



## AGENDA

### ADULT SOCIAL SERVICES POLICY OVERVIEW COMMITTEE

Tuesday, 18 November 2008 at 10.00 am      Ask for:      Theresa Grayell

Darent Room, Sessions House, County Hall,      Telephone      01622 694277  
Maidstone

*Tea/Coffee will be available 30 minutes before the meeting*

#### Membership (15)

Conservative (10):      Mr R F Manning (Chairman),      Mrs A D Allen,      Mr M J Angell,  
Mr J Curwood,      Mr C G Findlay,      Mr T Gates,      Mr D A Hirst,  
Dr T R Robinson, Ms B J Simpson and Mr M V Snelling

Labour (4):      Mr T A Maddison (Vice-Chairman),      Mr L Christie,      Ms C J Cribbon  
and Mrs M Newell

Liberal Democrat (1):      Mr S J G Koowaree

#### UNRESTRICTED ITEMS

*(During these items the meeting is likely to be open to the public)*

***The Committee has the option of breaking for lunch and continuing its business afterwards, if the weight of business dictates. The timing of the meeting will be determined on the day by the Chairman. All timings shown on this agenda are approximate.***

Item  
No

#### **A.COMMITTEE BUSINESS**

- A1      Substitutes
- A2      Declarations of Members' Interest relating to items on today's agenda
- A3      Minutes of the Meeting held on 23 September 2008 (Pages 1 - 8)
- A4      Chairman's Announcements

**10.00 - 11.00 Presentation by Caroline Highwood and Jo Pannell from KASS , on "The Case for Change - Why England needs a new Care and Support System"**

**All County Council Members have been invited to hear the presentation, ask questions and contribute views.**

This will be followed by a discussion among the POC Members to determine which views they wish to submit to Cabinet

## **B. ITEMS FOR CONSIDERATION**

- B1 Finance Reports
  - a) Adult Social Services Budget Monitoring 2008/09 (Pages 9 - 16)
  - b) Medium Term Plan 2009-10 to 2011-12 (Pages 17 - 40)
- B2 Kent Adult Social Services Public Involvement Report (Pages 41 - 66)
- B3 Adult Social Services Annual Complaints Report (Pages 67 - 82)

### **suggested lunch break**

- B4 The Supporting People Programme (Pages 83 - 88)
- B5 Kent Adult Social Services - Member Briefing (Pages 89 - 90)
- B6 Modernisation of East Kent Informal Mental Health Day services (Pages 91 - 96)

## **C. SELECT COMMITTEE WORK**

- C1 Update on Select Committee Work (Pages 97 - 102)

### **EXEMPT ITEMS**

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

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

**Monday, 10 November 2008**

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

**DRAFT, SUBJECT TO APPROVAL**

**KENT COUNTY COUNCIL**

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**ADULT SOCIAL SERVICES POLICY OVERVIEW COMMITTEE**

MINUTES of a meeting of the Adult Social Services Policy Overview Committee held at Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 23rd September, 2008.

PRESENT: Mr R F Manning (Chairman), Mr T A Maddison (Vice-Chairman), Mr M J Angell, Mr L Christie, Ms C J Cribbon, Mr J Curwood, Mr C G Findlay, Mr T Gates, Mr D A Hirst, Mr S J G Koowaree, Mrs M Newell, Dr T R Robinson and Ms B J Simpson

OBSERVER: Mark Fittock and Graham Gibbens

IN ATTENDANCE: Oliver Mills (Managing Director - Adult Social Services), Steve Leidecker (Director of Operations) and Theresa Grayell (Democratic Services Officer)

**UNRESTRICTED ITEMS**

**38. Minutes of the meetings held on 30 May 2008 and 4 September 2008**  
(Item. A3)

RESOLVED that the minutes of the meetings on 30 May and 4 September 2008 are correctly recorded and that they be signed by the Chairman. There were no matters arising.

**39. Dates of Meetings in 2009**  
(Item. A4)

The Committee noted the dates of its future meetings, as follows:

Tuesday	15 January 2009
Wednesday	1 April 2009
Wednesday	15 July 2009
Tuesday	22 September 2009
Tuesday	17 November 2009

*All meetings will start at 10.00 am at County Hall and may go on all day, if the weight of business dictates.*

**40. Chairman's Announcements**  
(Item. A5)

(1) The Chairman welcomed Ms Simpson to her first meeting as a new Member of the Committee, and the Cabinet Member for Adult Social Services, Mr G K Gibbens, to his first meeting in his new role.

(2) In response to a request from the Chairman, Mr Mills explained that Kent Healthwatch would be launched on 10 October and go live shortly after, having been in development for eleven months. Kent Adult Social Services and Children's Social Services would both be actively involved in Kent Healthwatch, a fact which was welcomed by Members. Mr Gibbens added that he was delighted that this very important initiative had come to fruition.

**41. Update on national and local initiatives in social care provision, including Active Lives for Adults, Transforming Social Care, Putting People First, Later Life Strategy**  
(Item. A6)

*(Presentation by Ms D Exall, Head of Performance and Planning)*

(1) Ms Exall introduced a series of slides (*which are attached to these minutes as Appendix 1*) which set out the key points of, and latest developments in, the initiatives listed, and explained how they fit together. She also showed an extract from a thought provoking DVD which highlighted the issue of Dignity in Care.

(2) Members welcomed the update and thanked Ms Exall for her very clear presentation of complex issues. They were pleased to note that Local Boards would receive the same presentation so all Members could be made aware of the latest developments. In discussion, Members noted that Kent was ahead in various aspects of new service delivery:-

- (a) in Transforming Social Care (via Active Lives for Adults (ALFA));
- (b) on the take up of Direct Payments (although it was acknowledged that they were not suitable for everyone and should not be imposed); and
- (c) as a pilot area for the development of Personal Budgets.

(3) In debate, Members expressed concern that there were still some challenges in service delivery which need to be or are being addressed:-

- (a) delays in delivering adaptations to clients' homes;
- (b) the inclusion of travel time and mileage allowance in the work programme for paid care staff;
- (c) the provision of respite services;
- (d) risk assessments and the need for robust CRB checks, as part of the broader issue of future registration requirements; and
- (e) the ongoing importance of getting the language and culture right.

(4) Members congratulated Ms Exall on her recent appointment as the Head of Strategic Policy and wished her well in her new role.

(5) RESOLVED that:-

- (a) Information set out in the presentation, and in response to questions from Members, be noted, with thanks; and
- (b) The POC receive a future update report setting out more details on how initiatives have bedded down and developed. This will give Members the opportunity to have input into how the challenges, listed in paragraph (3) above, should be met, and how Government funding allocated for these initiatives should be spent.

**42. Transfer of Responsibility and Funding for the Commissioning of Social Care for Adults with Learning Disabilities from the National Health Service to Kent County Council**

*(Item. B1)*

*(Report by Managing Director, Kent Adult Social Services)*

*(Mrs M Howard, Director of Commissioning and Provision, West Kent, and Mr D Waller, Policy Manager, were in attendance for this Item)*

*(Mr M J Angell declared a non-pecuniary interest in this Item as a Non-Executive Director of the Kent and Medway NHS and Social Care Partnership Trust)*

- (1) Mrs Howard introduced the report and explained that the changes were part of the same broad agenda of change as the initiatives set out in the preceding presentation. These changes presented a number of opportunities for, and risks to, the County Council.
- (2) In response to questions and concerns raised by Members, Mrs Howard clarified:-
  - (a) transfers would be phased – some in January 2009 and some up to April 2009 - Some services are transferring to independent sector providers earlier but all are planned to transfer by the beginning of April 2009;
  - (b) money transferred to support NHS clients would be allocated in perpetuity, which was welcomed;
  - (c) premises will transfer to Independent Sector providers and will be owned by Social Landlords;
  - (d) dedicated care management will be recruited to oversee the transfer period, and longer term support staff engaged to monitor and support the new services and the service users. Some NHS staff may transfer with regard to the commissioning responsibilities; Kent will receive either staff or money;
  - (e) the transfer arrangements had been based on individual assessments of each client's priorities, wishes and needs;

- (f) to ensure continuity of care for clients currently receiving intensive support services, NHS support staff would transfer with them to the new Independent Sector providers; and
- (g) activities and social networking opportunities would be built into the specification for new contracts, to ensure that adequate provision was available.

(3) In addition, Members expressed concerns that the Independent Sector providers would have sufficient capacity to provide all the services required, that those previously receiving free care may have to pay for future services if they do not qualify for Continuing Care, and, although Members welcomed the transfer of funding in perpetuity, there were concerns over whether or not finance beyond 2011 would be ring-fenced, the formula to be used and how demographic pressures would be treated.

(4) RESOLVED that:-

- (a) the information set out in the report, and in response to Members' questions, be noted, with thanks; and
- (b) Members' comments and concerns expressed in paragraphs (2) and (3) above be taken into account when establishing the new services.

**43. 2007/08 Business Unit Operating Plan Outturn Monitoring - Kent Adult Social Services**  
(Item. B2)

*(Report by Managing Director, Kent Adult Social Services)*

*(Mr N Sherlock, Public Involvement and Performance Improvement Manager, was in attendance for this and the following three items, and Miss Goldsmith, Directorate Finance Manager, was in attendance for this and the following item)*

(1) Mr Sherlock and Miss Goldsmith introduced the report and, in response to questions and points of concern raised by Members, they and Mr Leidecker clarified:-

- (a) the Operating Plan included a small but ongoing cost of providing basic services (which KASS has the responsibility to do) to unsuccessful asylum seekers who had exhausted the appeal system and were awaiting repatriation;
- (b) although the overall level had reduced, East Kent still experienced more delayed discharges than West Kent, despite the transfer of funding from West to East two years ago to address the problem;
- (c) the expected spend for the year is set out in the Business Plan at the start of the year but inevitably requires adjustment as the year

progresses. Examples of this change noted were the underspend on staffing and an increase in the amount committed to Direct Payments;

- (d) KASS experienced a very low turnover of staff, and vacancies were managed by monitoring the workload, sickness levels and maternity leave, etc. and by using the traffic light system to indicate vacancies which should be filled as priority and those which could wait a while. Members would be supplied with details of how this system worked; and
- (e) there were indications that the increase in the use of Direct Payments had identified previously unmet need. The budget IMG had looked at this issue and the report considered by the IMG would be shared with POC Members.

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

#### **44. Adult Services Budget Monitoring 2008/09**

*(Item. B3)*

*(Report by Managing Director, Kent Adult Social Services)*

(1) Miss Goldsmith introduced the report and explained that, in response to previous requests from the Committee for more information, it included a greater level of detail under more headings. Members welcomed the increased information and asked that figures be also expressed as a percentage variation to show more detail.

(2) In response to concerns from Members that the timing of the publication of figures reduced their opportunity to scrutinise and give meaningful comment on them, Members were reassured by Mr Mills that the move to realign POC and Cabinet meetings in 2009/10 would reduce this gap. It was noted, however, that to be able to give a meaningful and reliable analysis of figures, some preparation time would always be needed between recording figures and reporting them to Members.

(3) RESOLVED that the projected out-turn figures for the Directorate for the first quarter, be noted.

#### **45. Update on End Of Year Performance, 2007-08**

*(Item. B4)*

*(Report by Managing Director, Kent Adult Social Services)*

*(Mrs S Abbott, Performance Manager, was in attendance for this Item)*

(1) Mrs Abbott introduced the report and received Members' congratulations on the majority of the Directorate's scores being 5 (optimum performance) and 4 (good

performance), with only a few 3s (acceptable performance). She explained that the single lower score of 2 which Kent had been given for the number of older people helped to live at home was due to way Kent counted such clients, as this was incompatible with the way in which the indicator counted them. This would be improved next year *when the indicator was to change?*

(2) Members noted that Kent would be inspected by the Commission for Social Care Inspection in winter 2008/09 as part of its service inspection programme looking at independence, wellbeing and choice.

(3) RESOLVED that KASS performance indicators for 2007/08, and the changes to performance assessments taking place this year, be noted.

**46. 'Towards 2010' - Second Annual Report**  
*(Item. B5)*

*(Report by Managing, Kent Adult Social Services)*

(1) Mr Sherlock introduced the report and received Members' congratulations on work towards meeting those targets in 'Towards 2010' which related to KASS.

(2) Mr M J Angell expressed a concern which related to the aspirations set out in 'Towards 2010' as well as to other areas of KASS's service provision discussed in previous Items on the agenda. The worsening economic climate and increasing fuel, heating and food costs could have a potential damaging impact on the costs of delivering services, and on the general financial security of many of KASS's clients. 85% of KCC services are provided by the private and voluntary sector and many providers will struggle and may well have to pass on increased costs when pricing the services they provide, either via KASS or direct to clients via Direct Payments.

(3) Mr Mills agreed that the economic downturn would inevitably affect most vulnerable people on low, fixed incomes, that KASS would need to be vigilant to ensure that providers were not struggling to deliver contracted services and to ensure that choice, quality and levels of service were not compromised. He explained that an impact assessment was being undertaken.

(4) RESOLVED that the progress towards KASS's 'Towards 2010' targets, set out in the report, be noted.

**47. A Summary of Progress towards delivering Kent County Council's Climate Change Action Plan.**  
*(Item. B6)*

*(A Joint Report by the Cabinet Working Group on Climate Change and the Cabinet Member and Managing Director for Kent Adult Social Services)*

*(Miss A Cambray, Climate Change Project Manager, was in attendance for this Item)*

(1) Miss Cambray introduced the report and received Members' congratulations on the work undertaken by her team across all Directorates. Members and Directorate officers welcomed the report and agreed on the importance and high priority of climate issues. It was acknowledged, however, that climate issues were not the first consideration for people choosing and engaging social care services. The increase in personal choice of service, and the method by which they were engaged and paid for, meant that KCC's ability to influence people's choices directly would reduce further.

(2) RESOLVED that:-

- (a) the progress and next steps for KCC's Climate Change Action Plan be noted;
- (b) the next steps for KASS, set out in paragraphs 4.3 and 5.5 of the report, be agreed; and
- (c) KASS officers report back the POC every six months, starting at the 1 April 2009 meeting, on progress on these actions. These reports should set out outcomes of the workshops currently running and give Members a chance to input into and comment on the strategy which arises from those workshops.

**48. Update on Select Committee work**  
*(Item. C1)*

*(Report by Overview, Scrutiny and Localism Manager)*

(1) Miss Grayell introduced the report and, in response to a question, confirmed that the opportunity for Members and officers to put forward subjects for future Select Committee work would be in the Autumn.

(2) Resolved that the ongoing work of the Autistic Spectrum Disorder Select Committee, the excellent progress achieved in implementing the Transitional Arrangements Select Committee's recommendations and the issues covered at, and the outcomes of, the meeting of the Policy Overview Co-ordinating Committee on 10 September, be noted.

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By: Oliver Mills, Managing Director Adult Social Services

To: Adult Social Services Policy Overview Committee –  
18 November 2008

Subject: **ADULT SERVICES BUDGET MONITORING 2008/09**

Classification: Unrestricted

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

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## Introduction

1. (1) This is the second report for 2008-09 to this Committee on the forecast outturn against budget for the Adult Social Services Department.

## Background

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

a) **Budget Monitoring reports**

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

b) **Performance data**

This will be reported 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 POCs will be in a stronger position to question and comment on the future budget and medium term proposals, as they will be asked to do at the November and January meetings.

## Updated First Quarter monitoring report

3. (1) The revenue monitoring exception report for Adult Social Services as presented to Cabinet in October is attached at Appendix 1. This indicates an overall revenue pressure of £1,619k, which is a reduction of £44k in the position submitted in the first quarter's full monitoring. This pressure will be addressed through the 'Guidelines for Good Financial Practice', previously referred to as 'Management Action Plans' in 2007-08. These 'Guidelines' were detailed in the first full monitoring report (presented to ASSPOC on 23 September), and through their implementation the Directorate expects to achieve a balanced position by the end of the year.

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

- The Older People budget line is forecasting an underspend of £1,175k including the one-off release of the Deferred Payments Loan of £1,256k. Therefore there is an underlying pressure of £81k. The remaining balance of the contingency held by the Managing Director (£436k) has also been released to reduce the overall Directorate position. Significant pressures remain within this client group, and there are increasing numbers of people with higher needs, particularly those with some form of dementia. Although the number of residential clients in permanent placements is similar to the figure in March (2,917 in March compared with 2,919 in July) a greater proportion of these clients is suffering from dementia. The number of clients with dementia has increased from 1,113 in April to 1,176 in July. This has impacted on the average cost per week which is increasing as people with higher needs/dementia require higher cost placements. Pressures within in house residential provision remain significant and result from the costs of agency staff needed to cover sickness and absence in order to meet care standards. Although nursing clients have also increased by 20 to 1,406 since March. The increase in the number of people with higher needs may help to explain the drop in domiciliary clients since April as it becomes more difficult for them to remain at home. There has been a significant increase in the number of clients in receipt of direct payments rising from 518 in March to 685 in September, but many of these only require small payments to access transport to access daycare facilities.
- Services for People with a Learning Difficulty is showing an overall pressure of £2,176k as both demographic and price placement pressures continue. These relate to young adults with very complex needs transferring from Children's Services, clients with ageing parents cared for at home but requiring more support, and the numbers of people placed by other authorities in registered residential care, but who then move into supported living in Kent, and are then classified as 'ordinarily resident' (deemed as living in the county rather than in a residential placement), and therefore become our responsibility. The number of residential placements has again increased as has the average unit cost which is nearly £10 higher per week than that reported for June. Also the previous

transfer of a proportion of the residential budget to support increasing demand in other lines, especially domiciliary and supported accommodation, continues to impact on the overspend. Pressures remain within domiciliary, direct payments and supported accommodation as the Directorate tries to support clients within the community. As with Older People in house residential provision is showing a pressure on staffing because of the need to cover sickness and absence in order to meet care standards. The number of people in receipt of a direct payment has risen by 77 since March to 412 in July. The overall forecast pressure has also been reduced by £264k following release of the remaining balance of the contingency held by the Managing Director.

- Services for People with a Physical Disability have similar pressures to Services for People with a Learning Difficulty and as a result the overall position is a pressure of £528k. The number of residential placements continues to increase and there are pressures within supported accommodation and direct payments. The number of Direct Payments clients has increased to 611 in July from 547 in March. It is hoped that the number of domiciliary clients, along with direct payments and supported accommodation clients, will increase throughout the year, as the Directorate tries to support people within the community rather than in a residential placement. The overall forecast pressure has also been reduced by £90k following release of the remaining balance of the contingency held by the Managing Director.
- The All Adults Assessment and Related budget line is reporting a pressure of £499k even though there a hold on recruitment to all but the most essential of posts remains in place. This action has helped to reduce the pressure which previously stood at £607k. Although the cost of increments is not funded on the assumption that turnover will cover this cost, it is causing pressure as the level of turnover seems to be reducing.
- Although the position for Mental Health is a small underspend of £32k, within that is a significant pressure against residential care offset by savings within Assessment and Related staffing line. As with other client groups budget has been transferred from residential to address growing demand in other services, primarily supported accommodation. This transfer leaves a significant pressure within residential care. The saving in staffing results from vacancy management.
- Policy, Performance and Quality Assurance is underspending by £328k and reflects vacancy management as well as costs covered by grants/external funding.
- Although the Resources budget line is showing a small underspend of £36k, within this is an underspend on gross, and an under-

recovery of income. The underspend on gross primarily relates to the release of £300k from the Supporting People Reserve to fund some of the legal costs incurred last year on the Better Homes Active Lives PFI. The release from reserve is shown as a credit entry in revenue. The under-recovery in income is also primarily related to the release from reserve as the position is skewed by writing back of a debtor of £225k which is shown as a debit entry in revenue. The debtor was raised last year in respect of contributions expected from District Councils towards the legal costs, but now covered by the release from reserve.

(3) The latest position on the review of the capital programme, as reported to Cabinet in October, is included at Appendix 2.

### **Recommendations**

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

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

## 2.7 Kent Adult Social Services portfolio:

The latest forecast indicates a pressure of £1.619m, which is a small reduction of £0.044m since last month, however within this there are some larger offsetting movements which are detailed below. The forecast assumes that the savings identified in the MTP will be achieved, however in the future the forecast may need to be adjusted on a monthly basis to reflect any savings that are not achieved as predicted, although at this stage it is expected that these savings will be achieved. The Guidelines for Good Financial Practice, previously referred to as Management Action Plans were reported to Cabinet last month. Through these guidelines, the KASS directorate is wholly committed to delivering a balanced outturn position by the end of the financial year. The range of innovations implemented by the Directorate will also help to achieve this, for example telehealth and telecare, through the successful investment of the 'Whole Systems Demonstrator Programme', and extra care sheltered housing in the latter part of the year.

The movements over £0.1m this month are:

2.7.1 Older People -£0.323m – an increase in the underspend from £0.852m to £1.175m. The main movements are:

2.7.1.1 +£0.370m Residential Care – this has moved from an underspend of £0.042m to a pressure of £0.328m. Although the number of clients in a permanent placement has increased by 18 to 2,919, what is more significant is that normal residential placements have decreased by 10 but Older People Mental Health placements have increased by 28. These placements are more expensive so the impact on the financial forecast is exaggerated. The increasing number of people with higher needs or dementia is also impacting on the domiciliary budget as these clients are less likely to be able to remain at home.

2.7.1.2 -£0.257m Nursing Care – an increase in the underspend from £0.220m to £0.477m following a reduction of 14 permanent placements since last month and a minor reduction in the average cost per week.

2.7.1.3 -£0.331m Domiciliary Care – an increase in the underspend from -£0.142m to -£0.473m following review of actual costs and activity to date. Although the number of clients receiving packages of care from an independent sector provider has marginally increased from 6,696 to 6,708 the forecast remains well below the level afforded within the cash limit thus giving rise to the underspend. It was estimated that the number of clients in residential care would fall, with clients instead remaining in their own homes and receiving a domiciliary package, and as a consequence budget was transferred from residential care to domiciliary. However it may be the case that increasing numbers of clients with higher levels of need, particularly those with dementia, have no option but to go into residential care. The Domiciliary Care service remains the most volatile and difficult to monitor.

2.7.2 Learning Disability Care +£0.417m – an increase in the pressure from £1.759m to £2.176m. The main movements are:

2.7.2.1 +£0.204m Residential Care – an increase in the pressure from £1.624m to £1.828m. This includes estimates of costs for clients known to be coming into residential placements during the year ahead. The increase in the pressure this month is due to three new clients being forecast as well as increases in non-permanent/respite care and the average cost per week. Alongside demographic growth within this client group, there is increasing pressure relating to new and existing clients whose needs are becoming more complex. This is particularly true for those clients coming through transition from childhood. It should be noted that a significant amount of savings are still anticipated against this service line, predicated on clients moving to supported accommodation. This target will be monitored closely each month through the monitoring process.

2.7.2.2 +£0.178m Direct Payments – an increase in the pressure from £0.067m to £0.245m as the number of clients in receipt of a direct payment has increased from 365 last month to 388, which has had a very significant impact on the overall variance.

- 2.7.2.3 -£0.138m Supported Accommodation – this has moved from a pressure of £0.054m to an underspend of £0.084m. There continues to be discussion at a national level on what constitutes supported accommodation as there are many similarities with domiciliary care. This reduction should therefore be offset against an increase of £0.053m in Learning Disability domiciliary care. The reduction in the forecast is also related to the increase in Direct Payments as clients opt for a Direct Payment instead.
- 2.7.2.4 +£0.120m Other Services – this has moved from an underspend of £0.103m to a small pressure of £0.017m and results from revised estimates for daycare, supported employment and payments to voluntary organisations.
- 2.7.3 Physical Disability -£0.020m – a small overall reduction in the pressure from £0.548m to £0.528m but there are some larger offsetting movements:
- 2.7.3.1 +£0.208m Residential Care – an increase in the pressure from £0.711m to £0.919m following an increase to the forecast for non-permanent/respite care weeks. As reported to Cabinet last month, the residential budget has been adjusted with funding transferred to domiciliary, direct payments and supported accommodation to support current levels of clients and/or expected growth in these services.
- 2.7.3.2 -£0.142m Domiciliary Care – an increase in the underspend from -£0.068m to -£0.210m. This budget remains very difficult to forecast with great accuracy as it remains the most volatile activity line within the Directorate. As with Older People the forecast has been revised following a review of actual costs and activity to date. The adjusted budget gives an affordable level of activity which is currently in excess of actual demand. It is expected that this underspend will reduce over the course of the year as the Directorate tries to keep clients out of residential care.
- 2.7.4 Adults Assessment & Related (excluding Mental Health) -£0.108m – a reduction in the pressure from £0.607m to £0.499m following further savings through vacancy management.

### 3. **2008-09 CAPITAL POSITION**

- 3.1 As previously reported, a review of the whole capital programme has been required to address the funding shortfall arising as a result of the current economic situation and the impact this has had on property prices and our ability to raise capital receipts. The funding of the original 2008-11 capital programme was reliant upon £186.802m of capital receipts, but this level of receipts is no longer realisable in the short term.
- 3.2 This collapse in capital receipts realised could have resulted in a major downsizing of our capital programme. However, the recent approval of PEF2 means that we have a much more manageable situation. The consequence of PEF2 is that we have been able to keep £85m of capital projects in the programme that would otherwise have had to be cut due to lack of funding. Whilst there are some projects re-phased or removed, we still have a very ambitious modernisation, innovation and improvement programme that is in excess of £1bn over the next three years.
- 3.3 The current economic situation has also given rise to a supplementary inflationary cost, of an average of £6m per year of the MTP, as a result of the increase in building tender price inflation since the budget was set and a pressure on the highways maintenance budget in the current year of £2.4m, all of which needs to be absorbed by reducing budgets elsewhere. It is proposed that the inflationary impact on the highways maintenance budget in 2009-10 and 2010-11 of £2.9m and £3m respectively is addressed through the 2009-12 MTP process.
- 3.4 The review of the whole capital programme is continuing, but in the meantime, in order to reflect the outcomes reached from the review so far, it is recommended that we:
- Continue to dispose of assets for which negotiations are already at an advanced stage and/or the sale proceeds are not substantially reduced from the value assumed in the MTP.
  - Defer a range of capital projects to later years but within the 5 year MTP period (details provided in table 1)
  - Remove, defer beyond the 5 year MTP timeframe, or find alternative funding sources, a range of capital projects (details provided in table 2)

In addition, there has been an increase to the programme since the 2008-11 capital programme was set, which is mainly the result of the roll forward of the re-phasing from 2007-08, as well as additional approvals made via PAG and the Leader and additional external funding streams.

The resulting revised capital cash limits are provided at table 3, which Cabinet is asked to approve. This incorporates all of the changes shown in tables 1 and 2 and the roll forward from 2007-08 and other adjustments. If approved, these revised portfolio capital cash limits will be used as the basis for the next monitoring report, but it is likely that there will be further recommendations for changes to the programme in the next report(s), once the review of the whole capital programme is completed.

The revised budget book pages for each portfolio will be available on KNet on 8 October, on the assumption that all of these changes are approved.

TABLE 1

**CAPITAL PROJECTS DEFERRED BUT WITHIN THE 5 YEAR MTP PERIOD**

	Later Years					2013-14 £'000
	2008-09 £'000	2009-10 £'000	2010-11 £'000	2011-12 £'000	2012-13 £'000	
<b><u>KASS</u></b> Rephasing of programme	-3,215	-7,577	7,895	2,265	632	

TABLE 2

**PROJECTS REMOVED, DEFERRED BEYOND THE 5 YEAR MTP TIMEFRAME,  
OR REQUIRING ALTERNATIVE FUNDING**

<b><u>Projects Deleted or Reduced:</u></b>	Later Years					Total £'000	2013-14 £'000
	2008-09 £'000	2009-10 £'000	2010-11 £'000	2011-12 £'000	2012-13 £'000		
<b><u>KASS</u></b> Modernisation of Adult In House Services			-430				
	0	0	-430	0	0	-430	

TABLE 3

**REVISED CAPITAL CASH LIMITS****PROPOSED REVISED CASH LIMITS**

	2008-09 £'000	2009-10 £'000	2010-11 £'000	Later Years £'000
<b><u>KASS</u></b> Total per Budget Book	60,587	29,442	27,071	26,670
Projects deferred within 5 year MTP (Table 1)	-3,215	-7,577	7,895	2,897
Projects Deleted, Rephased to 2013-14 or Alternative Funding Required (Table 2)	0	0	-430	0
Roll Forwards from 2007-08 and other adjustments	-556	599	414	0
<b>REVISED CASH LIMITS</b>	<b>56,816</b>	<b>22,464</b>	<b>34,950</b>	<b>29,567</b>

Report to POC Chairmen  
By: Nick Chard, Cabinet Member for Finance  
Lynda McMullan, Director of Finance

**Taking forward the KCC budget and medium term plan process**

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**Summary**

As part of our ongoing commitment to continue to improve and develop our already excellent reputation for financial management the Leader has previously committed to strengthening the role of the Policy Overview Committees throughout the budget and medium term plan process.

As agreed, November POCs will be provided with more detail on the budget proposals to enable them to comment more fully, earlier in the process. This will focus on the corporate and portfolio pressures being predicted and what the current budget, and new medium term proposals broadly, “buys” in terms of outputs, outcomes and improvements. Presented within the published expectation of overall future resources, this will give a broad indication of the challenge to be faced.

At this stage cash limits have not been agreed for each portfolio and therefore the share of savings to be delivered is not finalised. Nevertheless POCs are requested to identify their relative priorities and savings.

A fine balance needs to be struck between making available sufficient information to enable that desire to be achieved whilst not releasing too much detail and setting hares running in advance of final decisions having been taken by Cabinet on the budget it wishes to ultimately recommend to County Council.

A proposed “scripted” template report has been produced which it is intended, directorates should use in the November POC reports. The intention is to ensure consistency of reporting in terms of both style and level of detail whilst allowing directorates sufficient flexibility to encompass their own themes and local issues.

By: Oliver Mills, Managing Director Adult Social Services

To: Adult Social Services Policy Overview Committee –  
18 November 2008

Subject: **MEDIUM TERM PLAN 2009-10 TO 2011-12**

Classification: Unrestricted

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Summary: To update the committee on the Autumn Budget Statement report to Cabinet on 15 September 2008 and any later announcements by Government departments. To provide a strategic summary of the service enhancements and savings proposals for the next three years functions that the committee exercises overview.

Members are invited to comment on the key issues for the services provided by the Adult Social Services Directorate.

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## **1. Introduction**

- 1.1 The Autumn Budget Statement report by the Leader, Cabinet Member for Finance, Chief Executive and Director of Finance to Cabinet on 15 September 2008 set out the national and local context for KCC's medium term plan (MTP) for the period 2009-12 to 2011-12.
- 1.2 This report expands on that report, updates for the latest developments, looks in more detail at specific elements in the directorate medium term plan, and invites Members to comment on the key issues for the services provided by the Adult Social Services Directorate.

## **2. Background**

- 2.1 This paper summarises the current budget position for 2009-10 and is based on submissions to Corporate Finance as part of the Medium Term Plan process. Indicative cash limits for 2009-10 and 2010-11 were approved by County Council in February 2008 in the MTP for 2008-11. These figures are being updated for known changes such as transfers of activities or staff between portfolios and the forthcoming provisional local government finance settlement, expected in late November or early December.

## **3. Latest Developments: National Context**

- 3.1 There are a number of national factors to take into account.
- 3.2 The government's Comprehensive Spending Review 2007 which was published on 9 October 2007 set out national spending plans for the next three years,

2008-11. The overall position and direction of the UK and world economy has continued to clearly and significantly deteriorate since that point.

- 3.3 Inflation is running at 4.7% (CPI - August) and 4.8% (RPI – August), well above the levels assumed in the government's spending plans and well above the level of our indicative grant settlement increase.
- 3.4 The latest OECD forecast issued in September predicts growth of just 1.2% for 2008 in the UK and shrinkage in the economy for the latter two quarters of 2008-09, which meets the working definition of a recession, two quarters of negative growth. This is around half the medium term level assumed in the government's spending plans.
- 3.5 The "credit crunch" continues to provide instability in financial markets and credit markets. There are clear spill over effects on the ability of any one individual or organisation to lend and borrow, to know whom it is "safe to do so", at what is a "reasonable" rate of interest for the "risk" involve. These consequentially affect the ability of individuals and organisations to fund planned capital expenditure, thus limiting proven demand for assets, limiting the ability for counterparties to sell assets at a firm "market" price. KCC is less directly affected by the "credit crunch", but not exclusively insulated, from the wider effects that we are all experiencing in every day life.
- 3.6 There are no significant changes to our budget assumptions which were set out in the autumn Budget Statement in September. Key assumptions remain:
  - 3.2% formula grant increase for each of the next two years (although net of LABGI losses this is worth an effective 2.0% in 2009-10) given the pre-announced provisional local government finance settlement;
  - Approximately 1% reduction in cash terms each year for Area Based Grant on like for like basis as some initial start up grants cease (Area Based Grant will increase by approximately £32m in 2009-10 to allow for the transfer of Supporting People grant into ABG – but this is merely a transfer and not new money);
  - Specific grants (which are increasingly primarily targeted at education and children's services and of course ring-fenced) increase as set out in the three year local government finance settlement (e.g. DSG headline increases of 3.4% for 2009-10, 4.1% for 2010-11, Sure Start, Early years and Childcare headline increases of 10.6% for 2009-10 and 13.9% for 2010-11);
  - 5% maximum increase in council tax per annum given the threat of capping but equally a desire to keep actual council tax increases as low as practicable;
  - Council Taxbase grows by 1% per annum;
  - That there is no deterioration beyond that already provided for in the collection fund as the housing market stalls;
  - A limit on pay having due regard to the Chancellor of the Exchequer's stipulation to all pay review bodes that public sector pay increases must be contained within a 2% limit;

- That specific grant changes and risks do not adversely move against us, but if they do and funding is directly reduced, we will have no option but to reduce services;
- That Dedicated Schools Grant is sufficient to meet all government promises on service extension and minimum funding guarantees;
- That costs of asylum seekers are fully met and reimbursed by government;
- That we have fully captured updated pressures on our services (pay, prices, demographics, demand, legislation, impact of the “credit crunch” etc.);
- That we deliver significant efficiencies and savings in specific services and through a series of cross cutting reviews of services.

#### 4. The current budget

4.1 The current budget for the Adult Social Services portfolio under the oversight of this POC is as follows:

	Gross spend £'000	Income £'000	Net spend £'000
Portfolio controllable	448,359	-124,556	323,803

Further detail is outlined in Appendix 1.

It should be noted that as part of the first full monitoring budget monitoring process virement was approved by Cabinet which has altered the breakdown of the budgets outlined in Appendix 1.

4.2 In very brief summary this budget provides for the following outcomes, outputs and/or service improvements:

- Over 148,000 weeks of permanent residential care for Older People (excluding preserved rights) within the independent sector supporting 2,916 clients as at September 2008, with a further 11,000 weeks of non-permanent care
- Almost 70,500 weeks of permanent nursing care for Older People within the independent sector supporting 1,391 clients as at September 2008, with a further 4,000 weeks of non-permanent care
- 2,642,000 hours of domiciliary care for Older People provided through the independent sector and a further 229,000 hours provided through the Kent Home Care Service, together supporting 7,029 clients in their own home as at September 2008
- Nearly 30,300 weeks of permanent residential care for people with a Learning Difficulty (excluding preserved rights) within the independent sector supporting 635 clients as at September 2008, plus 750 weeks of non-permanent care. Also approximately 34,100 weeks of permanent residential care for preserved rights supporting 674 preserved rights clients as at September 2008

- About 9,400 weeks of permanent residential care for people with a Physical Disability within the independent sector supporting 214 clients as at September 2008 with a further 1,200 weeks of non-permanent care
- 1,832 people of all client groups in receipt of a direct payment as at September 2008
- 270 Mental Health clients in residential care as at September 2008
- Providing Housing Related Support to over 20,000 people through the Supporting People team
- Occupational Therapy and Sensory Disability Services working in partnership with Health, Hi Kent and Kent Association for the Blind to provide over 43,000 items of equipment in 2007/08
- Care Managers and Mental Health Social Work staff carrying out over 27,000 assessments for new clients in 2007/08, and almost 40,000 clients reviewed overall

Further detail is outlined in Appendix 2.

4.3 As reported in the quarterly monitoring report there are spending pressures/savings in the following areas:

- £1,130k pressure relating to gross expenditure on Learning Difficulty residential placements in the independent sector where number of clients remain in excess of affordable levels
- Similar £1,040k pressure on gross expenditure relating to Physical Disability residential placements in the independent sector
- £789k pressure in gross expenditure in Learning Difficulty residential resulting from less than expected attrition of Preserved Rights clients
- £1,256k saving equally split between Older People Residential and Nursing through release of the Deferred Payments Loan from the Department of Health
- Savings on a number of staffing lines to compensate pressures in the overall position. These savings are primarily in Mental Health Assessment and Related, and Policy, Performance and Quality Assurance

Further detail is outlined in Appendix 3.

## **5. Adult Social Services Priorities for the Medium Term Plan**

5.1 The overall direction for the Adult Social Services directorate is now well established, and enclosed with this report at Appendix 4 is a first draft paper of the Medium Term Service Priorities for Adult Social Services which will shape our contribution to Section 3 of the Medium Term Plan.

5.2 Members will appreciate, from the information in Section 3 above, that the financial framework for the medium term will be very tough for all Directorates and comes at a time when demand for services has never been higher, both because more people need services and because of greater public expectations.

- 5.3 Whilst the Directorate is implementing modernisation changes that will increase efficiency and effectiveness, this will not avoid altogether the need for some difficult decisions over the medium term.
- 5.4 Areas of spending priority for which significant additional funding is proposed are as follows:

**Pay/Prices £13,691k** – The pay increase has been assumed for planning purposes at 2.0% as per Corporate advice. This amount also includes price increases for contracts with private and voluntary providers and in-house provision.

**Demand £1,256k** – underlying pressure relating to 2008/09.

**Demand £8,597k**

– The current pressures within those services for younger adults indicate that at least £6,268K is required for demography in 2009-10 and future years. This calculation is based on comparing the expenditure in 2007-08 to that in 2006-07. An adjustment has been made for the inflationary uplift. The increase represents both the likely growth in client numbers but also the changing needs and complexity of cases. The calculation does assume that any increase is similar to an historical trend. The growth figure assumed is similar to the percentage increase being seen nationally on expenditure on younger adults.

– The current pressures within those services for older people indicate that at least £2,329K is required for demography in 2008/09 and future years. The method of calculation is the same as with younger adults. The increase does take into account that during the year 2007-08 more clients with dementia were being placed into residential care, which bears a higher cost than ordinary residential care.

- 5.5 The position can be summarised as follows:

	2009-10 £'000	2010-11 £'000	2011-12 £'000
<b>Existing pressures in published MTP 2008- 2011</b>			
Pay/Prices/Legislative	8,673	8,879	
Demand	7,802	7,802	
<b>New pressures</b>			
Pay/Prices	5,018	1,663	10,656
Demand	2,051	795	8,597

More detail is set out in the attached draft Medium Term Plan Financial Appendix 5. For reference, the previous published MTP for 2008-11 is reproduced in Appendix 6.

5.6 The detailed proposals are still being iteratively developed and will be subject to consultation and deliberation over relative service priority. The POC is equally asked to prioritise the functions and budget that it has oversight of and indicate what types and areas of savings, broadly, might be achievable and acceptable, if there were a savings requirement of:

- 1% which equates to £4.5m;
- 2% £9.0m; or
- 3% £13.4m;

of budget. To assist and remind Members of the current position, the current budgets for the functions they have oversight of are attached as an appendix to this report.

## **6. Recommendation**

6.1 Members are asked to note and comment on the above proposals.

6.2 Members are invited to identify and express their relative priorities for services and to indicate, broadly, areas and types of savings and efficiencies that they consider could be realistically be achieved.

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

## Appendix 1 – Existing 2008-09 budgets

### KENT ADULT SOCIAL SERVICES

#### REVENUE SPENDING

2007-08 Spending Plans £ '000	Spending Plans	2008-2009			Managing Director
£ '000		Total £ '000	Income £ '000	Net Cost £ '000	
	Older People:				
	Residential Care	89,446	-31,330	58,116	The commissioning of services for older people from both in-house units and the independent sector. Includes occupational therapy equipment.
	Nursing Care	44,144	-19,084	25,060	
	Domiciliary Care	43,457	-9,606	33,851	
	Direct Payments	4,138	-432	3,706	
	Other Services	22,793	-6,980	15,813	
	<b>Total Older People</b>	<b>203,978</b>	<b>-67,432</b>	<b>136,546</b>	<b>OM</b>
100,522	Older People				The commissioning of services for older persons from the independent sector.
	People with Learning Disabilities				
	Residential Care	63,332	-11,927	51,405	The commissioning of services for people with learning disabilities from both in-house units and the independent sector.
	Domiciliary Care	5,129	-419	4,710	
	Direct Payments	3,858	-97	3,761	
	Supported Accommodation	5,666	-597	5,069	
	Other Services	19,405	-1,818	17,587	
	<b>Total People with Learning Disabilities</b>	<b>97,390</b>	<b>-14,858</b>	<b>82,532</b>	<b>OM</b>
52,208	People with Learning Disabilities				The commissioning of services for people with learning disabilities from the independent sector.
	People with a Physical Disability:				
	Residential Care	12,024	-2,381	9,643	The commissioning of services for people with physical disabilities from both in-house units and the independent sector. Includes occupational therapy equipment.
	Domiciliary Care	8,105	-521	7,584	
	Direct Payments	5,857	-215	5,642	
	Supported Accommodation	287		287	
	Other Services	4,828	-82	4,746	

# KENT ADULT SOCIAL SERVICES

## REVENUE SPENDING

2007-08 Spending Plans £'000	Spending Plans	2008-2009			Managing Director
		Total £'000	Income £'000	Net Cost £'000	
	<b>Total People with a Physical Disability</b>	<b>31,101</b>	<b>-3,199</b>	<b>27,902</b>	<b>OM</b>
20,366	People with a Physical Disability			The commissioning of services for people with physical disabilities from the independent sector	OM
24,784	All Adults Assessment & Related	33,893	-496	33,397	OM
				Social Work and related costs (excluding Mental Health). Includes Occupational Therapy staff, Specialist Finance Teams, County Duty Service and Out of Hours service.	
20,875	Older Persons Direct Service Unit			In house older persons county wide unit providing residential, respite and day care to meet locally agreed need.	OM
13,190	Adult Service Provider Unit			In house county wide unit providing services that promote individual development for people with a learning/physical disability, within their community.	OM
1,653	SESEU			The Unit develops employment services & work based projects/training opportunities for people with disabilities.	OM
6,844	Occupational Therapy Bureau			Provision of equipment and adaptations to adults and children with disabilities.	OM
	<b>Mental Health Service:</b>				
	Residential Care	7,759	-1,692	6,067	
	Domiciliary Care	915	-2	913	
	Direct Payments	321		321	
	Supported Accommodation	51		51	
	Assessment & Related	9,435	-726	8,709	

# KENT ADULT SOCIAL SERVICES

## REVENUE SPENDING

2007-08 Spending Plans £ '000	Spending Plans	2008-2009			Net Cost £ '000	Managing Director
		Total £ '000	Income £ '000			
	Other Services	6,555	-996	5,559		
15,946	<b>Total Mental Health Service</b>	<b>25,036</b>	<b>-3,416</b>	<b>21,620</b>	Commissioning & providing specialist mental health services through collaborative working with the Kent & Medway NHS & Social Care Trust	OM
	Supporting People	32,957		32,957	Ensuring vulnerable people have appropriate housing support to remain independent.	OM
346	Gypsy & Traveller Unit	632	-283	349	Provide, maintain & manage local authority site provision for gypsies and travellers in Kent.	OM
50	Asylum - No Recourse to Public Funds	100		100		OM
778	Strategic Management	1,327		1,327	Strategic management costs within Adult Services.	OM
5,482	Policy, Performance & Quality Assurance	6,680	-175	6,505	Performance management, planning, development, contracting & policy.	OM
10,638	Resources	15,265	-510	14,755	Training, facilities, legal costs, pensions, finance, personnel, information systems & public private partnerships	OM
	Specific Grants		-34,187	-34,187	Specific Grant income from DoH and DCLG	OM
<b>273,682</b>	<b>Budget Controlled by this Portfolio</b>	<b>448,359</b>	<b>-124,556</b>	<b>323,803</b>		
	<b>PLUS:</b>					
	Budgets controlled by other portfolios:					
342	⌘ Central costs					
8,875	⌘ Devolved budgets					
	⌘ Service costs					
571	Charges for using capital assets					
<b>283,470</b>	<b>TOTAL SERVICE COSTS</b>	<b>448,359</b>	<b>-124,556</b>	<b>323,803</b>		

# KENT ADULT SOCIAL SERVICES

## REVENUE SPENDING

Staff Numbers (FTEs)	2,921
<b>Why the budget has changed</b>	<b>£'000</b>
⌘ Changes in responsibilities and specific grant funding	39,044
⌘ Inflation and rising costs	8,357
⌘ We have increased spending on:	
⌘ Government/Legislative pressures	1,613
⌘ Pressure from 2006/07	-1,000
⌘ Underlying pressure from 2007/08	978
⌘ Increased demand for services	7,802
⌘ Delivery of Towards 2010 Targets	500
⌘ Service Strategies & Improvements	864
⌘ We have income generation of	-2,091
⌘ We have made savings from modernisation proposals and other efficiencies	-5,946
<b>TOTAL</b>	<b>50,121</b>

# ADULT SOCIAL SERVICES

## REVENUE SPENDING *vs* HOW THE MONEY IS SPENT

2007-08 Spending Plans £'000		2008-09 Spending Plans £'000
	<b>Employee Costs</b>	
91,902	Salaries and Wages	97,072
1,128	Pension and Severance Payments	1,129
4,276	Training Expenses	2,933
126	Other Employee Costs	87
<b>97,432</b>	<b>Total Employee Costs</b>	<b>101,221</b>
	<b>Premises Costs</b>	
932	Repairs, Alterations and Maintenance	824
542	Energy Costs	686
757	Rent	836
1,077	Rates	1,385
997	Other Premises Costs	850
<b>4,305</b>	<b>Total Premises Costs</b>	<b>4,581</b>
	<b>Transport Costs</b>	
331	Vehicle Expenses	187
1,251	Hire and Pool Car Charges	1,146
-	Home to School / College Transport	-
1,012	Public Transport	1,161
-	Public Transport Revenue Support	-
3,794	Car Allowances	3,370
<b>6,388</b>	<b>Total Transport Costs</b>	<b>5,864</b>
	<b>Supplies and Services</b>	
8,011	Equipment and Services	9,615
-	Book Fund	-
-	Highways Contracts	-
1,707	Communications and Computing	2,070
93	Expenses and Allowances	94
14,120	Grants and Subscriptions	15,418
156	Levies and Other Expenses	183
-	Free School Meals	-
<b>24,087</b>	<b>Total Supplies and Services</b>	<b>27,380</b>
297,418	<b>Third Party Payments</b>	309,912
-	Coast Protection	-
-	Transfer Payments and Awards	-
9,217	Central Support Costs	14,193
-2,268	Internal Recharges	-804
571	Capital Financing Costs	2,038
27	Capital Expenditure Financed by Revenue	-
-	Contribution to Reserves	-
<b>437,177</b>	<b>GROSS EXPENDITURE</b>	<b>464,385</b>
-	Central Support Cost Allocations	-
<b>437,177</b>	<b>GROSS EXPENDITURE after Central Support Cost Allocations</b>	<b>464,385</b>

## ADULT SOCIAL SERVICES

### REVENUE SPENDING      HOW THE MONEY IS SPENT

2007-08 Spending Plans £'000		2008-09 Spending Plans £'000
	<b>Income</b>	
22,313	Contributions	26,640
2,106	Sales	1,507
57,113	Fees and Charges	61,656
551	Other Income	566
<b>82,083</b>	<b>Total External Income</b>	<b>90,369</b>
71,624	<b>Specific and Supplementary Grants</b>	34,187
<b>153,707</b>	<b>TOTAL INCOME</b>	<b>124,556</b>
<b>283,470</b>	<b>NET EXPENDITURE</b>	<b>339,829</b>

## **Appendix 2 – Activity and output data – what the current budget “buys”**

- Providing 560 residential and 15 nursing beds for Older People in 16 homes
- over 1,700 daycare places for Older People per week across 18 sites
- 88 respite beds across five sites for People with a Learning Difficulty
- Approximately 9,600 clients receiving a service as at the end of 2007/08 from a voluntary organisation that is supported via a grant or service agency agreement
- Over 4,600 daycare places per week across 22 sites for People with a Learning Difficulty
- Paying nursing homes for approximately 1,500 clients in receipt of Registered Nursing Care Contribution funded by Health
- Over 326,500 hours of domiciliary care from the independent sector for People with a Learning difficulty
- 13,182 weeks of supported accommodation for People with a Learning Difficulty
- Approximately 574,000 hours of domiciliary care from the independent sector for People with a Physical Disability
- An estimated 412,000 meals on wheels to be delivered during 2008/09 to people in their own home
- County Duty Service employing 34 permanent FTEs with a target of 90,000 for 2008/09 for new contacts/referrals addressed at first point of contact
- Occupational Therapy service employing 118 FTEs who deals with 15,018 referrals to the service during 2007/08
- All Adults Assessment and Related staffing complement of 692 FTEs with a further 264 FTEs within Mental Health Assessment and Related
- Gypsy & Traveller service employing 7 FTEs, supporting 125 households on eight sites

### Appendix 3 – Current budget monitoring details

Budget Book Heading	Cash Limit			Variance			Comment
	G	I	N	G	I	N	
	£000s	£000s	£000s	£000s	£000s	£000s	
<b>Adult Services portfolio</b>							
Older People:							
- Residential Care	87,732	-29,891	57,841	41	-83	-42	Demographic and placement pressures offset by one-off release of grant and additional income
- Nursing Care	42,753	-18,982	23,771	-8	-212	-220	Demographic and placement pressures offset by one-off release of grant and additional income
- Domiciliary Care	45,964	-10,461	35,503	-231	89	-142	Reducing clients but more intensive packages
- Direct Payments	3,927	-327	3,600	22	-2	20	
- Other Services	23,373	-7,157	16,216	-561	93	-468	Balance of Managing Director's Contingency to offset overall pressure
<b>Total Older People</b>	<b>203,749</b>	<b>-66,818</b>	<b>136,931</b>	<b>-737</b>	<b>-115</b>	<b>-852</b>	
People with a Learning Difficulty:							
- Residential Care	62,104	-9,946	52,158	1,971	-347	1,624	Demographic and placement pressures offset by additional income
- Domiciliary Care	5,822	-696	5,126	121	-4	117	Demographic and placement pressures
- Direct Payments	3,772	-49	3,723	77	-10	67	
- Supported Accommodation	7,247	-593	6,654	52	2	54	
- Other Services	19,139	-1,076	18,063	-137	34	-103	Balance of Managing Director's Contingency to offset overall pressure
<b>Total People with a LD</b>	<b>98,084</b>	<b>-12,360</b>	<b>85,724</b>	<b>2,084</b>	<b>-325</b>	<b>1,759</b>	
People with a Physical Disability							
- Residential Care	10,897	-1,649	9,248	996	-285	711	Demographic and placement pressures offset by additional income
- Domiciliary Care	8,039	-689	7,350	-87	19	-68	
- Direct Payments	5,712	-247	5,465	34	-4	30	
- Supported Accommodation	604	-59	545	-21	9	-12	
- Other Services	4,734	-78	4,656	-127	14	-113	Balance of Managing Director's Contingency to offset overall pressure
<b>Total People with a PD</b>	<b>29,986</b>	<b>-2,722</b>	<b>27,264</b>	<b>795</b>	<b>-247</b>	<b>548</b>	
<b>All Adults Assessment &amp; Related</b>	<b>35,088</b>	<b>-1,596</b>	<b>33,492</b>	<b>732</b>	<b>-125</b>	<b>607</b>	Pressure of increments, low turnover and increasing numbers of referrals/assessments
Mental Health Service			0			0	
- Residential Care	6,441	-948	5,493	415	10	425	Forecast activity in excess of affordable level
- Domiciliary Care	874	0	874	49	0	49	
- Direct Payments	234	0	234	0	0	0	
- Supported Accommodation	303	-62	241	-62	0	-62	
- Assessment & Related	10,131	-854	9,277	-473	58	-415	Vacancy management
- Other Services	6,569	-881	5,688	-27	-1	-28	
<b>Total Mental Health Service</b>	<b>24,552</b>	<b>-2,745</b>	<b>21,807</b>	<b>-98</b>	<b>67</b>	<b>-31</b>	

Budget Book Heading	Cash Limit			Variance			Comment
	G	I	N	G	I	N	
	£000s	£000s	£000s	£000s	£000s	£000s	
<b>Adult Services portfolio</b>							
Supporting People	32,957	0	32,957	-9	0	-9	
Gypsy & Traveller Unit	628	-279	349	30	-4	26	
People with no recourse to Public Funds	100	0	100	-20	0	-20	
Strategic Management	1,407	0	1,407	-33	0	-33	
Policy, Performance & Quality Assurance	6,152	-307	5,845	-321	6	-315	Vacancy management
Resources	14,881	-392	14,489	-186	169	-17	Release from reserve, write back of debtor
Specific Grants	0	-34,945	-34,945	0	0	0	
<b>Total Adult Services controllable</b>	<b>447,584</b>	<b>-122,164</b>	<b>325,420</b>	<b>2,237</b>	<b>-574</b>	<b>1,663</b>	
<b>Assumed Management Action</b>				<b>-1,663</b>		<b>-1,663</b>	
<b>Forecast after Mgmt Action</b>				<b>574</b>	<b>-574</b>	<b>0</b>	

## Appendix 4

### 1. Overall Objectives of the Portfolio

**1.1** As outlined in Active Lives, the overall objective for Kent Adult Social Services is **to help the people of Kent to live independent and fulfilled lives safely in their local communities.**

**1.2** The major national driver has been *'Our Health, Our Care, Our Say'*, which heralded a major programme of change focused on independence, personalisation and partnership working particularly with the Health Service. This programme of change is now moving into a further phase following the recent publications of key documents including *'Putting People First'*, *'Transforming Social Care'* and *'Valuing People Now'*. In Kent these drivers are given a local context through the priorities and targets set out in Vision for Kent, Kent Agreement 2, Towards 2010 and Active Lives. All are built upon a foundation of five core values:

- **Promoting Independence**
- **Personalisation**
- **Prevention**
- **Partnership**
- **Performance Improvement**

### 2. Medium Term Priorities

#### **2.1 Active Lives For Adults (ALFA) - Self Direct Support**

This is a programme of total transformation for all of Kent Adult Social Services whether directly provided or commissioned from other agencies. It will deliver a structure and culture that supports people to develop their own solutions to their needs, through an increasingly responsive market place. Fundamental to this is self-directed support, whereby people can self manage their support or, if they choose to, have somebody else (including KASS) to manage it for them. ALFA will be implemented in April 2009 and will be the biggest change for the Directorate since the introduction of Care Management. These changes have to be made to ensure we continue to meet our priorities in the future and are essential to the future delivery of our five core values.

#### **2.2 Promoting Independence**

ALFA and the initiatives outlined below are key to 'promoting independence'.

- **Transition.** This is a key T2010 target that we share with CFE. Good transitional planning is a key element ensuring independence and personalisation and is a key issue in 'Valuing People Now'. Implementing the recommendations of the recent Select Committee will be a key driver. New protocols have just been launched which will improve the transitional arrangements in place for young people.
- Promoting and developing **services for carers**, including developing more flexible respite opportunities shaped around individual need. The recent Select Committee recommendations and the newly launched Carers Strategy support the promotion and development of services for carers.

- Developing **employment opportunities** for disabled people, people with learning disabilities and people with mental health problems.
- The implementation of the **PFI project – Better Homes Active Lives**. Over the next three years the project will deliver 340 high quality apartments and communal facilities for vulnerable people across Kent.
- Continuing the work of **Supporting People** to enable people to live independently. A key Kent Agreement 2 Target is the national performance indicator - NI141 'Number of vulnerable people achieving independent living'.
- The protection of all vulnerable adults from abuse is a major priority. This work is supported through the multi-agency Adult Safeguarding Committee for Kent and Medway. Currently the Committee is fully reviewing its arrangements to ensure it continues to meet it's objectives.
- The continued development of the Telecare and TeleHealth projects. The Government has awarded Kent £5.1m, for a Whole Systems Demonstrator to enable Health and Social Services to make new technologies available for more people to live independently. The project will demonstrate integrated working with Health through the application of assistive technology.

### **2.3 Personalisation**

ALFA, with its focus on self directed support, is the major driver for personalisation. Other initiatives include:

- The continued drive to increase the use of Direct Payments, the development of 'personal budgets', underpinned by ALFA and key innovations such as the Kent Card, will offer a variety of ways for people to control the support they receive.
- 'Valuing People Now'. As part of this review the Local Authorities nationally are taking the lead on Learning Disabilities, including the transfer of resources and those people placed in NHS units. The Directorate is determined that the principles of person centered planning will be paramount in meeting the needs of those people transferring from the NHS. This will be a significant challenge for which significant planning is already underway.
- A significant issue in the drive for 'personalisation' is ensuring that the issues of equality and discrimination are championed. The Directorate will continue to contribute to the Council's target to achieve Level 4 of The Equality Standard for Local Government.
- Involving the public in the development and improvement of services.

### **2. 4. Prevention**

Developing preventative services to enable people to remain at home, this continues to be the focus across all client groups.

- Kent has been successful in bidding for the £1.5 million Government funded Partnerships for Older People Project - INVOKE. This is a two-year joint project with the Eastern and Coastal Kent Primary Care Trust and the Voluntary Sector.

- In West Kent the Brighter Futures project, which encourages active older people to provide support to older people who need it, has proved to be a success and is now being mainstreamed with support from the social care reform grant.
- Across Kent there are a range of initiatives that are being developed with Health and other partners. These include the Urgent Care Demonstrator and projects with Health to support in the community those people with dementia.

## **2.5 Partnership**

The future development of seamless health and social care is dependent on the close working relationship between KCC and the NHS. The new PCT arrangements in Kent offer excellent opportunities for partnership working, building on a successful history of close working relationships with the health service. Many of the initiatives outlined have evolved through joint working with Health and other agencies

In developing shared priorities and joint commissioning arrangements with Health, the Joint Strategic Needs Assessment with Health will strengthen joint commissioning, which is essential to make best use of resources to achieve outcomes as determined by the assessment of need. Another significant driver for KCC's working relationship with Health is the Public Health Strategy, and the Annual Public Health Report.

The Directorate has a strong relationship with the Voluntary and Private Sector. Around 85% of services are purchased from outside the Directorate. We will continue to build upon partnerships with the Private and Voluntary Sector, working closely to develop the new commissioning arrangements that are needed as more people choose to direct and control their own support.

The Directorate now also works more closely than ever with District and Borough Councils over housing issues, sustainable development (including ensuring good community infrastructure in the growth areas), and social inclusion.

## **2.5 Performance Improvement**

- The development of the workforce is vital to the continued improvement of social care in Kent. This challenge is being met by
  - Implementation of a workforce strategy for KASS staff, underpinned by initiatives such as the staff care package, training and Investors in People.
  - Promoting training throughout the social care sector through the Social Care workforce training contract – 'Training 4 Care'.
  - Working closely with Skills for Care through the sub regional board.
- Modernisation, this continues to be a major driver, which ALFA is part of. Other initiatives include:
  - The Good Day Programmes - a full review of day care services
  - A strategic review of older people services

- Development of new care pathways with PCT's focussing on such areas as dementia, long term conditions and carers
  - Mobile working
- Directorate's robust financial, planning and performance systems to ensure we continue to perform at a high level and develop efficient services. A new challenge is the new performance framework, overseen by the new Care Quality Commission, and will stretch beyond the new 198 national indicators and Health's 'Vital Signs' to focus jointly on Health and social care. Annual Assessments will continue to be a key feature, which will feed directly into the new Comprehensive Area Assessment.
- Currently the Directorate is preparing for an Independence Wellbeing and Choice Inspection undertaken by the Commission for Social Care Inspection (CSCI). This Inspection will focus on 'safeguarding' and on at least one other theme. It will take place in the next three months. Every Local Authority with Adult Social Services is currently being inspected.

### **3. Risk Assessment**

#### **(a) Demand Outstripping Resources**

A major challenge will be to continue to provide high quality services within a balanced budget. The Directorate is currently managing significant increases in activity, which is placing major pressure on available resources. The key factors are that both demand and the cost of providing social services are increasing. The reasons for this have been well documented and are briefly summarised below:

- Demand is increasing as a result of demographic changes. The numbers of older and disabled people in Kent are growing but, in addition, the level of need that individuals have is greater. For example, numbers of people with dementia are rising fast, as is the number of young people with severe and profound disabilities coming through the transition process.
- Increased choice and control (Direct Payments) is resulting in people who previously did not receive support now coming forward, so we are dealing with a tranche of unmet need.
- The Government's policy direction (as reflected in Active Lives) and the new initiatives we are putting in place, is raising public expectations of the support they wish to receive.
- Finally, the current economic climate will have an impact. From rising fuel costs to increase of debt as people find it more difficult to pay for their care.

In the short term a number of steps have been taken to mitigate the demand and resource pressures that are being experienced. However, the pressures outlined above are of a long-term nature. The financial, planning and performance systems we have in place have enabled us to evaluate these pressures we currently face. Many of the longer-term initiatives outlined above, particularly ALFA, are aimed at tackling these issues.

#### **(b) Social Care Market**

Over 80% of services in adult social care are purchased from the Voluntary and Private Sectors and so their contribution to the personalisation of services is central. It is vital that we continue to work closely with the sector to develop

a shared understanding of personalised services and to offer assistance in order to ensure prices are realistic and affordable. Furthermore, the current economic climate will present the social care market with significant challenges.

A significant pressure is the growing need for Adult Social Services to intervene and support 'former self-funders' - people in residential and nursing care who were paying for themselves and who have run out of money. Again this pressure is likely to increase in the wake of the current economic climate.

### **(c) The Health Service**

The NHS PCT structure is now co-terminous with the two Adult Social Services Areas, and so provides a strong platform for future planning and commissioning. In the future the new joint performance framework will mean that outcomes will be jointly measured against a common vision, as outlined in 'Our Health, Our Care, Our Say' and Active Lives. However, the NHS will also find it difficult to manage within current economic conditions.

### **(d) The placement of vulnerable adults by other Local Authorities in Kent**

The placement of Looked After Children by other Authorities in Kent has attracted much attention. Similar issues are also faced by the placement of vulnerable adults by other Local Authorities and Health organisations. Kent has above average numbers of residential and nursing beds within the Private Sector and other Authorities use many of these. Furthermore, these placements also have an inflationary effect on prices, as many of these Authorities are willing to pay above our rates in order to secure placements. The wider responsibility for all adults in Kent, which the Managing Director now has through legislation, increases the importance of this issue.

### **(e) Valuing People Now – NHS Learning Disability Re-provision**

As part of this review the Local Authorities nationally are taking the lead on Learning Disabilities, including the transfer of resources and those people placed in NHS units. The Directorate is determined that the principles of person centred planning will be paramount in meeting the needs of those people transferring from the NHS. This will be a major challenge for which significant planning is already underway.

## Appendix 5 – Draft of MTP financial appendices for Adult Social Services portfolio

<b>Adult Social Services Portfolio Revenue Budget</b>				
	Staffing	2009-10	2010-11	2011-12
	FTE	£'000	£'000	£'000
Base Budget		<b>323,803</b>		
Base Budget Adjustments:				
Kent Rewards		-6	0	0
Legal Prices		3	3	0
Out of Hours Service		195	0	0
KASS Post Room		38	0	0
Area Based Grant		32,155	-35	0
		<b>32,385</b>	<b>-32</b>	<b>0</b>
<b>Revised base budget after corporate adjustments</b>		<b>356,188</b>	<b>-32</b>	<b>0</b>
Pay & Prices:				
KCC Pay Award & Prices for Private & Voluntary Sector purchasing		13,691	10,542	10,656
		<b>13,691</b>	<b>10,542</b>	<b>10,656</b>
Demand/Demographic Led:				
Underlying pressure from 2008/09		1,256	0	0
Increased demand for services		8,597	8,597	8,597
		<b>9,853</b>	<b>8,597</b>	<b>8,597</b>
<b>Portfolio Budget requirement before income generation/savings</b>		<b>379,732</b>	<b>398,839</b>	<b>418,092</b>

## Appendix 6 – Existing 2008-11 MTP

<b>Adult Social Services Portfolio Revenue Budget</b>				
	Staffing FTE	2008-09 £000s	2009-10 £000s	2010-11 £000s
Base Budget		<b>273,682</b>	<b>323,803</b>	<b>363,507</b>
Base Budget Adjustments:				
LPSA1 PRG		-689	0	0
Disaggregation of Base		-98	0	0
Airwave		-10	0	0
Budget disaggregation		-320	0	0
50% funding YOT post		-20	0	0
E recruitment		-170	0	0
Kent Scheme revision		61	0	0
Paediatric Occupational Therapists		-242	0	0
Transfer to Public Health		-62	0	0
Swift Disaggregation		-88	0	0
Kent Rewards		-16	-6	0
Legal Prices		3	3	3
Formula Grant - Delayed Discharges (Reimbursement)		2,477	0	0
Formula Grant - Access & Systems Capacity		13,386	0	0
Area Based Grant		24,832	32,155	-35
		<b>39,044</b>	<b>32,152</b>	<b>-32</b>
<b>Revised base budget after corporate adjustments</b>		<b>312,726</b>	<b>355,955</b>	<b>363,475</b>
Pay:				
Pay		2,422	1,885	1,923
Single Status		303	310	316
		<b>2,725</b>	<b>2,195</b>	<b>2,239</b>
Prices:				
Prices for Private & Voluntary Sector purchasing		5,632	6,332	6,490
		<b>5,632</b>	<b>6,332</b>	<b>6,490</b>
Government /Legislative Pressures:				
Preventative Technology		1,245	0	0
Preserved Rights Prices		143	146	150
Ombudsman Challenge - Domiciliary Charging		225	0	0
		<b>1,613</b>	<b>146</b>	<b>150</b>
Demand/Demographic Led:				
Pressure from 2006/07		-1,000	0	0
Underlying pressure from 2007-08		978	0	0
Increased demand for services		7,802	7,802	7,802
		<b>7,780</b>	<b>7,802</b>	<b>7,802</b>
Delivery of Towards 2010 Targets:				
Improved Health Care and Wellbeing		500	0	0
		<b>500</b>	<b>0</b>	<b>0</b>
Service Strategies and Improvements:				
Joint NHS/Social Care Improvement (Gravesham PFI)		864	0	0
		<b>864</b>	<b>0</b>	<b>0</b>
Income generation:				
Price adjustment		-2,091	-1,829	-1,875
		<b>-2,091</b>	<b>-1,829</b>	<b>-1,875</b>

### Adult Social Services Portfolio Revenue Budget

	Staffing FTE	2008-09 £000s	2009-10 £000s	2010-11 £000s
<b>Savings:</b>				
Domiciliary Charging		-842	0	0
Maximisation of Benefits (Towards 2010 Target 56)		-682	0	0
Review placement practice		-880	0	0
Modernisation of Assessment & Related Services including Managemer	-30.0	-1,000	0	0
Extra Care sheltered housing		-250	0	0
Reconfiguring in-house home care		-45	0	0
Franchising Policy, Performance and Planning		-50	0	0
Older Persons - modernisation of service delivery through technology		-500	0	0
Learning Disability - Cost Matrix Model - Residential Care		-200	0	0
Learning Disability - Transfer of Residential clients into independent living arrang		-800	0	0
Client Transport - Assume 3% efficiency		-100	0	0
Client Debt - Strategy to target - and reduce need for write offs		-200	0	0
Budget gap		0	-6,687	1,491
Cross cutting review savings		-397	-407	0
		<b>-5,946</b>	<b>-7,094</b>	<b>1,491</b>
<b>Budget controlled by this portfolio</b>	<b>0.0</b>	<b>323,803</b>	<b>363,507</b>	<b>379,772</b>

By: Oliver Mills: Managing Director, Kent Adult Social Services

To: Adult Social Services Policy Overview Committee –  
18 November 2008

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

Classification: Unrestricted

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Summary: The purpose of this report is to provide information to Members on current and future developments in Public Involvement across the Directorate and to inform Members of the consultations undertaken during 2007/08 as well as those planned for 2008/09.

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### **Background and Context**

1. (1) The purpose of this report is to provide information on the main aspects of public involvement within Adult Social Services over the last 12 months. It also informs Members of key developments on both existing and future work and highlights how the Directorate intends to further embed and extend engagement processes within our services.

(2) Our vision for adult social services in Kent, Active Lives, is central to our commitment to actively involve service users and carers in the delivery and design of our services and is one of the main drivers for developing public involvement. The Directorate continues to promote this philosophy at every opportunity with the aim of achieving better outcomes for all individuals.

(3) The government's White Paper, "Our health, our care, our say" and Putting People First are key drivers. The vision is centred on not only providing people with more choice, but ensuring that they have a greater say in future service design and delivery. It extends this further with the aim to empower service users and carers by giving them the opportunity to self assess their needs and, more importantly, to exercise their personal preference in how their identified needs are met.

(4) The key thread running through the "Stronger and Prosperous Communities" White Paper is the need to ensure that local citizens and communities should be empowered and at the centre of reshaping public services and take an active role in working in partnership with health and social care organisations. In short, this means that the public should be consulted, involved and encouraged to express their views on the types of services they would like.

(5) It is very apparent that the government is focussed on ensuring the public make a difference to public services by providing them with real opportunities to influence and change current and future services. This is being achieved throughout the Directorate in a number of ways and can be illustrated in the following examples:

- County wide OT user groups
- Establishing two Deaf Forums in Kent
- Several Senior Citizens Forums (more being developed)
- Learning Disability Partnership Groups
- Carers Forums
- Domiciliary Care Provider Forums
- County wide Mental Health Forums
- Ad hoc meetings with service users, carers and the public
- Areas and individual teams are also proactive in engaging with current service users and potential future users of services.

(6) The corporate assessment highlighted the importance of ensuring the public are involved with service developments and recognised that KASS have made good strides in this arena.

## **Consultations**

2. (1) Consultation is one element of public involvement and attached to this report as Appendix 1, is a schedule detailing the consultations undertaken during 2007/08, together with some of those proposed for 2008/09. With effect from 2006, all Kent Adult Social Services consultations, evaluations and research projects are reviewed through Research Governance prior to commencement.

(2) The consultation aimed at developing a strategy for older people commenced in July 2007 and consultation events were undertaken during the year. Following feedback from the early consultation events, the name has been changed to Later Life strategy. Although this is a cross directorate strategy, the initial work was led by Adult Social Services. KCC have embraced this project and, with effect from October 2008, this work will now be co-ordinated by the Chief Executive's department although Adult Social Services will continue to take an active role in its development. A draft strategy has been developed and feedback has been sought from service users, carers, public and staff. This work is ongoing.

(3) A series of specific service development consultations aimed at modernising services and ensuring that services are fit for the future have taken place and are ongoing. Examples include; The Ashford Good Day Project. This consultation has been designed with the involvement of people who use the Day Opportunities Services; Towards Equity and Access Project for Deaf service users across Kent; Culturally Appropriate Services.

(4) A key piece of work for the Directorate includes the modernisation of day services for physically disabled people in North West Kent. The day centre in Dartford, which was run by the Queen Elizabeth Foundation, closed on 17th October 2008. The modernisation programme, which is in line with Active Lives, commenced in February 2007 and had representation from service users on the Project Board throughout the duration of the project. Events were also held throughout to update service users on initiatives such as the Expert Patient Programme, Direct Payments and the Kent Card and Pathways to Work. Service users were involved throughout and briefings were issued after each Project Board along with the minutes.

(5) There has been a strong campaign in the media from users protesting about the closure of the centre. Users have shaped the new services through one to one meetings, group sessions and feedback through the Project Board. Where services will not be delivered all under one roof, users will be offered a Direct Payment in order to access day opportunities through mainstream services.

(6) The new services are established and are continuing to be developed based on user feedback. Users are voting for representatives for a forum to ensure communications continue with KASS as the service develops further.

### **Current Involvement Activity within Kent Adult Social Services**

3. (1) Involving both the general public and existing service users and carers throughout the Directorate's business remains a priority. It is only by listening and acting upon peoples' experiences of social services that the Directorate can improve those services for current and future users. Of further critical importance, particularly in the current climate, is the need to obtain the public's view on the type of services they anticipate for the future and how these should be provided. Engaging with the public at an early stage is key for planning, commissioning and delivering those services of the future.

(2) The Directorate Involvement Group (DIG) exists as a sub group of SMT and has Directorate wide membership together with health representation from the two PCTs in Kent. The group exists to ensure best practice is shared consistently across the Directorate and also has a key function in driving forward and facilitating improved involvement performance in all Kent Adult Social Services activities. The group's workplan is reflected in this report.

### **Service user and carer involvement in recruitment and selection**

(3) This policy was introduced in 2005 and has subsequently been adopted county wide. All teams are encouraged to involve users and carers in their recruitment processes. These include, shortlisting candidates for interview, involvement on formal interview panels, preparing questions for candidates or taking part in supplementary workshops.

(4) To assist staff with implementation of this policy, during the past year protocols and frequently asked questions (FAQs) have been provided. In addition, questionnaires have been developed for all individuals involved in the process (service user; recruiting manager; appointed candidate) to ensure that the Directorate continually reviews and improves this key area of policy. Work is currently being undertaken to make the questionnaires available for completion on-line.

(5) An information pack has also been developed for service users and carers involved in the recruitment process providing information on issues including, the recruitment process itself, equal opportunities and equality and diversity issues. Although, users and carers involved in the recruitment process do not undergo formal training, these information packs provide them with essential information. It is the responsibility of the recruiting manager to ensure that those involved in the process have read and understood the contents of the information pack. The Personnel Department will provide additional support to users and carers as required.

(6) A group of service users with learning disabilities has produced a DVD describing their involvement within the Directorate. Its aim is to help and encourage others to become involved.

## **Database**

(7) The database aims to log all involvement activity across the Directorate, with the advantage of having a single source to register activity. In addition, it will provide the Directorate with an evidence base on involvement, together with the impact that activity has highlighted. Since 2006, in excess of 440 events have been logged by staff. Several staff within the county have been identified as having access to input data, although this will be reviewed once the amendments (detailed below) have been made to ensure that all districts are adequately supported to input their data. All staff have access to view the database, which enables staff to share good practice. The database is also accessible to the public via the public involvement website with the aim of increasing public interest in the Directorate's activities.

(8) The database is currently undergoing improvement to the data input screens and a reporting wizard has also been commissioned. This work is due to be completed by the end of 2008 and it is envisaged that it will be easier for staff to not only input data, but also to readily produce reports. Quarterly reports will be produced and presented to the Directorate Involvement Group. As a result the Group will be able to monitor activity and identify gaps which require further action.

## **Strategy**

(9) The public involvement strategy has not been updated for several years, although its core objectives remain relevant. The Directorate Involvement Group made the decision to hold the strategy update in abeyance pending the development of an overarching strategy from KCC, with each directorate developing its own framework/implementation plan which would link into the overall strategy. A substantive appointment has recently been made within the Chief Executive's department and Robert Hardy was appointed as Director of Improvement and Engagement. This will provide KCC with the impetus to drive forward the involvement agenda. Once the corporate position is clear, the Directorate will review its own strategy to ensure there is coherence.

## **Core standards**

(10) These build on the 'Active Lives' commitments and are the minimum standards that people can reasonably expect when using our services. The standards were originally developed by a group of service users, carers and staff and were launched in 2004. These standards have been reviewed during the past year with users, carers and staff involved in the process. A revised leaflet has been produced and will be circulated to service users via the Bluebell information pack which is distributed to all new clients. The leaflets will also be available in public places, such as local offices, libraries, GP surgeries and as an insert via the public involvement newsletter. A desktop style calendar is currently being developed to promote the standards. The calendar will provide a good opportunity to inform a wide audience about the agenda for increased personalisation of services through self directed support. A DVD is also being produced to promote and raise awareness of the standards.

(11) During the review process discussions took place on how best the Directorate can monitor these standards and further work will be undertaken to implement this.

## **Newsletter**

(12) The newsletter is produced quarterly and circulated both internally (electronically for staff) and externally (hard copy for the public). It aims to raise awareness of public involvement in the Directorate and encourage people to participate in whichever way they can. It also provides current news and forthcoming events and other directorates have utilised the newsletter as a means of raising awareness of specific projects. Since inauguration, there has been a significant increase in the numbers distributed, with libraries and GP surgeries now included in its circulation. The newsletter has received much positive acclaim and has an increasing number of articles written by members of the public.

## **Internal Audit**

(13) During July/August 2008, public involvement was subject to internal audit. The conclusion made by the auditors was: "KASS has set up many channels of communication to ensure service users have the opportunity to be engaged in a dialogue about their services. Giving service users the power to make decisions about the services they receive is central to the work carried out in the Directorate and the future direction. It was evident in interviews conducted by audit that staff feel passionately about involving people, and some staff have gone to great lengths to successfully facilitate this participation.

However KASS is also aware more can still be done to involve service users and to support staff towards this objective. Broadening participation structures (to try to ensure involvement on more decision making groups) is still possible. Data on what public involvement events have occurred could be further used to identify if gaps exist. This may help ensure the ability to have a say is equitable across districts and client groups. Prioritising these actions might strengthen and help maintain the current culture of involvement in the Directorate."

(14) The report made the following recommendation:

"The Directorate should:

1) Increase the visibility and scope of public involvement training within the current workforce development programme. Use this training to emphasise the guidance and frameworks that currently exist and the importance of staff posting their own activity on the public involvement database; and/or:

2) Have regular workshops/seminars, such as those conducted in September 2007, to develop capacity within the Directorate."

(15) The audit report also commented; "The awareness of the public involvement agenda therefore appears well embedded in a Directorate culture." Whilst it is pleasing to receive such positive feedback, the Directorate is not complacent in its approach to public involvement. The results of the audit reiterate the work currently being undertaken to improve the database content and reporting functions and also emphasise the need to offer continued training and support to staff.

## **Staff training**

(16) Two workshops aimed specifically at staff were held East and West Kent in September 2007. The focus of the workshops was to raise awareness of current initiatives with staff and service users showcasing good practice within each area. The presentations from service users captivated the audience and delivered a powerful message on the importance and impact of involvement. The workshops were also aimed at encouraging teams to identify areas for development within their team action plans. This is currently a work in progress and further work is required to ensure that teams develop their plans and report back on their achievements. It was agreed that AMT's would be responsible for monitoring progress of the plans and would report the outcomes to DIG.

(17) Mental health service users have been successfully involved in the design and delivery of mental health training for staff. Following on from this success, the training department are currently seeking to develop constructive and purposeful partnerships with service users in designing, developing and quality assuring a wide range of in-house courses.

The training team are actively recruiting a wide range of service -users, including:

- learning disabled men and women
- physically disabled men and women
- men and women with a long term condition
- older men and women

After interviews, selected candidates will be offered a training programme focussing on a number of topics, such as, confidence building, presentation skills, teaching materials etc. Ongoing support will be provided to all trainers.

(18) The policy team have been successful is securing a slot on the KASS induction programme that is attended by all new staff. This will be effective from early 2009. This will provide an excellent opportunity to emphasise and promote the importance and effectiveness of good public involvement.

(19) The audit, mentioned in the section above, emphasised the need for continual development of staff and DIG will need to consider the report and reflect the findings in its revised workplan.

## **Supporting People**

(20) The Kent Supporting People Team is employing a service user involvement and consultation officer. The Programme has already acquired a service user panel, and has involved service users in recruitment, tendering, strategic planning, a service user conference, and public information provision e.g. Website and leaflets. Ex service users have been employed by a provider to assist in monitoring and reviewing services. Service users are also enabled to access qualifications via the open college network. The programme funds an innovation and good practice grant to two providers to enhance service user involvement and consultation. The programme is known as, "Experts Through Experience".

## **Working with health**

(21) As mentioned above, health representatives attend the quarterly DIG meetings. It is anticipated that health and social care colleagues will be in a position to integrate their work more efficiently resulting in a more joined up approach to public involvement. The group have already started sharing policies with the aim of promoting consistency and good practice on public involvement issues. Areas continue to promote partnership working with their PCT colleagues and this will influence current and future working practices.

## **Future Developments**

### **Local Involvement Networks (LINKs)**

4. (1) The Department of Health issued “A stronger local voice: A framework for creating a stronger local voice in the development of health and social care services”, acknowledging the need to strengthen and improve the existing mechanisms for involving and engaging with patients and citizens.

(2) As advised previously, the role of a LINK is:-

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

(3) A LINK will comprise of an inclusive membership of user groups, local voluntary and community sector organisations and interested individuals, but involvement does not require membership. It will need to be diverse and be representative of all sections of the local populations. LINKs will need to have clear governance structures, which are accountable to its membership and the wider community.

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

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

(5) The Host Organisation appointed to support the Kent LINK is Kent and Medway Networks (KMN). KMN has previously been a Forum Support Organisation for the former Patient and Public Involvement Forums. The organisation therefore has a wealth of knowledge and experience to bring to the role of Host Organisation. KMN took over the support of the LINK Working Group from Kent County Council in August 2008.

The Directorate has shared information via the public involvement newsletter on the forthcoming LINK and has written to service users and carers inviting them to participate in the work of the Kent LINK. Although there is no direct relationship between the recently launched Kent Health Watch, LINKs and other feedback mechanisms, they all exist as means of receiving peoples' views and comments on services. Once the two former initiatives are fully operational, it would be useful to identify whether the intelligence gathered can be analysed/monitored against existing mechanisms, including complaints, compliments and public involvement feedback directly harvested by the Directorate.

(6) The Local Government and Public Involvement in Health Bill 2007 received Royal Assent in November 2007 and introduced several measures to update and improve the system for involvement in health and social care. In addition to LINKs, it introduced a new duty on local authorities to inform, involve and consult local people in service design and delivery. The information gathered from complaints plays a key role in this process. (see separate report)

### **Payment policy and implications**

(7) The Directorate is considering its position on reimbursement to service users and carers for their time where they are involved in specific areas of work, such as drafting policies and recruitment of staff. The Directorate policy at present specifies that out of pocket expenses, including replacement carer costs should be reimbursed.

(8) A draft policy for additional payments in recognition of time spent on specific areas of work has been considered by DIG. It was recognised that such a policy has the potential to have significant budgetary implications not only for the Directorate, but also on the individuals themselves for taxation and benefit purposes. Alternative means of recognising and rewarding service user and carer contribution to the Directorate's business are being considered.

### **Information – Out and About project**

(9) The Public Involvement Team have been reviewing information provision to the public and as a result have created the "Out and About" project. This involves team members visiting local shopping centres, day centres, Adult Education centres and libraries to talk to the public about the services that Kent Adult Social Services provides. However, it is recognised that KASS does not have unlimited resources therefore there is a balance between raising public awareness while at the same time not generating unmanageable new service requests.

(10) Initially the project will focus on giving people basic information about services and gathering feedback on information in general. (e.g. Different formats people prefer; where they would access information when they need it etc) As a result, the team will be able to review current information provision and, based on the feedback received, will inform the directorate of any improvements that are needed. In particular, the findings will inform the Information, Advice & Guidance work stream, part of the Self Directed Support project.

(11) Various locations across Kent have been identified and plans are in place to roll the project out by visiting a public location twice a month. Initially, four events have been scheduled for October.

(12) In addition to the information aspect of the project, it will also give the team an opportunity to promote public consultations, such as the current consultation on the future of social care, The Case for Change - why England needs a new care and support system.

### **Public Involvement events**

(13) In early 2009, the Directorate will hold an event in both East and West Kent to update service users, carers and the public on current initiatives and receiving their views and comments on these. The programme will include updates on the future of social care (National Consultation), the modernisation agenda – ALfA, including Self Directed Support, Making Experiences Count – proposed single complaints process across health and social care and the Kent Local Involvement Network. Planning for these events will commence in the coming weeks.

(14) The intention will be for KASS to link in with health colleagues to ensure the events provide the public with the opportunity to find out the latest local news within health and social care. The events will take the form of drop in workshops rather than formal presentations. This enables people to have a choice on what they wish to find out about and also allows people to attend at a time that suits them rather than whole day attendance, which does prevent some people from participating.

### **Conclusion**

5. (1) Consultation with service users and the public has enabled the Directorate to:
- Develop strategies/leaflets: Later Life Strategy; Core Standards.
  - Gain feedback on services and identify areas for service improvement: Deaf Forums; Telehealth user group; OT user groups.
  - Involve people in the planning and delivery of services: Senior Citizens Forums; Learning Disability Partnership Groups.
  - Identify satisfaction levels, needs and preferences for services: Community Equipment, Home Care, Community Meals and Mental Health surveys.

(2) Involving both the general public and existing service users and carers throughout the business remains a priority for Kent Adult Social Services. It is only by listening and acting upon peoples' experiences of services and, in turn, using this feedback to improve services for current and future users that the Directorate shows its continuing commitment to the involvement agenda.

(3) In 2007/08 there has been a broad range of involvement activity with further consultations planned for 2008/09.

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

**Recommendations**

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

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

*Background documents:* None

**CONSULTATION, RESEARCH, SURVEYS, ENGAGEMENT, PUBLIC INVOLVEMENT – 07/08 Mental Health**

Service users and carers are Joint Commissioning Board/Local implementation team members and therefore are continually involved in service planning and monitoring. Each year there is a Mental Health National Service Framework audit carried out by SERO. A considerable amount of material is collected and collated for this exercise which has to be submitted. These reviews cover:

- Service Mapping
- Financial Mapping
- Themed Reviews
- Self Assessment (Traffic Lighting)

The traffic light system is then used to compare outcomes, which are placed on the net to be compared with other authorities and last years audit, showed an increase in green lights. Each Local Primary Trust area use this document and their local self-assessment to draw up local action plans, in addition to providing the basis for work over the coming year.

This year there is a national consultation on Care Programme Approach (CPA) that includes local events.

## CONSULTATION, RESEARCH, SURVEYS, ENGAGEMENT, PUBLIC INVOLVEMENT – 07/08 Gypsy & Traveller Unit

Planned work that will give the residents of Kent an opportunity to consider and give its views on issues so that those views can be taken into account before decisions affecting policies or services are taken.

Name	Start date	End date	Target Group	Target area (Kent, Town, district, ward etc)	What we want to find out and how we will use the information,	Statutory Yes/No	Contact name and details
Survey of public satisfaction	October 2007	March 2008	A sample of the public who have accessed our services	Kent	<ol style="list-style-type: none"> <li>1. Awareness of the services we offer</li> <li>2. Quality of information received, and the type and format of the communication channels</li> <li>3. Satisfaction with the services we offer; We will use the information to improve our service, and public information about it</li> </ol>	No	Alan Casson or Jonathan Cheeseaman
Survey of licensee satisfaction	October 2007	March 2008	A sample of licensees who live on sites we manage	Kent	<ol style="list-style-type: none"> <li>1. Awareness of the services we offer</li> <li>2. Quality of information received, and the type and format of the communication channels</li> <li>3. Satisfaction with the maintenance and management of sites and the services we offer, and can refer people to; We will use the information to improve our service, and site and public information about it</li> </ol>	No	Alan Casson or Jonathan Cheeseaman

## CONSULTATION, RESEARCH, SURVEYS, ENGAGEMENT, PUBLIC INVOLVEMENT – 07/08 OT

Planned work that will give the residents of Kent an opportunity to consider and give its views on issues so that those views can be taken into account before decisions affecting policies or services are taken.

Name	Start date	End date	Target Group	Target area (Kent, Town, district, ward etc	What we want to find out and how we will use the information,	Statutory Yes/No	Contact name and details
Business Planning	26/09 12/10 28/11 12/12	26/09 12/10 28/11 12/12	Service User group of disabled adults	Thanet Canterbury Maidstone Gravesend	Statutory Duty to involve service users in business planning.  Discussed the Duty, how they would like to be involved, what they thought of 2006-07 plan and any ideas for 2007-08 plan.	Yes	Derrick Douglas
Service User feedback	03/01	05/01	Disabled people who have had lifts installed in their homes	Kent	How satisfied Service Users have been with the lift maintenance service during the last year. Information will be used to determine standard of service and inform future planning.	No	Mark Hogan
Service User feedback	ongoing		Disabled people who have received equipment service	Kent	How satisfied Service Users have been with the equipment service received from Kent County Supplies. Information will be used to measure outcomes and inform planning.		Derrick Douglas

## PLANNED CONSULTATION EXERCISES, SATISFACTION SURVEYS, REVIEWS – 07/08 Strategic Area Management Business Support

The Directorate has a strong culture of Public Involvement and has helped to facilitate and support a wide number of local groups made up of the people who use our services and carers. These contribute to the development of local and Directorate policy. We are currently implementing a database to capture this activity more effectively. Planned activities in 2007-8 which will involve the public include:

- Partnership Boards which engage users of Learning Disability services at a District and Strategic Level. These are particularly successful forums for engaging Learning Disability service users in the running of the service.
- Involving Users and Carers in recruitment
- Naming of the Directorate
- Disability Equality Scheme
- Active Mobs
- Development of 'social marketing'
- Regular meetings co-ordinated with the public, our Cabinet Member and our Managing Director.
- Tele health & Tele care user groups
- Quality Service Awards – direct nominations from service users and carers. May/July.

Service Users and the Public will be involved in the following more formal surveys and research. The outcomes of the research and surveys outlined below will be fed back into the Directorate to facilitate further service improvements.

Project/development	Purpose/Outcome	conducted by	Status
Outcomes, Quality and Costs of Community Equipment Services	Impact of community equipment on promoting independence	PSSRU, University of Kent	Currently underway
Evaluation of Brighter Futures for Older People in Kent'	Evaluation of Brighter Futures	Professor Martin Knapp, LSE	Will begin later in the year
Kent Direct Payment Support Scheme Quality Questionnaire	To measure the quality of support from Direct Payment Support Workers	Kent Direct Payment Scheme	Will begin later in the year

Qualitative Study of the decision making process in out of area placements of people with intellectual disabilities	and how we can respond. Analysis of how people are placed outside of Kent	Dr Julie Beadle-Brown, Tizard Centre, University of Kent	Will begin later in the year
Research to evaluate the Application and Usefulness of the East Kent Occupational Therapy Assessment	Effectiveness of assessment	Linda Jackson, East Kent Hospital Trust,	Currently underway
Private speech and imaginary companions in Down's syndrome'	Better understanding of some of the facets of downs syndrome	Canterbury Christ Church University	Awaiting Research Governance Approval
'The efficacy of chair based exercise in reducing risk of falls in the elderly'	Understanding of how exercise can help prevent falls	Christ Church University	Awaiting Research Governance Approval
'Telecare in Gravesham – Dementia Pilot'	Impact of Telecare on dementia	Adult Social Services	Research proposal being developed
User Survey on community Equipment Pilot study	Impact of community equipment on promoting independence	Ann Netton - PSSRU / DOH	Study details to be received Will take place July 2007
2007/08 User Survey on Equipment	Impact of community equipment on promoting independence	Ann Netton - PSSRU / DOH	will take place February 2008
Home Care User survey,	Impact and quality of home care	L. Hardware, KCC and	Autumn 2007

Meals on Wheels consultation,	Quality of meals on wheels	PSSRU	Being developed – will take place later in 2007
User survey Younger Adults with a Physical or Sensory Impairment	Evaluate quality of services for this cohort	DoH/PSSRU	Feb 2007-May 2007
Elder Games	Explore using technology to provide 'games for the brain' to keep older people mentally alert	M Thomas-Sam, KCC + international consortium	Research proposal being developed
Updating the Directorate's core standards	Re-write core standards, in conjunction with service users and carers	Public Involvement Team	Autumn 2007
Complaints – annual customer satisfaction response survey in connection with our statutory process...	A direct outcome will be a measurement of how practice has improved as a result of information gathered through our complaint procedures	Public Involvement Team	July 2007

Other Consultations, which are being developed for this year, are:

- ALFA – It will be essential to engage the public on the development of this project
- In Control – we are currently implementing this as outlined in the Adult Services BP and it will be evaluated with those people involved in the pilot.
- Carers – In line with T2010 target we are currently developing research to evaluate the impact of the work undertaken
- Consultations on changes to Domicillary Charging Policy

**CONSULTATION, RESEARCH, SURVEYS, ENGAGEMENT, PUBLIC INVOLVEMENT – 07/08 Supporting People**

Planned work that will give the residents of Kent an opportunity to consider and give its views on issues so that those views can be taken into account before decisions affecting policies or services are taken.

Name	Start date	End date	Target Group	Target area (Kent, Town, district, ward etc	What we want to find out and how we will use the information,	Statutory Yes/No	Contact name and details
JP	01-Apr-07	01-Dec-07	Service users in long –term supported housing	Kent wide	How service users feel about the support provided to them and their views on how services could be improved	NO	Jo Pannell 01622 696171
JP	01-Feb 07	30-Apr-07	Older People	Kent wide	How Older People feel about the recommendations being proposed. Their views will be incorporated into the final report to be presented to the Commissioning Body in June 2007	NO	Jo Pannell 01622 696171
KP	01-Apr-07	31-Mar-09	All service users	Kent Wide	How has the review contract monitoring improved the service provided	NO	Kevin Prior 01622 696198
KP	01-Apr-07	31-Mar-09	People Bank/ User panel	Kent Wide	How robust are contract monitoring procedures and what improvements can be made	NO	Kevin Prior 01622 696198
KP	01-Apr-07	31-Mar-09	All service users	Kent Wide	Satisfaction levels with services provided by contracted agencies. CI contract monitoring	NO	Kevin Prior 01622 696198

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## USER/ RESIDENT INVOLVEMENT PLANNED FOR 2008/9 - HQ

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

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

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

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

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

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

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

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

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

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

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

Name	Start date/ End date (dd/mm/yy)	Feedback date (dd/mm/yy)	Target Group	Target area (Kent, Town, district, ward etc	Brief summary	What we want to find out and how we will use the information, (approx 25 – 50 words)	Statutory Yes/No	Consultation type (*see list below table)	Contact name, e-mail & phone no.
Culturally appropriate services	01/04/08 1/03/09	31/03/09	Representatives from the BME community	Gravesend and Dartford	Consultation with elders and community leaders	Consultation with service users and members of the BME community about modernisation of services in line with AIFA.	No	Social	Vinay Sangar <a href="mailto:vinay.sangar@kent.gov.uk">vinay.sangar@kent.gov.uk</a> 01474 544418  Mark Walker <a href="mailto:mark.walker@kent.gov.uk">mark.walker@kent.gov.uk</a> 01322 421346
FD day opportunities	01/04/08 1/03/09	31/03/09	Service users and carers	West Kent	Modernising services is part of the ongoing programme to promote independence, choice and employment opportunities	As services are modernised service users will be involved to find out what services they would like, how and where they should be provided	No	Social	Simone Bullen <a href="mailto:simone.bullen@kent.gov.uk">simone.bullen@kent.gov.uk</a> 01732 525729  Sue Mcgibbon <a href="mailto:sue.mcgibbon@kent.gov.uk">sue.mcgibbon@kent.gov.uk</a> 01732 525275



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By: Oliver Mills – Managing Director, Kent Adult Social Services

To: Adult Social Services Policy Overview Committee –  
18 November 2008

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

Classification: Unrestricted

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Summary: This report provides Members with information about the operation of the Adult Social Services complaints and representations procedure between 1 April 2007 and 31 March 2008.

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## 1. Introduction

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

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

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

(3) An annual report covering complaints and representations activity across adult social services has been presented to Members each year. This Annual Report provides Members with information about the operation of the Adult Social Services complaints procedure between 1 April 2007 and 31 March 2008.

(4) The report will provide a brief overview of the current complaints procedure. It also contains information on the number and type of complaints received by the Directorate, together with examples of how the lessons learned from complaints are utilised to inform, influence and improve service design and delivery.

(5) The report also informs Members of the current consultation from the Department of Health on key changes proposed to the operation of the complaints procedures with effect from 2009.

## **2 The complaints procedure**

### **2.1 Key Principles**

- People who complain should have their complaints resolved swiftly, and wherever possible, by the people who provide the services locally.
- The Directorate remains receptive and responsive to complaints with the aim of encouraging a listening and learning culture where the intelligence gathered from complaints is fed into services, resulting in continuous improvements.

### **2.2 The Process**

#### **i. Stage One – Local Resolution**

The emphasis at this stage of the process is to resolve the complaint as quickly as possible by means of discussion and problem solving. Resolution should take place within a maximum 20 working days.

#### **ii. Stage Two – Investigation**

If the complainant remains dissatisfied after completion of Stage One, there is the option to request that the complaint proceeds to Stage Two of the process. This involves a formal investigation of the complaint with a report being produced by the investigating officer appointed to the case. The timescale for dealing with this stage is 25 working days up to a maximum of 65 working days, for more complex cases.

#### **iii. Stage Three – Review Panel**

Similarly, if the complainant remains dissatisfied with the outcome of Stage Two, there is the option to request that a Complaints Review Panel be convened. The Panel consists of a Chair and two other people. The Chair and one of the panellists will be independent people. The third panellist is an elected Member. The responsibility of the Panel is to review the administration of the complaint, rather than reinvestigate the complaint.

(1) To ensure that the complaints system is accessible to our service users, a further leaflet has been produced in “Easy Read” format. People can also access complaints information via the internet or make a request for information to be sent to them. Our current leaflet, “Comments, Complaints and Compliments” is available in four languages and upon request, is also available in Braille, large print, audio tape and other community languages. The Directorate will shortly be producing a BSL version of the leaflet.

(2) There are occasions when a complaint is received, but it appears that there are issues pertaining to adult protection. In these cases, adult protection procedures take precedence over the Directorate’s complaints procedures. Therefore the complaint may be held in abeyance, depending on the circumstances of the case, until such time as the adult protection case has been concluded.

(3) Although there is a statutory requirement to have a complaints procedure in place, the Directorate views complaints as a valuable form of feedback, which is used to assist with the development and improvement of services.

### **3 The Number of Complaints and Compliments Received**

(1) In 2007/08, 346 complaints were received; this is a decrease from the previous year when 440 complaints were recorded. This reflects a 21% decrease in the overall number of complaints received. Whilst it is pleasing to note this significant reduction, which indicates that staff feel more confident and empowered to resolve problems as they arise, we should not be complacent and must continue to ensure service users are given the opportunity to complain when a service falls below the expected standard. 295 of these were logged as statutory complaints and in comparison to those reported the previous year, 368, this once again shows a decrease in the number received. There were 455 merits (or letters of compliment) received during the year. This is a 38% decrease on last year, although on reviewing the previous years merits, it was clear that one organisation, in particular, was classifying each comment received as a merit. This practice has now been reviewed, hence the reduction in the overall number of merits for this reporting period.

(2) The number of complaints and merits needs to be considered in context to the number of people accessing services. In 2007/08, there were over 31,700 referrals to Adult Social Services, there were also over 35, 500 people in receipt of services in March 2008. Compared to the number of people accessing services, the number of complaints received is relatively small.

(3) When analysing complaints, it should be noted that an increase or decrease in the number of complaints does not necessarily reflect a change in the standard of service provided. An overall increase in complaints might indicate the positive view the directorate takes towards complaints, together with the fact that people are well informed about how they can make a complaint. However, if there was an increase in the numbers received for a particular service, this would require further investigation. Many of our service users are vulnerable; It is therefore important that they feel assured that any dissatisfaction they have with the service(s) they received, will be treated appropriately within the complaints process.

(4) Within the Directorate we have developed a whole range of forums and engagement processes which enable people to express their views, which are then fed into the appropriate development/delivery processes for services. This provides people will alternative avenues, rather than resorting to making a complaint.

(5) Of the 346 complaints received, 295 were logged as statutory complaints under the NHS and Community Care Act. The remaining 51 complaints were from “non qualifying individuals” (not service users or carers); these complaints do not fall within the statutory process, but are responded to nonetheless.

(6) Of the 295 statutory complaints received in 2007/08, 20 were investigated under Stage Two of the complaints procedure, with 3 resulting in a Complaint Review Panel.

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

## **4 Services for Adults with a Disability**

(1) In previous years, Members will note that complaints about services for adults with a disability were logged without specifying whether the complaint related to people with a physical or learning disability. Last year 50 complaints were registered about services for people with a disability. This year the total number of complaints received has been divided separately between those with physical or learning disabilities.

(2) Those complaints about services for adults with physical disabilities total 10. This can be further broken down with care management accounting for 7 of the complaints received, 2 were about domiciliary care and 1 was about residential care.

(3) Those complaints about services for adults with learning disabilities total 47. Of the number received, 29 related to care management, 5 were about day care, 9 residential care, 2 transitional arrangements and 2 were classified under "other".

(4) Further analysis of the complaints received under disability, both physical and learning, indicates that in comparison to last year, there has been a slight increase overall in the total number of complaints received – 14% (7 additional complaints). The numbers relating to care management have decreased by 12%, although in contrast complaints about residential care have doubled. However this amounts to an increase of 5 complaints for the year.

(5) The common themes that cause people to complain about these services include those who are dissatisfied with; the outcome of their assessment (typically, insufficient service provision), the quality of care, poor timekeeping, and failure of service delivery.

## **5 Services for Older People**

(1) In 2007/08, there were 191 complaints about services for older people, indicating a slight decrease (5%) in comparison to the previous year, when 201 complaints were received. In broad terms the numbers of complaints received within the categories of older people services do not show significant fluctuations, when compared to those received in 2006/07. The exceptions are domiciliary care, where complaints received have decreased by 41% (19 complaints) on the previous year. The reverse is true of residential care complaints, where the numbers have increased by 58% (10 additional complaints) to those lodged in the previous year.

(2) It is pleasing to note the decrease in domiciliary care complaints as a significant amount of work has been undertaken to raise the satisfaction levels of people using these services. It was reported last year that following meetings with a group of service users who had raised concerns about domiciliary care services the Contracting Department had addressed these by:

- i. Ensuring there are mechanisms in place for addressing issues of concern with a focus to monitor whether these are working.
- ii. A Quality Assessment Framework was introduced enabling the department to target those providers that are not performing as well as expected.
- iii. CSCI have introduced a rating system for providers. This will be effected as a rolling programme with new homes being assessed first.

## **6 Occupational Therapy and Sensory Loss**

(1) In 2007/08, there were 39 complaints about the O.T Bureau, (4 of which related to Deaf Services and 6 were about the Blue Badge scheme). Overall this is a decrease of 22% on the previous years total of 50 complaints.

(2) The vast majority of these complaints arise as a result of delays in equipment provision or completion of adaptations once an assessment has been completed. Funding for this work is obtained via the Disabled Facilities Grants (available from Borough Councils) and this is where the delays occur.

## **7 Other Direct Provision Complaints**

(1) In total 32 complaints were received about other Direct Provision services. Included in this figure are 6 complaints about the Adult Services Provider Unit. This is a significant reduction on the previous year when 18 complaints were received.

(2) 26 of these complaints were received about in-house registered care centres for older people. Reasons for people complaining typically include poor communication and/or concerns on the quality of care.

## **8 Complaints to the Local Government Ombudsman**

(1) In 2007/08, 7 people contacted the Ombudsman's office to complain about Kent Adult Social Services. 4 of these was not upheld and 3 were premature and therefore outside the jurisdiction of the Ombudsman. These complaints were referred to the adult social services complaints procedure.

## **9 Learning the Lessons from Complaints**

(1) Excellent customer service is an integral component within the Directorate with the focus on continual improvement in the quality of services. Complaints are considered as a positive tool for improving services rather than a negative process that seeks to apportion blame; this is the culture that is encouraged. Staff receive training and support to ensure they have the necessary skills to effectively respond to complaints.

(2) The Directorate has a statutory duty to respond to complaints and the aim of the complaints procedure is to ensure that people who complain have their concerns resolved, swiftly and, wherever possible, by the people who provide the service locally. In order to make improvements, it is important that people have every opportunity to tell us about their experiences, both good and bad.

(3) When considering the significant numbers of people who receive services from Adult Social Services within any given period, it is not unreasonable to conclude that at times services will fall short of peoples' expectations for whatever reason. However, feedback from complaints is one of a number of mechanisms that enable the Directorate to respond by utilising the intelligence gathered and feeding it into business planning and commissioning processes.

(4) Customer Care training for staff is currently available as part of the core induction programme and individual teams receive training on an ad hoc basis. Current

training emphasises the importance of providing complainants with a swift response that addresses their concerns and resolves the complaint to their satisfaction, wherever possible. It is also possible to learn important lessons from compliments, and these are also fed into business planning and commissioning processes.

(5) Information gathered from complaints is provided to operational managers, training managers and policy staff, so that themes and trends can be identified, with appropriate action taken to initiate service improvements.

(6) The positive impact complaints can make can be illustrated by the following examples:

i. As a result of a complaint regarding the lack of accurate information regarding a Nursing Home placement, which resulted in the family being liable for a top up fee of over £1,900 for the period of stay a number of improvements were made to the 'Charging for Residential Care' booklet. In addition, a standard letter was developed that gives clear and detailed information in relation to financial contributions and charging.

ii. Improvements were put into place after relatives complained about their experience of collecting the belongings of their deceased relative from an in-house respite/residential home. These include: staff training covering the issues raised; a review of staff training records to ensure staff had undertaken training on support for bereaved relatives; production of an information leaflet for relatives to explain the procedure for collection of belongings. The complainants were involved in this process.

iii. After receiving a complaint regarding quality of care issues following a period of respite, staff arranged a meeting with the complainant to discuss the detail of the complaint. Subsequently, staff training was implemented focussing on the importance of recording service user information, especially when personal care is refused. This stressed the need to complete detailed care plans and risk assessments on admission. A 'lifestyle questionnaire' was also devised, for completion prior to admission. This records specific information about the service user that he/she or the family think will be useful, including their likes/dislikes and/or life history. The information gleaned on service users enables staff to have a better understanding of each individual and ensures consistency of care.

(7) The charging policy is another good example. In previous years, although minimal changes were made to the policy, a large number of complaints were received as a result of poor communication in relation to the proposed changes. In this period, significant changes were made to the policy, but previous complainants were involved in advising on how this should be communicated to other service users. As a result, the number of complaints reduced.

## **10 Other Developments**

### **a) Making Experiences Count – National and Local context**

(1) The Department of Health is introducing a single complaints system across Health & Social Care with the aim of increasing people's confidence that their complaints will be taken seriously and that services will improve as a result of their experiences. Organisations will be expected to adopt:

- a flexible approach with effective support for people who find it difficult to voice their complaints, including the right to advocacy;
- a simple, consistent, unified approach across health and social care;
- a culture of openness and fairness in organisations which underpins a willingness to listen, respond and apologise to people when things go wrong;
- an accessible approach that is fair to people using and delivering services;
- an emphasis on early and effective resolution;
- a commitment to good, effective local leadership that supports the resolution of and learning from complaints; and
- a demonstrable change in the quality of services as a direct result of what people tell organisations through their complaints.

(2) The proposal is to develop a single 2-step complaints process across health and social care, ensuring that local resolution is robust and fit for purpose. The focus of which will be to adopt a flexible approach to resolving complaints locally in a more person centred way. The current role of the Healthcare Commission in reviewing NHS complaints will be removed, as will the current requirement within Social Care to hold a Complaints Review Panel.

(3) 12 sites representing 93 organisations across the country have been identified as “Early Adopters” and will pilot the new approach for a period of 3-6 months. The Early Adopter Programme involves a cross section of organisations. Some are known for their good work on complaints handling and others have room for improvement. Feedback will then be collated and new guidance (and possibly legislation) will be made available during 2009. Originally, it was expected that the single process would come into effect from April 2009, but it is anticipated that there will some slippage on this timing.

(4) Kent has been identified as one of the Early Adopter sites and representatives from Kent & Medway health and social care organisations have been involved in the pilot. The Department of Health team co-ordinating the pilot have recognised the Kent & Medway as playing a significant role in the national pilot and have judged the Kent & Medway project as being “ahead of the game”.

## **Development of the Project**

(5) Within Kent and Medway a Programme Board was established consisting of individuals with executive level accountability for complaints or those nominated by the relevant chief officer. A Working Group was also established, consisting of operational complaints managers. The group has held monthly meetings since April 2008 to drive forward the pilot. The programme structure is attached at Appendix Two.

(6) The development of the project has been considerable in terms of scope and to evaluate the process and benefits of a more flexible outcome focussed approach, a number of pilots were identified as follows:

- Pilot 1 – Test Cases of varying complexity
  - Minor (Level 1) direct contact which quick action will resolve
  - Significant (Level 2) – needing more work, service involvement and correspondence
  - Major (Level 3) – complaint within single organisation requiring full investigation
  - Complex (Level 4) – major inter-agency complaint

- Pilot 2 – Working with independent contractors regarding how Making Experiences Count principles can be applied within their complaints procedures. This pilot breaks down into specific types of contractors i.e. independent primary care for health, prison healthcare centres, providers within social services.
- Pilot 3 - Pathways - Identifying inter-agency pathways currently used for joint complaints and finding ways to improve and speed up the progress of complex complaints.
- Pilot 4 - Training - With a shared complaints procedure across health and social there is a need for a shared training programme, the aims being; to include sessions to enhance the skills and broaden the knowledge of complaints managers; also sessions for staff to embed the ethos of good complaint handling by operation staff.
- Pilot 5 - Independent Assessors (specific to health) - To examine how these can be sourced locally once the role of the Health Care Commission in investigations is relinquished.

(7) A project manager was recruited by the Programme Board to facilitate and co-ordinate the pilot, collating good practice and statistics as required by the Department of Health.

### **Impact for KASS**

(8) Rather than adopt a process county wide that was expected to change at the end of the pilot, it was decided that HQ Customer Care would run the test cases within the pilot. Area Customer Care teams were required to identify a selection of complaints during the pilot that met the criteria, where possible, of minor, significant, major and complex.

### **Implementation of test cases**

(9) Implementation of the pilot has not been straight forward, largely due to a lack of specific guidance from the Department of Health at the outset on how organisations should initiate the new process with complainants. It was only after work was well underway within the Kent and Medway pilot that the Department of Health became prescriptive about what complainants should be told about the choice between opting into the pilot or remaining with the existing procedure.

(10) It was fortunate that within social care, the policy lead decided that each complainant would be advised of the pilot and their options at the outset and would then be able to decide whether to opt in or not.

### **Impact on workload**

(11) The Department of Health suggested that one component of the new process was the introduction of a “plan” for each complaint. This would not necessarily be a written one, but one that is agreed by the person making the complaint. The plan would outline how the complaint would be tackled, who would be involved, the timescales and how the person making the complaint would be kept informed of progress.

(12) It has become quite apparent during the test cases that this has had an impact on the amount of time spent on each complaint. Establishing personal contact with the complainant at the outset, including gaining agreement to the complaints plan, combined with the subsequent early contact with the appropriate service representative to discuss the way forward, has been more time consuming at the start of the case than has been usual in the past. As customer care staff become more familiar with this way of working, the impact on time may lessen. Social Services customer care staff have adopted this more personal approach already within their day to day management of complaints, wherever possible. However, if all complaints are treated in this manner there is likely to be an impact on staff time.

## **Evaluation**

(13) At present, it is too early to evaluate the pilot in detail. The Project Manager is currently pulling together the outcomes from each of the identified strands within the pilot and will be presenting a report to the Programme Board during November. This will subsequently be presented to the Department of Health for consideration alongside the other pilot sites. However, early indications suggest that the new process, to be introduced in 2009, will impact particularly on customer care teams who will have initial responsibility for developing the complaints action plan in conjunction with the complainant and the staff involved. In addition, customer care teams will have to facilitate the new process until staff are provided with training to enable them to adapt to the new process.

### **b) Adult Social Services Induction**

(14) It has been recognised that good training is key for staff development and the policy team have been successful in securing a slot on the KASS induction programme that is attended by all new staff. This will be effective from early 2009. Not only will this provide an opportunity to emphasise the importance and effectiveness of good customer care, but it will promote the benefits of attending the specific complaints handling training provided by Customer Care Managers, which at present is not a mandatory requirement.

### **c) Kent Health Watch**

(15) Kent Health Watch was established by Kent County Council in partnership with the NHS to help local residents express their views about health and social care in Kent. This service will not replace existing feedback mechanisms within health and social care, but enhance what is currently available with the aim of improving services.

(16) It will cover all health and social care services delivered within Kent along with services commissioned for Kent residents but provided elsewhere. Kent Health Watch will operate 24 hours a day, seven days a week, by telephone, textphone and email. It will operate like a Directory Enquiry service, signposting callers to the right contact whenever they want to make compliments, comments, complaints or concerns about health or social care.

(17) Signposting social care calls is not a new concept for the Contact Centre. The agents have been dealing with social care queries for several years. The agents obtain the pertinent information from the caller before directing them to the most appropriate service. To assist them in directing the call, the agents will typically ask questions to establish the nature of the call and the geographical location. Calls are

currently routed via the appropriate customer care team (West; East; HQ), duty service or out of hours service. If the agents have any doubts as to where the call should be routed, it is directed via HQ Customer Care.

(18) In preparation for the launch of Kent Health Watch, contact centre agents have undergone bespoke training in dealing with social care queries. This included, safeguarding, provision of service - how this is funded and the issues around direct payments and self funders. The logging system has been amended to reflect these specific groups to enable the Directorate to monitor the volume of calls specifically from self funders.

(19) Reassuringly, some of the agents who are already experienced in dealing with social care calls have been transferred to the Health Watch number. This will provide consistency and experience of social care services. They will also be able to share this knowledge and experience with newer members of staff.

#### **d) Local Involvement Network (LINKs)**

(20) Kent and Medway Networks (KMN) have been appointed as the Host organisation for the Kent LINK. KMN has previously been a Forum Support Organisation for the former Patient and Public Involvement Forums and therefore has knowledge and experience of the area. The Kent LINK is not operational at present, although once it is launched it is anticipated that the information received from the public will influence public services in ways that are relevant and meaningful to the public themselves. It should also provide a further opportunity for concerns and complaints to be heard and responded to. (Further information on LINKs, including its functions is detailed in the consultation report, which is on the ASSPOC agenda for 18 November 2008.)

### **11 Conclusion**

(1) During 2007/08 the Adult Social Services Directorate has continued to operate a robust and effective complaints procedure in line with statutory requirements.

(2) Complaints are seen as one mechanism for providing valuable feedback from people who have actual day to day experience of our services. The Directorate continues to focus on two key areas; staff training and ensuring lessons are learned from complaints for continuous improvement and development of future services.

#### **Recommendations**

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

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

*Background documents:* None

**Complaints, Enquiries and Merits Received Between  
1 April 2007 and 31 March 2008**

**Number of Complaints by Originator**

<b>Originator</b>	<b>Number</b>	<b>%</b>
Advocate	5	1.7
Anonymous	-	-
Carer	9	3.1
Close relative	211	71.6
Central Government Dept	-	-
Client	51	17.3
Contractor	-	-
County Councillor	1	0.3
Health Representative	2	0.7
Homeowner	-	-
Housing Association/Landlord	-	-
KSS staff	-	-
Legal Representative	3	1.0
Member of Parliament	5	1.7
Neighbour client/Establishment	-	-
Ombudsman	1	0.3
Other local authority	-	-
Other KCC Department	1	0.3
Other	5	1.7
Service Provider	1	0.3
Voluntary Organisation	-	-
<b>Total</b>	<b>295</b>	<b>100%</b>

**Number of Records by Contact Method**

(For complaints, enquiries and merits received between  
1 April 2007 and 31 March 2008.)

<b>Contact Method</b>	<b>Number</b>	<b>%</b>
e-mail	94	8.9
Fax	85	8.0
Letter	804	75.4
Telephone	73	6.9
Text	-	-
Visit	2	0.2
Website	7	0.6
<b>Total</b>	<b>1,065</b>	<b>100%</b>

## Number of Records Received by Type

1 April 2007 to 31 March 2008

Type of Record	Number	%
Enquiry	264	24.8
Merit	455	42.7
Non Statutory Complaint	51	4.8
NHS and Community Care Act Complaint	295	27.7
<b>Total</b>	<b>1, 065</b>	<b>100%</b>

## Comparison of complaints numbers for 2006/07 and 2007/08

Service	2006/07	2007/08
<b>Contracting</b>	39	33
<b>Disability</b>		
Care Management	41	-
Day Care	-	-
Domiciliary	4	-
Residential	5	-
<b>Physical Disability</b>		
Care Management	-	7
Day Care	-	-
Domiciliary	-	2
Residential	-	1
Respite	-	-
Transition Arrangements	-	-
<b>Learning Disability</b>		
Care Management	-	29
Day Care	-	5
Domiciliary	-	-
Residential	-	9
Other	-	2
Respite	-	-
Transition Arrangements	-	2
<b>Older People</b>		
Care Management	132	128
Day Care	1	3
Domiciliary	46	27
Residential	17	27
Other	5	2
Respite	-	4

<b>Direct Provision</b>		
Adult Service Unit	18	6
Homecare	4	-
Older people	24	26
Social Economy	3	-
<b>O.T and Sensory Loss</b>		
Deaf Services	1	4
O.T	49 (inc. Blue Badge)	29
Blue Badge	-	6
Kent Association for the Blind	-	-
<b>Mental Health</b>	4	4
<b>County Benefits</b>	1	-
<b>Finance</b>	18	1
Contracts Finance Area Office	-	1
Fin assessments – Dom	-	10
Fin assessments - Res	-	6
<b>Planning</b>	-	1
<b>Hospitals</b>	22	17
<b>Out of hours</b>	1	2
<b>Supporting People*</b>	1	-
<b>Direct Payments</b>	1	-
<b>HQ Learning Dis.</b>	2	-
<b>County Duty Service</b>	-	2
<b>Others</b>	1	4
<b>Total</b>	<b>440</b>	<b>400</b>

(Learning and physical disability figures were amalgamated in the 2006/07 report due to the previous database not being set up to report separately)

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

### Statutory Complaints by Subject

1 April 2007 to 31 March 2008

<b>Subject</b>	<b>Number</b>	<b>%</b>
Adult Protection	2	0.6
Application of Eligibility/Assessment Criteria	3	0.9
Assessment/Review	13	3.8
Behaviour of staff	53	15.4
Change/closure	1	0.3
Claim for compensation	2	0.6
Communication difficulties	19	5.5
Delay in decision making	6	1.8
Delay in provision of service	21	6.2

Direct Payment	1	0.3
Disputed decision	65	19.1
External service	50	14.6
Financial assessment	11	3.2
Impact of Application Policy	9	2.6
In house service	15	4.4
Incorrect billing	13	3.8
Lack of information	17	5.0
Meal service	2	0.6
More service wanted	7	2.1
Non delivery of service	4	1.2
Other	4	1.2
Personal Information	2	0.6
Problems contacting KASS	1	0.3
Request for service	11	3.2
Resource Issue	5	1.5
Transport	4	1.2
<b>Total</b>	<b>341</b>	<b>100%</b>

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

### Complaints by Ethnic Origin

<b>Ethnicity</b>	<b>Number</b>	<b>%</b>
African	-	-
Any other ethnic group	2	0.7
Asian other	1	0.3
Bangladeshi	-	-
Black other	-	-
Chinese	-	-
Indian	-	-
Information declined	-	-
Mixed other	-	-
Not known	23	7.6
Pakistani	3	1.0
White and Asian	-	-
White and Black African	-	-
White and Black Caribbean	-	-
White British	264	89.4
White Irish	-	-
White other	3	1.0
<b>Total</b>	<b>295</b>	<b>100%</b>

## Outcome of complaints at Stage One

1 April 2007 to 31 March 2008

<b>Outcome</b>	<b>Number</b>
Advice	4
Apology	85
Complaint withdrawn	5
Explanation	215
Financial Settlement	10
Issue resolved	11
No reply sent	2
Other	4
Other agency issue	12
Other ASD procedural issue	5
Policy change	1
Policy issue raised	1
Service changes	13
<b>Total</b>	<b>368</b>

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

## Comparison Between 2006/07 and 2007/08

<b>Type of Record</b>	<b>2006/07</b>	<b>2007/08</b>
Enquiry	199	264
Merit	735	455
Non Statutory complaint	72	51
NHS and Comm Care Act Complaint	368	295
<b>Total</b>	<b>1, 374</b>	<b>1, 065</b>

## Comparison between Areas

1 April 2007 to 31 March 2008

<b>Area</b>	<b>Number of Statutory Complaints</b>
East Kent	148
West Kent	126
HQ	21
<b>Total</b>	<b>295</b>

# Kent & Medway Early Adopter Programme Structure



By: Oliver Mills, Managing Director, Kent Adult Social Services

To: Adult Social Services Policy Overview Committee –  
18 November 2008

Subject: **THE SUPPORTING PEOPLE PROGRAMME**

Classification: Unrestricted

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Summary: This paper provides an overview of current activity in the Supporting People Programme.

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## **Background**

1. (1) This is the fourth six-monthly report on the Supporting People Programme. The main issues reported to the May meeting concerned the strategic review of long-term housing, the strategic review of older people's services, the Local Area Agreement, and Area Based Grant, the Audit Commission Inspection and the current work programme.

(2) The Programme will be concentrating in the next six months on preparations for the next five year strategy, which will include a strategic review of investment, the finalisation of the delivery of the Audit Commission Action Plan, and continuing to deliver its targets in relation to the Local Area Agreement. The Programme will also be ensuring that service user involvement and consultation is a key deliverable within the next couple of years, this will include a strategy specifically targeted at service user involvement and consultation.

## **The strategic review of long-term supported housing**

2. (1) The strategic review of long-term supported housing complements the strategic review of short-term housing which was completed in March 2007. The essence of the strategic review was to evaluate existing provision by client group, incorporate current needs analysis, and identify any priorities for change/development.

(2) The Supporting People Programme is recommending that longer term supported housing becomes part of the choice-based lettings initiative. This means that the ability to access these services will be broadened out considerably by participation in this scheme. Choice based lettings mean that anybody can apply for a long-term supported housing scheme providing they are on a housing register. They can be on a number of different housing registers. Only those who meet the criteria for the scheme would be considered. It should help to eliminate restrictive practices that are sometimes applied by providers in enabling access into supported housing schemes. For instance some providers only allow nominations into schemes from Health or Adult Social Services.

(3) There are four services that have been recommended for de-commissioning by the Supporting People Programme. This is because the providers are:

- not providing housing related support.
- they are not promoting independence.
- The client group mix is highly inappropriate and is detrimental to service users.

- The service users no longer require housing related support.
- The provider is providing social care to individuals who breach grant conditions i.e. they are highly unlikely to maintain any form of independent living. Community and Local Government Department Supporting People Grant Conditions will not allow the Programme to fund service users who are ostensibly the statutory responsibility of Kent Adult Social Services, and are never likely to achieve any form of real independence.

(4) There are five services which should be reviewed, with the possibility of de-commissioning the services. This is because the providers are:

- Not providing housing related support.
- The provider is providing social care to individuals who breach Community and Local Government Department Supporting People grant conditions i.e. the service users concerned are highly unlikely to maintain any form of independent living.

(5) The six services labelled as being for single homeless or generic should be remodelled as short-term services. This is because they are effectively operating as short-term services.

(6) The monitoring and review process needs to emphasise outcomes for individuals. That is that providers are actively seeking to promote independence, and not dependence.

(7) The strategic review of investment as part of the five year strategy will need to consider whether or not future funding should be invested in long-term accommodation based services, or that service users should be encouraged to live independently with social care inputs under the auspices of self-directed support. This is particularly relevant in trying to steer providers away from shared facilities wherever possible within short-term and longer term supported housing.

### **Older Persons Strategic Review**

3. (1) The Programme has now separated the costs of alarms from housing related support. The cost of alarms has been fixed at £1.50 per household unit per week. This was agreed by the Commissioning Body in June 2008. The Programme is currently negotiating with providers on the costs of housing related support for older people. This has been set at £10.11 per household unit per week. The majority of providers have accepted the revised contract values.

(2) Older people and other vulnerable people will benefit from the funding of handy person services across Kent for at least the next two years.

### **The Local Area Agreement/Area Based Grant**

4. (1) The Supporting People Programme is currently delivering its targets in relation to the LAA2.

(2) The Programme is also subject to performance monitoring from the Department of Communities and Local Government (CLG), and it is envisaged that this will continue for the foreseeable future, in addition to the LAA.

(3) It was previously reported to ASSPOC that from April 2009 the CLG has advised that the main grant will be put into Area Based Grant. This situation remains, and the Commissioning Body has continued to express a desire to remain in place in order to sustain an un-ring-fenced Programme.

## **Audit Commission Inspection**

5. (1) The Programme has made good progress in delivering the Audit Commission Action Plan, following the Inspection of the Programme in September 2007.

(2) The Programme has completed the actions outlined in the action plan relating to the following:

(i) **Strategic Approach.**

- Needs Analysis reflecting the needs of minority ethnic and hard to reach groups.
- Refreshing the five year strategy.

(ii) **Improve performance management and governance of the programme.**

- Performance management has been given a higher profile within governance meeting agendas.
- All members of governance bodies are provided with comprehensive guidance and induction.
- The Programme continues to involve the wider body of elected members in the development of the Programme.
- All plans clearly set out the expected impact and outcome of each proposed action.
- The Programme continues to work with other Supporting People Partnerships to develop further bench-marking and ensure more in-depth and meaningful comparative analysis.
- Ensuring that the financial impact of all decisions taken in relation to the Programme is clearly set out in Commissioning Body reports.
- Carefully planning all major public consultation exercises.

(iii) **Improve access and information in relation to the Programme.**

- Ensuring that no providers apply restrictive access and referral arrangements and that all of them comply with the Programme's agreed reconnection policy.
- Ensuring all documents are printed with the relevant strap lines
- Providing clear information to providers about financial incentives available to encourage improvement.

(3) **Service User Involvement.**

- Developing a service user involvement strategy which includes clear measurable outcomes in consultation with users and advocates.
- Ensuring that service users have an opportunity to influence decision-making and participate in governance, performance management and procurement (some of these objectives have already been met (performance management and procurement)).

- (4) Actions which remain on-going are
- (i) **Strengthen the strategic approach to Supporting People.**
- A county-wide move-on strategy. This would enable all service users to move on successfully from supported housing generally to their area of origin. This is being developed with the Joint Policy and Planning Board (Housing), a multi-agency partnership of health, housing, social care, and Supporting People.
- (ii) **Improve access and information in relation to the Supporting People Programme.**
- Ensuring that frontline staff employed by the partners provide consistent and informed approach to the Programme.
  - Undertaking mystery shopping of all telephone and frontline access points to the Programme across the County and taking steps to address any shortfalls in performance.
- (5) These actions should be completed by the end of the financial year, with the possible exception of the inclusion of service users in decision-making and Governance. This is a longer term project which will require considerable thought and discussion to ensure that it is meaningful, and is approached in a way that service users want to adopt.

## **Service User Involvement and Consultation**

6. (1) The Programme has recruited a Service User Involvement and Consultation Officer. This role is in order to ensure that service user involvement and consultation are centre stage within the programme, and a component part of everything the Programme does.

(2) The Programme has made considerable progress in developing services that meet the needs of service users via monitoring and review visits which have included ex-service users as monitoring and review officers. The Programme has also involved service users:

- in tender evaluation
- in specifications
- in recruitment
- in website and leaflet design and content
- service user conferences delivered by service users
- in a service user publication
- in service user qualifications via the Open College Network
- in strategic reviews
- in the previous five year strategy

## **Floating Support Referral Mechanism**

7. (1) A new Access Database is being implemented which is capable of dealing with the volume of floating support referrals that are being received. This is particularly important given that the Programme is increasing the capacity of and tendering for floating support contracts for the next two years, to reflect the needs identified.

## **Self Directed Support**

8. (1) A Self Directed Support pilot for longer term supported housing (excluding older people's services) is being initiated. This is to see how easily accommodation-based services which are owned by housing associations, and in some cases managed by them, could be involved in changing the way that housing related support is delivered. This reflects the fact that the majority of long-term supported housing includes client groups who are the statutory responsibility of Kent Adult Social Services. KASS is embracing the concept of self directed support, and it is important to see if the Programme can successfully align itself with the aims and objectives for client groups that are held in common by KASS, and the Programme.

## **Recommendations**

9. (1) Members are asked to NOTE and COMMENT on the contents of this report.

**Claire Martin**  
**Head of Supporting People**  
**Ex1179**

### *Previous Committee References:*

The Supporting People Programme – Report to Adult Services Policy Overview Committee, 30 May 2008, Item B3.

The Supporting People Programme – Report to Adult Services Policy Overview Committee, 16 November 2007, Item B5

The Supporting People Programme - Report to Adult Services Policy Overview Committee, 24 April 2007, Item B5

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By: Oliver Mills: Managing Director, Kent Adult Social Services

To: Adult Social Services Policy Overview Committee –  
18 November 2008

Subject: **KENT ADULT SOCIAL SERVICES – MEMBER BRIEFING**

Classification: Unrestricted

Summary: The purpose of this report is to provide information to Members on current KASS Member Briefings and to ask for their comments on how they could be improved.

## Background and Context

1. (1) KASS is committed to ensuring that Members are fully briefed on all the key issues at a countywide and local level. Currently, this happens in a variety of ways, all of which are advertised through the Corporate Member Information Bulletin.

(2) Currently County Council Members can find out more about the issues facing the Directorate through:

- Presentations at the start of every **Adult Services Policy Overview Committee**, which all Members are invited to. Over the last year the presentations have covered many of the big issues facing social services in Kent, including the budget, the new performance framework, the Mental health Trust's Foundation Trust application and the modernisation of KASS
- **The Countywide Briefing session**, which is organised twice a year and provides an opportunity for Members to talk to senior officers about a wide variety of issues in a more informal setting
- **The countywide paper briefing**, which provides a summary of all the issues discussed at the Countywide Briefing Session as well as providing updates on all the key issues for the Directorate as a whole. The paper Member Briefings are all available on KNet under 'KASS information for Members'

(2) In addition to these countywide briefings, KASS has also, over the last year or so, tried to improve the way it communicates at a local level through:

- **Local Briefings** in every District to look at the issues facing different Districts in detail
- **Local Boards.** KASS attends these Boards when requested and also to promote key strategic discussions such as the consultation on Active Lives (KASS' 10 year vision) and the Later Life Strategy.

## Feedback

2. (1) For the most part feedback on countywide and local briefing sessions has been very positive. However, a number of improvements have been suggested:

- The Countywide Briefings should be more frequent so that they can look at fewer subjects in more detail.

- Demand for Local Briefings has varied across the County and there should be more flexibility locally to meet demand
- All Briefings should be part of the broader Member Development programme, and therefore, should be diaried so that they are prioritised by Members and not cancelled due to other meetings.

### **Improving Member Briefing**

3. (1) Therefore, the following proposals are put forward to improve Member Briefings:

- Countywide Briefings will be organised quarterly (next briefing in January 2009). They will be diaried as Member Development sessions
- Countywide Briefings will continue to be followed by paper briefings to update those Members who were not able to attend
- Local Briefings will continue, but over the next six months we will test out different approaches in the two Areas. In west Kent, Districts will be paired, which will allow for more frequent local briefings over a larger area. In east Kent the briefings will continue as single District Briefings.

### **Recommendations**

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

Phil Porter  
Staff Officer to the Managing Director  
01622 221349

*Background documents:* None

By: Oliver Mills, Managing Director, Kent Adult Social Services

To: Adult Social Services Policy Overview Committee –  
18 November 2008

Subject: **MODERNISATION OF EAST KENT INFORMAL MENTAL  
HEALTH DAY SERVICES**

Classification: Unrestricted

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Summary: Proposals for the modernisation of East Kent Informal Mental  
Health Day Services 2009/2012

FOR INFORMATION

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### Introduction

1. (1) The emerging vision for Mental Health Services in Kent is being jointly developed by Kent Adult Social Services Directorate (KASS), Primary Care Trusts and other stakeholders, led by the Social Care Commissioners for Mental Health. There is considerable support from stakeholders for the modernisation of services to improve outcomes both for adults with mental health problems, and the wider community.

(2) Opportunities for service users – to realise their full potential and recovery – will depend on the services being modernised. With the active support of service users, there can be greater engagement with local communities, more social inclusion, equality and diversity, less dependence on statutory services and more can lead increasingly fulfilled and active lives.

(3) The past standard model was a successor to long-stay mental hospitals, with a safe place to go, separate from the rest of the community, being paramount. The model for the future is still about safe spaces, but much more about developing networks of personal support, encouraging people to take advantage of the same facilities that others in society use, and about social inclusion in practice.

(4) KASS has managed the East Kent Mental Health Services, based in Braethorpe, Ashford; Ashentree House, Dover; and 10 London Road, Deal, for many years. They form part of the network of services across East Kent for people with mild to medium mental health needs. Operating from KCC-owned buildings, they support a total of 128 people (September 2008 totals) with mental health problems in those localities during various openings on weekdays, evenings, weekends and bank holidays when they would be most isolated. Within each house are activities to promote well-being, healthy living and personal growth. Their attraction lies in the informal way people can self-refer, call in and out as they wish, and socialise with others.

(5) The proposal is for these services, like all other such services in Kent before them, to be transferred to an independent sector provider, to continue their modernisation.

## Consultation over changes

2. (1) From December 2007 until May 2008, Service Users, Staff, those not currently using the services, other organisations and agencies, and others with an interest, were consulted over the proposals for change which were mainly contained in the NHS Commissioning Guidance in February 2006, entitled "From Segregation to Inclusion". This Guidance itself was very squarely based on a 2004 report from the Government's Social Exclusion Unit, which recommended the refocusing of day services so that people would not remain socially isolated and excluded from the communities in which they live. The guidance describes four key functions of day services. They should:

- a) Provide opportunities for social contact and support
- b) Support people to retain existing social roles, relationships and existing social/leisure activities that they value
- c) Support people to access new roles, relationships and mainstream social/leisure opportunities of their choosing.
- d) Provide opportunities for people with mental health problems to run their own services.

(2) Both the 2004 Social Exclusion Report and the 2006 Commissioning Guidance recommended a move away from designated buildings to places in the community which local people use and value. By January of this year, according to NHS-commissioned national research, 22% of such services had moved out of being buildings-based.

## Local Priorities

3. (1) The Vision for Kent is Kent's Community Strategy which cuts across all services and looks ahead 20 years. The Vision emphasises the importance of community facilities which promote healthy living and independence.

(2) The Kent Local Area Agreement (LAA) between KCC, our Partners and the Government Office of the South East on behalf of Government departments acknowledges the importance of developing modern social and health care services and promoting independent living. It sets specific outcomes for improving the health of Kent's residents, reducing health inequalities and promoting wellbeing. This proposal supports the following targets from Kent's Public Service Agreement 2 with Central Government, which are embedded within the LAA:

- To help Kent's most vulnerable adults, aged 18 to 64, to live independently
- Target 8 – To help long-term recipients of incapacity benefit into work, this sets a target of supporting 250 people known to Kent Adult Social Services into sustained employment (specifically targeting people with disabilities).
- Active Lives 2007-2016 – putting people first, giving people choice and control, and supporting people to join in with community life.

## **Progress so far in Kent Informal Mental Health Day Services**

4. (1) Throughout Kent, the process of finding suitable providers from the independent sector to manage KCC-run day services began in the early 1990s. A range of similar services in other parts of the county have been subject to external tenders in the past, and now operate effectively in the voluntary sector under contract with KCC. This process will be concluded with the transfer of these three remaining day services to the independent sector. In many ways, such providers are in a better position to offer additional value for the people of Kent who require these services, and are better able to support national and local priorities. They can:

- Be more responsive to changing demands and guidance
- Be creative and flexible, and thereby be in a better position to meet commissioning outcomes and specification requirements.
- Generate additional income
- Link in more freely with other services in the support of people moving into training, volunteering or employment and away from statutory services and benefits

## **Benefits to Service Users**

5. (1) Those using the services provided by the three current establishments are already finding that their horizons are being widened, and their recovery enhanced, by the much more outgoing approach of the services.

(2) One significant impact already is that service users are increasingly making their own arrangements, where possible, to use local services without need for staff support, to run their own groups either in places elsewhere, or at times the services are not open, and to take part in activities which promote health and wellbeing to a much better extent than happened before.

(3) The plans for 2009/2012 seek to extend those benefits, to locate the services in places where they can not only reach out to the population more easily, but also welcome the engagement of a more diverse group of service users, spanning a wider age range, more varied by race and ethnic minority, and catering better for those with physical disabilities as well as mental health needs, who are currently limited in their access to the three current services.

## **Buildings**

6. (1) Transfer of the services from the current buildings by April 2010 will not only free up those buildings for other use or the realisation of capital receipts, but also reduce the sometimes expensive costs of running them, as well as reducing their current carbon footprint. The savings produced can be used to enhance the modernised services, at new locations which are more convenient and more fit for purpose.

(2) These changes are thus an invest to save option which will produce more efficient and appropriate services to meet the growing needs for this type of service.

## Proposed transfer to new provider

7. (1) The Cabinet Member for Adult Social Services in August of this year received the report of the formal consultation undertaken in respect of the modernisation of informal day services in East Kent for adults with mental health problems, currently provided in-house (Decision No. 08/01212). The decision gave approval for a suitable partner to be found, through a procurement process, the successful partner to then manage these services on behalf of KCC, employ the current staff via the TUPE process, and develop services away from the current buildings in line with the social inclusion agenda.

(2) Since that decision, the procurement process has continued, with vital evaluation input from service users drawn from the local panel, and the involvement of both staff and service users on the Project Board which has steered the project throughout. Rethink assisted with gathering views from those in the area covered but who do not use the current services at present. From 29 initial interested organisations, the number reduced to 6 during the tender process. Representatives from each of those organisations visited the current services and met staff and service users. Service users have recently visited services run by the remaining two organisations in the running, and their comments and feedback have been helpful throughout the procurement process.

(3) The modernisation of these services is necessary in any event, but KCC, as the current owner of the buildings and employer of the staff, needs to be confident that the interests of all affected parties – service users, staff and others are taken into account during this time of change ahead.

(4) The proposed modernisation of the services also enables Mental Health Grants to be accessed to assist the process of transition.

(5) It will be for the Cabinet Member for Adult Social Services to make a key decision accepting a successful tender and awarding the contract for the provision of these services for the three years from April 2009 to March 2012.

## Numbers of staff and service users currently affected

8. (1) In Ashford, Deal and Dover, a transfer to an independent provider would mean that 30 part-time posts, totalling 7.29 whole-time equivalents, will be transferred under TUPE regulations.

(2) Transfer of Responsibility: Numbers of People (not full-time equivalents for staff)

	Braethorpe, Ashford	AshenTree House, Dover	Deal Resource House
Service Users	70	32	26
Staff	12	9	9

## Recommendation

9. (1) Members are asked to:
- a) Note the progress on modernising mental health services in the east of the county in line with national and local policy;
  - b) Support the principle of transfer of these services to an independent sector provider, subject to a key decision by the Cabinet Member for Adult Social Services as set out in Paragraph 7 above.

Bill Forrester  
Head of Gypsy & Traveller Unit and Project  
Board Chair  
01622 221846

Dave Woodward  
Social Care Commissioner for Mental  
Health  
01622 221810

Background documents:

Consultation Report - July 2008

Modernisation Board Reports - 14 September 2007, 20 June 2008

Decision No. 08/01212 – Outcome of formal consultation on the modernisation of East Kent Informal Mental Health Day Services - September 2008

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By: Overview, Scrutiny and Localism Manager

To: Adult Social Services Policy Overview Committee –  
18 November 2008

Subject: **UPDATE ON SELECT COMMITTEE WORK**

Classification: Unrestricted

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Summary: This report updates Members on the progress of current Select Committee work, the monitoring of past work and the process for identifying future projects.

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### **Select Committee: Autistic Spectrum Disorder (ASD)**

1. (1) This Committee started its work in June and finished its evidence gathering in October. Recommendations have been drafted and the report is currently being written. This will be finalised in December and shared with the Cabinet Member and Managing Director before Christmas. It will then be considered by the Cabinet on 12 January 2009.

### **Select Committee: Carers in Kent**

2. (1) This Select Committee will be reconvened in January 2009 to receive a report on progress against its recommendations, one year on from the publication of its report, which was in December 2007. The timing of this meeting will allow Members to have the most up-to-date account of work undertaken by the Standing Advisory Group, which has been instrumental in working with KASS officers to implement the Select Committee's recommendations. The outcome of the Select Committee's 'one-year-on' meeting will be reported to this Committee on 1 April 2009.

### **Select Committee Work Programme**

3 (1) The Work Programme for 2009/10 will be discussed by the Policy Overview Co-ordinating Committee at its meeting on 14 February 2009, so proposed work arising from the Adult Social Services subject area will need to be in preparation and ready for signing off around the time of, or shortly after, the 15 January meeting of this Committee.

(2) The form for working up a proposal is currently undergoing review and is likely to change slightly. I attach a copy of the existing form, which I hope is helpful as an indicator of the amount and type of information which is required to support a proposal.

(3) Members are reminded that there will be an inevitable gap in the programme in the new year, as no new projects can be started which cannot be completed before the County Council elections next summer. Although there will then need to be an induction period following the elections, to allow new Members to prepare before joining Select Committees, this time can be used by the Overview and Scrutiny Team for background preparation work to allow new Select Committees to start as soon as possible afterwards.

## **Recommendations**

4. Members are asked to:-
- (a) Note the progress of the Autistic Spectrum Disorder (ASD) Select Committee, and the arrangements for the 'one-year-on' monitoring of the outcomes of the Carers in Kent Select Committee, in January 2009; and
  - (b) Consider which issues they would like to propose for inclusion in the 2009/10 Select Committee Work Programme, and be ready to submit these in the new year for consideration by the Policy Overview Co-ordinating Committee at its meeting on 14 February 2009.

Theresa Grayell  
Democratic Services Officer

Tel No: 01622 694277  
e-mail: [theresa.grayell@kent.gov.uk](mailto:theresa.grayell@kent.gov.uk)

Background Information: *Nil*

**ASSESSMENT OF A SELECT COMMITTEE TOPIC REVIEW**

(\* - sections to be filled in by the proposer of the topic)

<b>*Subject of Proposed Review:-</b>
<b>*Reason for the Review:-</b> (see note 1 below)
<b>*Issues to be covered by the Terms of Reference:-</b>
<b>*Scope of the review:-</b>
<b>*Purpose and objectives of the Review:-</b>
<b>Proposer of the review</b>  .....

To be completed by the Directorate/Cabinet Member(s)

**Are there any reasons why this review should not be put forward for inclusion in the work programme for 2009/10?**  
(see note 2 below)

**How will the review contribute to corporate objectives and priorities?**

**Will the review support the achievement of PSA or LAA targets? If yes, please identify targets:-**

**Does the review need to be completed within a specific timeframe? If yes, please give details:-**

**How will this review have an impact on KCC policy development and/or help to influence national policy?**

**How will this review add value to the County Council and residents of Kent?**

**Any additional comments from the Portfolio Holder/Strategic Director:-**

**Portfolio Holder's Signature:-**

**Strategic Director's Signature:-**

**Contact Officer:-**

**Date:-**

## Notes

### Note 1 - Possible reasons for the review

1. Key public issue, identified by
  - Focus groups/citizens panels
  - Member contact with constituents/member surgeries
  - Contact with key representative bodies/forums
  - Media coverage – Public interest issue covered in local media
2. Issue highlighted via POC activities or previous reviews
3. Issue recommended to POC by another body e.g. another POC, Cabinet Scrutiny, Directorate, Cabinet or an external body.
4. Poor performing service i.e.:-
  - High level of complaints/dissatisfaction with service
  - Performance standards poor/below target – (evidence from PI's or benchmarking)
  - Identified through external review/inspection (OFSTED/Audit/ CPA etc)
  - Budgetary overspends
5. Key reports or new evidence published
6. County Council priority
7. Central Government priority/New Government guidance or legislation published

### Note 2 - Possible reasons why a review should not be put into the next years/ next two years work

1. Issue being examined by
  - Cabinet
  - Cabinet Scrutiny
  - Officer Group
  - another internal body
  - an external body
2. It has been the subject of a topic review by other Councils from which details of best practice can be obtained.
3. New legislation or guidance expected.
4. **NB:** Before suggesting that a review should not be included in the work programme the following should be considered:-

Could consideration of this issue 'add value' without causing unnecessary duplication, for instance by:

- i) Looking at this issue in conjunction with another group,
- ii) Through appropriate timing of the topic review,
- iii) Through considering another group's findings rather than duplicating the same/or similar activity.

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