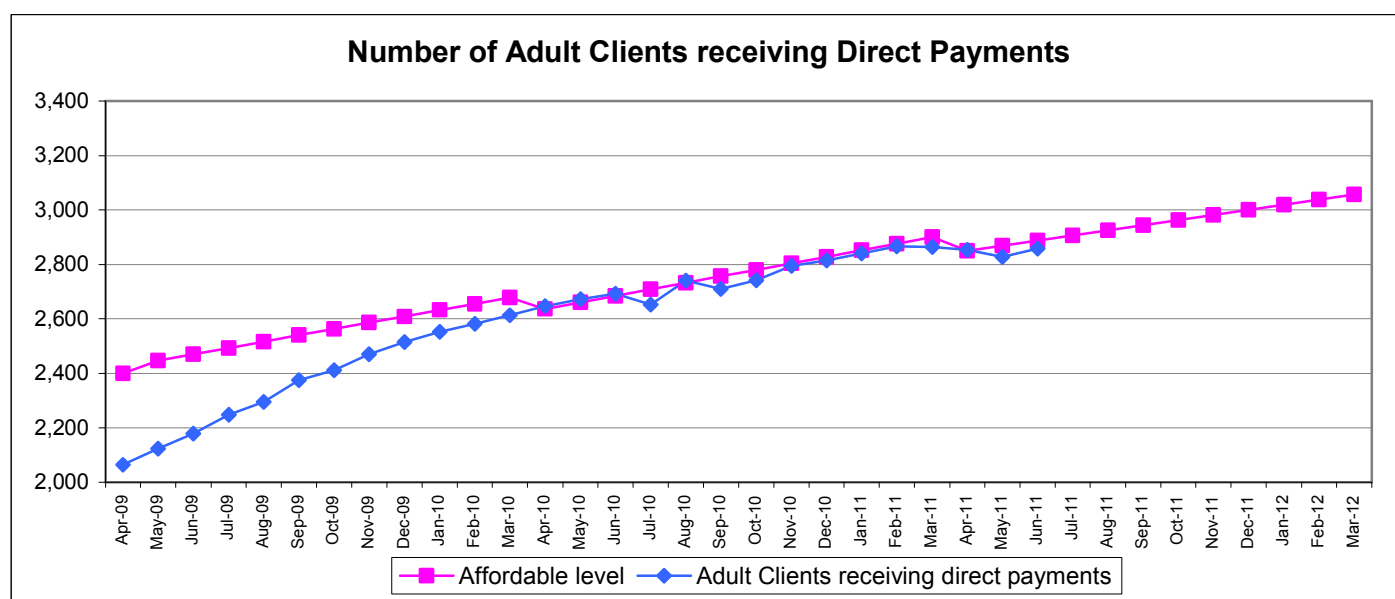
The remaining £350k of the forecast under spend on gross is the Directorate's prudence in holding back funding in order to offset other pressures within the directorate.

2. KEY ACTIVITY INDICATORS AND BUDGET RISK ASSESSMENT MONITORING

2.1 The affordable levels of activity for 2011-12 have been amended from those included in the 2010-11 outturn report following the review of the budget across service groups in light of the 2010-11 outturn and the allocation of previously unallocated budgets, as detailed in section 1

2.2 Direct Payments – Number of Adult Social Care Clients receiving Direct Payments (DPs):

	2009-10		2010-11		2011-12	
	Affordable Level	Adult Clients receiving Direct Payments	Affordable Level	Adult Clients receiving Direct Payments	Affordable Level	Adult Clients receiving Direct Payments
April	2,400	2,065	2,637	2,647	2,850	2,854
May	2,447	2,124	2,661	2,673	2,869	2,828
June	2,470	2,179	2,685	2,693	2,888	2,858
July	2,493	2,248	2,709	2,653	2,906	
August	2,516	2,295	2,733	2,741	2,925	
September	2,540	2,375	2,757	2,710	2,944	
October	2,563	2,411	2,780	2,742	2,963	
November	2,586	2,470	2,804	2,795	2,982	
December	2,609	2,515	2,828	2,815	3,001	
January	2,633	2,552	2,852	2,841	3,019	
February	2,656	2,582	2,876	2,867	3,038	
March	2,679	2,613	2,900	2,864	3,057	

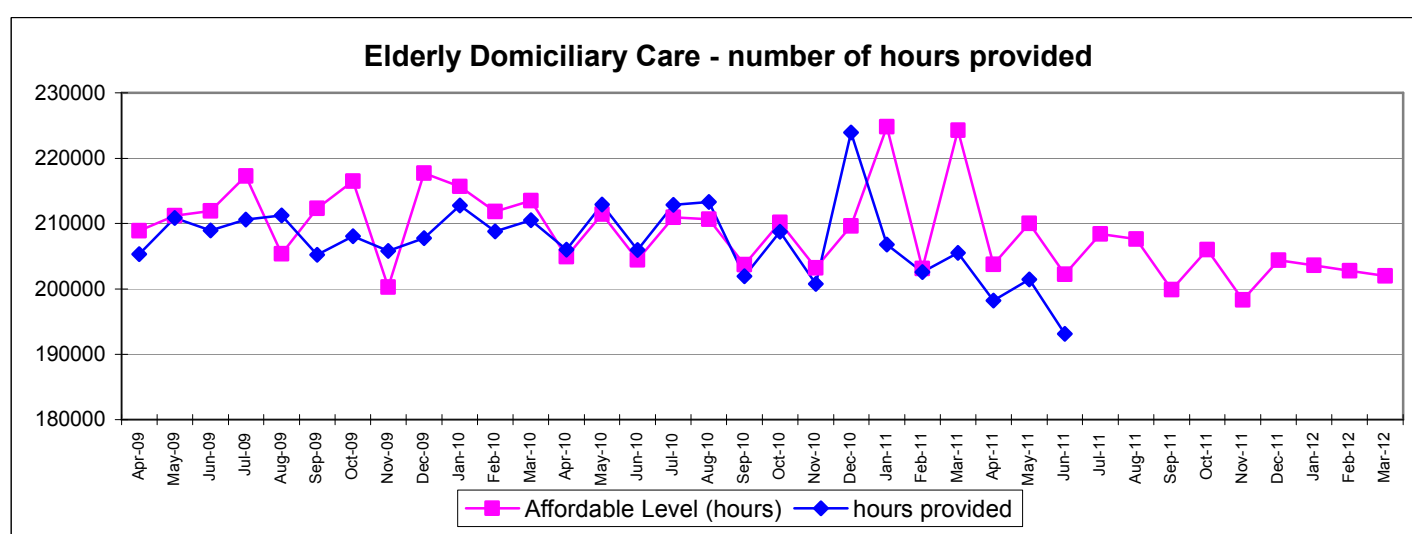
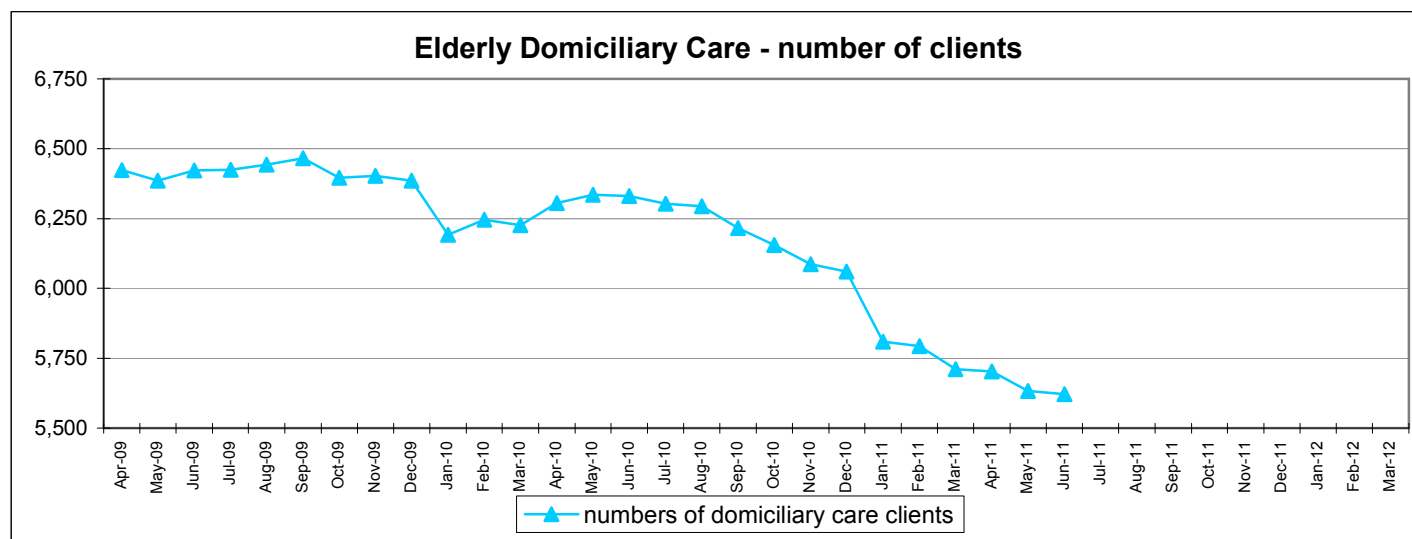


Comments:

- The activity being reported is the long term clients in receipt of direct payments in the year as at the end of the month plus any one off payments. The drive to implement personalisation and allocate personal budgets has seen continued increases in direct payments over the years. There will be other means by which people can use their personal budgets and this may impact on the take up of direct payments, we believe we may be seeing the beginning of this effect, since client numbers appear to be levelling out. Work will be ongoing to determine if this is the case, and will inform a future cabinet report.
- The figure for DP recipients in March 2011 has been amended since the previous report, to reflect more up-to-date information.

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

	2009-10			2010-11			2011-12		
	Affordable level (hours)	hours provided	number of clients	Affordable level (hours)	hours provided	number of clients	Affordable level (hours)	hours provided	number of clients
April	208,869	205,312	6,423	204,948	205,989	6,305	203,769	198,243	5,703
May	211,169	210,844	6,386	211,437	212,877	6,335	210,018	201,438	5,634
June	211,897	208,945	6,422	204,452	205,937	6,331	202,215	193,147	5,622
July	217,289	210,591	6,424	210,924	212,866	6,303	208,412		
August	205,354	211,214	6,443	210,668	213,294	6,294	207,610		
September	212,289	205,238	6,465	203,708	201,951	6,216	199,885		
October	216,491	208,051	6,396	210,155	208,735	6,156	206,005		
November	200,292	205,806	6,403	203,212	200,789	6,087	198,332		
December	217,749	207,771	6,385	209,643	223,961	6,061	204,399		
January	215,686	212,754	6,192	224,841	206,772	5,810	203,598		
February	211,799	208,805	6,246	203,103	202,568	5,794	202,755		
March	213,474	210,507	6,227	224,285	205,535	5,711	201,996		
TOTAL	2,542,358	2,505,838		2,521,376	2,501,274		2,448,994	592,828	



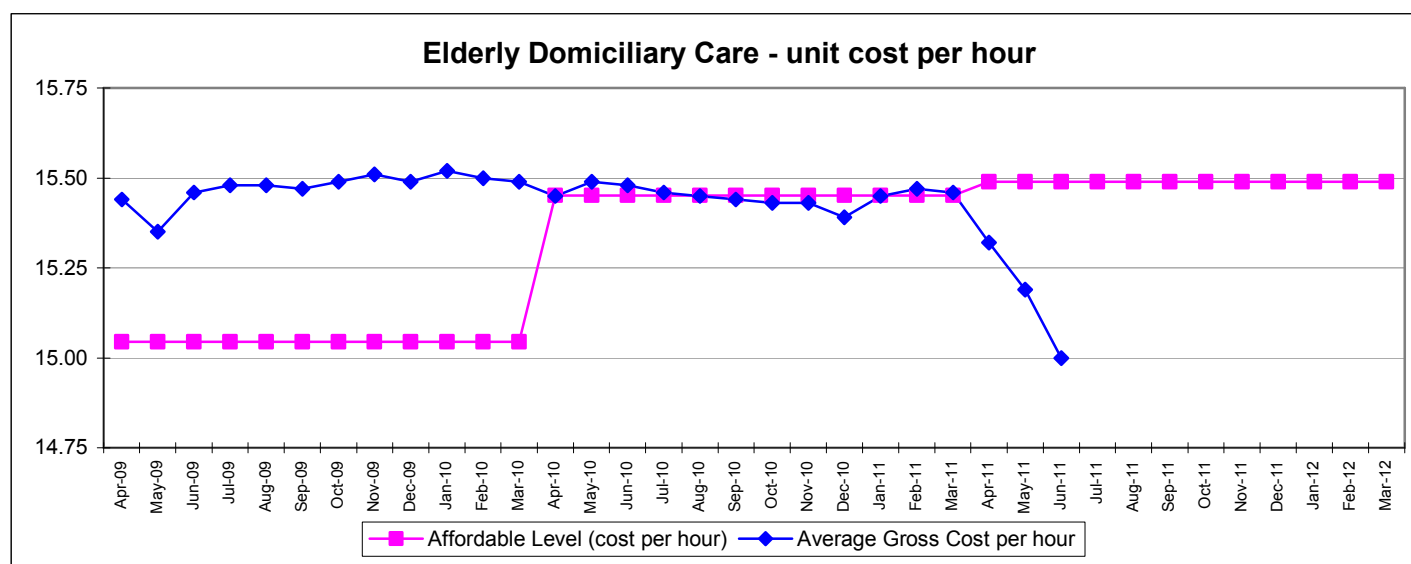
Comment:

- Figures exclude services commissioned from the Kent Enablement At Home Service.
- The current forecast is 2,408,067 hours of care against an affordable level of 2,448,994, a difference of 40,927 hours. Using the forecast unit cost of £15.00 this reduction in activity reduces the forecast by £614k, as highlighted in section 1.3.c

- To the end of June 592,828 hours of care have been delivered against an affordable level of 616,002 a difference of -23,174 hours.
- The year to date activity compared to the affordable level suggests a greater reduction in weeks than is currently forecast. Domiciliary for all client groups are volatile budgets, which is being compounded by a shift in trend in direct payments and personal budgets, many of which are of a domiciliary nature, whilst further investigation is carried out on this, we expect a rise in activity towards the second half of the year.
- The number of people receiving domiciliary care has been decreasing over the past few years as result of the implementation of Self Directed Support (SDS), especially the impact of enablement. Also the intensity of care appears to have increased such that clients are receiving more hours per week on average.

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

	2009-10		2010-11		2011-12	
	Affordable Level (Cost per Hour)	Average Gross Cost per Hour	Affordable Level (Cost per Hour)	Average Gross Cost per Hour	Affordable Level (Cost per Hour)	Average Gross Cost per Hour
April	15.045	15.44	15.452	15.45	15.49	15.32
May	15.045	15.35	15.452	15.49	15.49	15.19
June	15.045	15.46	15.452	15.48	15.49	15.00
July	15.045	15.48	15.452	15.46	15.49	
August	15.045	15.48	15.452	15.45	15.49	
September	15.045	15.47	15.452	15.44	15.49	
October	15.045	15.49	15.452	15.43	15.49	
November	15.045	15.51	15.452	15.43	15.49	
December	15.045	15.49	15.452	15.39	15.49	
January	15.045	15.52	15.452	15.45	15.49	
February	15.045	15.50	15.452	15.47	15.49	
March	15.045	15.49	15.452	15.46	15.49	

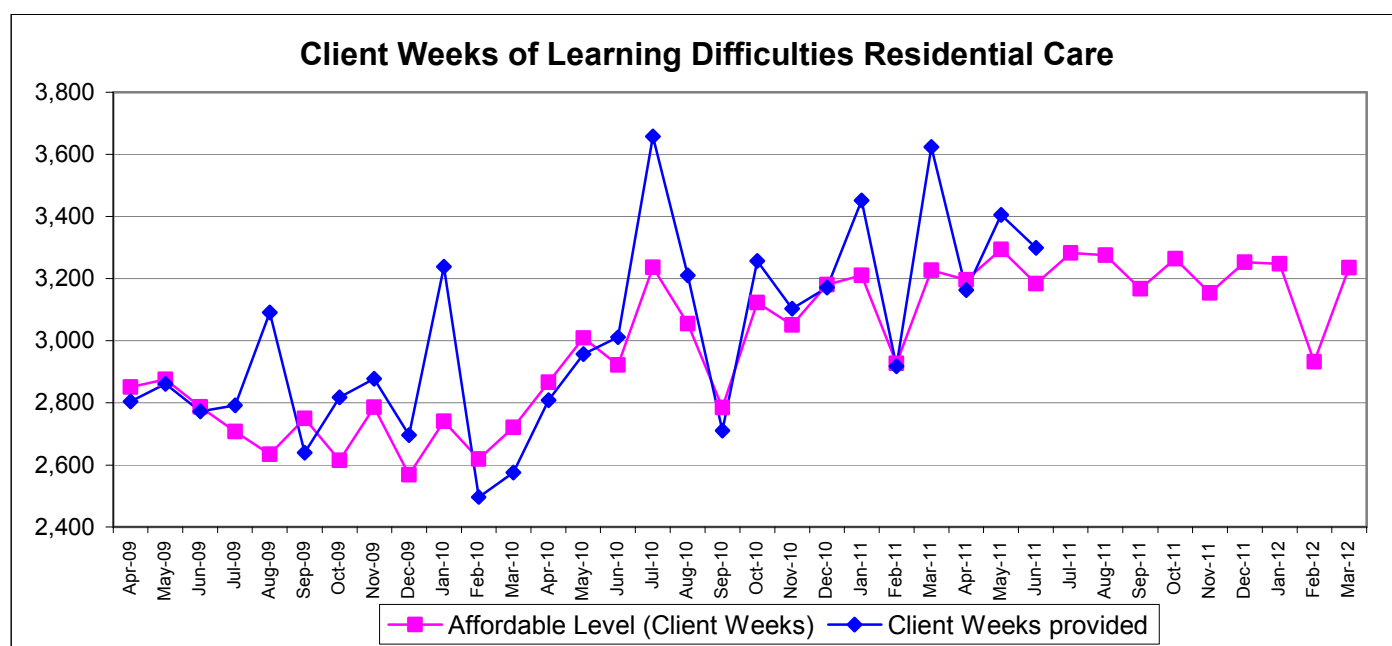


Comments:

- The forecast unit cost of £15.00 is lower than the affordable cost of £15.49 and this difference of -£0.49 reduces the forecast by £1,200k when multiplied by the affordable hours, as highlighted in section 1.3.c
- The unit cost is reducing because current work with providers to achieve savings requires them to provide a service at a lower cost – this is ongoing work with all homecare providers and will contribute to the domiciliary re-let. In addition, we are focussing on reducing the unit rate of care packages which are provided in ½ and ¾ hours which have traditionally been slightly more expensive.

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

	2009-10		2010-11		2011-12	
	Affordable Level (Client Weeks)	Client Weeks of LD residential care provided	Affordable Level (Client Weeks)	Client Weeks of LD residential care provided	Affordable Level (Client Weeks)	Client Weeks of LD residential care provided
April	2,851	2,804	2,866	2,808	3,196	3,163
May	2,875	2,861	3,009	2,957	3,294	3,405
June	2,787	2,772	2,922	3,011	3,184	3,299
July	2,708	2,792	3,236	3,658	3,282	
August	2,635	3,091	3,055	3,211	3,275	
September	2,750	2,640	2,785	2,711	3,167	
October	2,615	2,818	3,123	3,257	3,265	
November	2,786	2,877	3,051	3,104	3,154	
December	2,569	2,696	3,181	3,171	3,253	
January	2,740	3,238	3,211	3,451	3,248	
February	2,619	2,497	2,927	2,917	2,932	
March	2,721	2,576	3,227	3,624	3,235	
TOTAL	32,656	33,662	36,593	37,880	38,485	9,867

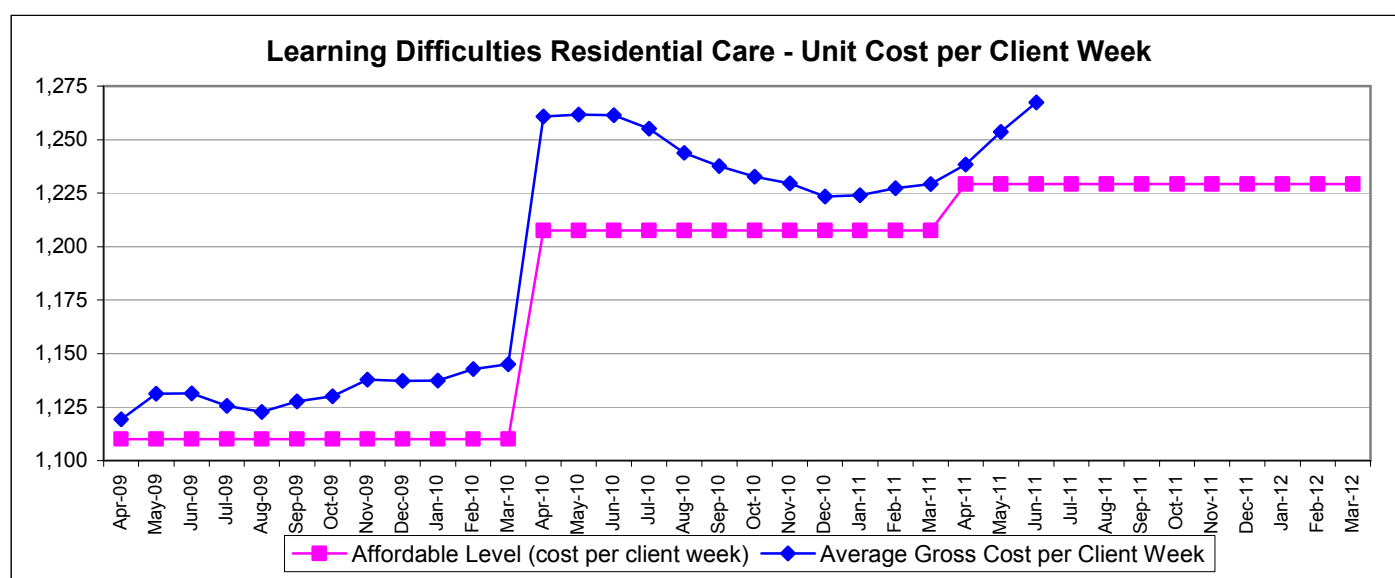


Comments:

- The above graph reflects the number of client weeks of service provided as this has a greater influence on cost than the actual number of clients. The actual number of clients in LD residential care at the end of 2009-10 was 632, at the end of 2010-11 it was 713 and at the end of June 2011 it was 749 including any ongoing transfers as part of the S256 agreement.
- The current forecast is 40,149 weeks of care against an affordable level of 38,485, a difference of +1,664 weeks. Using the forecast unit cost of £1,267.40 this additional activity adds £2,109k to the forecast, as highlighted in section 1.4.a. This forecast includes those known young people who are in the 'transition' process and will be coming into the Families & Social Care Directorate before the end of the year.
- To the end of June 9,867 weeks of care have been delivered against an affordable level of 9,674, a difference of +193 weeks.

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

	2009-10		2010-11		2011-12	
	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week
April	1,110.15	1,119.42	1,207.58	1,260.82	1,229.18	1,238.24
May	1,110.15	1,131.28	1,207.58	1,261.67	1,229.18	1,253.68
June	1,110.15	1,131.43	1,207.58	1,261.46	1,229.19	1,267.40
July	1,110.15	1,125.65	1,207.58	1,255.21	1,229.19	
August	1,110.15	1,122.81	1,207.58	1,243.87	1,229.19	
September	1,110.15	1,127.79	1,207.58	1,237.49	1,229.19	
October	1,110.15	1,130.07	1,207.58	1,232.68	1,229.19	
November	1,110.15	1,137.95	1,207.58	1,229.44	1,229.19	
December	1,110.15	1,137.28	1,207.58	1,223.31	1,229.19	
January	1,110.15	1,137.41	1,207.58	1,224.03	1,229.19	
February	1,110.15	1,142.82	1,207.58	1,227.26	1,229.19	
March	1,110.15	1,145.12	1,207.58	1,229.19	1,229.19	

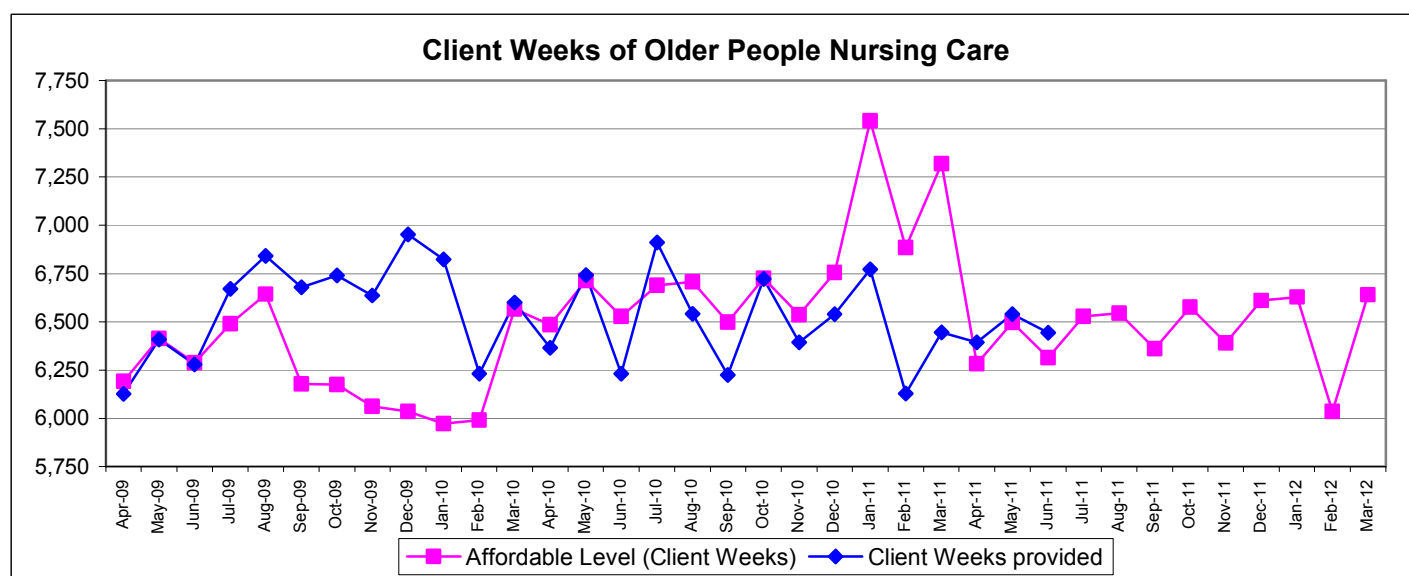


Comments:

- Clients being placed in residential care are those with very complex and individual needs which make it difficult for them to remain in the community, in supported accommodation/supporting living arrangements, or receiving a domiciliary care package. These are therefore placements which attract a very high cost, with the average now being over £1,200 per week. It is expected that clients with less complex needs, and therefore less cost, can transfer from residential into supported living arrangements. This would mean that the average cost per week would increase over time as the remaining clients in residential care would be those with very high cost – some of whom can cost up to £2,000 per week. In addition, no two placements are alike – the needs of people with learning disabilities are unique and consequently, it is common for average unit costs to increase or decrease significantly on the basis of one or two cases
- The forecast unit cost of £1,267.40 is higher than the affordable cost of £1,229.19 and this difference of +£38.21 adds £1,471k to the position when multiplied by the affordable weeks, as highlighted in section 1.4.a.

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

	2009-10		2010-11		2011-12	
	Affordable Level (Client Weeks)	Client Weeks of older people nursing care provided	Affordable Level (Client Weeks)	Client Weeks of older people nursing care provided	Affordable Level (Client Weeks)	Client Weeks of older people nursing care provided
April	6,191	6,127	6,485	6,365	6,283	6,393
May	6,413	6,408	6,715	6,743	6,495	6,538
June	6,288	6,279	6,527	6,231	6,313	6,442
July	6,489	6,671	6,689	6,911	6,527	
August	6,644	6,841	6,708	6,541	6,544	
September	6,178	6,680	6,497	6,225	6,361	
October	6,175	6,741	6,726	6,722	6,576	
November	6,062	6,637	6,535	6,393	6,391	
December	6,037	6,952	6,755	6,539	6,610	
January	5,973	6,824	7,541	6,772	6,628	
February	5,992	6,231	6,885	6,129	6,036	
March	6,566	6,601	7,319	6,445	6,641	
TOTAL	75,008	78,992	81,382	78,016	77,405	19,373

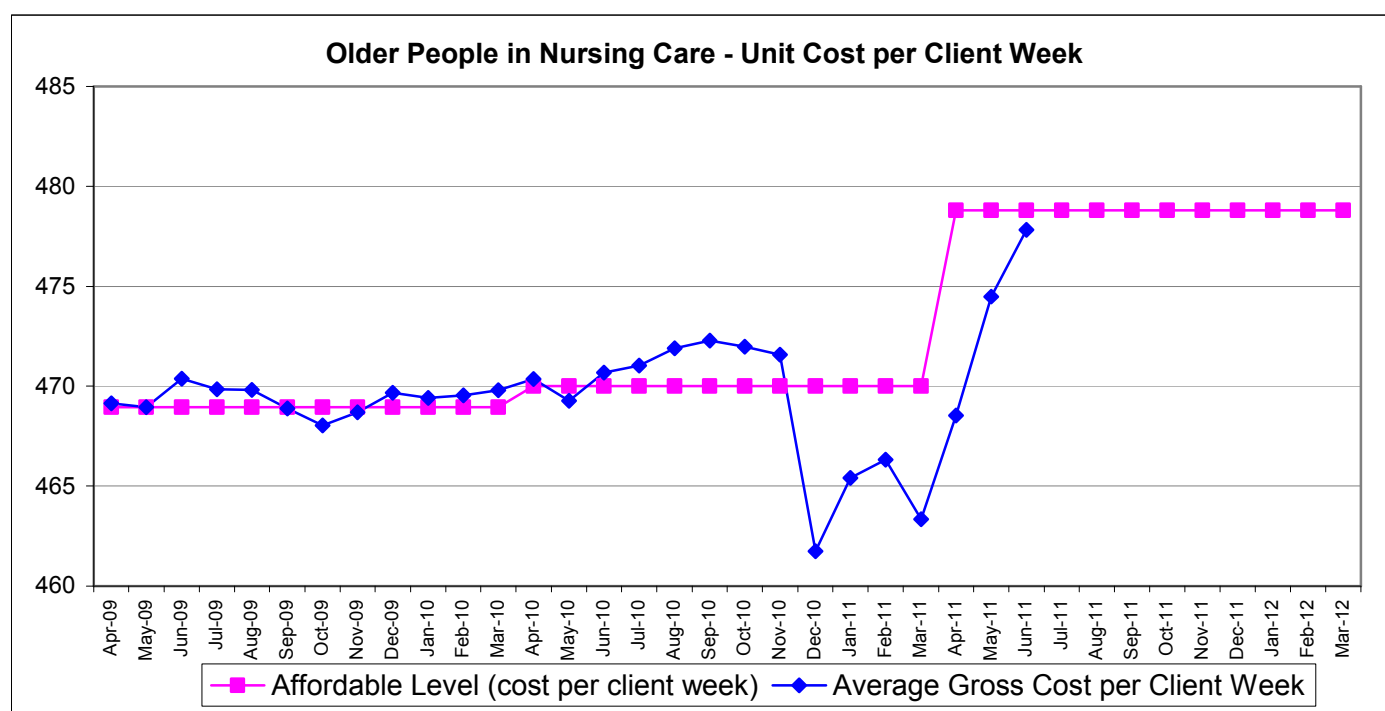


Comment:

- The above graph reflects the number of client weeks of service provided as this has a greater influence on cost than the actual number of clients. The actual number of clients in older people nursing care at the end of 2009-10 was 1,374, at the end of 2010-11 it was 1,379 and at the end of June 2011 it was 1,415. In nursing care, there is not the same distinction between clients with dementia, as with residential care. The difference in intensity of care for nursing care and nursing care with dementia is not as significant as it is for residential care.
- The current forecast is 76,101 weeks of care against an affordable level of 77,405, a difference of 1,304 weeks. Using the actual unit cost of £477.82, this reduced activity saves £623k to the forecast, as highlighted in section 1.4.c
- To the end of June 19,373 weeks of care have been delivered against an affordable level of 19,091 a difference of +282 weeks.
- There are always pressures in permanent nursing care which may occur for many reasons. Increasingly, older people are entering nursing care only when other ways of support have been explored. This means that the most dependent are those that enter nursing care and consequently are more likely to have dementia. In addition, there will always be pressures which the directorate face, for example the knock on effect of minimising delayed transfers of care. Demographic changes – increasing numbers of older people with long term illnesses – also means that there is an underlying trend of growing numbers of people needing nursing care.

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

	2009-10		2010-11		2011-12	
	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week
April	468.95	469.15	470.01	470.36	478.80	468.54
May	468.95	468.95	470.01	469.27	478.80	474.48
June	468.95	470.37	470.01	470.67	478.80	477.82
July	468.95	469.84	470.01	471.03	478.80	
August	468.95	469.82	470.01	471.90	478.80	
September	468.95	468.88	470.01	472.28	478.80	
October	468.95	468.04	470.01	471.97	478.80	
November	468.95	468.69	470.01	471.58	478.80	
December	468.95	469.67	470.01	461.75	478.80	
January	468.95	469.42	470.01	465.40	478.80	
February	468.95	469.55	470.01	466.32	478.80	
March	468.95	469.80	470.01	463.34	478.80	

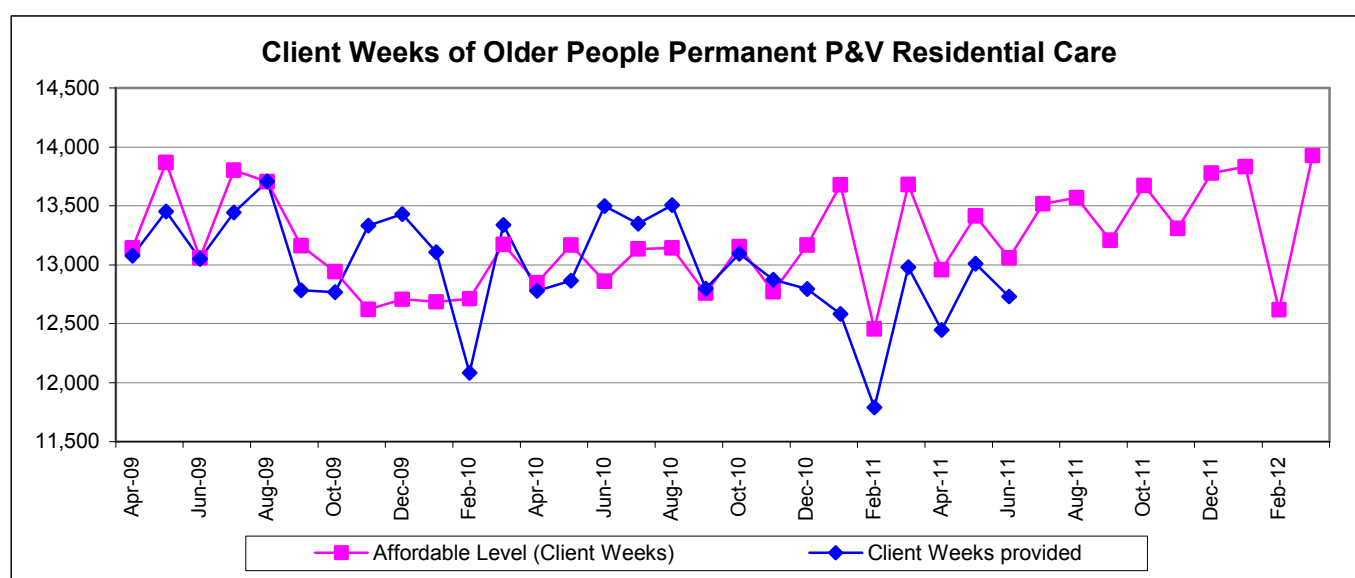


Comments:

- As with residential care, the unit cost for nursing care will be affected by the increasing proportion of older people with dementia who need more specialist and expensive care, which is why the unit cost can be quite volatile.
- The forecast -unit cost of £477.82 is slightly lower than the affordable cost of £478.80 and this difference of -£0.98 creates a saving of £76k when multiplied by the affordable weeks, as highlighted in section 1.4.c

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

	2009-10		2010-11		2011-12	
	Affordable Level (Client Weeks)	Client Weeks of older people permanent P&V residential care provided	Affordable Level (Client Weeks)	Client Weeks of older people permanent P&V residential care provided	Affordable Level (Client Weeks)	Client Weeks of older people permanent P&V residential care provided
April	13,142	13,076	12,848	12,778	12,959	12,446
May	13,867	13,451	13,168	12,867	13,412	13,009
June	13,059	13,050	12,860	13,497	13,058	12,731
July	13,802	13,443	13,135	13,349	13,517	
August	13,703	13,707	13,141	13,505	13,569	
September	13,162	12,784	12,758	12,799	13,207	
October	12,943	12,768	13,154	13,094	13,671	
November	12,618	13,333	12,771	12,873	13,309	
December	12,707	13,429	13,167	12,796	13,777	
January	12,685	13,107	13,677	12,581	13,830	
February	12,712	12,082	12,455	11,790	12,617	
March	13,172	13,338	13,678	12,980	13,926	
TOTAL	157,572	157,568	156,812	154,909	160,852	38,186

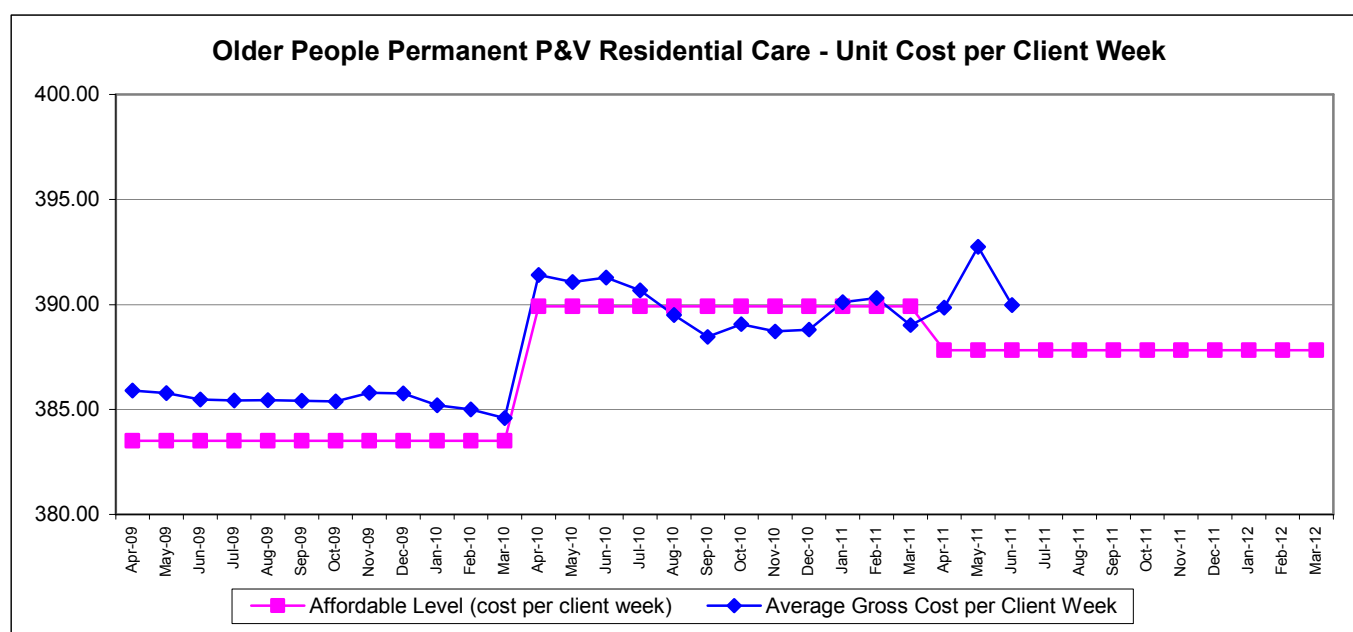


Comments:

- The above graph reflects the number of client weeks of service provided as this has a greater influence on cost than the actual number of clients. The actual number of clients in older people permanent P&V residential care at the end of 2009-10 was 2,751, at the end of 2010-11 it was 2,787 and by the end of June 2011 it was 2,809. It is evident that there are ongoing pressures relating to clients with dementia. Since April 2010, the number of clients with dementia has increased from 1,217 to 1,268 whilst the other residential clients have decreased.
- The current forecast is 155,065 weeks of care against an affordable level of 160,852, a difference of 5,787 weeks. Using the forecast unit cost of £389.97 this reduced activity saves £2,257k within the forecast, as highlighted in section 1.4.d.
- To the end of June 38,186 weeks of care have been delivered against an affordable level of 39,429 a difference of 1,243 weeks.

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

	2009-10		2010-11		2011-12	
	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week
April	383.52	385.90	389.91	391.40	387.82	389.85
May	383.52	385.78	389.91	391.07	387.82	392.74
June	383.52	385.47	389.91	391.29	387.82	389.97
July	383.52	385.43	389.91	390.68	387.82	
August	383.52	385.44	389.91	389.51	387.82	
September	383.52	385.42	389.91	388.46	387.82	
October	383.52	385.39	389.91	389.06	387.82	
November	383.52	385.79	389.91	388.72	387.82	
December	383.52	385.76	389.91	388.80	387.82	
January	383.52	385.20	389.91	390.12	387.82	
February	383.52	385.01	389.91	390.31	387.82	
March	383.52	384.59	389.91	389.02	387.82	

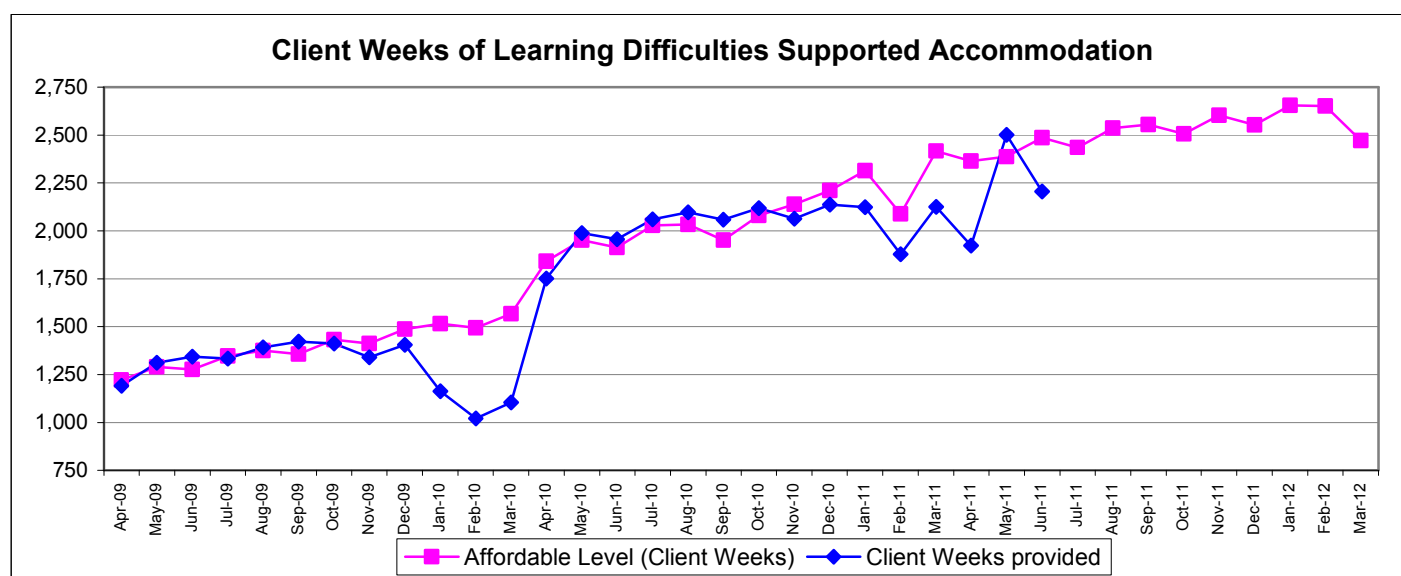


Comments:

- Average unit cost per week has increased more than inflation and is likely to reflect the increasing numbers of clients with dementia.
- The forecast unit cost of £389.97 is higher than the affordable cost of £387.82 and this difference of £2.15 adds £346k to the position when multiplied by the affordable weeks, as highlighted in section 1.4.d.

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

	2009-10		2010-11		2011-12	
	Affordable Level (Client Weeks)	Client Weeks of LD supported accommodation provided	Affordable Level (Client Weeks)	Client Weeks of LD supported accommodation provided	Affordable Level (Client Weeks)	Client Weeks of LD supported accommodation provided
April	1,221	1,192	1,841	1,752	2,363	1,923
May	1,290	1,311	1,951	1,988	2,387	2,502
June	1,276	1,344	1,914	1,956	2,486	2,205
July	1,346	1,333	2,029	2,060	2,435	
August	1,375	1,391	2,034	2,096	2,536	
September	1,357	1,421	1,951	2,059	2,555	
October	1,431	1,412	2,080	2,119	2,506	
November	1,412	1,340	2,138	2,063	2,603	
December	1,487	1,405	2,210	2,137	2,554	
January	1,515	1,163	2,314	2,123	2,655	
February	1,493	1,021	2,088	1,878	2,652	
March	1,567	1,105	2,417	2,125	2,472	
TOTAL	16,770	15,438	24,967	24,356	30,204	6,630

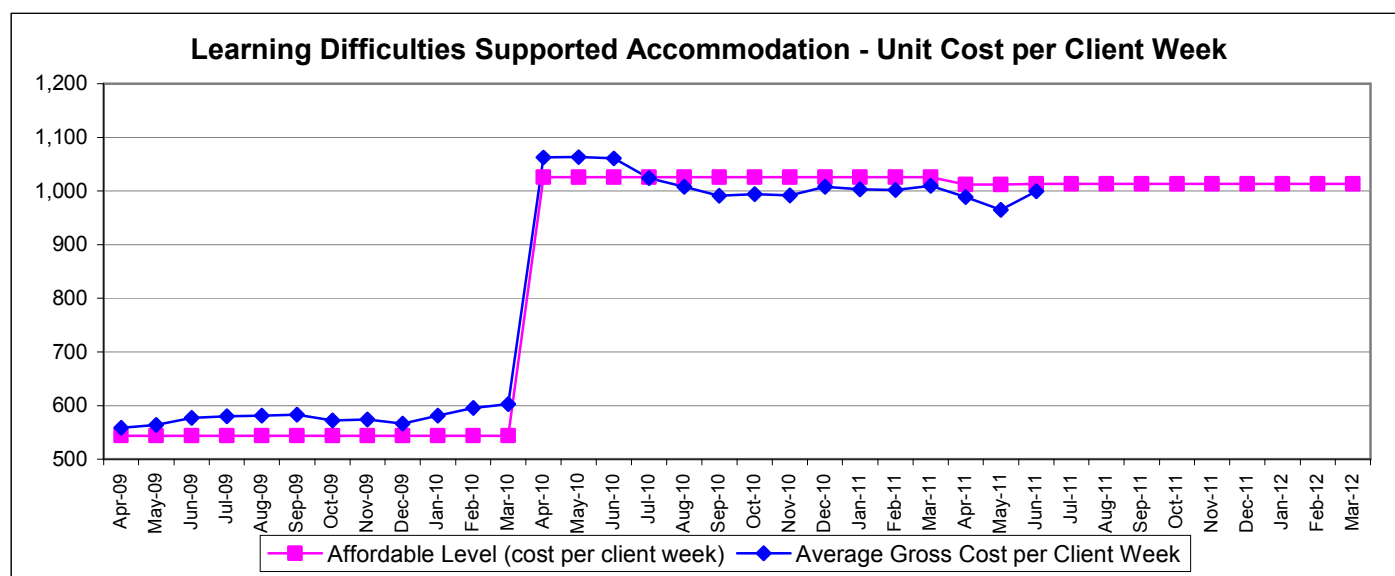


Comments:

- The above graph reflects the number of client weeks of service provided. The actual number of clients in LD supported accommodation at the end of 2009-10 was 309, at the end of 2010-11 it was 491, of which 131 were S256 clients, and at the end of June 2011 it was 536.
- The current forecast is 29,711 weeks of care, against an affordable level of 30,204, a difference of -493 weeks and includes people that we expect to be supported through supported accommodation and adult placement. Some of this is as a result of the transfer of clients from NHS who were previously S256, following the closure of LD Campus. Using the forecast unit cost of £999.24 this reduction in activity provides a saving of £492k, as reflected in section 1.5.a
- To the end of June 6,630 weeks of care have been delivered against an affordable level of 7,236, a difference of 607 weeks.
- Like residential care for people with a learning disability, every case is unique and varies in cost, depending on the individual circumstances. Although the quality of life will be better for these people, it is not always significantly cheaper. The focus to enable as many people as possible to move from residential care into supported accommodation means that more and increasingly complex and unique cases will be successfully supported to live independently.

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

	2009-10		2010-11		2011-12	
	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week
April	544.31	558.65	1,025.67	1,062.38	1,011.73	988.73
May	544.31	564.49	1,025.67	1,063.22	1,011.73	964.95
June	544.31	577.33	1,025.67	1,060.59	1,013.18	999.24
July	544.31	580.27	1,025.67	1,023.90	1,013.18	
August	544.31	581.76	1,025.67	1,007.58	1,013.18	
September	544.31	583.26	1,025.67	991.20	1,013.18	
October	544.31	572.59	1,025.67	993.92	1,013.18	
November	544.31	574.24	1,025.67	991.56	1,013.18	
December	544.31	566.87	1,025.67	1,007.95	1,013.18	
January	544.31	581.53	1,025.67	1,003.21	1,013.18	
February	544.31	595.89	1,025.67	1,001.98	1,013.18	
March	544.31	603.08	1,025.67	1,009.82	1,013.18	



Comments:

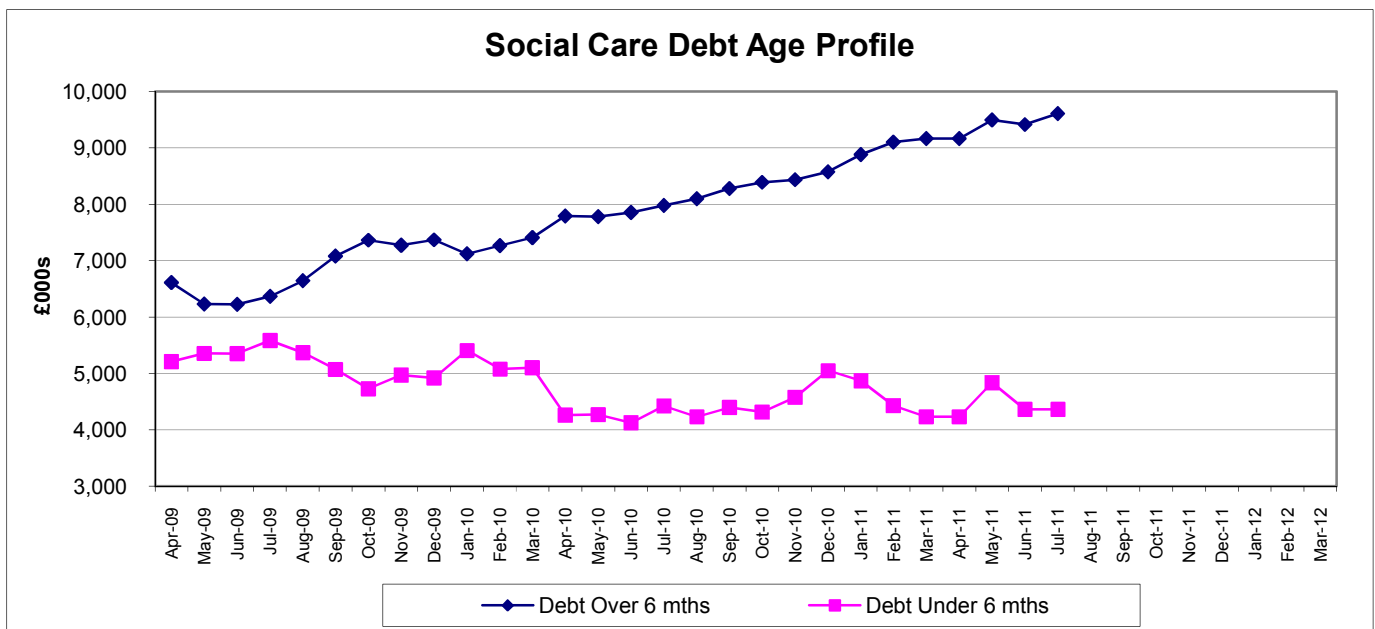
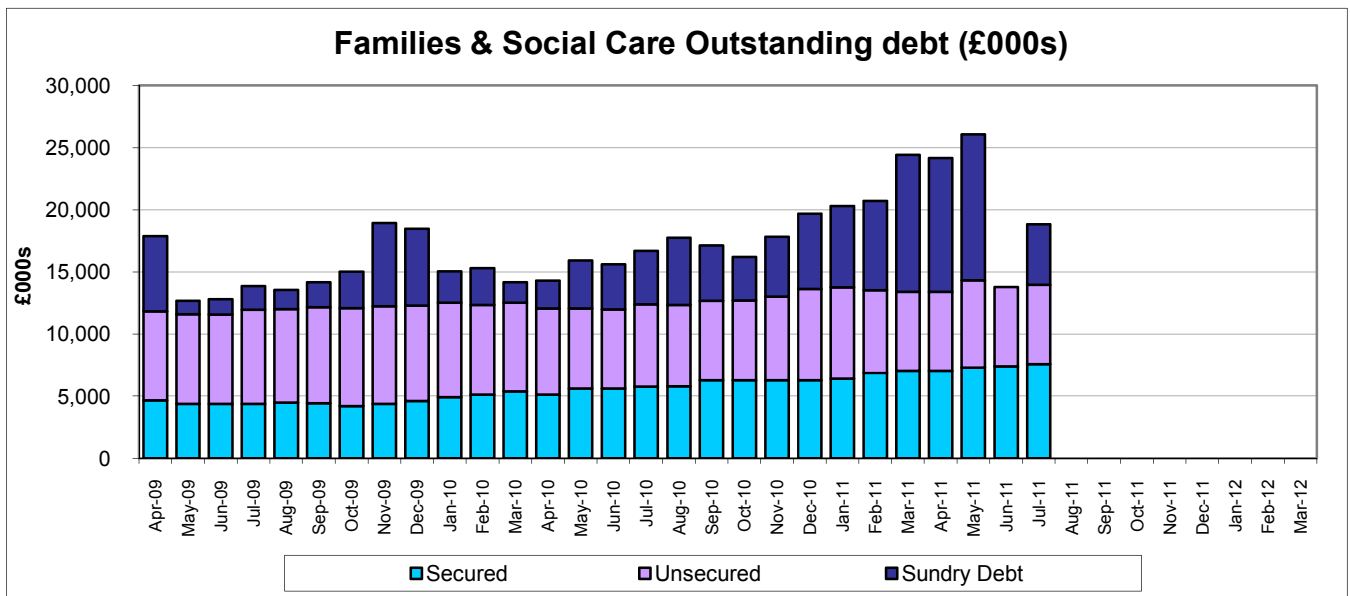
- The forecast unit cost of £999.24 is lower than the affordable cost of £1013.18 and this difference of £13.94 provides a saving of £421k when multiplied by the affordable weeks, as reflected in section 1.5.a.
- There are three distinct groups of clients: Section 256 clients, Ordinary Residence clients and other clients. Each group has a very different unit cost, which are combined to provide an average unit cost for the purposes of this report.
- The costs associated with these placements will vary depending on the complexity of each case and the type of support required in each placement. This varies enormously between a domiciliary type support to life skills and daily living support.

3. SOCIAL CARE DEBT MONITORING

- 3.1 The outstanding debt as at the end of July was £18.829m compared with March's figure of £24.413m (reported to Cabinet in June) excluding any amounts not yet due for payment (as they are still within the 28 day payment term allowed). Within this figure is £4.860m of sundry debt compared to £11.011m in March. The amount of sundry can change significantly for large invoices to health, which has been the case in the movement from March. Also within the outstanding debt is £13.969m relating to Social Care (client) debt which is an increase of £0.567m from the last reported position to Cabinet in June. The following table shows how this breaks down in terms of age and also whether it is secured (i.e. by a legal charge on the client's property) or unsecured, together with how this month compares with previous months. For most months the debt figures refer to when the four weekly invoice billing run interfaces with Oracle (the accounting system) rather than the calendar month, as this provides a more meaningful position for Social Care Client Debt. This therefore means that there are 13 billing invoice runs during the year. It should be noted that the Sundry debt reports were not successful in June, and hence no figure can be reported, the problem was rectified in time for the July report, but reports are unable to be run retrospectively.

:000s

Debt Month	Total Due Debt (Social Care & Sundry Debt) £000s	Sundry Debt £000s	Social Care Debt				
			Total Social Care Due Debt £000s	Debt Over 6 mths £000s	Debt Under 6 mths £000s	Secured £000s	Unsecured £000s
Apr-09	17,874	6,056	11,818	6,609	5,209	4,657	7,161
May-09	12,671	1,078	11,593	6,232	5,361	4,387	7,206
Jun-09	12,799	1,221	11,578	6,226	5,352	4,369	7,209
Jul-09	13,862	1,909	11,953	6,367	5,586	4,366	7,587
Aug-09	13,559	1,545	12,014	6,643	5,371	4,481	7,533
Sep-09	14,182	2,024	12,158	7,080	5,078	4,420	7,738
Oct-09	15,017	2,922	12,095	7,367	4,728	4,185	7,910
Nov-09	18,927	6,682	12,245	7,273	4,972	4,386	7,859
Dec-09	18,470	6,175	12,295	7,373	4,922	4,618	7,677
Jan-10	15,054	2,521	12,533	7,121	5,412	4,906	7,627
Feb-10	15,305	2,956	12,349	7,266	5,083	5,128	7,221
Mar-10	14,157	1,643	12,514	7,411	5,103	5,387	7,127
Apr-10	14,294	2,243	12,051	7,794	4,257	5,132	6,919
May-10	15,930	3,873	12,057	7,784	4,273	5,619	6,438
Jun-10	15,600	3,621	11,979	7,858	4,121	5,611	6,368
Jul-10	16,689	4,285	12,404	7,982	4,422	5,752	6,652
Aug-10	17,734	5,400	12,334	8,101	4,233	5,785	6,549
Sep-10	17,128	4,450	12,678	8,284	4,394	6,289	6,389
Oct-10	16,200	3,489	12,711	8,392	4,319	6,290	6,421
Nov-10	17,828	4,813	13,015	8,438	4,577	6,273	6,742
Dec-10	19,694	6,063	13,631	8,577	5,054	6,285	7,346
Jan-11	20,313	6,560	13,753	8,883	4,870	6,410	7,343
Feb-11	20,716	7,179	13,537	9,107	4,430	6,879	6,658
Mar-11	24,413	11,011	13,402	9,168	4,234	7,045	6,357
Apr-11	24,178	10,776	13,402	9,168	4,234	7,045	6,357
May-11	26,069	11,737	14,332	9,496	4,836	7,309	7,023
Jun-11	13,780		13,780	9,418	4,362	7,399	6,381
Jul-11	18,829	4,860	13,969	9,609	4,361	7,584	6,385
Aug-11	0		0				
Sep-11	0		0				
Oct-11	0		0				
Nov-11	0		0				
Dec-11	0		0				
Jan-12	0		0				
Feb-12	0		0				



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FAMILIES & SOCIAL CARE DIRECTORATE SUMMARY

1. CAPITAL

1.1 **Table 1** below provides a portfolio overview of the latest capital monitoring position excluding PFI projects.

	Prev Yrs Exp	2011-12	2012-13	2013-14	Future Yrs	TOTAL
	£000s	£000s	£000s	£000s	£000s	£000s
Childrens Social Care Portfolio						
Budget	63,724	12,939	2	0	0	76,665
Adjustments:						
- Re-phasing at Outturn	-197	197				0
- Outturn Changes	-19					-19
- Thanet MASH		61	3			
- Early Years/Children's Centres		-484				
- Asset Modernisation		-84				-84
						0
Revised Budget	63,508	12,629	5	0	0	76,142
Variance		0	0	0	0	0
split:						
- real variance						0
- re-phasing						0
Adults Social Care Portfolio						
Budget	8,194	15,304	6,056	2,699	3,146	35,399
Adjustments:						
- Re-phasing at Outturn	-583	871	-288			0
- Folkestone ARRCC		54				54
						0
Revised Budget	7,611	16,229	5,768	2,699	3,146	35,453
Variance		-1,418	1,418	0	0	0
split:						
- real variance						0
- re-phasing		-1,418	+1,418			0
Directorate Total						
Revised Budget	71,119	28,858	5,773	2,699	3,146	111,595
Variance	0	-1,418	1,418	0	0	0
Real Variance	0	0	0	0	0	0
Re-phasing	0	-1,418	+1,418	0	0	0

1.2 Main Reasons for Variance

Table 4 below, details all forecast capital variances over £250k in 2011-12 and identifies these between projects which are:

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

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

Each of the variances in excess of £1m which is due to phasing of the project, excluding those projects identified as only being at the preliminary stage, is explained further in section 1.3 below.

All real variances are explained in section 1.4, together with the resourcing implications.

Table 2: CAPITAL VARIANCES OVER £250K IN SIZE ORDER

portfolio	Project	real/ phasing	Project Status			
			Rolling Programme	Approval to Spend	Approval to Plan	Preliminary Stage
			£'000s	£'000s	£'000s	£'000s
Overspends/Projects ahead of schedule						
ASS	Older Persons Strategy - Dorothy Lucy Centre	real			274	
			+0	+0	+0	+0
Underspends/Projects behind schedule						
ASS	Community Care Centres - Thameside	phasing			-1418	
ASS	Broadmeadow Extension	real		-274		
			0	-274	-0	-0
				-274		-0

1.3 Projects re-phasing by over £1m:

Community Care Centres – Thameside (Ebbsfleet and Eastern Quarry) re-phasing of £1.418m (in 2011-12)

Pending further detailed project plans, it is felt prudent to re-phase this project into 2012-13.

Table 3 below gives the revised phasing of the scheme.

	Prior Years	2011-12	2012-13	2013-14	future years	Total
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
BUDGET & FORECAST						
Budget		1,418				1,418
Forecast		0	1,418			1,418
Variance	0	-1,418	+1,418	0	0	0
FUNDING						
Budget:						
Dev Conts		1365				
Cap Rec		53				53
TOTAL	0	1,418	0	0	0	1,418
Forecast:						
Dev Conts			1365			
Cap Rec			53			53
TOTAL	0	0	1,418	0	0	1,418
Variance	0	-1,418	+1,418	0	0	0

1.4 Projects with real variances, including resourcing implications:

There are no real variances overall but a number of individual projects are under or overspending as detailed below:

Broadmeadow Extension: -£0.274m (in 2011-12):

The Broadmeadow project is complete and the funding is requested to be transferred and used as part of the Older Persons Capital Strategy – Dorothy Lucy Centre, and Cabinet are asked to approve this transfer of funding.

The underspend on Broadmeadow was due to good project management, estimates coming in cheaper than expected for most parts of the fit out and liquidated damages being claimed from the main contractor for not adhering to the contract terms and conditions.

Older Persons Strategy – Dorothy Lucy Centre: +£0.274m (in 2011-12):

The report detailing this Programme was considered by PAG 16th March 2010. The intention has always been that any surplus funding from any other Older Persons related capital project be recycled into the overall programme. Cabinet are asked to agree to the 'recycling' of these funds, until final costs are verified as the Directorate works through it's over-arching strategy.

Tunbridge Wells Respite Centre -£0.080m: (in 2011-12):

The Tunbridge Wells Respite Centre project is almost complete and the funding is requested to be transferred and used as part of the Learning Disability Good Day programme and Cabinet are asked to approve this transfer of funding.

The original fitting out provision of £250k was established on advice from Property Services in 2002. This included provision for issues that subsequently didn't arise. Taylor Wimpey have been obliging in absorbing some of the costs that may originally have been presumed to be required as part of the fit out.

Bower Mount -£0.045m (in 2011-12):

The Bower Mount project is almost complete and the funding is requested to be transferred and used as part of the Learning Disability Good Day programme and Cabinet are asked to approve this transfer of funding.

There were uncertainties as to how the fit out was to be carried out (i.e. it was not clear the level of need that the fit out would be used for) and hence the true costs remained unclear.

LD Good Day Programme: +£0.125m (in 2011-12):

The report detailing this Programme was considered by PAG 24th May 2010. The intention has always been that any surplus funding from any other Learning Disability related capital project be recycled into the overall programme as PAG acknowledged that there would be a 'pinch point' whereby certain receipts would not be realised until the service had been provided elsewhere. In order to keep the borrowing levels/costs & pinch points, reduced Cabinet are asked to agree to the 'recycling' of these funds, pending the annual updated of the Programme to a future PAG.

1.5 General Overview of capital programme:

Risks

(a) Risks

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

(b) Details of action being taken to alleviate risks

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

1.6 Project Re-Phasing

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

Table 4, below, details the possible re-phasing.

	2011-12	2012-13	2013-14	Future Years	Total
	£k	£k	£k	£k	
Community Care Centres - Thameside (Ebbsfleet & Eastern Quarry)					
Amended total cash limits	+1,418	0			+1,418
re-phasing	-1,418	+1,418			0
Revised project phasing	0	+1,418	0	0	+1,418
Total re-phasing >£100k	-1,418	+1,418	0	0	0
Other re-phased Projects below £100k					
TOTAL RE-PHASING	-1,418	+1,418	0	0	0

ADULT SOCIAL SERVICES AND PUBLIC HEALTH POLICY OVERVIEW AND SCRUTINY COMMITTEE

Informal Member Group on Client Debt

Monday 11 July 2011, 1.00 pm

PRESENT: Mr R B Brookbank, Mr J M Cubitt and Mr C P Smith.

IN ATTENDANCE: Miss M Goldsmith (Finance Business Partner), Ms M Vickery (Interim Income & Assessment Manager) and Miss T A Grayell (Democratic Services Officer)

Members were supplied with a pack which included:

- A copy of the report on debt made to ASSAPHPOSC on 7 July
- Fact sheets of trend information
- Facts sheet covering charging and policy
- Scenarios which give example cases
- Debt recovery procedures and policy

Miss Goldsmith and Ms Vickery guided Members through the information presented and answered questions.

Points of explanation, in response to Members' comments and questions

Recovering debt will not offset budget cuts. As soon as an invoice is raised, the revenue budget assumes payment will be forthcoming, so when the invoice is paid, the revenue budget does not show any immediate impact.

However, provision is made to cover bad debt, as it is assumed that there will be debts which will not be recoverable. This sum is reviewed each month. Any recovery of debt means that the bad debt provision can be reduced.

Invoices are issued on a four-weekly cycle, in line with the pattern of benefits payments.

One challenge is the lack of incentive for a family to sell a house when a client goes into residential care. Families see no benefit in selling, as the proceeds will go to the KCC to pay for care. KCC cannot force sale.

Unsecured debt - Once a client is deceased, the authority will pursue the executor however is statute barred from taking court action if no payment has been made during the last 6 years.

KCC charges interest on a debt from the day following the date of a client's death or 56 days if the client has access to a deferred payment.

Should a property decline in value then, there is a risk that the value of the property may not cover the debt. In this situation KCC would reassesses the value of the property within the financial assessment.

KCC has very little leverage to control how a client's benefits are used. It has limited success in arranging for the benefits received by a client to be paid direct to KCC (third party deductions). The Welfare Reform Bill suggests that with effect from April 2012, local authorities will have access to the information held by the DWP, which will help improve partnership working which could have a positive impact in terms of accessing third party deductions.

If KCC suspects that a client is subject to financial abuse then that will be challenged as part of the Adult Protection procedures. Legally the client is responsible for the debt not the alleged financial abuser. Often a client doesn't know anything is wrong with payment, and is relying on their family to handle their financial affairs honestly.

Once a client has died, KCC can then pursue the executor of the estate. The key issue is to recover debt at the earliest possible opportunity. KCC completes a probate search prior to writing off any monies owed by a deceased client.

A challenge is to balance the value of the debt with the cost of pursuing it. Public perception is important; if KCC is seen not to pursue non-payers, this sets a precedent for others to avoid paying. KCC needs to be seen to prosecute high-profile cases, and demonstrate its successes.

It is difficult to write off a debt while a client still receiving care and KCC can't withdraw care as it has a statutory duty to provide it.

KCC offers the services of a Client Financial Affairs Officer for a client who has no one to help them manage their finances. If a client is mentally capable KCC can't force them to hand over control, but if they are mentally incapable, KCC can then access the finances via the Court of Protection.

Finance & Benefit Officers pursue debts accrued within the initial 8 week period of a client being financially assessed because it is less distressing for a client if they are able to deal initially with the one contact in Finance.

Placing Debt Recovery Officers (DROs) close to Case Management staff (since the re-organisation of the debt management function in Oct 2009) means the DRO role is improved because they are in close communication with each other.

Levels of debt have not changed drastically in the last few years, and the new debt management process has staved off any dramatic rise that could have come with the economic downturn.

Debt is monitored monthly, monitored by DMT regularly, and is reported to every meeting of the POSC, so has as high a profile as possible.

Levels of debt have increased in West Kent but decreased in East Kent, and West has a higher level of debt than East. This might be because East has more people receiving benefits, so it is easier for them to cover care costs. *Seek some more info on this aspect in the next POSC report.*

Types of client receiving KCC care change over the years. Many now have occupational pensions, which was not a factor a few years ago. However, in future this trends will reverse as occupational pensions end.

The complexity of debt management is due to the wide range of individuals' circumstances; every case is different

Conclusions

Members concluded that the IMG did not need to meet again, as it had had comprehensive and clear written explanations of the debt recovery procedures, policy and trends.

It would report back to the POSC setting out its findings, as follows:-

- 1) a policy change by DWP to allow local authorities direct access to a client's benefits, when a client receives care, would greatly help avoid the accumulation of debt at this time. This would reduce the risk to the KCC and reduce the resources currently used to pursue debt. KCC needs to start lobbying for this. Ask the Cabinet Member GG to raise this initially with DWP. *POSC could also make a recommendation to Cabinet to support this?*
- 2) KCC should consider passing debt cases to specialist external legal advisors once the cases go beyond the expertise of internal legal services.
- 3) Members were concerned that the current debt recovery team set-up should be maintained, in terms of numbers of FTEs and location in districts, even if it is to be managed centrally. The current co-locality of Debt Recovery Officers and Case Managers is helpful.

Include this note, once agreed by IMG Members, with the POSC papers for 20 September.

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

To: Adult Social Care and Public Health Policy Overview & Scrutiny Committee – 20 September 2011

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

Classification: Unrestricted

Summary: This annual report provides summary information to Members on Consultation and Public Involvement activities that took place across the Directorate during 2010/11 to involve and engage with people who either use services or have an interest in our business.

Introduction

1. (1) Public involvement is a continuous process within Adult Social Services, providing people with real opportunities to shape and influence existing and future services. In the current climate, it is particularly important for people to engage in activity that delivers better outcomes for those that use services, while at the same time ensuring that services are both efficient and effective at meeting individual need.

(2) Involving people should be a matter of everyday business, utilising a range of methods and approaches that ensure the process is fully inclusive and brings about demonstrable change that improve peoples' individual outcomes. Effective involvement identifies needs and priorities, formulates agreed actions, which are monitored and evaluated.

(3) This report is presented to Members annually to provide information on the consultations that were undertaken during the past 12 months. The report also provides Members with an update on key areas within the public involvement arena which aim to ensure this work is embedded within the directorate.

National Policy Context

2. (1) The government has continued to promote active citizenship and community involvement as part of its "Big Society" vision and this is reflected in The Localism Bill, which is scheduled to receive royal ascent in October 2011 with its first provisions coming into force in April 2012. The Bill aims to empower communities and encourage people to actively participate in their local community.

(2) The Local Government and Public Involvement in Health Act 2007 places a duty on Local Authorities to involve local people. As a result, all local authorities have to comply with the new statutory duty to 'inform, consult and involve' people if there are plans to make changes to any services.¹

¹ Section 138 of the Local Government and Public Involvement in Health Act

(3) The government's White Paper 'Putting People First' continues to be key driver for Adult Social Services, placing the individual at the heart of service design, giving people greater influence in the decision making process. In addition, the Government's Vision for Adult Social Care, Capable Communities and Active Citizens and its White Paper, Equity and Excellence: Liberating the NHS, maintain the drive towards the personalisation of public services in health and social care. To achieve this ambition, it is vital that partners work together with individuals, their families and carers and the wider community to deliver efficient, effective and integrated services that reduce the need for acute health and care support.

Local Context

3. (1) Active Lives Now, the vision for social services in Kent, re-enforces the commitment to ensuring people are meaningfully involved in the design and delivery of services. An action plan has been developed detailing how the vision will be implemented and this is reviewed on a regular basis to ensure its targets are met.

(2) The directorate is committed to providing people with opportunities to engage with its business to ensure that peoples' experiences and views are used to inform service design, improvement and development. There are a number of methods adopted to make this a reality and the directorate is particularly aware that a "one size fits all" approach is ineffective when it comes to involvement. The methods adopted include:

- Forums – older peoples'; disability; deaf; carers; mental health;
- Service user groups – county wide user groups; Learning Disability Partnership Groups
- Policy Development – 'User Involvement in Recruitment'; Active Lives Now
- Recruitment – service users/carers are involved in recruitment process for staff
- Training – service users and carers deliver training
- Lessons learned from complaints are fed into service development and commissioning processes
- Strategy development – Later Life; Public Involvement
- Co-production – Dover Community; Dementia services

Consultations

4. (1) One method of involving people to receive direct feedback is via consultation. Annexed as Appendix 1 is a summary of the consultations and their respective outcomes undertaken during 2010/11. Some of these consultations were included in last year's report, as the outcomes were available at the time of writing that report. They are not therefore replicated in this report.

Public Involvement initiatives within Adult Social Services

5. (1) To enable feedback to be proactively used as part of the decision making processes during the planning, commissioning and delivery of services, it is important the public are involved at the outset. Some of the initiatives developed within the directorate are set out below.

County and Area Involvement Groups

(2) Agreement to the formation of a County group and two Area groups was ratified by the Directorate Management Team in November 2009. Subsequent development work resulted in identifying a steering group followed by the formation of the County group membership and the first meeting of the group took place in May 2010. Further work was undertaken on establishing the Area groups and the first meetings of these two groups took place in early 2011. The groups consist of service users, carers and members of the public and have a forward plan of meetings and topics for discussion, which is annexed as Appendix 2. The meetings are planned bi-monthly with the Area groups meeting first in order that items of interest can be passed onto the County group. This group will decide those issues that should be presented to DMT for further discussion and possible action.

(3) The Local Involvement Network facilitates at all the Group meetings and assists the public members to:

- Focus on the role of the Group
- Review the aims and objectives of both the County and Area Groups
- Monitoring the groups' progress, particularly on two-way information sharing
- Increase membership to all groups

Service user and carer involvement in recruitment and selection

(4) This policy is well established and people are involved in a variety of ways when recruiting staff, including shortlisting candidates, separate workshop or formal interview panel. Information packs have been developed to assist people involved in the process and cover areas such as, confidentiality and equalities. Questionnaires are also circulated to all individuals involved in the process as part of the continuous review and development of the initiative.

Strategy

(5) The Public Involvement Strategy was reviewed during late 2009/early 2010 and in excess of 25 groups contributed to the consultation. A draft of the revised strategy was reviewed by the public before being presented to and ratified by DMT in September 2010.

(6) The recent formation of the Communications and Engagement division within the council mean that it is likely that the corporate strategy will be revised. It is envisaged that the social services strategy will be used to inform any revision document.

Staff training

(7) Training has been an ongoing priority during the year and all teams across the county have now received customer care training, which incorporates information and awareness of public involvement and the sharing of best practice.

(8) Service users and carers continue to deliver training to staff via: a) TREND (Training Enables Never Disables), including Approved Social Worker training and the Induction Day; b) The SUCSES project which involves mental health service users in the design and delivery of mental health training for staff.

Out and About project and Safeguarding Week

(9) The Out and About project was established as a mechanism for raising awareness of the services available from Adult Social Services. During Safeguarding Week – 13 to 17 June, various events took place across the county to raise awareness of adult abuse. The events were located in areas where there is high public footfall and combined working with partners from the police, fire and rescue, community wardens and the Local Involvement Network.

Future developments/initiatives

Local Involvement Networks (LINKs)

6. (1) The Local Involvement Network was introduced to provide the public with “a stronger local voice in the development of health and social care services”. Under Central Government changes, the LINK will be replaced by HealthWatch, which will continue the work of the existing organisation, but will also provide information/signposting and advocacy for health complaints. HealthWatch will build on the existing LINK work, to provide even more robust and credible expertise to empower the public to have greater influence on decision making with health and social care commissioners. (LINKs have influence, HealthWatch will be part of decision making). Local Authority’s will be held accountable for HealthWatch ensuring it operates effectively and provides value for money.

(2) A steering group has been established to ensure that the new organisation is in place from October 2012. Kent has been accepted as a Pathfinder site and work is currently underway with partners to ensure a smooth transition into the new organisation.

Roles and Relationships

(3) Roles and Relationship for the public was reintroduced following a Directorate Management Team decision in late 2009. Two events were held in the year – July 2010 and March 2011. The events aim to provide the public with access to the Managing Director and key DMT members, to provide updates on current and future developments in social care and also enable people to have direct access to “decision makers”. The events focused on specific topics and participants were asked to provide topics in advance so that responses could be provided on the day as it is important that people feel that are actively involved in the process and consequently benefit from the discussions.

Corporate Consultation Directory

(4) All consultations undertake within KCC are now logged on the Consultation Directory. This provides the public with opportunities to views the results of consultations, which will provide timely and relevant feedback, avoiding criticism previously levied that those consulted rarely receive feedback on the outcome

(5) People will also be able to register their interest in specific subject areas and will receive notification of those consultations, in advance, enabling them to participate.

Other items of interest

(6) The Communication and Engagement division, formed as part of the current restructure within KCC, pools together staff expertise across all directorates of the council, into one unit. From September 2011, any work involving either of these two strands of work will require the completion of a Project Request Form before the work is allocated according to the skills and knowledge required. The division will also be a repository of existing involvement/engagement knowledge and will aim to streamline processes, ensure the work across the council is more joined up and that best use is made of existing intelligence, therefore avoiding consultation on issues where the council already holds the relevant information.

Conclusion

7. (1) During 2010/11 a range of involvement activity has taken place. The directorate continues to provide various opportunities for people to be involved/engaged with its business to ensure that better outcomes are achieved for those who use services. Work will continue across the council to enable people to influence service development and commissioning decisions.

Recommendations

8. Members of the Adult Social Care and Public Health Policy Overview and Scrutiny Committee are asked to **NOTE** and **COMMENT** on the contents of this report

Background documents: None

Lynda Longhurst
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Name	Brief Summary	Outcomes
Putting People First User Experience Survey	DoH User Experience Survey	The findings from the survey will be available in December 2011. (The consultation took place between February and May 2011) The Putting People First User Experience Survey Pilot that was due to take place between April/May and August/September did not go ahead because of the logistics in capturing those who lack capacity. New guidelines were suggested to the Information Centre on this issue.
Carers Survey 2010	DoH Carers Survey	The survey has been delayed as new carers performance indicators are to be released and Kent may pilot the national survey.
Communication Strategy	Development of new strategy	No formal consultation was required, as this was an internal staff document.
Public Involvement Strategy Review	Consult on the review of the strategy	Presentations were made to over 25 diverse groups across Kent. The feedback from the consultation were used to inform the revised strategy, which was approved in September 2010.
Swale "New Community"	Input from gypsies and travellers on the design of a new site	Travellers who attended a meeting in January 2010 were asked to give feedback on what design and facilities they would like to see on the new site. They had models to work with, and gave helpful feedback on the layout of pitches and caravans, together with the facilities they would like.

Kent wide

Name	Brief Summary	Outcomes
Community Equipment	DoH survey of people in receipt of community equipment	The final data for the Equipment Survey was submitted to the Department of Health on 31 May 2010. The information centre for health and social care produced the data for the final report which was published in December 2010. The Kent results are available at: http://www.ic.nhs.uk/webfiles/publications/009_Social_Care/pssadultseq_uip0910/Personal_Social_Services_Survey_Equipment_AnnexTables_2_00910.xls
Kent Supported Employment Service User Questionnaire	Feedback on current employment programs and information to improve service	The questionnaire was for service users accessing the DWP (Department of Work and Pensions) Work Step and Work Prep contracts, not Social Services clients. Kent Supported Employment were not awarded the contract that replaced the above and which ended in October 2010. Kent Supported Employment will be part of the new DWP programme from June 2012, therefore new questionnaires will be sent out at the end of 2011.

Name	Brief Summary	Outcomes
Older Persons Modernisation	Modernising services is part of the ongoing programme to promote independence, choice	<p>In June 2010, KCC entered into a 19 week consultation period on the future of its 11 residential care homes.</p> <p>The Proposals reflected older peoples increasing needs and aspirations for services in later life, the environmental standards in which buildings are required to comply with the facilities on offer and the need to seek value for money in services which are substantially more costly than the independent sector. Consultation took place with a wide range of stakeholders including service users, carers/representatives, staff, unions, Members, District Council, Health colleagues, Voluntary Organisations, including Age Concern, Help the Aged, Alzheimer's Society, Stroke Association, Disability Information Services, Citizens Rights for Older People (CROP).</p> <p>Having considered the recommendations and responses to the proposals, decisions on each unit have been taken. These were taken in January 2011 by the Cabinet Member.</p> <p>It was subject to Scrutiny and staff and residents were written to informing them of the outcome following this. Subsequent meetings were held with staff. Dedicated staff have been employed to work with the individuals affected and their families to secure alternative accommodation that meets their up to date needs.</p> <p>The decisions were:</p> <ul style="list-style-type: none"> • The Limes at Dartford, Sampson Court at Deal and Ladesfield at Whitstable will close, with services being provided by private and voluntary sector organisations. This includes residential, respite and day care services. • Wayfarers at Sandwich will be sold as a going concern. • Services provided at Blackburn Lodge at Sheerness, Doubleday Lodge at Sittingbourne and Kiln Court at Faversham will be run through a partnership arrangement with an independent sector provider. This will lead to more and modernised services being provided across Swale. • Bowles Lodge at Hawkhurst, Cornfields at Dover and Manorbrooke at Dartford will be closed and the sites will be used for extra care housing schemes, built in partnership with district councils. The three new schemes will be part of a county-wide scheme bringing 300 new homes in a £70million investment through a private finance initiative. • The Dorothy Lucy Centre at Maidstone will be kept as it is for future consideration. <p>Further details are available at: http://www.kent.gov.uk/adult_social_services/get_involved_and_have_your_say/surveys_and_consultations/older_peoples_futures.aspx</p>

East Kent

Name	Brief Summary	Outcomes
Views on day care services	Views sought on Residential and Nursing Homes services	<p>A "Mystery Shopping" exercise was carried out with Kent LINK and East Kent Senior Citizen forums between Sept 2010 and June 2011.</p> <ul style="list-style-type: none"> • Telephone calls from members of the forum were used to assess general customer care • Visits to a 20% sample of homes by Kent LINK's authorised visitors. <p>The results are being collated and will provide baseline information for contracting departments quality assurance processed.</p>

West Kent

Name	Brief Summary	Outcomes
Maidstone Day Services	Modernising services is part of the ongoing programme to promote independence, choice and employment opportunities	<p>Since January 2010, staff within the learning disabilities team in West Kent have been talking to people about the future of Maidstone Day Services.</p> <p>Overall people said they would prefer to see time and resources put in to community buildings/activities and not at Boughton Mount. People also said they preferred being in more central locations, as Boughton Mount was difficult to get to and at times made getting to events in the community hard.</p> <p>Most people who use the Service said that they prefer community based activities, with many saying that they did not like the location and condition of Boughton Mount. The consultation has shown that it is possible to have the same level of day service without the main Boughton Mount building and that there are real benefits to community based services.</p> <p>The Cabinet Member for Adult Social Services agreed that Maidstone Day Service should continue to be provided in the community and move away from the Boughton Mount site completely. This means that the Boughton Mount site will be closed and sold, with the money received being put back into services for people with learning disabilities.</p>

Learning Disability

Name	Brief Summary	Outcomes
Tendering Projects Across Kent	To gain user views to feed into the tendering process	The service users with a learning disability were asked to form an interview panel and develop a series of questions to ask a provider organisation that tendered for a service. The panel and questions were very useful for both parties involved. The information was used in the decision making process. The answers to the questions in the interview process were marked against a scoring mechanism of the tender process. The Project Manager informed the service user's that took part with a face to face meeting.
Kent Partnership Board Review	To inform the development of the Boards and associated groups	<p>People who are involved in the Partnership Board, District Groups and Delivery Groups were consulted. More than 30 meetings were held which included over 140 people. About 50 of these people were people with a learning disability and there were 3 big meetings with people from the District groups. A lot of suggestions were made on how to improve the Board and Groups and how they should work together. Some of the feedback included:</p> <ul style="list-style-type: none"> -The District Groups are trying to do too many things - The District Groups are doing different things and are not clear about what they should be doing -The District Groups are not clear about who should organise the meeting or who should attend. <p>All of the information gathered was used to create several recommendations on how the Board and District groups should look like in the future. These can be found in the report from the NDTI (National Development Team for Inclusion). The report was presented to and agreed by the Kent Learning Disability Partnership Board in July 2010.</p>
Housing Action Plan	To look at future housing needs in Kent	Six of the 12 surveys have been completed with the remaining six in the process of being completed. Feedback will be available once all the surveys have been completed and analysed.
Complex Needs Research Project	Information about services for people with severe and profound learning disabilities	The feedback was completed in May 2011 and is due to be reported on during late 2011.

Name	Brief Summary	Outcomes
Good Day Programme	Modernising services is part of the ongoing programme to promote independence, choice and employment opportunities	<p>The purpose of the Good Day Programme consultations is to consult on proposals for a new service mode, moving away from traditional large congregate and segregate building based services.</p> <p>The new service model proposed to make available a selection of inclusive community based services and opportunities that reflect people's needs, choices and aspirations. This will be achieved by working in partnership with: external private and voluntary service providers, social enterprises, sport and leisure providers, education and training providers, supported employment</p> <p>The model for future services will be based on personalisation, with everyone having choice and control over the shape of their support through the use of direct payments and personal budgets. This person centred approach will uphold the principles and standards of the Good Day Programme.</p> <p>The vision is that people with a learning disability will:</p> <ul style="list-style-type: none"> • Choose what they do during days, evenings and weekends • Have the right support • Be equal citizens in their community • Have opportunities to lead a full and meaningful life <p>This will be achieved using five key principles:</p> <ul style="list-style-type: none"> • Person Centred Planning • Making Sure It Happens • Being part of the local community • Working together in partnerships • Using what we have well (resources – continuing to meet assessed needs within financial boundaries) <p>Standards to ensure people with a learning disability have better days, evening and weekends will include:-</p> <ul style="list-style-type: none"> • Good Information, Advice and Guidance • Choice – through self directed support, direct payments / individual budgets • Flexible Support • Transport • Sport and Leisure • Community • Self Run Services • Work • Education and Training <p>New service models were signed off for Ashford and Canterbury in 2010 and both districts are now in the final implementation stages. The principles are the same as Maidstone (see West Kent) with a variety of inclusive community based opportunities in place. The procedure for Consultation on the Modernisation, Variation or Closure of Services and Establishments provided and managed by Adult Social services is used as the process for consultation.</p>

Directorate Involvement Groups Meeting Timetable 2011 /12

Date	Time	Address	Topic
West Kent 8 March 2011	10.30 -12.30	Maidstone Community Support Centre	The Health and Wellbeing Board
East Kent 11 March 2011	2pm - 4pm	The Thanington Neighbourhood Resource Centre - Canterbury	Discharge from Hospital
County 14 April 2011	10.30 -12.30	The Library Oakwood House Maidstone	Integrated working – Health and Social Care
West Kent 10 May 2011	10.30 -12.30	Maidstone Community Support Centre	Making contact with isolated people
East Kent 12 May 2011	10.30 -12.30	Marlow Innovation Centre Ramsgate	Personal Budgets
County 9 June 2011	10.30 -12.30	The Library Oakwood House Maidstone	Charging Consultation
West Kent 12 July 2011	10.30 -12.30	Maidstone Community Support Centre	Direct payments
East Kent 14 July 2011	10.30 -12.30	Herne Bay	Monitoring of Personal Care
County 11 August 2011	10.30 -12.30	The Library Oakwood House Maidstone	
West Kent 6 September 2011	10.30 -12.30	Maidstone Community Support Centre	Respite and Residential respite care
East Kent 8 September 2011	10.30 -12.30	Swale CVS Sittingbourne	Advocacy
County 13 October 2011	10.30 -12.30	The Library Oakwood House Maidstone	
West Kent 8 November 2011	10.30 -12.30	Maidstone Community Support Centre	Help for people who wish to live at home
East Kent 10 November 2011	10.30 -12.30	Hersden Community Centre Canterbury	KCC Communication Channels
County 8 December 2011	10.30 -12.30	The Library Oakwood House Maidstone	
West Kent 10 January 2012	10.30 -12.30	Maidstone Community Support Centre	Staying Safe – working with Borough Councils
East Kent 12 January 2012	10.30 -12.30	Shearway Business Park Folkestone	Carers Assessment

By: Head of Democratic Services

To: Adult Social Care and Public Health Policy Overview and Scrutiny Committee - 20 September 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 - The Select Committee, Chaired by Mrs T Dean, has received the first draft of its report, which is now being amended for consultation with stakeholders and contributors. The Select Committee will take into account comments made before it agrees the final version of the report. It is intended that the final report will be submitted to Cabinet on 5 December and County Council on 15 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, Chaired by Mr C T Wells, is looking at the reasons for variations in Key Stage 2 performance within Kent Schools, with a focus on schools in areas of deprivation.

During June and July, the Select Committee had briefing sessions from Heads of Service and officers from Districts for the schools selected for the focus group, in preparation for visits. The Select Committee is planning to visit ten schools in September and October 2011. Work is also being carried out to gather insights from pupils and parents and this is being facilitated by colleagues in the Directorates.

The Committee is expected to meet in November or early December 2011 to discuss feedback from visits, hold final hearings and consider areas for recommendation. It is expected that its final report will go to Cabinet in April 2012 and then to the next available meeting of the County Council.

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, Chaired by Mr K Smith, cuts across Regeneration and Economic Development POSC, Customer and Communities POSC and Education, Learning and Skills POSC. An extensive programme of evidence-gathering hearings with key stakeholders, including representatives from business and education, took place in June and July, and further evidence gathering from young people, with visits to schools and colleges, will continue through September and October. Recommendations will then be drafted in November. It is intended that the Select Committee will submit its final report to Cabinet in April 2012 and to County 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 future Select Committee work

2. A review on Domestic Abuse has been suggested, arising from the Customer and Communities POSC (meeting as the Crime and Disorder Committee in July 2011). This review could potentially cut across several portfolios; adult services and public health, communities and specialist children's services. A formal proposal is currently being prepared for consideration by the Scrutiny Board on 28 September 2011.

3. 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:-

4. Members are asked to note the review work currently underway, and future work suggested, 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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