SOCIAL CARE AND PUBLIC HEALTH CABINET COMMITTEE

Friday, 9th November, 2012

9.30 am *

Darent Room, Sessions House, County Hall, Maidstone

**** PLEASE NOTE EARLIER START TIME***

AGENDA

SOCIAL CARE AND PUBLIC HEALTH CABINET COMMITTEE

Friday, 9 November 2012, at 9.30 am
Darent Room, Sessions House, County Hall, Maidstone

Ask for: **Theresa Grayell**
Telephone: **01622 694277**

Tea/Coffee will be available 15 minutes before the start of the meeting

Membership (13)

Conservative (11): Mr C P Smith (Chairman), Mrs A D Allen (Vice-Chairman), Mr R E Brookbank, Mr N J D Chard, Mrs V J Dagger, Mr K A Ferrin, MBE, Mr C Hibberd, Mr M J Jarvis, Mr J D Kirby, Mr P W A Lake and Mr A T Willicombe

Liberal Democrat (1): Mr S J G Koowaree

Labour (1) Mr L Christie

Webcasting Notice

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UNRESTRICTED ITEMS

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

The Chairman will assume that all Members will read the reports before attending the meeting. Officers are asked to assume the same when introducing reports.

A. COMMITTEE BUSINESS

A1 Introduction/Webcast Announcement

A2 Substitutes

A3 Declarations of Members' Interest in items on today's Agenda

A4 Minutes of the Meeting held on 14 September 2012 (Pages 1 - 16)

A5 Chairman's Announcements

B. ITEMS RELATING TO ADULT SOCIAL CARE

B1 Oral Updates by Cabinet Member and Director

Key or Significant Cabinet or Cabinet Member Decision/s for Recommendation or Endorsement

B2 12/01858 - Outcome of Formal Consultation to re-provide Services for People with a Physical Disability using The Bridge Resource Centre, Hythe (Decision to be taken by the Cabinet Member for Adult Social Care and Public Health) (Pages 17 - 46)

B3 12/01981- Kent County Council's Annual Report (Local Account) on Adult Social Care for April 2011 to March 2012 (Decision to be taken by the Cabinet Member for Adult Social Care and Public Health) (Pages 47 - 72)

C. ITEMS RELATING TO SPECIALIST CHILDREN'S SERVICES

C1 Oral Updates by Cabinet Member and Director

C2 DfE Consultation "Adoption and Fostering - Tackling Delay" (Pages 73 - 98)

D. ITEMS RELATING TO PUBLIC HEALTH

D1 Oral Updates by Cabinet Member and Director

E. PERFORMANCE MONITORING ITEMS

E1 Families and Social Care Directorate Financial Monitoring 2012/13 (Pages 99 - 102)

E2 Families and Social Care Performance Dashboard for September 2012 and Business Plan Mid-Year Summary (Pages 103 - 130)

E3 Business Planning 2013/14: FSC Headline Priorities (Pages 131 - 136)

E4 Health Improvement Programme Performance Report (Pages 137 - 144)

E5 Public Health Business Planning 2013/14 (Pages 145 - 150)

F. OTHER ITEMS FOR COMMENT OR RECOMMENDATION TO THE LEADER, CABINET, CABINET MEMBER/S OR OFFICERS

F1 Consultation on 2013/14 Revenue Budget (Pages 151 - 158)

EXEMPT ITEMS

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

Peter Sass
Head of Democratic Services

(01622) 694002

Thursday, 1 November 2012

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.

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KENT COUNTY COUNCIL

SOCIAL CARE AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Social Care and Public Health Cabinet Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Friday, 14 September 2012.

PRESENT: Mrs A D Allen (Vice-Chairman, in the Chair), Mr R E Brookbank, Mr N J D Chard, Mrs P T Cole (Substitute for Mr C P Smith), Mrs V J Dagger, Mrs E Green (Substitute for Mr L Christie), Mr M J Jarvis, Mr J D Kirby, Mr S J G Koowaree, Mr P W A Lake and Mr A T Willicombe

ALSO PRESENT: Mr G K Gibbens, Mr M J Vye and Mrs J Whittle

IN ATTENDANCE: Mr A Ireland (Corporate Director, Families and Social Care), Ms M MacNeil (Director, Specialist Children's Services), Ms M Peachey (Kent Director Of Public Health), Mr A Scott-Clark (Director of Health Improvement (KCC), NHS Kent and Medway), Ms P Southern (Director of Learning Disability and Mental Health) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

25. Minutes of the Meeting held on 12 July 2012

(Item A4)

RESOLVED that the Minutes of the meeting held on 12 July 2012 are correctly recorded and they be signed by the Vice-Chairman. There were no matters arising.

26. Oral Updates by Cabinet Member and Director

(Item B1)

1. Mr Gibbens gave an oral update on the following issues:-

- ***Attended LGA Community Wellbeing Board with Minister Paul Burstow MP re White Paper on 25 July*** – this was a good meeting, at which he impressed upon the Minister the costs of social care and expressed concern about Public Health funding.
- ***Speaking at Kent Care Homes Association Annual Conference on 13 September, with Andrew Ireland*** – there was good dialogue, and he thanked providers for their service contribution.
- ***Dementia Select Committee Action Plan Update*** – the three KCC party leads serve on a Dementia Working Group which met six months after the Select Committee had published its report. The Group is seeking active follow-up of the report's recommendations*. There will be a report on this issue to the November meeting of this Committee.*

2. Mr Ireland then gave an oral update on the following issues:-

- ***Developments within the NHS in Kent*** – seven Kent Clinical Commissioning Groups (CCGs) are establishing, consulting and appointing their Chief

Operating Officers and Accountable Officers – now there are actual people to speak to it seems more real.

- ***Workshop on Personal Health budgets at the National Social Services Conference***
- ***Learning Disability Partnership Board*** – KCC has a good working relationship with this Board. *There will be a report on the Board's work to a future meeting of this Committee.*

27. Care and Support White Paper and Draft Bill
(Item B2)

Mr M Thomas-Sam, Strategic Business Advisor, was in attendance for this item.

1. Mr Thomas-Sam introduced the report and presented a series of slides which set out the content of the White Paper and the funding reforms relating to it, and the consultation process for the draft Care and Support Bill. He explained that the County Council's draft response to the Bill was being reported to the Committee for comments, which would be taken into account when preparing the final response, which must be made to Government by 19 October 2012. He highlighted key points as follows:-

- the White Paper and draft Bill have major implications for local authorities' policy and practice
- this policy change is shaped by three key pieces of work – the report of the Dilnot Commission, a review of Adult Social Care legislation by the Law Commission and 'Caring for our Future'
- most authorities have raised their eligibility criteria for services so they provide services only at a time of crisis
- the aim of the White Paper is to move away from crisis provision to early intervention and prevention, and to increase clients' choice and control
- the Government has yet to give its formal response to the Dilnot Commission's report, which was published in July 2012

2. Mr Thomas-Sam and Mr Ireland responded to questions from Members and the following points of detail were highlighted:-

a) the likely financial implications to the County Council of the recommendations in the Dilnot Commission's report can be confirmed when all the relevant information is made available in autumn 2012, when an official announcement about the Government's decision on the cap is expected. The Commission believes that greater Government resources should be devoted to adult social care and the resources made available to local authorities should be 'transparent'. It estimates that, at current costs, the recommended changes would cost from around £1.3 billion (for a cap of £50,000) to £2.2 billion (for a cap of £25,000). Relying on the general assumption that KCC receives about 2.5% of the national funding for social care, the cost to Kent may be £32.5m and £55m respectively, depending on where the cap is set. *Mr Gibbens added that there was much more detail to take account of before costs can be seen clearly, and assured Members that this detail would become clear in the coming months*;

b) it is important to be cautious with figures, however, as the social care system is predicated on the basis that many people fund their own care and have preserved rights. Kent has more self-funders than KCC-supported clients. The Dilnot recommendations will change the way in which these self-funders are considered in financial calculations;

c) local authorities have the freedom to use what means they wish to undertake carers' assessments. KCC currently uses a variety of methods; some are in-house and some are undertaken via carers' organisations and voluntary organisations;

d) deferred payments (ie awaiting the sale of a client's property to pay for the care they are already receiving) are a central pillar of Government policy, and the aim is to offer choice and flexibility for clients to access and pay for services; and

e) how the debts which inevitably arise from deferred payments are managed is an ongoing concern, and officers are not satisfied that what is proposed in the new Bill to address this is sufficient.

3. In debate, Members made the following comments on the draft Bill. *Officers' responses to comments are shown in italics*:-

a) it seems a very well-meaning document but I question how achievable it is, as it comes with very limited funding;

b) 'care to suit the client' sounds good but is very difficult to deliver. For example, as a limited number of care workers have limited time to make calls, they cannot possibly visit all clients at a time when each client would ideally like to be visited;

c) it seems sensible to co-ordinate care workers' client lists so one person visits several clients living close together. This will save them spending valuable time travelling from one client to another across a distance. *This is a good point, as future contracts could be let around smaller geographical areas. However, maintaining continuity and a good relationship between client and carer are important*;

d) in looking at social care funding, it is important to bear in mind the rapid changes which take place in the care sector. I am concerned about complaints about care provision which arise, and how these are/will be treated; and

e) I am concerned about suitable training for care workers, how this will be implemented and of what quality it will be; *the funding which accompanies the draft Bill includes a limited national training budget, of which Kent will receive around 2 - 3%. National minimum standards for training will be set, although it is not yet known what these will be. KCC will oversee training, as it does now. The building blocks of good social care provision are all in place; they can just be expanded to address contractual obligations to meet clients' requirements, and when*

Domiciliary Care contracts are next re-let the new changes will be factored in.

4. The Cabinet Member, Mr Gibbens, thanked Members for the comments they had made and confirmed that they would be taken into account in the County Council's final response to the draft Care and Support Bill.

5. RESOLVED that:-

a) the information set out in the report and given in response to questions be noted, with thanks; and

b) Members' comments, set out in paragraph 3 above, be taken into account in the County Council's final response to the draft Care and Support Bill.

28. 11/01746 - Outcome of Formal Consultation to Change the Service Model and Staff Structure of the Mental Health Community Support Services
(Item B3)

1. Ms Southern introduced the report and presented a series of slides which set out the proposal for the Support Time Recovery (STR) service, some example outcomes and the consultation process. She responded to comments and questions from Members and the following points were highlighted:-

a) consultation had been carried out with the 65 existing staff members who would be affected by the proposed change, and briefing sessions held to set out the proposed changes and what impact they would have upon staff. Responses to consultation had been received from 28 staff members;

b) the proposed changes to the staff structure and numbers had been modelled on current service activity and throughput. Although it is expected that more clients will want to access services, the pattern of service use is changing. The services which are accessed by clients, the way in which they are accessed, and the length of time for which clients require a service, are all changing;

c) charges made to clients for service use are in line with the government rules which came into force in July 2012 for charging for community-based services, and are means-tested, although the County Council retains the option to disregard a client's income; and

d) all clients accessing services must go through an assessment process, and the current assessment system will remain. However, some clusters of providers have previously opted out of the current system and this geographical anomaly must be addressed so the same process is applied county-wide.

2. The Cabinet Member, Mr Gibbens, said he was very encouraged by the system which ensures that people get the support they need. He thanked Members

for the points raised and confirmed that he would take account of them when taking the decision.

3. RESOLVED that the decision to be taken by the Cabinet Member for Adult Social Care and Public Health, to implement a new service model (Mental Health Support Time Recovery Service) and staff structure, be endorsed.

29. 12/01880 - Outcome of Formal Consultation on Outsourcing Five Learning Disability Group - based Day Activity Services to another organisation
(Item B4)

Ms P Watson, Commissioning Manager, Learning Disability, was in attendance for this item.

1. Ms Southern introduced the report and presented a series of slides which set out the national and local policy context to the review of services, an overview of the five services concerned, the consultation process and its findings. Ms Southern and Ms Watson responded to comments and questions from Members and the following points were highlighted:-

a) the facilities listed offer an excellent service and play a vital role in building up the skills and self-confidence of people with learning disabilities and allowing then to reach their full potential;

b) it is important that transport is available as part of a package, to allow clients to access and benefit from these facilities. Many clients need specialised transport, for example, which can accommodate large wheelchairs;

c) the logic of outsourcing these services is easy to see, as their main expense to the County Council has always been staffing costs. Service providers are urged to apply for Big Society funding and liaise with JobCentre Plus to offer work to the long-term unemployed. *Ms Southern and Ms Watson commented that getting the right procurement process and support was key to achieve the best value service and draw in additional income to make contracts sustainable, and that the employment options suggested were already being considered;*

d) although these services are to be outsourced, the County Council retains the responsibility to safeguard its vulnerable clients. *Ms Southern confirmed that safeguarding measures would be built into contract specifications and reviewed and evaluated regularly to ensure that clients continue to receive the County Council support they need;*

e) it is vital to keep hold of and gain the best benefit from the experience and enthusiasm of people with learning disabilities in running the facilities. Their carers also have contributed much and deserve the County Council's continued support; and

f) some clients have previously been put off entering employment schemes such as those mentioned as they doubt their value when compared to the loss of benefits that they perceive would be a result. It

is important to establish a balance between the experience and skills they would gain with the potential loss in financial support. *Ms Southern added that there is much work still to do to clarify this issue, and the County Council will work with Kent Supported Employment to address it.*

2. The Cabinet Member, Mr Gibbens, thanked Members for their comments and confirmed that he would take account of them when taking the decision. He emphasised the vital importance of key elements, which must be included in a contract – the provision of good training for staff and development opportunities for clients, a requirement that all tenders fully recognise all safeguarding processes, and the importance of maintaining client networks and keeping friends together – and asked that these be specified in the formal decision document.

3. RESOLVED that:-

a) the decision to be taken by the Cabinet Member for Adult Social Care and Public Health, to take forward the proposal to implement the outsourcing to external organisations of five group-based Learning Disability Day Services:-

- Freeways Catering Service
- Nolan's Table Café and the Check In Café
- Wood'n'Ware
- Wood and Leather Craft and
- Hadlow Pottery

be endorsed; and

b) the key elements to which the Cabinet Member referred, set out in paragraph 2 above, be specified in the formal decision document.

30. Oral Updates by Cabinet Member and Director
(Item C1)

1. Mrs Whittle gave an oral update on the following issues:-

- ***Ashley Serious Case Review*** *(a father was convicted of manslaughter)* – this case highlighted issues around co-ordination and partnership working, lack of follow-up and shortage of local Health Visitors. There has been much progress since the Ofsted inspection so these issues have all been improved.
- ***Adoption and Fostering campaigns*** – websites have been launched to compete with private sector adopters. Members are invited to visit the websites.
- ***Child and Adolescent Mental Health Services (CAMHS)*** – contracts with Sussex NHS Foundation Trust and Kent Children's Fund Network started on 1 September, and the two bodies need to work together. Their performance on tackling waiting lists will be closely monitored.

2. Mrs Whittle and Ms MacNeil responded to comments and questions from Members and the following points were highlighted:-

a) **Adopter recruitment and allowances** – this issue arises frequently and concern is shared by other bodies. Means tested allowances are

available to help offset the costs of taking on children with complex needs.

b) **Foster Recruitment** - Kent has a good track record for recruiting new Foster Carers to replace those who retire. And exceeded the target for 2011/12; there are currently 1,150 Foster Carers caring for 800 children. There are some cross-border reciprocal arrangements with neighbouring counties, which allows Kent to place a child as close to their school and home as possible, even if not necessarily with a Kent Foster Carer.

c) **Foster Carers' Assessment** – assessments are very robust and include the home environment, health and safety issues, etc, to determine a safe maximum capacity. Siblings can share a room but a foster child should have their own room. If a foster child and their siblings do not get on, a robust 'speak up' system exists to listen to their views and resolve an issue as soon as possible. Most things can be resolved but if not, the foster child would be removed from the home.

3. The Vice-Chairman placed on record her congratulations to Mrs Whittle on how she had handled the Specialist Children's portfolio since taking it on. She had achieved outstanding work on huge and complex national issues.

4. Mr Ireland then gave an oral update on the following issues:-

- ***Peer Safeguarding Review*** – this will start on 24 September and last for 1 week, after which KCC will receive a letter setting out the results of the review. He emphasised that a Peer Review is not the same as an inspection. The review team is being led by high profile, very experienced people. There is no cost to Kent of hosting the review team, and staff time involved is minimal.
- ***Joint protocol with Courts on timescales*** – all partners are in round- table discussions about protocols and staff training, and early results from these discussions are expected. Good quality preparation and reporting avoids the need for follow-up hearings.
- ***Adoption progress*** – an Adoption Improvement Board was established after the Ofsted inspection and has met twice so far. It identified the need to speed up placements once the adopter and the child have been approved and are ready. *An update report on the Adoption service is made to every meeting of the Corporate Parenting Panel, and the Vice-Chairman asked that all Cabinet Committee Members be sent a copy of the report for the Panel's 20 September meeting.*
- ***Social Worker Recruitment campaign*** – the website has been updated and has new links, eg to social networking sites, etc.

31. Children's Services - Presentation
(Item C2)

1. Ms MacNeil presented a series of slides which set out recent developments in a number of work areas: the new Directorate structure and its principles and benefits, the Early Intervention and Prevention Strategy and the ongoing development of the Adoption service. With Mr Ireland, she responded to comments and questions from Members, and the following points were highlighted:-

a) the Children's Commissioning Board has looked into the role of the Local Children's Trust Boards (LCTBs) and a consultation on the new role of these Boards will commence shortly. It is expected that their future role will be as a local point of delivery and a hub of effective joint working;

b) in the past there has been some confusion over the accountabilities of Children's Centres and the role of Preventative Services Managers, and as new arrangements bed in roles will be clarified;

c) four Service Managers will be introduced into each district, which will add to the capacity of the former District Manager role and bring more expertise; and

d) the former management structure of the Directorate had contributed in part to a drift in care proceedings, but the addition of a dedicated manager for the Children in Care service will address this.

2. RESOLVED that:-

a) the information set out in the report and given in response to questions be noted, with thanks; and

b) all Members of the Cabinet Committee be sent copies of the regular Adoption update reports which are considered by the Corporate Parenting Panel.

32. Oral Updates by Cabinet Member and Director
(Item D1)

1. Mr Gibbens gave an oral update on the following issues:-

- ***Met with Steve Sparks, Associate Director at the National Institute of Health and Clinical Excellence (NICE) re: Support for Public Health in the New Health and Social Care Landscape***. NICE's remit has now been broadened to include wider health and social care issues. NICE is looking initially at two areas, Dementia and Looked after Children, and reports will be produced on these two issues. Close working with NICE will help to ensure a good Public Health service from April 2013.
- ***Public Health Members Briefing*** – will take place on 6 November at 10.00 am, and Members are encouraged to attend and ask questions.

2. Ms Peachey then gave an oral update on the following issues:-

- ***Public Health Transition*** – this has a six-part programme. KCC is one of 11 places where the PCT sends funding. Andrew Ireland is a member of the transition team at the PCT. KCC's HR department has given much support around the transfer of staff. David Oxlade has been appointed as the Transition Manager, which is a key role. There is no Government funding as yet for the transfer.

- ***Public Health practitioner registration*** – the new registration process will help to build public reassurance and confidence.
- ***HOUSE opens in Sevenoaks and Dover*** – this facility is well used by young people, who can work in the café and achieve a certificate and useful experience to add to their CV. KCC started funding HOUSE but now District Councils fund it as well. HOUSE sites across the county provide good community facilities.
- ***Faculty of Public Health conference*** – the Faculty has a key role in setting standards for Public Health. Kent is seen as a positive model of good joint working.
- ***Sexual Health conference on 26 September*** – an invitation and briefing material will be sent to all SCAPHCC Members.

33. 12/01958 - Changing Contract Arrangements for Chlamydia Screening Testing in the Laboratories for Kent and Medway
(Item D2)

1. Ms Peachey introduced the report and explained that the commissioning of laboratory services for Chlamydia screening testing would transfer from being a PCT to a County Council responsibility in April 2013. Chlamydia testing had recently taken on a higher priority, and this fact, and the imminent transfer of responsibility, offered an ideal opportunity to optimise the cost effectiveness of the service. An appraisal of the three available options – to make no change, to offer testing in a partnership, or to go out to tender - is set out in the report.

2. Members raised no comment or question on the content of the report.

3. RESOLVED that the decision to be taken by the Cabinet Member for Adult Social Care and Public Health, to put out to tender the Chlamydia screening testing service, with the potential for savings made being re-invested in the service, be endorsed.

34. Financial Monitoring Report
(Item E1)

The Vice-Chairman secured the Committee's agreement to consider this item as urgent business as the papers had not been placed on public deposit with the required five clear working days' notice.

Miss M Goldsmith, FSC Finance Business Partner, was in attendance for this item.

1. Miss Goldsmith introduced the report and explained that trends showing up in this year's monitoring were similar to those in previous years. In response to a question, she explained that the Virtual School Kent team is currently recruiting to the posts which are listed in the report as vacancies and that the team has recently had much positive feedback about its work, including from Ofsted at a recent informal inspection.

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

35. Adult and Children's Social Care Annual Complaints Report (2011-2012)
(Item E2)

Ms A Kitto and Ms D Davidson, Customer Care Managers, were in attendance for this item.

1. Mr Ireland introduced the report and explained that, although the report had been prepared for the Committee as a joint report, adults' and children's services were governed by different statutory regulations and were subject to separate statutory complaints procedures. Mr Ireland, Ms Kitto and Ms Davidson responded to comments and questions from Members. The following points were highlighted:-

a) although many compliments had been received from parents, which is good to see, parents were also the source of most complaints;

b) the nature of complaints received grows ever more complex, and it is increasingly difficult to meet the statutory timescale when responding to them. Sometimes it is appropriate to take longer than the statutory time to give a complainant a fuller and more helpful response;

c) children and young people are always encouraged to make their views on services known, but the proportion of complaints coming from them has decreased since 2010/11; and

d) although encouraging people to complain might seem to be tempting litigation, the KCC's robust complaints procedure was introduced to avoid the need for litigation.

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

36. Families & Social Care Performance Dashboards - July 2012
(Item E3)

Mrs S Abbott, Head of Performance and Information Management, and Mrs M Robinson, Management Information Service Manager, were in attendance for this item.

1. Mrs Abbott introduced the report and tabled an updated version of the July 2012 dashboard document which had been included in the agenda papers. She and Mr Ireland responded to comments and questions from Members and the following points were highlighted:-

a) Members welcomed the dashboard document as being clear and easy to read. More information was requested for future reports on whose responsibility it is to address underperformance in any area, the timescale for addressing it, and what will be done to correct the under performance for the next reporting period. *Mr Ireland explained that the Head of the Service concerned had the responsibility for addressing underperformance, so it would be addressed at a high level. He gave a commitment that this information would be included;* and

b) a key area of risk for the County Council, in terms of performance, is the allocation of personal budgets to service users. Although performance is currently rated Red, it is hoped that the 100% target will be achieved by the end of the current financial year.

2. RESOLVED that:-

a) the information set out in the report and given in response to questions be noted, with thanks; and

b) future reports include information requested on whose responsibility it is to address underperformance in any area, the timescale for addressing it, and what will be done to correct the under performance for the next reporting period.

37. Health Improvement Programmes Performance Report
(Item E4)

1. Mr Scott-Clark introduced the report and updated the figures for smoking quits as these figures had not been finalised at the time of writing the report.

- Kent had achieved 1,934 smoking quits in the first quarter of the new financial year, which represents 96% of the 2,007 target for that period. This gives an Amber rating.
- performance on the number of invitations to attend Health Checks is expected to score a Green rating by the end of the current financial year.
- in terms of Sexual Health screening, Chlamydia tests carried out is no longer to be measured. Instead, monitoring will concentrate on the number of positive tests.

2. Mr Scott-Clark and Mr Ireland responded to comments and questions from Members and the following points were highlighted:-

a) it can be difficult to find suitable locations to site mobile health screening units, for example for breast cancer screening, and *Mr Scott-Clark undertook to provide the questioner with details of the issues which have been identified;*

b) there is currently no national screening programme for prostate cancer and there is no screening method capable of distinguishing between slow-growing and harmful fast-growing cancers; and

c) one area of activity which has not had media coverage recently is the promotion of healthy school dinners and its links with childhood obesity and the need to establish healthy eating habits early in life. *Mr Ireland suggested that the Education Cabinet Committee could be requested to look into what monitoring could be done as part of the management of schools meals contracts.* Members welcomed this suggestion.

2. The Cabinet Member, Mr Gibbens, commented that he and the Deputy Cabinet Member, Mr Lake, take the provision of health screening programmes very seriously, and actively challenge officers on the performance data which is produced.

A particularly important client group is children under 5 years of age, as health screening at this crucial time can give them the best start possible.

3. RESOLVED that:-

a) the information set out in the report and given in response to questions be noted, with thanks; and

b) the Education Cabinet Committee be requested to look into what monitoring of healthy school dinners could be done as part of the management of schools meals contracts.

38. Kent Safeguarding Children Board - 2011/12 Annual Report
(Item E5)

Mr M J Vye was present for this item as the Liberal Democrat Lead on Children's Services. (and Vice-Chairman of the Corporate Parenting Panel)

Ms J Gethin, Interim Programme Manager, KSCB, and Ms R Atkinson, Evaluation and Analysis Officer, were in attendance for this item.

1. Ms Gethin introduced the report and referred to the good quality information sharing and joint working which had gone on in the last year. Although there is much work still to do – for example on the level of re-referrals and the number of children going missing - the overall picture is very positive. Ms Gethin, Mr Ireland and Ms MacNeil responded to comments and questions from Members and the following points were highlighted:-

a) there is clear evidence that the measures which have been put into place in the last two years have had a good impact, although the figures in the KSCB report are different from those in the performance dashboard on the previous item. *Mr Ireland explained that this is because the two data sets were collected at different times – the KSCB report in November 2011 and the dashboard in June 2012;*

b) it is important to ask why the number of re-referrals is so high, and define what is meant by the term, for example, was a previous referral inappropriate or has an issue recurred? *Ms MacNeil responded that re-referrals is one of the areas which had not responded as well to the improvement measures as had been hoped, so these will be subject to future focus. It is important to identify the range of causes of re-referrals, for example, they could arise from ineffective past intervention or from better reporting of new issues*;

c) it would be helpful for the Committee to be able to see which areas of the county perform well with the level of re-referrals and which areas need to improve;

d) the common assessment framework (CAF) is good but the overall process is still bureaucratic. Improvement and simplification of the process would lead to better performance;

e) it is important that this Committee has an opportunity to see and debate the KSCB Annual report and that it should not just go to the full Council. It is a very honest an robust report which gives Members a good appraisal of issues; and

f) for some areas of data gathering – for example, the number of LAC placed in Kent by other local authorities – it is not possible to present more than informed estimates, as other authorities do not always notify the County Council when they place a child in Kent. In some areas it is simply not possible to identify what information is not being provided.

2. The Cabinet Member, Mrs Whittle, commented that the number of children in care who go missing is an issue of immense current interest to local authorities and the Government. The Mayor of London, Boris Johnson, is to hold a summit of local authorities who place LAC out of their area, and Kent is pressing for a Statute to enforce the current rule of children being placed for fostering within 20 miles of their home, with an aim to reducing this upper limit to 15 miles in the next two years. She undertook to keep Members up to date on developments in addressing this issue.

3. RESOLVED that:-

a) the information set out in the report and given in response to questions be noted, with thanks; and

b) those responsible for preparing the Annual Report be congratulated on its honest and robust presentation of issues.

39. Update - Adult Social Care Transformation Programme
(Item F1)

1. Mr Ireland introduced the interim report and explained that further information would be reported to the Committee at its November meeting.

2. RESOLVED that the information set out in the report and given in response to questions be noted, with thanks, and a further update report be made to this Committee's November meeting.

40. Health and Social Care Integration Programme - integrating adult community health and social care provision: an update
(Item F2)

Mr J Lampert, Efficiency Team Manager, Ms S Baldwin, Community Services Director, Kent Community Health NHS Trust (KCHT), and Ms S Holmes-Smith, Assistant Director, Older Adults Services - West and Medway, Kent and Medway NHS and Social Care Partnership Trust (KMPT), were in attendance for this item

1. Mr Lampert and Mr Ireland introduced the report and highlighted work undertaken by the integrated KCC/NHS team to deliver integrated services. Clinical Commissioning Groups have progressed to appointing key officers, as Mr Ireland had set out in his oral update at the start of this agenda. Services are being merged at a local level. Mr Lampert, Mr Ireland and Ms Southern responded to comments and questions from Members and the following points were highlighted:-

a) KCHT's bid for Foundation Trust status will not effect its functional role or ongoing work on integrating services but will give it more freedom to manage its funding;

b) the expectations set out in the report are being pursued by the KCC, KCHT and KMPT, and a formal agreement between the three sets out the responsibilities and accountabilities of each partner in ensuring that aims are achieved. There is also a formal agreement about information sharing, and both these formal agreements will need to be replicated at a local level;

c) Members were assured that the integration programme fits well with the transformation of Adult Social Care. There is more detail of transformation to be developed, and the relationship between the two will become clearer once this additional information is available;

d) the public might perceive changes as being a way of disguising cuts, and the better informed Members are about issues, the easier it will be for them to help local people to understand the changes. The examples set out in the report will help with this; and

e) one client group which is facing a transition to adult services for the first time is people with learning disabilities, and their transition needs are part of the Joint Strategic Needs Assessment (JSNA). Services for people with learning disabilities are part of all other integrated teams, but ensuring that this client group is always fully included in health criteria is an ongoing challenge.

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

41. Peer Review of Kent County Council's Adult Safeguarding Services report by Essex County Council, and action plan
(Item F3)

Mr N Sherlock, Head of Adult Safeguarding, was in attendance for this item.

1. Mr Sherlock introduced the report and he and Mr Ireland responded to comments and questions from Members. The following points were highlighted:-

a) historically, there has been no firm legislation around adult safeguarding and the KCC role in its monitoring, but it is expected that the new draft Care and Support Bill will introduced a new statutory responsibility;

b) the recommended way forward would be for Members to be involved in an Adults Safeguarding Board, which would take the same form as the Children's Safeguarding Board, although the roles of the two Boards would be different;

c) Members formerly served as independent visitors to older people's homes, and this role was helpful as it allowed them to make informal, unannounced visits to homes, but this role and opportunity has since been lost; and

d) the 'Spend a day with a Social Worker' scheme had been very educational in allowing Members to see at first hand the day-to-day issues with which they deal, and this scheme should be repeated for all new Members.

2. The Cabinet Member, Mr Gibbens, agreed with Members' points about their vital role as 'eyes and ears' in the community, who can note and report back any concerns to him or Mr Ireland for action. Referring to the Pilkington case in Leicestershire in 2007, he said that adult safeguarding is everyone's business. New Members in 2009 had safeguarding briefings as part of their induction, and there are regular updates/briefings on the subject, which would help to raise Members' awareness, but these are not well attended. He reassured Members that safeguarding is his top priority.

3. RESOLVED that the information set out in the report and given in response to questions, and Members' comments on their involvement, set out above, be noted, with thanks.

42. Update on Kent Health Commission
(Item F4)

The Vice-Chairman secured the Committee's agreement to consider this item as urgent business as the papers had not been placed on public deposit with the required five clear working days' notice.

RESOLVED that information set out in the report be noted, and a further report be made to this Committee's November meeting.

43. Budget Consultation 2013/2014
(Item F5)

Miss M Goldsmith, FSC Finance Business Partner, was in attendance for this item.

1. Miss Goldsmith introduced the report and reminded the Committee that and Informal Member Group (IMG) was to meet on 20 September to look at various issues around the budget. The Vice-Chairman suggested that Members refer any questions they have to be addressed by the IMG.

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

44. 2012 Fostering Inspection by Ofsted
(Item F6)

Mrs T Vickers, County Fostering Manager, was in attendance for this item.

1. Mrs Vickers introduced the report and explained that the inspection of the County Fostering service which took place in June 2012 had been the first for four

years. The overall grading had been 'adequate', although two aspects of the service were judged 'good'. The feedback in the report had been very positive.

2. The Cabinet Member, Mrs Whittle, commented that the latest report had been very good and that, in her opinion, Mrs Vickers and her team had been unfairly affected by the poor Ofsted report on Children's Services two years ago. She congratulated the Fostering team on their work and the improvements they had achieved. She and Ms MacNeil responded to comments and questions from Members and the following points were highlighted:-

a) Members should be encouraged to get to know members of the Children in Care Councils and to attend on occasions. *These Councils have just been re-organised and there is now one central and six local Children in Care Councils, with which the Cabinet Member and the Chairman of the Corporate Parenting Panel have met. The Virtual School Kent team could look into this issue; it will be referred to them and Members will be advised of the outcome;* and

b) how can Directorates bring down the number of children who go missing? *There is no one solution, but addressing this issues relies on good practice and making sure the county has confident Foster Carers who can offer the security that young people in care need and can help them identify the risks in the outside world. Service improvement is important as a whole, and, in particular, making sure the message to young people and to Foster Carers is loud and clear, to keep young people safe and tell them about the risks.*

3. RESOLVED that:-

a) the information set out in the report and given in response to questions be noted, with thanks; and

b) the Fostering team be congratulated on their work and the improvements they have achieved.

Decision No 12/01858

Graham Gibbens – Cabinet Member for Adult Social Care and Public Health

Andrew Ireland – Corporate Director Families and Social Care

To: **Social Care and Public Health Cabinet Committee – 9 November 2012**

Subject: **Outcome of Formal Consultation to re-provide services for People with a Physical Disability using The Bridge Resource Centre, Hythe**

Classification: **Unrestricted**

Summary: This paper outlines the recommendations made regarding future provision of the Bridge Resource Centre for People with Physical Disability.

Recommendations:

Cabinet Member for Adult Social Care and Public Health will be asked to make a decision taking forward the proposal to re-provide the service for people with a physical disability at The Bridge via alternate providers or a direct payment.

Members of the Social Care and Public Health Cabinet Committee are asked to consider and either endorse or make recommendations on the proposed decision to be taken by Cabinet Member for Adult Social Care and Public Health.

1. Introduction

a) The Bridge Resource Centre is a shared service for physical disability and learning disability clients in Hythe, Shepway**.**

b) Learning Disability proposed as part of the Good Day Programme that the centre become a community hub which will specialise in the delivery of services for learning disability clients with high support needs.

c) A full public consultation was completed on this proposal beginning November 2011 – January 2012. Service users with physical disability were involved in that consultation, but at the time details of alternate provision for them were not available.

d) In May 2012, Cabinet Member for Social Care and Public Health agreed the Learning Disability proposal for the Bridge to be used as a community hub for people with learning Disabilities five days per week.

e) Currently, 14 people with physical disabilities use the centre. There are two sessions per week, 4 hours on Tuesday (drop-in and rehabilitation exercise) and 2 hours on Wednesday.

f) On average 11 places are booked at the centre on Tuesday with an average of 9 people attending. On Wednesday an average of 4 places are booked with an average of 2 people attending. (Based on attendance figures July – September 2012).

g) Two people are charged for attending the centre under KCC Charging Policy. They are charged £24.83 each.

h) This service was reviewed October 2011 and determined that is underutilized and does not offer value for money.

i) The centre will be closed for 12-14 weeks for essential building work. During that time all service users will use alternate venues. People with physical disability will move to Summer Court, Hythe for the duration of the building works. Staff will move with them as will equipment used for maintenance exercises.

j) The proposal for people with physical disability is that the service will be re-provided through one of the following options:

a. Summer Court, Hythe
b. ARRC, Folkestone
c. Direct payment

2. Financial Implications

The current net expenditure on The Bridge is £59k. This represents total costs attributable to the centre and covers both Learning Disability and Physical Disability client groups.

a) Staffing costs associated with PD service users is £22k.
b) The cost of the new service will be dependent on individual choices that service users make regarding their future service.
c) This change does not expect to deliver any savings.

3 Bold Steps for Kent and Policy Framework

(1) Bold Steps for Kent:

- Empower social service users through increased use of personal budgets
- Improve services for the most vulnerable people in Kent

(2) Vision for Kent

- Improve the health and the physical and mental wellbeing of the population and reduce inequalities
- Enable people to receive the support they need to maintain their safety and independence within their local community
- Move towards preventative social care
- Enable people to take greater control of their lives and live safely and independently in their own communities, through engagement with Kent County Council and its social care partners

The Report

a) Legal advice from KCC Legal Services was sought to clarify the process for consultation for people with physical disability, given that a full consultation process was undertaken as part of the Good Day Programme.

b) Legal Services advised that:

   a. A full 90 day formal consultation be completed with service users and carers in accordance with KCC procedure regarding the proposed change to their service.

   b. That district and parish councillors are informed of the proposal, but given that they have already been involved in a 14 week formal consultation regarding the learning disability proposal it is sufficient to write to them and invite them to comment if they wish to.

c) In accordance with this advice the following actions were taken:

Date	**Action**
11 July 2012	KCC Local Cabinet Member Briefing
12 July 2012	Letters sent to people with physical disability using the centre and their carers inviting them to meeting
24 July 2012	Letters and information regarding the proposal for people with a physical disability sent to Hythe Parish Council and Shepway District Councillors.
24 July 2012	Formal consultation begins
24 July 2012	First consultation meeting with service users and carers:
28 Aug 2012	Second consultation meeting with service users and carers. Advocate attended.
18 & 19 Sept 2012	Advocate meetings with service users and carers
26 Sept 2012	Third consultation meeting with service users and carers. Advocate attended.
16 Oct. 2012	Consultation ends

d) Attendance for each of the consultation meetings was as follows:
   a. 24 July 2012: 6 service users, 1 carer

b. 28 August 2012: 6 service users, 6 carers
c. 26 September 2012: 3 service users, 5 carers

e) All responses have been submitted through Advocacy for All (see Appendix 1). Overall, 14 service users and carers submitted their response to the consultation via this route. .

f) No feedback has been received from local or district councillors.

g) Comments, questions and concerns are listed below alongside KCC responses or actions taken to address.

Comment	**Response**
There was no consultation over the building before the Learning Disability decision was made. The initial meeting should have been in March, the group said that they were not told until July and felt that this was unfair.	Everyone who uses The Bridge was consulted on the Learning Disability proposal including people with physical disabilities and had the opportunity to submit feedback. We needed to complete additional work to determine the alternate options for people with physical disability, hence the delay.
The group said that Case Manager who did their reviews, did not know about the Bridge Centre and were not able to answer questions about the alternate options. This has added to the general confusion and anxiety about the future.	Case managers have been sent information regarding the proposal and options several times.
No new members have joined the group for several years. Staff who used to be there to facilitate activities and outings have left and not been replaced.	People have been assessed as needing the type of support available at the centre, but have decided to access other services or take a direct payment. People have not wanted to attend the centre. Staff are Learning Disability staff and staffing levels have reflected the number of people using the centre.
The group would like to stay together.	This is possible. One of the proposals for the future is to move the service to Summer Court as is.

	Staff would be provided to support activities if needed.
The group asked if they could stay as they are, sharing the centre with people with Learning Disabilities because they wanted to have the same staff and be able to use the physio equipment.	This is an option. However, there is no guarantee that staff will remain the same. The equipment can be moved to Summer Court.
The group said that they needed staff support to do most aspects of the physio/exercise/therapy sessions. NHS Physiotherapist visits the centre once a month to look at and develop exercise programmes which are supported by the staff who work at the Centre. Equipment has been purchased and placed in the therapeutic Centre for their use and the group want to continue to have access and staff support to continue using.	Staff from The Bridge will move over to Summer Court during the building works to continue to support service users. If the group moves to Summer Court permanently, KCC will fund staff to support the group. Equipment (tilt table, hoist, wall bars) will be moved to Summer Court. The ARRC provides exercise programmes and complementary therapies.
The Bridge is used as a 'drop-in' centre where people can meet friends and share and not as a day centre which is what ARRC appears to be. The group are uncertain how stable ARRC is as a service.	A representative from ARRC met with the group on 9 October to talk about ARRC facilities and activities. If the service moves permanently to Summer Court, the drop-in can continue. ARRC can be used as a drop in, but will offer more of the activities that service users say they want and which they currently do have not access to.
The group were concerned that they have to take a Direct Payment. Their concerns included whether they would have to pay back money for missed sessions and whether the	Direct payments are a positive choice for many people. However, no-one has to take a direct payment if they do not want to.

money would increase if charges went up.	
Some people feel rushed into making decisions about what they want for the future without really understanding what the options are. This gives the impression that the decision has been made and the group will be wound up and that people feel they have separated themselves from the group because they are worried they may miss out on alternatives if they do not say now.	No-one will be asked to make a decision about the future until the consultation has finished and the Cabinet Member has made his decision about the service. This has been communicated to the group verbally and in written form. Options have been identified so that people can contribute to the consultation knowing what alternatives are available to them.
The group said that it would be good to know more details about the alternatives identified in the proposal, including issues like parking and dropping off at alternate sites.	Parking and dropping off at Summer Court will be the same as for The Bridge as it is in the same location. A representative from the ARCC had met with the group and given them more information about that service. Accessibility issues such as transport and parking were considered in identifying alternate options.
Transport is a major issue for all. Many get transport provided as part of the package from the Bridge Centre funded by the case management team as part of their support package.	Transport arrangements for the group will be considered on an individual basis. If people receive the mobility component of their DLA then they are expected to use this to pay for transport. If people have had transport and are eligible for it under the KCC Transportation Policy they will continue to receive it.

The group said that they missed some of the activities that they used to have, including outings, cooking skills, art group. They said that they needed staff to help set up and run these activities.	ARCC provides many of these activities and are directed by what the service users want. Summer Court will work with service users to develop programmes and activities that reflect their needs. If staff are needed at Summer Court to facilitate these activities then KCC will provide funding for staff.
The group expressed concerns about whether the residents of Summer Court have been consulted about the PD group using the facilities.	Summer Court said that their residents will be told. However, Summer Court is a community resource and the residents are used to different group accessing their communal areas. Some residents join these groups and people from The Bridge would also be welcome to join existing groups. Residents do have private areas which are not used by the community.

k) All service users have been reviewed by Care Managers during the consultation period. All current service users are eligible for KCC support.

l) Equality Impact Assessment was completed on 7th July 2012 and updated on 16th October 2012 following completion of formal consultation. Actions have been identified and completed to address both of these issues. (Appendix 2)

5. Conclusions

a) The Bridge Resource Centre for People with Physical Disability is currently accessed by 14 individuals for between 2-4 hours two days per week.

b) The Bridge is being transformed into a community hub for people with Learning Disabilities as part of the Good Day Programme and will operate as such 5 days per week (Monday – Friday).

c) KCC propose that people with physical disabilities receive services through alternate sites or services.

d) Feedback from service users and carers has been gathered from three consultation meetings and by an advocate.

e) The majority of the feedback regards concerns about staff support, keeping the group together and the accessibility of equipment for maintenance exercises.

f) KCC has addressed the concerns raised and is satisfied that the alternate options are an equivalent or improved service offering individuals increased choice and control.

g) Families and Social Care Directorate Management Team discussed and endorsed the proposal 17th October 2012.

6. Recommendations

Cabinet Member for Adult Social Care and Public Health will be asked to make a decision taking forward the proposal to re-provide the service for people with a physical disability at The Bridge via alternate providers or a direct payment.

Members of the Social Care and Public Health Cabinet Committee are asked to consider and either endorse or make recommendations on the proposed decision to be taken by Cabinet Member for Adult Social Care and Public Health.

7. Background Documents

Appendix 1 – Advocacy for All report

Appendix 2 – Equality Impact Assessment Revised

8. Contact details

Anne Tidmarsh – Director Older People / Physical Disability
Anne.Tidmarsh@kent.gov.uk / 03003336169

Mary Silverton – Head of Service, OPPD, Ashford and Shepway
Mary.Silverton@kent.gov.uk / 01233 205738

Samantha Sheppard – Commissioning Manager
Samantha.Sheppard@kent.gov.uk / 07795 540071

bigger voices - better lives

Unit 1, 241 Main Road, Sidcup, DA14 6QS 020 8300 9666
info@advocacyforall.org.uk www.advocacyforall.org.uk

charity number: 1064855

Consultation Report:

The Bridge Centre

for people with physical disabilities

Hythe - Kent

Introduction

Advocacy for All are commissioned by Kent County Council to provide Advocacy for people with a Learning Disability in Kent.

We were asked by the Efficiency Manager at Kent County Council to provide advocacy for the people who use the Bridge Centre on a Tuesday and Wednesday as part of the Physical Disabilities Group. There had been an initial consultation meeting to discuss the future of the service, and people had requested advocacy support during the consultation process.

Advocacy is when one person helps another person or group of people to make their needs and wishes known. Professional Advocates work with people to support them to speak up for themselves, make sure that others listen to what they are saying, and ensuring their rights are respected.

The consultation into The Bridge Centre for people with physical disabilities started on the 24th July 2012 and ran to the 16th October 2012.

Why was a consultation needed?

- the review of services for people with learning disabilities at The Bridge meant that this service delivery would now be across 5 days

- The Bridge Centre would need to close for building work, a temporary place for the group needed to be agreed

- people with physical disabilities wanting more tailored services to increase choice
- the need to achieve value for money and target resources to the most amount of people
- Kent County Council had found a range of opportunities as part of this process and shared these at their initial meeting in July
- The group, parents and carers' requested another meeting and asked for independent advocacy support

The Advocate, Emma Bates, liaised with the Efficiency Manager Samantha Sheppard, in order to understand what had already been presented to the group prior to the meeting attended on the 28th August 2012.

Emma Bates
Advocate

The first Advocacy Group meeting

The Efficiency Manager coordinated and organised a meeting on the 28th August to enable advocacy work to begin. The advocate, Emma, met with service users and parents and carers. Some staff were also present. The meeting was a general discussion about people's wishes and feelings. These were broken down into categories.

We formulated Questions and Comments that people felt needed addressing in the consultation process. All comments and concerns were noted and questions drawn up. These were put to the nominated Kent County Council staff who joined the meeting.

The overall feelings from this group advocacy session have been grouped into common themes.

New Service

- People felt that not all Case Managers are fully aware of what was happening; some people felt that their Case Managers did not know this consultation was happening

- People felt they were having to put their names down for services not yet up and running, being unsure who runs them, what will be on offer, when they will open and their capacity. This has worried some people into putting their names down quickly in case they don't get a place

- People would like more options than the few they have been given

- Concerns that individuals have to take up a direct payment. Some people did not want to. Reasons for this varied but commonly were due to the direct payment possibly being frozen even if service charges were to go up in the future

New venue

- Staff support - the group felt that they needed more than a facilitator who 'dropped in' as some people need physical support. Consistent staff are important to some, as this is important to them attending a service
- Equipment and staff - support for the maintenance exercises are needed
- Transport - some individuals currently get transport paid for
- Keeping the group together - friendships and common interests. People are feeling vulnerable.
- Worries that Summer Court residents have not been consulted

General Comments:

- A general feeling that the Physical Disability Group has been being 'wound down' during the past years. There have been no new members and no one shown around. Staff who used to be there to facilitate activities and outings have left and not been replaced.

- ‘Why can’t we stay as we are?’ Sharing the Centre with people with a learning disability. Some people felt this was an idea to explore, one person expressed concern as to any aspects of behaviour that challenges and how, if this manifested physically, this could affect people in the Physical Disability Group.

- This consultation for the Physical Disability group seems to be happening late in the process and that they have taken second place after the decision for all the people who use the LD service.

The Kent County Council (KCC) representatives provided responses at the meeting for as many of the questions as they were able. A full copy of the Comments, Questions and Concerns along with the responses were forwarded to the Efficiency Manager.

At the end of this meeting the service users were offered a further meeting with KCC. The Service users were asked if they would like the opportunity for some group work sessions at The Bridge with the Advocate, Emma, which they accepted.

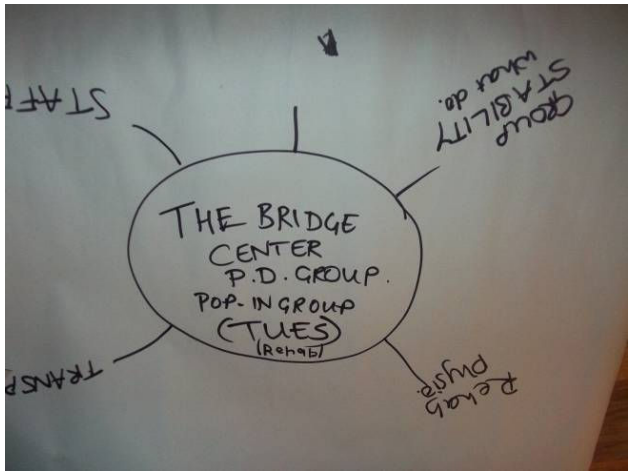
Workshops

The advocate was asked to provide two one-off workshops of one hour each, for each group, and One to One sessions if required.

We arranged for the sessions to be before the next group meeting at the end of September. The time of the sessions was set to ensure that the focus remained on the consultation - What people who use the service wanted to do, whilst the building work was taking place.

Emma, the advocate, attended The Bridge Centre and worked with the service users present on the day.

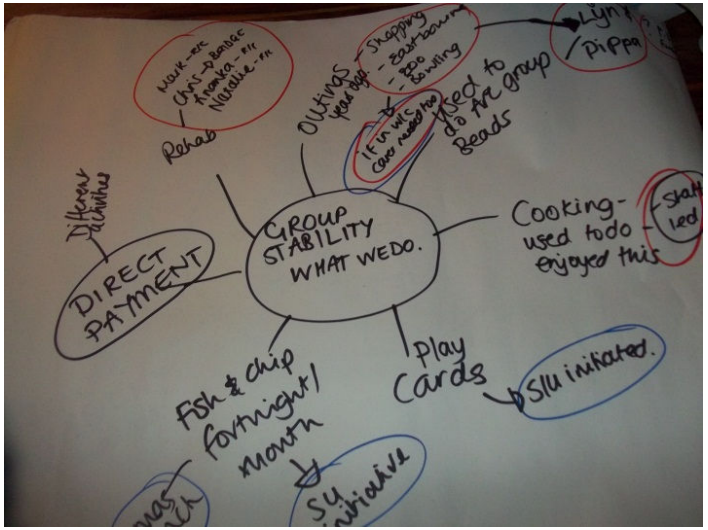
Tuesday Group



Emma, visited The Bridge Centre on the day agreed. 7 people who use the service were present. We started the meeting by revisiting the purpose of why this was happening and how much time we had. Emma explained she would be available to meet with service users on an individual basis, 1 person asked to do this. Emma also gave everyone her contact details should they wish to speak to her away from this meeting. Emma asked the group if they were happy to work on big sheets of paper and if they would like write, but they asked her to. There sessions began by asking the group what they felt were the important issues about the consultation:

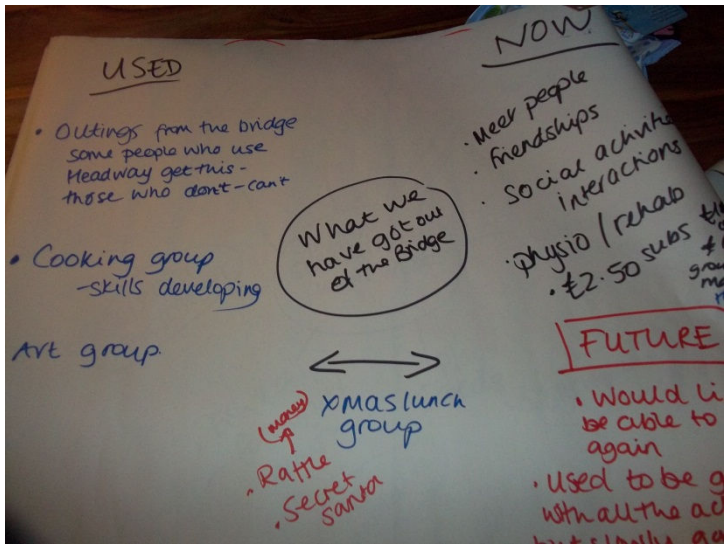
The Tuesday Group highlighted that group stability, staff, rehab/physio and transport were all the issues they felt most concerned about.

Emma went through a series of discussions about each issue that was concerning them.



The group expressed concerns that they felt it was being 'wound down', and had been over the years. They explained how they all had been together a long time and felt that change was being forced upon them. They explained all the things they do now that make The Bridge Group good. They also talked about what level of support they get from staff, depending on 'which side' they access.

This discussion led on to what people who attend The Bridge wanted from the service and what they felt they missed from what the service used to offer them and what they would like to have in the future.



The group were all really keen on having outings and day trips again and felt like they really missed out on this opportunity. The group also discussed the activities they used to do such as cooking and jewellery making. These seemed to be popular amongst the Group and they really enjoyed the sessions. The Tuesday Group said they pay £2.50 on a Tuesday for refreshments and for the Group to run. They also organise their own Christmas function and this is really important to them.

The group wanted to discuss how the consultation had made them feel.

There was a degree of uncertainty over new proposed venues and what this may mean, as well as what will happen to the Group if some people leave and go to alternative sessions run by others or take a direct payment

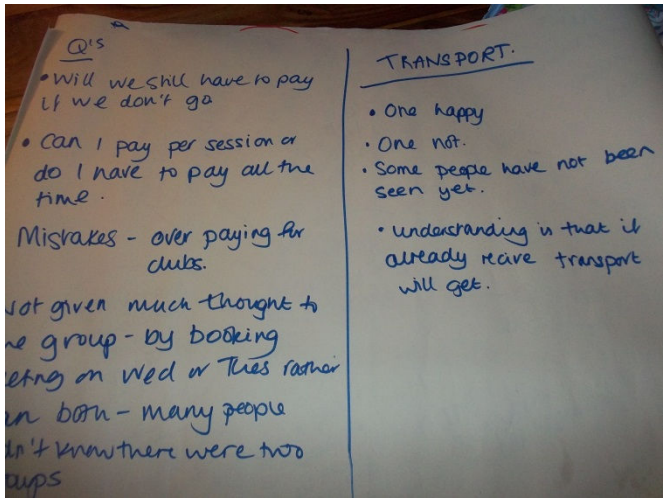
'What will happen to those who are left?'

It was also mentioned that the Physical Disability Group felt that they were not fully consulted with over the building's usage when the learning disability service decision was made.

All those present expressed:

- this consultation was running too late in the process
- the next meeting day and time not being as convenient
- they had not been given enough information about some services to make an informed decision.

The group asked questions around location, accessibility and sessions. Emma had taken pictures of the location and the front access of the building that will be used by A.R.R.C.C when it opens, local parking facilities that she shared with the group.

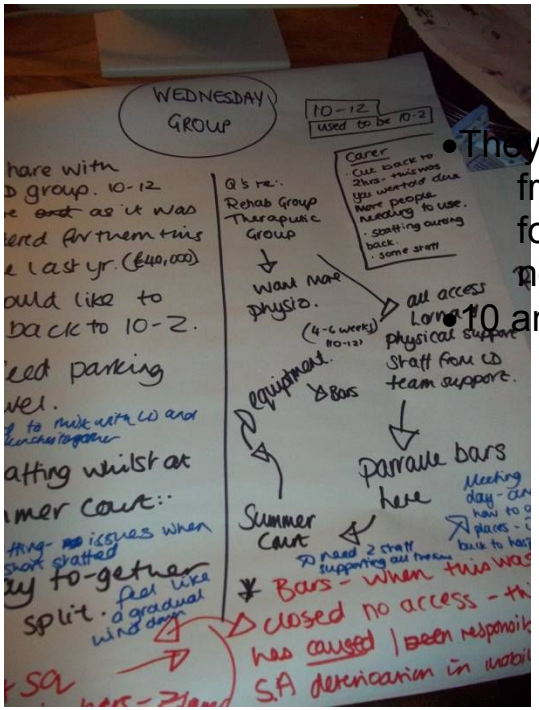


Finally we wrote a list of questions that people felt needed addressing to feel reassured. Most people still had overriding concerns about transport not continuing and paying for services they were not using, if they were accessing Direct Payments. The individual, who had wanted to meet on a one to one, decided that they had been able to voice their opinion adequately in the session.

Emma explained that this information would be sent to the Efficiency Manager before the next meeting. The hope was that the issues could be addressed then.

Wednesday Group

In this group we recorded things in a slightly different way due to the different focus this group has. Initially there were 4 people who use the service present and 2 carers. The meeting began by explaining the purpose of getting together to present their questions, comments and concerns. Emma gave everyone her contact details, should anyone wish to speak to her individually or at another time. Emma ensured that each person's primary concern was noted.



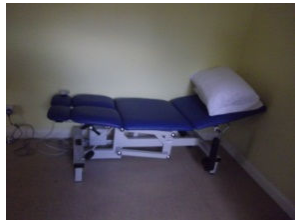
The feelings of this group were:

- They felt the centre was being wound down to save costs. The service had been cut from 10 am – 2 pm to 10 am -12 noon on the understanding they needed space for more people to attend. The group are disappointed that these extra people never came. They would like the service to go back to 10 am -2 pm

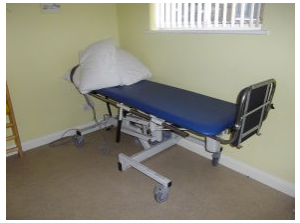
Feel let down: it is not long since The Bridge had building work and a lot of money was spent on making the space usable for them. When this happened the Group used the Resource Centre in Folkestone.

They have enjoyed times when they have integrated with the Learning Disability group. The Physical Disability group have, in the past, been invited to lunch when the Learning Disability group have been cooking. This group misses that interaction.

The concerns this group raised focused on: accessible parking, staffing whilst at Summer Court and the rehab equipment that they use. There were issues from previous closures that they felt had never been addressed and are concerned this was happening again.



This group wished to stay together, go to Summer Court whist the work was continuing. They would the equipment to be taken with them, that is, the tilt table, the treatment table, the hoist, wall bars, and if possible the parallel bars.



Not everyone felt they would be able to make the next meeting at 2pm at Summer Court as people's transport picks up at 12.

Emma explained that this information would be sent to the Efficiency Manager before the next meeting. The hope was that the issues could be addressed then.

Meeting 26th September

The advocate attended the meeting on the 26th September. The staff present from KCC and Housing 21 reassured those present with answers and comments to the questions that had been raised from the workshops.

People said that they had been listened to.

People present expressed reassurance that issues raised such as transport had been addressed.

The equipment storage along with discussions with the physiotherapist was comforting to those present. Housing 21 staff were able to show the people present where equipment would be stored and open to discussion over further adaptations that could facilitate people's wishes.

When expressed at the meeting that this was not a cost cutting exercise people within the meeting felt reassured that if they were eligible for a service they would still receive one.

Everyone present was happy that this would be the final meeting.

Everyone present was made aware that the consultation would run until the 16th October and that all the comments questions and concerns would be included in the report and that Emma would be completing this report for inclusion. The advocate reiterated that if anyone should wish to contact her they could do so and she provided her contact details.

In Conclusion

The Advocacy support commissioned for this consultation has been able to support all the individuals who were able to make the meetings and workshops, ensuring they had their comments questions and concerns included for consideration during the consultation period and in the final report.

Advocacy support, provided by Advocacy for All, facilitated the Physical Disability Group to feel united as a group in their comments, concerns and questions they had about the consultation, and to gain the answers they needed to feel reassured by the process.

One person contacted Advocacy since the meeting and the comments have been integrated into the report.

Comments received by the people who attend the service and the parents and carers were positive that their voice had been heard.

KENT COUNTY COUNCIL

EQUALITY IMPACT ASSESSMENT

Directorate: Families and Social Care - Older people /Physical Disability

Name of policy, procedure, project or service

The Bridge Resource Centre

Type

A shared service for physical disability and learning disability clients in Hythe, Shepway

Responsible Owner/ Senior Officer

Mary Silverton – Ashford and Shepway - Head of Service

Date of Initial Screening – 7.7.2011
Revised – 16 October 2012 – Samantha Sheppard

Screening Grid

Characteristic	Could this policy, procedure, project or service affect this group differently from others in Kent? YES/NO	Could this policy, procedure, project or service promote equal opportunities for this group? YES/NO	Assessment of potential impact HIGH/MEDIUM/LOW/ NONE/UNKNOWN		Provide details: a) Is internal action required? If yes, why? b) Is further assessment required? If yes, why? c) Explain how good practice can promote equal opportunities
			Positive	Negative	
Age	NO	No	None	None	A) No B) No C) No
Disability	Yes	Yes	High	Low	A) The proposed changes will offer alternative PD services which will be person centred and based on choice and control .This will enable us to develop The Bridge Centre as a centre for LD clients with High needs. B) No. C) Through Direct payments service users will be able to select most appropriate services that meet their need.
Gender	No	No	None	None	A) No B) No C) No
Gender identity	No	No	None	None	A) No B) No C) No
Race	NO	No	None	None	A) No B) No C) No
Religion or belief	No	No	None	None	A) No B) No

					C) No
Sexual orientation	NO	No	None	None	A) No B) No C) No
Pregnancy and maternity	NO	No	None	None	A) No B) No C) No

Part 1: INITIAL SCREENING

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

Cabinet Member for Adult Social Care and Public Health has agreed the proposal from KCC Learning Disability Service to create a community hub at The Bridge which will specialise in the delivery of services for learning disability clients with high support needs five days per week.

There are currently 14 in total people with physical disabilities who will be impacted by this. Individuals were consulted about the learning disability proposal and have now been formally consulted about future options for their service. The proposal for people with physical disabilities is for them to have increased choice and control to use alternatives to traditional day care which will be within their community.

This meets the objectives of the Good Day Programme (for people with Learning Disabilities) and the personalisation agenda.

The merged services on offer were a planned "stop-gap" and as such were always envisaged to be a temporary measure.

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

The aim is to provide a community hub for people with high LD needs and to enable people with PD needs to use alternative community based services including mainstream services such as leisure centres, as well as new services in Shepway such as the ARRC project in Folkestone.

Beneficiaries
Set out who the intended beneficiaries?

Physical disability clients (adults)

Learning Disability clients (adults)

LD community who will benefit through the creation of a specialist centre that will be able to support high level needs but will include a drop in specialist facility. People with a physical disability will benefit through greater choice and control and more personalised local services.

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

- Pre existing need identified by LD colleagues for high needs specialist provision for LD clients
- Research service model being proposed for LD clients
- Joint Strategic Needs Assessment – Learning Disability
- Awareness of community facilities ,established and developing
- Formal consultation with all service users, local and district councillors, carers and family members on Learning Disability proposal
- Formal consultation with PD service users, local and district councillors, carers and family members on Physical Disability proposal

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

The development will improve services for those with a learning disability.

Those with a physical disability will have more choice and control over the services they access. Services will be identified to meet individual needs in discussion with the service users and so will be personalised and in the local community.

Adverse Impact:
Service users with physical disabilities are anxious about change. Staff are working with them to alleviate these concerns, three consultation meetings with KCC officers have been held and an advocate has met with the group.

Positive Impact:
Yes for both clients groups

JUDGEMENT

Option 1 – Screening Sufficient YES
Following this initial screening our judgement is that no further action is required.

Justification:
No risk factors identified – best interest approach suggests benefits for both groups of service users, inline with the personalisation agenda.

Option 2 – Internal Action Required YES

There is potential for adverse impact on the group as a whole and we have found scope to improve the proposal

(Complete the Action Plan at the end of this document)

Option 3 – Full Impact Assessment NO

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

Sign Off

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

Senior Officer

Signed: Mary Silverton

Date:
20 Oct. 2011

Name: Mary Silverton

Job Title: Head of Service, Ashford & Shepway Locality

Directorate Equality Lead

Signed:

Date:

Name:

Signed:

Date:

Name:

Job Title:

Directorate Equality Lead

Signed:

Date:

Name:

Equality Impact Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
Disability	Some service users use equipment at The Bridge to do maintenance exercises	Equipment will be moved to Summer Court	Service users can continue to use the equipment during the temporary re-location for building works and afterwards (pending Cabinet Member decision)	Mary Silverton	22 October – 30 October 2012 (subject to building works)	Unknown
Disability	Service users have expressed difficulty in independently submitting feedback as part of consultation	Advocacy for All has met with service users as a group and individually were requested and attended consultation meetings to represent service users	Advocacy for All will submit feedback on the proposal to KCC on behalf of service users	Advocacy for All	October 2012	Approximately £400 to be met from locality budget

By:	Graham Gibbens, Cabinet Member for Adult Social Care and Public Health
	Andrew Ireland, Corporate Director, Families and Social Care
To:	Social Care and Public Health Cabinet Committee
	9 November 2012
Subject:	**DECISION 12/01981 - KENT COUNTY COUNCIL'S ANNUAL REPORT (LOCAL ACCOUNT) ON ADULT SOCIAL CARE FOR APRIL 2011 TO MARCH 2012**
Classification:	Unrestricted

Summary: The Cabinet Committee is invited to comment on the draft Local Account document prior to the Cabinet Member for Adult Social Care and Public Health taking a decision in December 2012.

One of the underpinning principles of the sector-led improvement programme in adult social care is stronger accountability by using increased transparency to promote improvement in services.

One of the key issues is finding meaningful ways of engaging and reporting back to Kent residents about the performance adult social care.

The Towards Excellence in Adult Social Care Programme Board proposed to Directors that the publication of an annual Local Account could be one means of achieving this.

It should be noted that the production of Local Accounts is not mandatory and the Programme Board does not stipulate the format, structure and content of Local Accounts, it considers these to be matters for local discretion.

FOR COMMENT

Introduction

1. (1) The Government's approach to the assessment of adult social care performance has changed in recent years. With the withdrawal of the Care Quality Commission (CQC) as the independent assessor of Council performance, there is now more emphasis on the requirement for councils to develop local performance reports and explain how they have performed to local residents. The Local Account has emerged as standard feature of the new local accountability framework.

(2) The Department of Health published a revised Adult Social Care Outcomes Framework (ASCOF) in March 2012 which contained a number of revised national performance indicators. The changes were agreed between the Department of Health, the Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA).

(3) The revised Framework includes the outcome domains as measures of quality social care, a set of performance measures that are to be used for national benchmarking, as well as the introduction of peer reviews, and an annual statement on outcomes and priorities called a Local Account.

(4) Kent County Council published its first ever Local Account report in December 2011. The attached draft document (Appendix 1), which is under consideration is to be taken forward under the KCC's Key Decision procedures and after due process it will be agreed by the Cabinet Member for Adult Social Care and Public Health.

Policy Context

2. (1) The ASCOF has been developed for national benchmarking and local use and it is not used as a means of judging Councils. It is therefore a matter for to councils to set their own local priorities, informed by the ASCOF, Joint Strategic Needs Assessments and Health and Wellbeing Strategy and ask partners and the public to hold them to account. The clear expectation is performance management will is a local responsibility for councils to determine, in partnership with other organisations and the local resident.

(2) All the same, the ASCOF should inform the development of Local Accounts, which councils should use to set out their priorities and progress to resident, supporting local accountability. Local Accounts are a key mechanism to enable local people to hold their councils to account for their performance, and the outcomes they deliver.

(3) One of the underpinning principles of the sector-led improvement programme in adult social care is stronger accountability by using increased transparency to promote improvement in services. One of the key issues is finding meaningful ways of engaging with and reporting back to Kent residents about the performance of adult social care. The development of Local Accounts is not mandatory and the Programme Board does not stipulate the format, structure and content of Local Accounts, it considers these to be matters for local discretion.

(4) Bold Steps for Kent along with the Adult Social Care Transformation Programme define the core objectives of Adult Social Care in Kent. The activities of the Families and Social Care support the delivery of objectives outlined in the Medium Term Financial Plan.

Development and content of the Kent Local Account

3. (1) The national Towards Excellence in Adult Social Care Programme Board has raised some key issues that councils should consider when developing Local Accounts. In terms of the content of Local Accounts, The Board has suggested that councils may wish consider:

- user and public engagement could be highlighted in any report back to councils, as could equalities and diversity issues;

- the need for robust self-assessment and external/peer challenge was generally; accepted in order to boost public confidence in services and in the Local Accounts themselves;

- consider how far related council services, for example, housing and employment, and partner services, especially the NHS, should be included in order to give a fuller picture;

- The role of elected members in the production and promotion of Local Accounts could be further strengthened.

(2) The development of the 2011/2012 Local Account has been informed by public engagement exercise and it involved service users, carers, representatives of the LiNK. The main purpose for holding the engagement event was to find out about the type of information that the general public would find meaningful in order to make their assessment of the performance of adult social care in Kent.

(3) The document has been structured using the main vision statements in the Caring for our future; reforming care and support White Paper. The main sections of the Local Account document which provides the narrative on performance are:

- Theme 1: I am supported to maintain independence for as long as possible;
- Theme 2: I understand how my care and support works and what my entitlement and responsibilities are;
- Theme 3: I am happy with the quality of my care and support;
- Theme 4: I know the person giving me care will treat me with dignity and respect;
- Theme 5: I am in control of my care and support;
- Theme 6: I am supported as a carer.

(4) Each of the above theme is divided into three sections. There is a brief narrative of what the particular theme covers, i.e. a short definition.

- The first section provides a brief narrative under 'how did we do?', that is how adult social care performed in the year. The information provided has previously been reported to KCC Members as part of the usual performance monitoring and is already in the public domain;

- The section of the theme deals with 'what did you tell us'. This is largely based on survey information gathered in the course of the year;

- The third section of the theme considers 'what we are planning to do next year in 2012/2013'.

Recommendations

4. (1) Members of the Cabinet Committee are asked to note the contents of this report and comment on the draft document.

(2) Note that the Cabinet Member for Adult Social Care and Public Health will take a decision in December 2012 to approve KCC Annual Report (Local Account) on Adult Social Care for April 2011 and March 2012.

Appendix

Appendix 1: Kent County Council's Annual Report (Local Account) on Adult Social Care for April 2011 to March 2012.

Background Documents

The 2012/13 Adult Social Outcomes Framework, Department of Health, 30 March 2012.

Caring for our future: reforming care and support White Paper, Department of Health, 11 July 2012.

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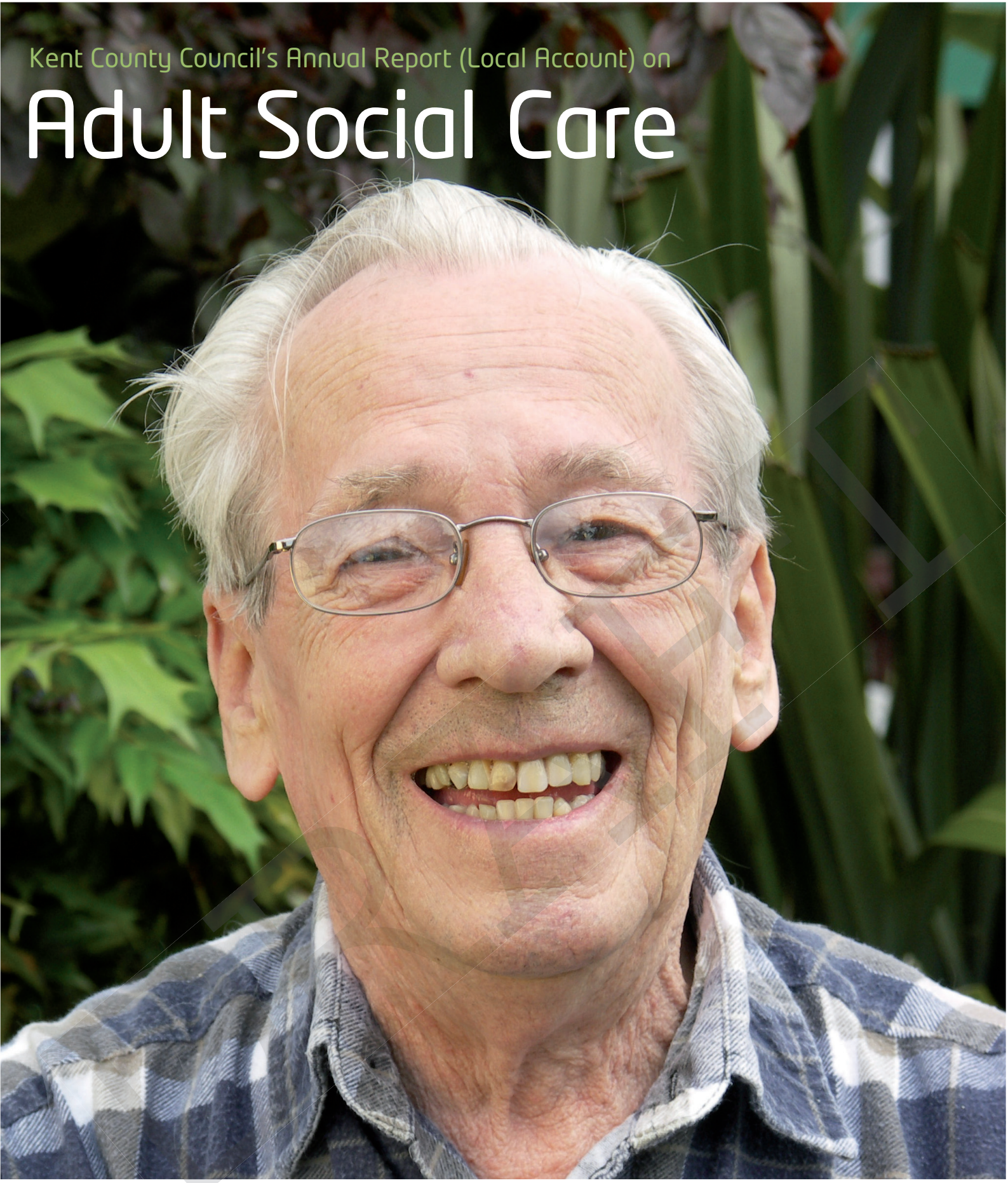
Kent County Council's Annual Report (Local Account) on

Adult Social Care



Kent County Council's Annual Report (Local Account) on Adult Social Care
April 2011 to March 2012

Kent County Council
kent.gov.uk

Contents

Foreword

Graham Gibbens

Andrew Ireland

By: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health and Andrew Ireland, Corporate Director for Families and Social Care

We are pleased to publish Kent County Council's Annual Report (Local Account) on Adult Social Care, for the period April 2011 to March 2012.

The Annual Report is a document for reporting back to Kent residents about the performance of Adult Social Care. It is an important part of the Kent County Council's commitment to be transparent with local residents about what we do and how we spend money allocated to Adult Social Care.

The Annual Report provides one of the means for setting out the main achievements, areas for further development as well as the key challenges that were encountered during the last year. Many of the accomplishments could not have been achieved without working in partnership with people who receive services, carers as well as other statutory and non-statutory organisations.

We are pleased to point out that the development of this Annual Report was informed by service users, carers, partner organisations and the views of Kent County Council's Social Care and Public Health Cabinet Committee.

Keeping vulnerable adults safe remained one of our key priorities during the year. As ever, we have worked hard with all the key partners to raise awareness of safeguarding issues. However, there are particular steps we can take to improve our preventative approach to safeguarding and this will be a focus for next year.

We know that for people who receive services and their carers, the quality of the care they receive is important to them. This is an issue that has also been top of our agenda, as a result, Adult Social Care ensured that both the services managed by the county council and those commissioned from the private and voluntary sectors were monitored for the quality of services provided.

In 2012/13, we will progress our work on the Adult Social Care Transformation Programme and work closely with our NHS partners to provide more joined up and integrated health and social care. We also want to ensure those who need to enter the social care support have the information and tools to manage their own care needs. The Transformation Programme will also help to stimulate a range of service providers and types of support in the social care market. It will also encourage providers who are able to deliver personalised care and support that will increase people's ability to recover from illness and remain independent.

Introduction

The purpose of this Annual Report

In the past the Care Quality Commission used to inspect how well Local Authorities with responsibility for adult social care were doing. As part of national changes all local authorities now have to directly report back to their residents on their performance and delivery of Adult Social Care. As a result we will publish an Annual Report (Local Account) that describes what we have done and our priorities for the coming year.

This report is called **Kent County Council's Annual Report for 2011/12.**

As part of our usual way of producing reports, we involved a group of Kent residents in developing this report. This included service users, carers and representatives of organisations such as Kent Links (shown in the photograph images below). We would like to thank all the people involved for their contribution and hope they and others will continue to work with us in next years report.

What you will find in this Annual Report

In June 2012 the Department of Health published a document that set out a vision for the future of adult social care. This document is called '**Caring for our future: reforming care and support'** White Paper in which there are 5 key themes (set out below) and we have included a sixth theme on carers because this is also important. In this Annual Report we have given you a summary on the council's performance and delivery of adult social care against each of these themes.

SECTION 1	**Theme 1**	I am supported to maintain my independence for as long as possible.
SECTION 2	**Theme 2**	I understand how my care and support works, and what my entitlement and responsibilities are.
SECTION 3	**Theme 3**	I am happy with the quality of my care and support.
SECTION 4	**Theme 4**	I know that the person giving me care will treat me with dignity and respect.
SECTION 5	**Theme 5**	I am in control of my care and support.
SECTION 6	**Theme 6**	I am supported as a carer.

The current position in Kent

As the government seeks to reduce the national deficit, the level of funding to local public services has also been reduced. This has been during a time when demand for public services, particularly in children and adult social services continues to increase and when there is also significant demographic changes.

To meet these challenges we have had to rethink how we do things in the council as by 2013, Kent County Council is expecting to operate with a budget that is around £195 million less than it does now. The plan on how we hope to achieve this is set out in Kent County Council's **Bold Steps for Kent** document which outlines our priorities for the next three years. It sets out how the council will transform how it works and engages with the communities it serves, as well partners in the public, private and voluntary sector. More information on this document can be found at:- www.kent.gov.uk/your_council/priorities,_policies_and_plans/priorities_and_plans/bold_steps_for_kent.aspx

The Families and Social Care Directorate, which has responsibility for delivering Adult Social Services is considering the current financial pressures and how best to respond in these challenging times. The plan on how this will be achieved is due to be set out in a document called **The Adult Social Care Transformation Programme** .

Bold Steps for Kent The Medium Term Plan to 2014/15. This sets outs Kent County Council's medium-term plan for the next four years, which was approved by the County Council on 16 December 2010.

The Adult Social Care Transformation Programme is due to be endorsed by the Council in May 2012 in a document called **The Transformation Blueprint and Preparation Plan** which will be a starting point in the future shaping of adult social care in Kent.

Kent and its people

Kent County Council believes and recognises the diversity of Kent's community and workforce is one of its greatest strengths and assets. The different ideas and perspectives that come from diversity will help the council to deliver better services as well as making Kent a great county in which to live and work.

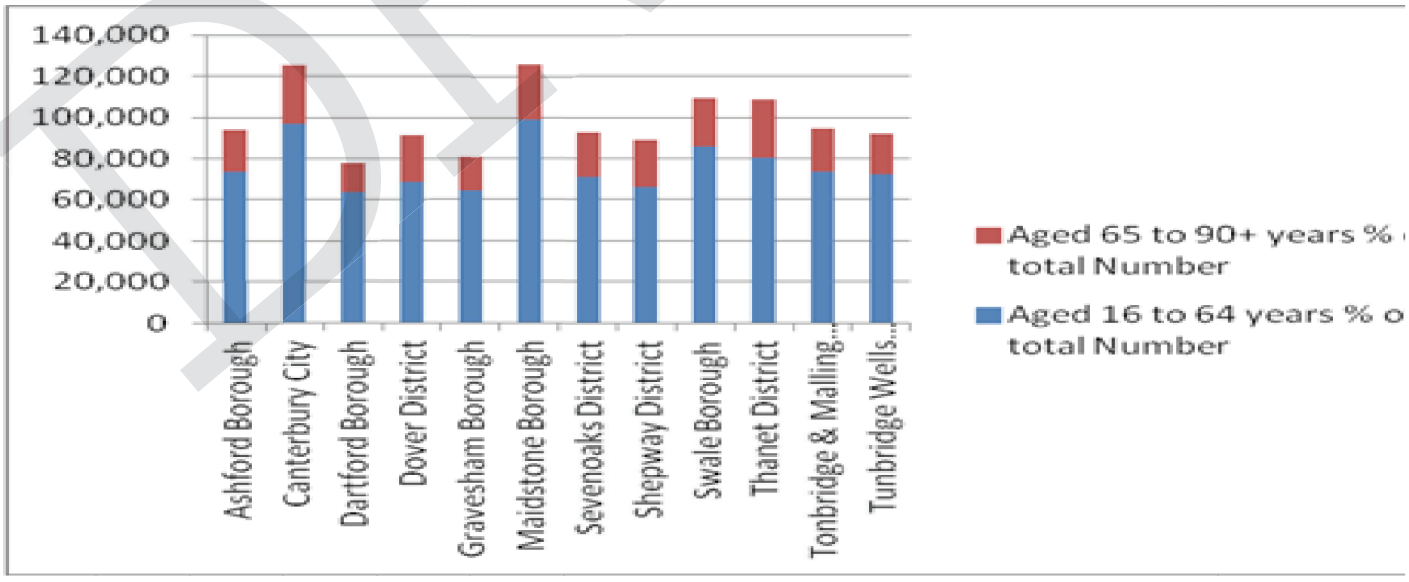
During the last year the council developed new equality objectives to help better understand how and where we can make a difference as part of the work that we do.

Some facts and figures about Kent...

- With a resident population of just over 1.46 million, Kent has the largest population of all the English counties.
- Just over half of the total population of Kent is female (51.1%) and 48.9% are male.
- People living in urban areas make up 71% of the Kent population but only occupy 21% of the total land area. The remaining 29% of the population live in rural areas but occupy 79% of the land in Kent.
- Over the past 10 years Kent's population has grown by 10% which is faster than the national average and is forecast to increase by a further 10.9% between 2010 and 2026.
- Kent has a greater proportion of young people aged 5-19 years and people aged 45+ years than the England average.
- Kent has an aging population with the number of 65+ year olds forecast to increase by 43.4% between 2010 and 2026.
- The largest ethnic group in Kent is White. 92.4% of all residents are of white ethnic origin, and 7.6% are of Black Minority Ethnic (BME) origin. The largest single BME group in Kent is Indian representing 1.9% of the total population.

Source: Kent County Council, Business Intelligence, Research and Evaluation

Table to show a breakdown of the total resident population of Kent living in the twelve districts of Kent.



Source: Office for National Statistics (Crown Copyright) based on data released 25th September 2012

Adult Social Care in Kent

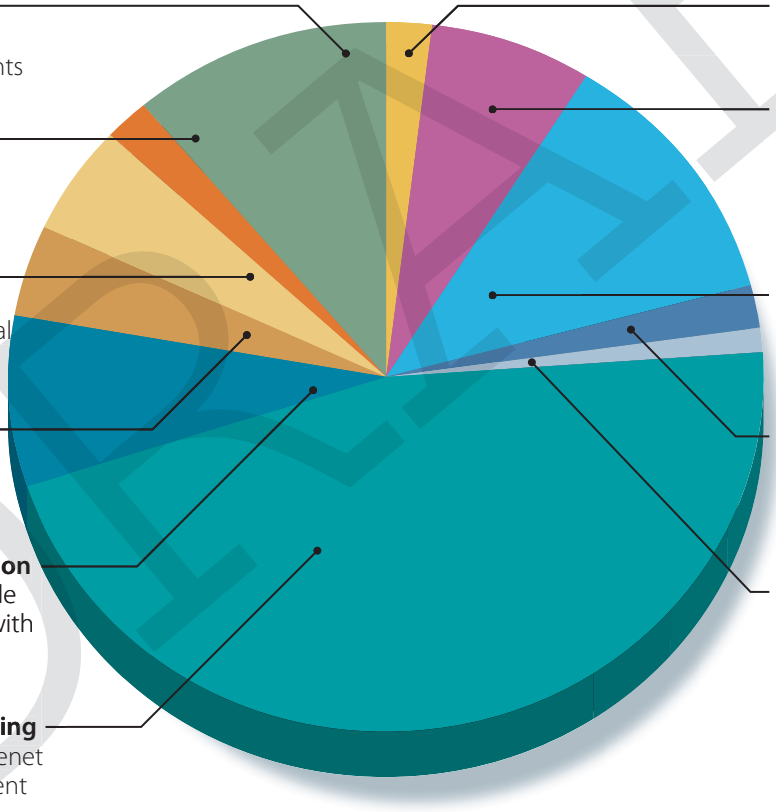
What do Adult Social Services do?

Adult Social Services has a statutory responsibility for the assessment, planning and arranging or provision, of community care services for adults living in the Kent County Council area who may qualify for social care support. Adult social services generally support older people, people with physical disabilities, people with sensory disabilities including dual sensory impairment, people with learning disabilities, people with mental health problems, people who are being supported by children's social services who turn 18 years and may require support from adult social services and people who give (unpaid) care to family members or friends.

How we spent money on Adult Social Care in 2011/12

In 2011/12 the council spent £302 million on Adult Social Care, which accounts for 33% of their total net spend on public services for 2011/12. The chart below show how this money was spent. Further information on the Kent County Council's financial accounts can be found at www.kent.gov.uk/your_council/council_spending/financial_publications/statement_of_accounts.aspx

Adult Social Care Budget (Net) 2011/12 £3325 million



Assesment
Staff costs for carrying out community care assessments
£39,259k 11%

Occupational therapy equipment and client transport
£6,100k 2%

Day care
support accessed during the day, often to meet social isolation needs
£18,336k 5%

Voluntary organisations
contributions toward preventitive services
£14,624k 4%

Supported Accommodation
housing that enables people to live independently but with support
£28,687k 8%

Residential care and nursing care includes non-permanenet (respite) as well as permanent
£161,764 46%

Management, commissioning and operational support costs
£8631k 2%

Direct payments
money which is passed directly to clients so they can purchase and manage services that meet their assessed eligible needs
£23,836k 7%

Domicillary care
care services provided to people in their own homes
£41,979 12%

Enablement
intensive short term support which encouragespeople to be as independant as possible
£6,6567k 2%

Extra care housing accommodation with varying on site support
£1,927k 1%

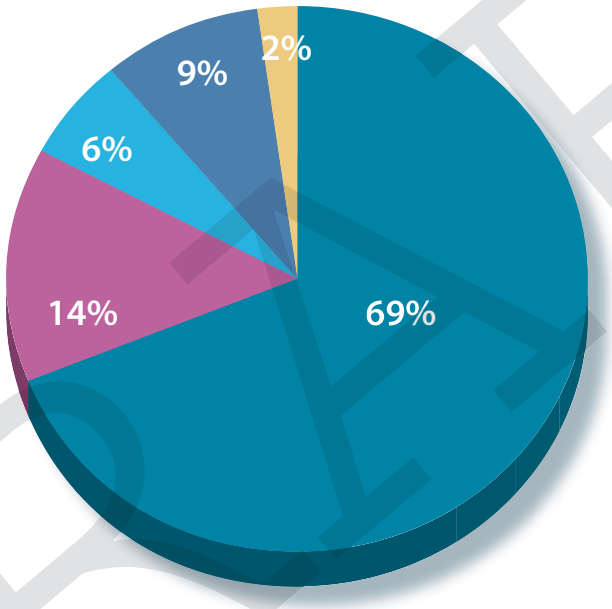
Which groups of people the money was spent on in 2011/12

	£		
Client group	**Gross**	**Income**	**Net**
Older people	240,035,159	-95,717,288	144,317,871
People with Physical Disabilities	34,392,272	-3,334,159	31,058,113
People with Learning Disabilities	141,296,297	-45,274,864	96,021,433
People with Mental Health needs	23,437,829	-2,656,864	20,780,964
Other adult services	11,223,844	-1,194,935	10,028,909
TOTAL ADULT SOCIAL CARE	450,385,404	148,178,111	**302,207,292**

This figure excludes Public Health expenditure by KCC. The £352 million figure (quoted in pie chart) is the Adult Social Care and Public Health portfolio expenditure for KCC.

How many people the council the council supported in 2011/12

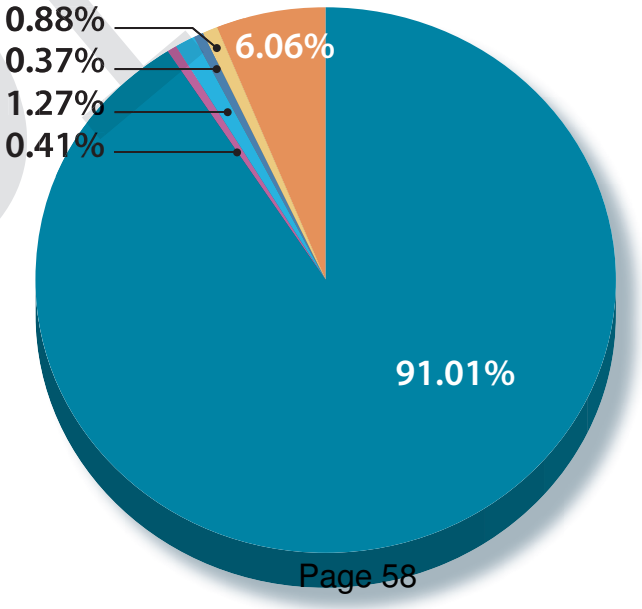
The council supported 40,000 people in 2011/12 as shown in the chart right



Proportion of clients by client category

- Older People (2930)
- Physical Disability (6175)
- Mental Health (2740)
- Learning Disability (37300)
- Substance Misuse (835)

The chart right, shows a breakdown of the number of people we supported in 2011/12 by ethnicity



Proportion of clients by ethnicity

- White (38970)
- Mixed (175)
- Asian or Asian British (545)
- Black od Black British (160)
- Chinese or Other (375)
- Not Stated (2595)

SECTION ONE

Theme 1: I am supported to maintain my independence for as long as possible

People want to stay in their homes for as long as is possible and so we have developed a range of services to support and enable people to live independently in their homes or in supported living for as long as possible.

Some of the ways in which we do this are:-

- **Assistive Technology** services provide support in the person's homes using technology such as Telecare and Telehealth. For example fall detectors can be fitted in the home and linked to a call response centre.
- **Enablement services** provide short term, intensive and targeted support to help people regain or maintain or develop the skills and confidence to carry out daily living tasks to the best of their ability (for example after an illness, fall or operation), so they can continue to live independently in their home.
- Our **Community Equipment** Service provides a range of equipment e.g. grab rails and small adaptations to people in their homes so they can continue to live safely and independently at home.
- A **range of community based preventative services** are provided by the community and voluntary sector and the private independent sector.

How did we do?

During 2011/12:-

- 1,032 people received TeleHealth and TeleCare services.
- 6,800 people received Enablement services of which 69% were able to return back to their home without any further support from social services.
- 13,485 people were provided with equipment or adaptations in their home, with over 30,000 items of equipment and 10,000 minor adaptations* being provided.
- 1,723 people received a meals service in their home.
- 16,084 people received a home care support service to enable them to stay in their home.

* This does not include specific sensory equipment or adaptations.

How did we do?

- We provided £15 million funding through grant agreements and contract arrangements with the voluntary and community sector to provide a range of community based services such as bathing, befriending, support groups, home care, day care, short breaks, information and advice services and specialist support for people with dementia and their carers (for example Dementia cafes, peer support groups and Dementia helpline service).
- Kent Supported Employment who offer specialist employment support to people with a learning disability, mental health issues, physical disabilities and long term health issues, worked with a range of specialist and local employment services across Kent to support 636 people into paid employment, education and training.

SECTION ONE

Theme 1: I am supported to maintain my independence for as long as possible

Areas for development

What did you tell us?

- 55.6% of people said that they felt clean and presentable.
- 84.4% of people said that care & support services helped them in keeping clean and presentable.
- 69.1% of people said that care and support services helped them to get food and drink.

Steph to add source here

What we are planning to do next year as part of the Adult Social Care Transformation Programme:-

- Increase the range and availability of community based and preventative services and assistive technology services across Kent.
- Place a greater focus on enablement services and rapid response services for people in crisis, so we are doing everything we can to increase a person's ability to recover from illness and remain independent for as long as is possible.
- Continue to develop in partnership with Health, the Voluntary and Community sector and other partners a range of community based services.

Case Study

"Your help has enabled my mum to get in and out of her home, up and downstairs and in and out of the shower more safely. We are so grateful for the kind and thoughtful way you spoke to my mum and the professional way you helped her. As a result of the rails, mum is more confident, mobilising around her home and is in less discomfort because she can negotiate steps and stairs more easily." *(Comments from a carer)*.

Case Study

"Telecare was installed recently to support my uncle who is very frail. As his carer I was increasingly concerned about the number of calls especially at night. However Telecare equipment has allowed me (and him) to be reassured that in the event of a fall he can call for help immediately. This allows me to be alerted so that I can respond. He has had to used it on several occasions so the emergency services and I have been able to be called for help. Without telecare he would have laid on the floor all night". *(Comments from a carer)*

SECTION ONE

Theme 1: I am supported to maintain my independence for as long as possible

Case Study

Mr Sam has Alzheimer's Disease and lives with his wife who has been his sole carer for the past 5 years. Mr Sam often wanders so Mrs Sam had taken to keeping the doors locked at all times and sleeping with the keys under her pillow at night. There was installation of telecare equipment which included property exit sensors linked to a carer's pager to alert Mrs Sam should her husband attempt to wander from the property. Installing this in the home allowed Mrs Sam to sleep better at night knowing she would be alerted if her husband tried to leave the property, without restricting his movements within the home.

Case Study

"Talk Time" sessions were held in many Kent libraries, these informal drop-in sessions helped to bring older people together to reduce their social isolation. In 2011/12 a total of 3,436 sessions were held, which offered a variety of activities ranging from using archive services, speakers and quizzes to recreational activities or just tea and chat.

"I think Talk Time is an excellent idea to meet and have a chat and then select books in the library. The staff at the Library were very helpful. *(Comments received from a person who took part in the Talk Times sessions).*

SECTION TWO

Theme 2: I understand how my care and support works and what my entitlements responsibilities are

People want to be able to access quality information, advice and guidance when they need to. We need to ensure people who contact us have a positive experience which provides them with the right amount of information at the time they need it. This can help people understand how their care and support works and also what service(s) they are entitled to. In this way people can make informed decision(s) about their care and support and in doing so are able to help themselves and others in their community.

Some of the ways in which we do this are:-

- Our **Gateways** support adult social care services by offering a local venue and facility so e people can access some care and support services quickly and easily.
- The **Kent Contact and Assessment Service** is a dedicated team based in the Contact Centre, that provide people with the opportunity to discuss concerns and possible care needs either about themselves or for other adults in need.
- Information on local care and support services is also provided across Kent by our **Libraries services**.

How did we do?

During 2011/12:-

- We have developed a shared assessment process so that people can have a more joined up and quality service from health and adult social care.
- We begun the development of integrated health and social care community based teams so that health and social care staff are in one office. This new service is being trialled in the Dover area for 1 year so that we can see how it works.
- We provided an assessment service to 27,589. We also provided training and awareness for staff that carry out an assessment, so the right assessment is provided for the person at the right time.
- Our specialist Welfare Benefit Advisors provided support and representation to 850 of our clients who had complex benefit issues or were involved in a benefit claim dispute with one or more Benefit Agencies.

  Some examples of the type of work they undertook during 2011/12 included supporting clients whose disability benefits were under review following a change in their circumstances, and also challenging incorrect benefit decisions on behalf of clients through the appeal tribunal system.

SECTION TWO

Theme 2: I understand how my care and support works and what my entitlements responsibilities are

How did we do?

- The Gateways saw 679,749 people pass through its doors. The Gateways supported adult social care services by offering a local venue to hold Blue Badge assessments and Bathing Assessment clinics. Gateways also offered access to clinics with voluntary organisations including Age Concern, Scope, Royal British Legion and Hi Kent.
- We produced a Kent County Council Customer Service Strategy which sets out our vision of how to we want to achieve high quality customer service and also make it easier for our customers to reach us when they need us.
- Over 128,770* people contacted the council in 2011/12 for advice and information regarding Social Services of which 36,172 people were referred to Kent Contact and Assessment for further assessment and for more detailed advice. *(figure includes Children's Social Services)
- 13,000 people used the Kent Care Services Online Directory which is an on-line database that all known Care Services in Kent. The public can use this to search for the service they require by service type and area.

Areas for development

What did you tell us?

- In the past year 52.6% of people have found it either very or fairly easy to find information and advice about support.

Steph to add source here

The Nepalese Elder Meeting Point was a huge success last year, this is a regular drop-in facility held at Cheriton Library that provides information on health and well being for the older members of the Nepalese community. In 2011/12 137 sessions were held.

"This meeting place has captured the heart of our veterans and they value the importance of it, for which I would like to thank you for your continued support". *(Comments from an older person who attended the Nepalese Elder Meeting Point).*

What we are planning to do next year as part of the Adult Social Care Transformation Programme:-

- Improve access and availability of information, advice and guidance services in Kent so people can get the right information, advice and guidance, when they need it. In this way people can make the best choices about their care and support.
- Make it easier and quicker for people to request an assessment for health and social care needs by setting up local integrated health and social care access points across Kent. This includes looking at ways in which people can complete their own social care needs assessment.
- To continue to increase awareness of Dementia through our Gateways and Libraries services.
- Work with social workers in children social services to help ensure young people (and their parents or carers) have a smooth transition from specialist children services to adult social care services.
- Increase access for people with learning disabilities to screening and health promotion programmes including annual health checks.

SECTION THREE

Theme 3: I am happy with the quality of my care and support

People think the quality of care and support that is provided to them is an important aspect. of the service they receive.

Some of the ways in which we do this are:-

- **By working with the providers that we contract** with, to ensure they maintain quality standards of service and (where needed) improve standards of care they provide.
- **Use customer feedback** including complaints and compliments we receive from people who use our services as we think is a good way of finding out about the quality of services.
- **People can also tell us what they think about the quality of their care and support** when we carry out a review of their service(s) with them.

How did we do?

During 2011/12:-

- We introduced a new system to help us work more effectively and swiftly with care providers where there were issues about the quality of their service. This system is called the Quality Care Framework and it has enabled us to work with providers in a positive way.
- 6140 people were provided with care and support in long term care residential or nursing care.
- We worked closely with the Care Quality Commission (a government inspectorate who inspects the quality of social care and health services in England) by having regular meetings with them to share information where serious quality and/or poor practices were reported.

How did we do?

- We received 425 statutory complaints and 295 *enquiries
- We received 575 compliments in 2011/12.
- A total of 30,441 people received a review of their service.

Providers are the organisations that we contract with to provide care and support that people need such as care homes, extra care housing schemes and domiciliary care agencies who provide care for people in their own homes. Each provider works to a contract specification which outlines the services we expect them to provide.

"(A statutory complaint is an expression of dissatisfaction or concern that requires a response. The complaint can be from a person who receives a service or is likely to be affected by the actions, omissions or decisions of the Council in relation to adult social care services)".

SECTION THREE

Theme 3: I am happy with the quality of my care and support

Areas for development

What did you tell us?

- 57.7% of people were either extremely or very satisfied with the care and support services they received.
- 61.9% of people felt as safe as they wanted.
- 75% of people felt that care and support services helped them to feel safe.

Steph to add source here

What we are planning to do next year as part of the Adult Social Care Transformation Programme.

- Make it easier and clearer for the public on who to contact in the council if they have a complaint.
- Set up a "Quality Team" to closely monitor and promote quality of services so that any concerns about poor quality of care are addressed before anyone is harmed.

Case Study

A care home in the Kent area was deemed as failing by the Care Quality Commission and so they issued compliance notices against the care home. However following close working by our contracting staff with the home manager, the home was able to demonstrate improvements in the quality of care they provided and as a result no further action was taken by the Care Quality Commission.

SECTION Four

Theme 4: I know the person giving me care will treat me with dignity and respect

People should be treated with dignity and respect at all times, which is about respecting people and taking time to understand what is important and matters to them.

Some of the ways in which we do this are:-

- Through a range of **training programmes** available for staff working in adult social care because we believe having appropriately trained staff is key to ensuring people are treated with dignity and respect.
- We respond sensitively to any concerns that are reported to us about an adult who is particularly vulnerable and has been or may be at risk of harm and abuse. **The Kent and Medway Safeguarding Vulnerable Adults Board** which is a multi-agency partnership between Health, Police and Kent and Medway, ensure that safeguarding processes are in place and working properly when concerns about abuse are reported.

How did we do?

During 2011/12:-

- We launched the "My Home Life Initiative" which provided training and opportunities for shared learning for providers of care homes in Kent.
- We worked with care home providers to set up Dignity in Care Champions in their homes. Their role was to share good practice amongst staff in the home and to ensure residents are treated with dignity and respect.
- A total of 318 training courses that covered dignity and respect were delivered to both staff and care professionals working in private and voluntary sector. This included training on assessment, support planning, dementia awareness, HIV and Aids, moving and handling of people, stroke awareness, mental health and learning disability–dual diagnosis, end of life care, mental capacity, and specific disability conditions (for example Parkinson's Disease).
- We received 2,341 safeguarding referrals in 2011/12.
- We worked across Kent in partnership with the NHS, Police and district councils to raise awareness of safeguarding issues amongst the public through events such as the Annual Safeguarding Awareness week and our website.
- We undertook a programme of regular audits of adult protection cases to monitor the quality of practice.
- We have developed a more streamlined investigation process for all safeguarding concerns so cases can be dealt with in a timely way.

SECTION Four

Theme 4: I know the person giving me care will treat me with dignity and respect

How did we do?

- We introduced a Competency Framework for staff working in safeguarding. This is a tool used in staff supervision to evaluate and improve the practice of individual workers in respect to safeguarding work.
- We developed a Central Referral Unit in conjunction with our partners. This is a multi-agency unit of Social Services (children and adults), Police and Health to help deal with new safeguarding referrals.
- We continued to deliver a programme of training on safeguarding procedures for staff and partners as well as people working in the independent sector.
- The Kent and Medway Independent Mental Capacity Advocacy service (which all councils have a statutory duty to fund and set up) provided 5,900 hours of advocacy to unbefriended, vulnerable adults, who were deemed to lack capacity to make certain important decisions including serious medical treatment and major change of accommodation.

Areas for development

What did you tell us?

- 53.0% of people stated that having help to do things made them think and feel better about themselves.
- 52.8% of people stated that the way they are helped and treated made them think and feel better about themselves.

Steph to add source here

What we are planning to do next year as part of the Adult Social Care Transformation Programme.

- Continue development and training of staff that carry out safeguarding investigations in response to reports of adult abuse as well as audit and to monitor quality of practice.
- Look at new ways of raising awareness about adult abuse and domestic abuse as well as continuing to support the Safeguarding Awareness Week in Kent.
- Look at ways in which we can obtain feedback in a sensitive way from people who have been the subject of a safeguarding investigation and use their experiences to improve practice.

Case Study

The daughter of Mr Foster contacted Adult Social Care Services to report that her father was reluctant to leave his room as recently he had noticed money going missing from the security tin in the draw in his room. A safeguarding alert was raised. With Mr Foster's agreement the police installed a hidden camera in his room to find out who may be responsible.

A few days later the camera recording was checked and it showed a member of the cleaning staff removing money from the tin. The police arrested the worker in possession of the marked notes who was charged with theft and pleaded guilty in court.

SECTION FIVE

Theme 5: I am in control of my care and support

People should have choice and control over the care and support they receive. This can enable people to receive more personalised services that meet their individual care and support needs in a way that works best for them.

Some of the ways in which we do this are:-

- People can have personalised care and support **through a Personal Budget** which tells them the amount of funding available for meeting their eligible care and support needs. These needs would have been identified during the person's community care assessment.
- A person can receive their Personal Budget either **through a Direct Payment** which is paid directly to them so they can buy and arrange their own care and support. **The Kent Card** is one way in which a person can receive a Direct Payment.
- Another option for the Personal Budget is for the Case Manager to arrange the care and support on behalf of the person.
- We are also testing out another way for people to receive Personal Budgets which is called **Provider Managed Services**. This is an option for people who want their care provider to plan and arrange the care and support they need by using the personal budget that has been paid to them.
- **Support Plans** also give people choice and control as they enable a person to arrange and set up their care and support in a personalised way.

How did we do?

During 2011/12:-

- Approximately 14,895 people received a Personal Budget.
- 2,272 people decided to take their Personal Budget as a Direct Payment.
- 514 people chose to receive their Direct Payment through a Kent Card.
- 74% of clients had a support plan set up to help arrange their care and support.
- Our Personalisation Coordinators provided support and recruitment and employment advice to people who decided to use their Direct Payment to employ their own carer(s), known as personal assistants.
- The Good Day Programme which is in its fourth year developed over 60 different projects that offered people with learning disabilities to have more choice and access to a range of person centred day services within their local community.

*(The Good Day programme was launched 4 years ago as a response to the many people with a learning disability living in Kent who wanted to see a change in the way they accessed day services).

SECTION FIVE

Theme 5: I am in control of my care and support

How did we do?

- The Partnership Strategy for Learning Disability in Kent was produced so Kent County Council and partners can work together to ensure people with learning disabilities who live in Kent have real choice over the areas of their lives that are important to them and have the same rights and are entitled to the same opportunities and services in their communities as everyone else.
- The Learning Disability Partnership Board will work with all partners to make sure this strategy is planned, acted on and achieved. The strategy involved a great deal of work with partners, people with learning disabilities and family carers.

Areas for development

What did you tell us?

- 32.3% of people reported they had as much control over their daily life as they wanted, with a further 44.4% having adequate control over their daily life.
- 87.7% of people stated that care and support services helped them to have control over their daily life.
- 24.4% of people said their quality of life was so good it could not be better or very good.
- 91.8% of people thought that care and support services helped them to have a better quality of life.

Steph to add source here

What we are planning to do next year as part of the Adult Social Care Transformation Programme.

- Increase the uptake and use of the Kent Card.
- Ensure all service users who have eligible on-going needs are allocated a Personal Budget.
- Work with the Primary Care Trust to develop Personal Health Care Budgets so people receiving Health services can also arrange services to meet their health care needs.
- Continue the work of the Good Day Programme to transform the way leisure, day and work activities are provided so people with learning disabilities can have greater choice and access to more person centred services in their local community.

Case Study

Susan who had learning and physical disabilities was a tenant in private rented accommodation. She had been feeling unhappy with her care arrangements as the care workers were not always working during the hours she wanted them to and also she did not always know the person who was coming to support her. With the support of an advocate Susan decided to receive her Personal Budget as a Direct Payment so she could employ her own personal assistant. With the support of her advocate Susan did this and is now much happier as she receives her care and support in a way that suits her.

SECTION SIX

Theme 6: I am supported as a carer

We value the role of carers and recognise that although carers may want to care for their family member or friend, they may need support and regular time away from caring to carry on doing so.

Some of the ways in which we do this are:-

- Much of the support and services provided for carers are delivered on our behalf through a range of partnerships, grants, service agreements and\or contracts with the voluntary and community sector and the private independent sector.
- A carer can also request a Carers' Assessment, this can help assess their needs and identify what support could help them in their caring role.
- Short breaks are services provided to the cared for person to enable the carer to have a break from their caring role. The cared for person must have an eligible level of need. The short break can be provided in a community setting such as a day centre, in the home or taking the care for person out for the day, or in a residential care home where the cared for person is cared for away from their home.

How did we do?

During 2011/12:-

- A total of 20,264 Carers Assessments were completed for carers.
- xx "something for me payments" were used by carers to purchase something they decided could help make life easier for them. Some of the things that carers bought using this payment was for example xx
- xx carers signed up to have a Kent Emergency Card which they carried at all times so if they were taken ill or involved in an accident they had peace of mind that anyone who found the card could access emergency assistance for their loved one.
- xx people with dementia and their carers were supported by the Dementia 24 hour helpline, Dementia crisis support service, Dementia website and the six Dementia Cafes across Kent which provide informal drop in sessions for carers looking after someone with dementia.
- Our Carers Advisory Group which includes representatives from all partner organisations across Kent involved in supporting carers continued to work jointly to develop local services that can meet current and future carer needs.
- The Carers Reference Group which is made up of carers from across Kent also supported the Carers Advisory Group to ensure the needs and wishes of carers were represented and discussed.

SECTION SIX

Theme 6: I am supported as a carer

Areas for development

What did you tell us?

- 55.1% of people were extremely or very satisfied with the support or services they and the person they cared for received.
- 87.8% of carers stated that the support or services they received 'have made things easier for me.'
- 74% of carers felt they had the right amount of support for the cared for person.
- 60.2 % of people were extremely or very satisfied with support and services which enabled them to take a break for over 24 hours.
- 69.2% of people were extremely or very satisfied with support and services which enabled them to take a break between 1-24 hours.

Sources: based on the 2009-10 Carer Survey* (The 2011-12 Carers Survey is to be undertaken in October 2012).

Case Study

A carer and her mother regularly attend the Dementia Cafés in two different localities, and were very positive about the outcomes.

The carer said "Mum and I really enjoy the Cafés, especially the variety of talks and entertainment that we have. Everyone joins in and is friendly. It's a pleasant way to spend the afternoon. It is a huge benefit. Every talk has been helpful, for instance we got mum a GPS watch after one talk. The entertainment such as the singing, dancing and exercises has been good. Mixing with other people has helped us to see that we are not on our own".
(Comments from a carer)

Case Study

Mrs Saunders who had dementia was coping well and enjoyed her weekly visits to the Tunbridge Wells day centre. In February her husband who was her main carer fell off a ladder and broke his collar bone. As a result Mr Saunders struggled to continue his caring duties for his wife. A few weeks later they both got a chest infection and became quite unwell. Mrs Saunders daughter contacted a local carer's organisation to find out if they could offer any support whilst her parents were recovering. Following this a short term home care support was arranged by the carer's organisation, after 5 days support the couple managed to make a recovery. The carer's organisation said "Mr and Mrs Saunder's daughter phoned us at a later date to say her father had recovered much quicker as our visits gave him the opportunity to rest".

Case Study

"It was a life line to find the Dementia Café and enjoy the tea and biscuits and to be able to talk to other Carers and Staff about day to day problems and happenings with my husband John. I particularly look forward to the interesting guest speakers and have benefitted by their knowledge and learnt what is available to Carers, especially Kent Life as you know is not easy, but I would like to thank all those who helped us to cope with our problems. The course was a turning point with me and I am grateful for meeting so many people who helped.
(Another carer wrote about her experience at the Dementia Café).

How to get involved your views and feedback

We would like to know what you think of this Annual Report as your views and feedback will help us in preparing next years report for 2012/13. We would like to know:-

- Has the Annual Report been easy to read and understand?
- Did the Annual Report give you useful information about Adult Social Care Services in Kent?
- Are there any areas of the Annual Report that we could improve on for next-Year's report**?**
- Is there anything elsww would like to say about this Annual Report?

If you would like to give your views or feedback on this report then please send them to us:-

By e-mail: KentLocalAccount@kent.go.uk

Write to us at: Local Account Feedback,
Performance and Information Management team,
Strategic Commissioning,
Families and Social Care,
Kent County Council,
3rd Floor Brenchley House,
Week Street,
Maidstone,
ME14 1XX.

BY:

Jenny Whittle	**Lead Member Children's Service / Cabinet Member Specialist Children's Services**
Andrew Ireland	**Corporate Director Families and Social Care**
To:	**Social Care & Public Health Cabinet Committee – 9 November 2012**
Subject:	**DfE Consultation "Adoption and Fostering- Tackling Delay"**
Classification:	**Unrestricted**

Summary: This report briefs Members on the consultation on "Adoption and Fostering - Tackling Delay" which closes on the 7 December. The consultation introduces measures to reduce the time taken to make placements, increase the number of potential adopters and foster carers available to meet the needs of children.

Recommendations: Members are asked to **consider** this report and **respond** to the consultation accordingly.

1. Introduction

(1) The changes proposed to Adoption and Fostering in this consultation are part of the government's Improving Adoptions and Fostering Services Programme (a summary is given in Appendix 1). The proposals have been drawn together in response to the recommendations of the Expert Working Group on Adoption and Fostering established in 2010 and the Improving Fostering Services Programme.

(2) The consultation seeks the views of key stakeholders through the 31 specific questions (attached as Appendix 2). Nationally the Children's Right's Director is consulting with children on the specific elements of the proposals.

2 Bold Steps for Kent and Policy Framework

(1) This consultation links with KCC's commitment to "supporting the most vulnerable" as outlined the most in the Council's Medium Term Plan (Bold Steps for Kent).

3 The Report

(1) The consultation continues the government drive to improve the life chances of children in care by introducing change to Adoption and Fostering services by introducing proposals to reduce delay and to recruit carers to meet children's needs.

(2) To achieve this Government proposes to introduce;

- A streamlined recruitment process which identifies more quickly those applicants who are likely to be suitable as adopters and foster carers;
- Delegated decision making to carers must be made clear in the child's care plan – i.e. decisions regarding day to day needs and activity such as medical and education leisure permissions
- A process that aims to reduce the timescale for matching a child to potential adopters;
- Improvements to the transfer of information between agencies regarding potential adopter and/or foster carers with the aim of streamlining re-approval processes;
- Removing the requirement to wait 28 days to change a foster carers terms of approval to enable them to take a child as long as the carer agrees;
- "Fostering for Adoption" allowing children to be placed earlier with potential adopters and reduce the number of moves for a child; and
- A reduction in membership of adoption and fostering panels to provide a maximum membership of 5 with a quorum of 3.

(3) These changes are broadly welcomed but a balance will be needed to be achieved to ensure that adoption and fostering remains focused on the needs of the child.

(4) In order to inform discussion draft responses have been provided in Appendix 2.

4 Conclusions

(1) This consultation is the latest step in a process of reform to speed up adoption and fostering processes so that more children are placed more quickly, but still appropriately. .This consultation will inform the future of Adoption and Fostering services nationally and as such it is important that we discuss at a local level as well as contributing to the national debate.

(2) Staff across FSC and within Catch 22 will be invited to contribute to the consultation which will run until the 5 November. Consultation response should be sent to policyconsultations@kent.gov.uk

(3)The final response will be approved by the Cabinet Member for Specialist Children's Services before submission to the DfE. Once complete the response will be shared with partners as appropriate.

(4) It is expected that Coram will respond separately in order to present their agency view.

5. Recommendations

(1) Members are asked to **consider** this report and **respond** to the consultation accordingly.

6. Background Documents

The full consultation and supporting documents can be found at:

http://www.education.gov.uk/aboutdfe/departmentalinformation/consultations/a00213903/proposals

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Appendix 1

Consultation on Adoption and Fostering – Tackling Delay

Summary

These proposals arise from the Expert Working Group(adoption) established in autumn 2010 (which includes representatives from local authorities, voluntary adoption agencies, adoption support agencies and adoptive parents) and from the Improving Fostering Services Programme.

The 35-page consultation document includes 28 specific questions about the proposals. A number of the proposals will require amendments to Regulations; the proposed draft Regulations are published as annexes to the consultation.

In summary the proposals contained within this consultation include :

- a new, shorter, two stage training and assessment process for prospective adopters;
- a fast-track procedure for previous adopters and approved foster carers;
- increasing the use of the Adoption Register;
- the introduction of a matching agreement between adoption agencies and approved prospective adopters;
- a 'Fostering for Adoption' proposal;
- restricting the size of adoption and fostering panels;
- changes to the sharing of case records between fostering services and adoption agencies;
- changes to the approval process for foster carers; and
- changes to requirements around delegation of day-to-day decision making to a child's foster carer..

Prospective Adopters' Journey

The Government wants to increase the number of people coming forward as prospective adopters of children who are less likely to be adopted (older and disabled children, and sibling groups). The objective is to ensure that prospective adopters are encouraged in their decision to be adopters and receive all the information, help and support they need from the initial point of contact right through the adoption process. (Bids are being invited to run the National Gateway for Adoption, which will be an accessible, friendly and expert point of contact and access into the adoption system.)

The main proposal is for a new two stage approval process for prospective adopters. The document sets out in some detail the processes at each stage, including timescales (which are important, as performance on timeliness of the approval process will be measured in future) and complaints procedures.

In order to increase the use made of the Adoption Register, it is proposed to:

- require LAs to refer a child's details to the Register as soon as possible (and no more than three months) after the decision that the child should be placed for adoption (unless a particular match is under consideration)
- require all adoption agencies to refer a prospective adopter to the Register (subject to consent) as soon as possible (and no more than three months) after approval (unless a particular match is under consideration)
- require LAs to ensure that all information about a child referred to the Register is kept up to date
- require all adoption agencies to agree with approved prospective adopters a matching agreement setting out what the prospective adopter will do and when to search for a child for whom s/he makes a suitable match, and how the agency will provide support. (DfE is working with the British Association for Adoption and Fostering on a standard template.)

Early Permanence - 'Fostering for Adoption'

An Action Plan for Adoption[1] emphasises the importance of ensuring that all children who cannot live with their parents are placed quickly in the right form of permanent care for them, as delay in decision making and action reduces children's life chances, with the youngest children being particularly vulnerable.

This consultation sets out mechanisms to reduce delay and increase placement.

Adoption and fostering panels

There is concern that large panels can lead to delay, and intimidate prospective adopters – which may also apply to fostering panels. The consultation therefore proposes restricting membership of adoption and fostering panels to a maximum of five with a quorum of three (four for joint panels), the quorum to include the person appointed to chair the panel or a vice-chair, a social worker with at least three years relevant post-qualifying experience and one other member (two for joint panels), at least one of whom should be an independent member. It is not minded to make changes to the central list from which panel members are drawn.

Sharing case records between fostering and adoption agencies

The consultation proposes changes to the mechanism for sharing information between agencies regarding approved adoptive and foster carers who wish to change agencies. This will require regulatory change.

[1] An Action Plan for Adoption: tackling delay– DfE https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-00030-2012

Assessment and approval of prospective foster carers

The consultation proposes that the process for assessing and approving prospective foster carers should be made more proportionate and timely, with the intention of:

- enabling fostering services to assess prospective foster carers more quickly
- attracting more applicants to foster by making the process more transparent
- removing unnecessary barriers to the appropriate placement of a child with a particular foster carer
- aligning the assessment process with adoption where appropriate.

The changes being consulted on in this document align the fostering and adoption approval processes in a number of ways – but not entirely. There is a question on whether any elements of the adoption approval process described in Chapter 1 should be applied to the fostering assessment and approval process.

The placement plan and delegation of authority to foster carers

An important aspect of the care given to children in foster care is ensuring that authority for day-to-day decision making about the child is appropriately delegated to their foster carers, and looked after children say they want their foster carers to have the authority to make such decisions (eg. about sleep overs with friends, attending school trips, or having haircuts ‘The statutory framework for fostering services makes clear that authority for day-to-day decision making about foster children should be delegated to the foster carer wherever possible (respecting parents' views) but anecdotal evidence suggests that this is not happening in many local authority areas.’

It is proposed to amend Regulations and statutory guidance to specify the areas of decision making where it must be made clear in the placement plan who has the authority to take the decision, and to provide additional detail about what these areas cover, who might be expected to make particular decisions and what factors might lead to a decision to depart from that expectation. It is proposed that the areas of decision making that must be included in the placement plan should be medical/dental treatment, education, leisure and home life, faith and religious observance, use of social media, and any other matters considered relevant; these amendments would apply to children in foster placements and those in residential care. It is proposed that these changes would be implemented at the next review of the child’s care plan following the amended Regulations coming into force.

It is also proposed that statutory guidance should be amended to require each local authority to publish its own policy about delegation of authority to foster carers and residential carers

Appendix 2

Consultation on Adoption and Fostering – Tackling Delay

Approval process for prospective adopters - Chapter 1 paragraphs 7.1 - 7.12.3

Question 1

Are there any circumstances in which more than 10 working days would be needed for an initial approach by him/her to an agency or the National Gateway for Adoption for general information)? If yes, please explain what those circumstances would be.

Comments:

Yes – it would be possible to provide information packs within 10 working days but the proposals to hold information sessions, undertake a visit or have a planned telephone call would not be achievable

Question 2

Are there any circumstances in which an agency may need more than five working days to decide whether to accept a registration of interest from a potential prospective adopter? If yes, please explain what those circumstances would be.

Comments:

Yes – It is not clear what information will be contained in the 'registration of interest' in order to inform the decision and it will depend on who in the organisation (level of seniority and availability) is required to make the decision as to whether or not it is achievable in 5 working days.

Question 3

Should adoption agencies be required to visit or have a meeting or pre-planned telephone call with prospective adopters during Stage One of the process to ensure that they have the opportunity to ask for more information or training based on their particular needs?

Comments:

An initial meeting or visit is essential. The assessment and approval of prospective adoptive carers is a social work task which requires assessment skills and professional judgement.

Question 4

Should adoption agencies be required to agree with prospective adopters an `agreement' to set out the responsibilities of the prospective adopter and the agency during Stage One of the process? If no, please explain why not.

Comments:

No – unless this is a standardised format/agreement and the expectation is not that an individual agreement is drawn up for each prospective carer although clearly each agreement will be tailored to the needs and circumstances of each prospective adopter.

The two stage process is welcomed so long as it really does simplify and speed up the process and does not add another layer of bureaucracy

Question 5

How might we make Stage One of the process even more adopter-led?

Comments:

Adoption should be a child led activity and hence it is not clear what the advantage is of making it adopter led.
Self assessment (awareness, knowledge and understanding) of parenting capacity is important but a professional assessment of prospective adopters capacity to meet the sometimes very challenging needs of children who have been in care is essential to ensure that children's welfare and wellbeing are safeguarded.

The proposal to provide prospective adopters who are deemed unsuitable to adopt at Stage One with 'a clear written explanation as to why they cannot proceed to Stage Two' could create difficulties if the reason is based on information gained in confidence from referees or 'soft' information given by the police which cannot be disclosed

The proposal to use e-learning systems during the process could preclude some prospective adopters who do not have access to such technology

Question 6

Should a prospective adopter who wants to take a break during Stage One of the process be required to restart this stage when he/she is ready to pursue his/her interest in becoming an adoptive parent? If no, please explain why not.

Comments:

Yes

Question 7 a)

Should prospective adopters be able to request an extension of longer than two months to Stage Two of the process?

Comments:

Yes – but any extension should be mutually agreed between the prospective adopters and the agency.

The usefulness of the proposed Assessment Agreement setting out times, dates and times for visits is not clear as assessment is a dynamic process based on individual circumstances etc and needs to respond to issues raised during the assessment which may not be known when the assessment begins and will inform what action/activity is/will be necessary

A standard statement in general terms would be more useful

7 b) If yes, in what circumstances and by how much should they be able to extend Stage Two before having to restart the approval process from scratch?

Comments:

Significant life events and for a maximum of 3 months

8 In order to facilitate completion of Stage Two of the process within the required four month timescale, should the time prospective adopters have to consider their papers before submission to the adoption panel (currently 10 working days) be reduced? If yes, to how many working days should it be reduced?

Comments:

No – 10 days should remain as a MAXIMUM

Fast track procedure for approved foster carers and previous adopters - Chapter 1 paragraphs 7.13.1 - 7.13.2

Question 9

9 a) Should the fast-track procedure for previous adopters and approved foster carers be extended to include adopters who were approved in England or Wales prior to the coming into force of the Adoption and Children Act 2002 *(this would mean that those who have been approved for more than seven years ago would be included* ?)

Comments:

No – only prospective adopters who have been approved foster or adoptive carers within the previous seven years should be fast tracked and this should be a rolling timescale

9 b) If yes, what should the criteria for inclusion be?

Comments:

9 c) Which, if any, other groups should be included?

Comments:

Question 10

What would be a reasonable timescale for completion of the fast track process? How could this process be made to work well and efficiently for all involved?

Comments:

4 months – fast track should not be about 'cutting corners'

Matching/Adoption Register - Chapter 1 paragraphs 7.14.1

Question 11

Should adoption agencies be required to refer children and prospective adopters to the Adoption Register immediately providing the referral does not `go live' for three months, where they are actively seeking a local match?

Comments:

No – this could create a disincentive for agencies to recruit carers

"*Fostering for Adoption*" – Chapter 2

Question 12

Do you agree that the "Fostering for Adoption" practice will enable children to be placed with their likely adoptive families more easily, and has potential to secure better adoption outcomes for more children than at present? If no, please explain why not.

Comments:

Yes – this is very welcome. Tacking delay in Care Proceeding would similarly cut the time before children are placed with adoptive carers and significantly improve children's life chances

Question 13

Do you consider that there are any barriers to "Fostering for Adoption" working successfully, and if so what are they?

Comments:

If children are to be placed with prospective adopters on a fostering basis this could present challenges but this is a very welcomed proposal.

The courts do not like their decisions being pre-judged i.e. that they will grant the Care Order.

Some carers may not be able to cope with the uncertainty of the Care Order not being granted and the child being removed. This is a small risk as it is unusual for Care Orders not to be granted at the completion of care proceedings. It is possible that 2nd time adopters (particularly if the child is a sibling of the child they have already adopted) would be more likely to be prepared to manage this 'risk'

Question 14

Paragraph 9.1

The Expert Working Group recommended that further consideration be given to the role and membership of adoption panels. We are concerned that large adoption panels may lead to delay and intimidate prospective adopters and consider that these issues may also apply to fostering panels. We are therefore minded to restrict members of adoption and fostering panels to a maximum of five with a quorum of three (or four for joint panels). The quorum would include the person appointed to chair the panel or a vice chair, a social worker with at least three years' relevant post-qualifying experience and one other member (or two for joint panels), at least one of whom should be an independent member. We are also minded to limit participating non-panel members to two, although occasional observers (e.g. for research or supervision purposes) would be acceptable. We are not minded to make any changes to the central list from which panel members are drawn.

We would appreciate your views on this.

There is hardly a greater decision to be made than permanently removing Parental Responsibility for a child from their parents and giving it to an adoptive family. An adoption panel of 5 members could have the range of skills, knowledge and expertise to make these decisions but the suggestion of a quorum of 3 is not enough. Hence a maximum of 6 members with a quorum of 4 is suggested.

Adoption and Fostering

Sharing of case records between fostering services and adoption agencies - Chapter 4

Allowing a foster carer's case records to be shared with a new fostering service before the carer's approval with their old service is terminated - Chapter 4 paragraphs 10.1.1 – 10.2.1

Allowing fostering and adoption services to share case records for assessment purposes - Chapter 4 paragraphs 10.3.1 – 10.3.6

To facilitate a streamlined assessment process for applicants who have fostered or adopted before, it is proposed that legislation should be amended to remove barriers to fostering services and adoption agencies giving access to a foster carer's/adopter's case records for the purpose of another service/agency assessing their suitability to foster or adopt. The proposed amendments will (a) allow a fostering service to whom a foster carer is moving to have access to the carer's records before the carer's approval with their current service is terminated (though, as now, the foster carer's approval with their first fostering service must have been terminated before they can be approved by the second fostering service - a person cannot be approved as a foster carer by two fostering services at the same time); and (b) allow fostering services and adoption agencies to provide each other with access to an approved foster carer's/prospective foster carer's or adopter's/prospective adopter's records for the purpose of assessing suitability to foster/adopt.

Where case records include information about a fostered child or a person mentioned in the records who has not given consent to their information being shared, the case records would need to be redacted in line with data protection requirements prior to them being seen by another fostering service/adoption agency.

It is proposed that the fostering service or adoption agency holding the records should be required to provide access to these within:

- **- 10 working days if the information is being provided to a fostering service;**
- **- five working days if the information is being provided to an adoption agency.**

The shorter timeframe for providing access to an adoption agency is to accommodate the proposed fast track assessment process for previous adopters or approved foster carers.

Question 14

Do you agree with the revised point (i.e. prior to termination of approval) at which fostering services would be required to comply with a request for access to a foster carer's case records by a service the carer is moving to? If no, please explain why.

Comments:

Yes

Question 15

Do you agree with the revised timeframe of 10 working days for providing the access? If no, please explain why.

Comments: **Yes**

Transitional arrangements - record sharing - Chapter 4 paragraph 10.2.1

It is proposed that the amendments to record sharing should be implemented immediately upon the coming into force of the amending Regulations.

Question 16

Do you foresee any problems with the proposed implementation? If yes, please explain why.

Comments: **No**

Question 17

Do you agree that provision should be made for a fostering service to have access to an adopter's/prospective adopter's records, and for an adoption agency to have access to a foster carer's/prospective foster

carer's/adopter's/prospective adopter's case records in order to inform an assessment of their suitability to adopt or foster? If no, please explain why.

Comments:

Yes – but the timeframe should remain consistent even for fast track cases.

In addition records/information should be made available agency to agency and not directly to adoptive or foster carers. Sometimes carers move from one agency to another because of difficulties in their current agency and there would be the potential for records to be tampered with which could put children at risk.

Fostering

Approval process for foster carers - Chapter 5 paragraphs 11.1 - 11.4.3

It is proposed that a fostering service should be able to collect certain information specified in the Fostering Services (England) Regulations 2011 (including CRB checks, health check and references), before deciding whether to proceed to a formal assessment of an applicant's suitability to foster.

Question18

Do you agree with the proposed start point of the assessment?

Comments:

Yes

Question 19

Do you think that applicants deemed unsuitable to foster before the start of the assessment who are unhappy with this decision should have the option of:

19 a) making representations to the fostering service (which would be considered by the service's fostering panel, whose recommendation would be taken into account by the decision maker in coming to a final decision about whether to start an assessment)

Comments:

Yes

19 b) complaining via the fostering service's complaints procedure which would consider whether there had been maladministration in coming to the decision not to proceed to assessment

Comments:

No

19 c) neither of the above (please provide comments).

Comments:

N/A

Introducing brief reports for prospective foster carers - Chapter 5, paragraphs 11.5.1 - 11.5.3

Once an assessment has been started, it is proposed that the fostering service should be able to terminate it via a brief report if their decision maker considers there is sufficient evidence that the prospective foster carer is unsuitable to foster. A prospective foster carer who disagrees can make representations to either the fostering service or seek an independent review from the Independent Review Mechanism.

Question 20

Do you agree with the proposal to introduce brief reports for prospective foster carers?

Comments:

Yes – this would be welcomed

Removing the requirement to interview two personal referees if there is a reference from a service the applicant has fostered for in the last year - Chapter 5, paragraphs 11.6.1 - 11.6.3

Question 21

Do you agree that the requirement to interview two personal referees should be removed where (a) the applicant has been an approved foster carer in the

last year (whether or not a child was placed); and (b) there is a written reference from their current or previous fostering service?

Comments:

No – both are needed.

There should be a duty on agencies to provided full, fair, balanced and honest references – safeguarding the welfare and wellbeing of children should over ride all other considerations. It is important to know why a carer wishes to move agencies. As above, the protection of children should over ride the issue of potential libel action – if an unfavourable reference is an honest one – it should be provided so that carers cannot move from one agency to another potentially harming already vulnerable children

Changing a foster carer's terms of approval - Chapter 5, paragraphs 11.7.1 - 11.7.6

There is currently a requirement to wait 28 calendar days before implementing a change to a foster carer's terms of approval, regardless of whether the change has the foster carer's agreement or was requested by the foster carer. It is proposed to remove this requirement where the carer agrees to the change and there is a statement of how any additional support needs will be met.

Question 22

Do you agree that the requirement to wait 28 calendar days to change a foster carer's terms of approval should be removed if the foster carer has given written agreement to the change and there is a written statement on whether the foster family has any additional support needs as a result of the change and if so how these will be met?

Comments:

Yes – this is welcomed

Transitional arrangements - fostering assessment - Chapter 5 paragraph 11.8.1

It is proposed that the amendments proposed above to the fostering assessment process should be implemented immediately upon the coming into force of the Care Planning, Placement and Case Review and Fostering Services (England) (Miscellaneous Amendments) Regulations 2013.

Question 23

Do you foresee any problems with the proposed implementation? If yes, please explain why.

Comments:

No

Alignment of the fostering and adoption approval process - Chapter 5 paragraph 11.9.1

Changes being consulted on in this document align the fostering and adoption approval processes in a number of respects, e.g. aligning the start of the fostering assessment stage with the start of Stage Two of the adoption process and introducing a brief report for fostering. However, there remain elements of the two processes which are not aligned.

Question 24

Are there any elements of the adoption approval process described in Chapter 1 (paragraphs 7.1 - 7.12.3) that we should consider applying to the fostering assessment and approval process? If yes, please state which elements we should consider applying to the fostering assessment and approval process.

Comments:

Yes –

- **The Two Stage approval process**
- **The fast track system**
- **Membership of panels**

Subject to the comments made in respect of adoption

Delegated authority – Chapter 6

Requiring the placement plan to cover specified areas of decision making

It is proposed that legislation should require a placement plan to specify who has authority to take decisions in the following areas of decision making:

- **medical or dental treatment**
- **education**
- **leisure and home life**
- **faith and religious observance,**
- **use of social media,**
- **any other matters considered relevant.**

Question 25

Do you agree that these are the right areas of decision making to specify in the Care Planning, Placement and Case Review and Fostering Services (England) (Miscellaneous Amendments) Regulations 2013? If no, please explain why not.

Comments:

Yes - In addition:-

- **Social media to include the use of mobile phones**
- **Children's savings**

Question 26

Do you agree that statutory guidance should be amended to provide additional detail about what is covered by these areas of decision making, who might be expected to make particular decisions and what factors might lead to a decision to depart from that expectation?

Comments:

No – this should be left for local determination

Transitional arrangements - specified areas of decision making - Chapter 6, paragraph 12.6.1

We propose that the amendments relating to requiring the placement plan to cover specified areas of decision making should be implemented at the next review of the child's care plan following the amending Regulations coming into force.

Question 27

Do you foresee any problems with the proposed implementation? If yes, please explain why.

Comments:

No

Requiring each local authority to publish a policy on delegation of authority - Chapter 6, paragraph 12.7.1

Question 28

Do you agree that there should be a requirement in statutory guidance for local authorities to publish a policy on delegation of authority to foster carers and residential workers?

Comments:

No – there should be national guidance

Adoption and Fostering Panels – Chapter 3

Question 29

We are concerned that some adoption agencies have large adoption panels and that this may be leading to delay and be intimidating to prospective adopters. We consider that these issues may also apply to fostering panels. We are therefore minded to restrict the size of adoption and fostering panels to a maximum of five members with a quorum of three (or four for joint panels). We are also minded to limit participating non-panel members to two. We would appreciate your views on this.

Comments:

It is a serious and onerous decision to approve foster carers who will provide placements for children in care. A fostering panel of 5 members could have the range of skills, knowledge and expertise to make these decisions but the suggestion of a quorum of 3 is not enough. Hence a maximum of 8 members with a quorum of 5 is suggested.

General - any other comments

Question 30

There may be other areas for revision that you think should be considered; we would be interested in hearing your views on what these might be and how these might reduce delay and bureaucracy whilst continuing to help ensure

the welfare and safety of looked after children. Please use the box below to make your comments.

Comments:

The welfare and well being of children must be the paramount consideration throughout the adoption process and hence there should not be extra stages or bureaucracy introduced which diverts from this. The process cannot be a mechanised process – the professional social work assessment of prospective adopters and foster carers must remain at the centre.

The adoption process must be a service to find adoptive carers for children and not a service to find children for prospective adoptive carers.

We recognise however that removing unnecessary delays and bureaucracy from the process for prospective adopters is essential to ensure that we do not deter many suitable people and families from adopting children desperately in need of a stable, permanent loving home

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TO: **Social Care & Public Health Cabinet Committee – 9th November 2012**

BY: **Graham Gibbens, Cabinet Member for Adult Social Care and Public Health**
Jenny Whittle, Cabinet Member for Specialist Children's Services
Andrew Ireland, Corporate Director – Families and Social Care

SUBJECT: **Families & Social Care Directorate (Adult Social Care & Public Health Portfolio & Specialist Children's Services Portfolio) Financial Monitoring 2012/13**

Classification: **Unrestricted**

Summary:

Members of the Cabinet Committee are asked to note the first quarter's full budget monitoring report for 2012/13 was reported to Cabinet on 17 September 2012. Members of the Cabinet Committee are also asked to note the subsequent update to this position which was reported in the monitoring exception report to Cabinet on 15 October 2012.

FOR INFORMATION

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1. Introduction:

1.1 This is a regular report to this Committee on the forecast outturn for Families & Social Care Directorate (Adult Social Care & Public Health Portfolio and Specialist Children's Services Portfolio).

2. Background:

2.1 A detailed quarterly monitoring report is presented to Cabinet, usually in September, December and March and a draft final outturn report in either June or July. These reports outline the full financial position for each portfolio and will be reported to Cabinet Committees after they have been considered by Cabinet. In the intervening months an exception report is made to Cabinet outlining any significant variations from the quarterly report. The first quarter's monitoring report for 2012/13 was reported to Cabinet Committees in September. An update to this position was reported in the monitoring exception report to Cabinet on 15 October. The relevant extracts from this exception report are included in the revenue and capital sections below.

3. Families & Social Care Directorate (Adult Social Care & Public Health Portfolio and Specialist Children's Services Portfolio) 2012/13 Financial Forecast – Revenue

3.1 **Table 1** shows the movements reported in the exception report following the quarter 1 report provided to Cabinet Committees in September.

Portfolio	Forecast Variance £000s	Movement from Qtr 1 report £000s
Adult Social Care & Public Health Portfolio	-2,805	+669
Children's Specialist Services	+5,453	+158
Directorate Total	**+2,648**	**+827**

The main reasons for this movement are detailed below:

3.2 **Adult Social Care & Public Health Portfolio:**

The forecast underspend on this portfolio has reduced by £0.669m this month from -£3.474m to -£2.805m. The movements over £0.1m this month are:

3.2.1 +£0.176m Learning Disability Direct Payments – a reduction in the underspend from -£1.373m to -£1.197m, reflecting a reduction in the gross underspend of +£0.185k due to a net increase of 44 clients and minor increases in one-off direct payments, partially offset by a minor increase in income expected of -£0.009m.

3.2.2 +£0.113m Older People Direct Payments – a reduction in the underspend from -£1.014m to -£0.901m resulting from a small increase in activity and a minor shortfall in income.

3.2.3 +£0.119m Physical Disability Domiciliary Care – an increase in the position from an underspend of -£0.101m to a small pressure of +£0.018m as a result of an increase in externally purchased domiciliary care creating an additional pressure of +£0.160m. This is slightly offset by minor movements on other domiciliary services and an increase in income, totalling -£0.041m.

3.2.4 +£0.762m Learning Disability Residential Care – a reduction in the underspend from -£0.928m to -£0.166m representing an increase in gross costs of +£1.128m partially offset by -£0.366m increase in income contributions. A net increase of 10 clients, in addition to changes to services for existing clients, have increased gross costs by +£0.344m, along with the reclassification of costs from Supported Accommodation to Residential Care associated with a block contract, totalling +£0.709m (a similar reduction is shown within Supported Accommodation in section 2.8.6 below). The remainder of the increase in gross cost of +£0.075m relates to minor increases in both residential care preserved rights budgets and in-house services.

3.2.5 +£0.103m Older People Residential Care – an increase in the pressure from +£0.825m to +£0.928m resulting from an increase in gross costs associated with the in-house residential care services, totalling +£0.622m, mainly due to a review of forecast staffing commitments, partially offset by -£0.444m expected PCT contributions to help fund additional costs and -£0.008m other contributions. The balance of -£0.067m relates to an increase in expected contributions for those clients in receipt of externally purchased residential care.

Indications suggest that the forecast activity for both externally purchased residential care and nursing care is increasing, however this goes against the trend that we would expect and therefore an increased pressure is not being reported at this point in time, whilst we await the outcome of an exercise being undertaken to provide further clarity on

this current activity profile. The results of this will be presented in the next monitoring report to Cabinet in December.

3.2.6 -£0.420m Learning Disability Supported Accommodation – a reduction in the pressure from +£2.289m to +£1.869m as a result of the reclassification of costs from Supported Accommodation to Residential Care associated with a block contract, as reported in section 2.8.4 above, totalling -£0.709m. This is partially offset by a net increase of ten clients, along with the effect of changes to services for existing clients, contributing a +£0.348m pressure. Minor changes to the position for both group homes and additional client contributions account for the balance of -£0.059m.

3.2.7 -£0.177m Other Adult Services – an increase in the underspend from -£0.081m to -£0.258m, which is mainly due to a forecast underspend of -£0.110m for Telehealth and Telecare services and minor changes to other services including increased client contributions for the meals service, totalling -£0.067m.

3.3 Children's Specialist Services Portfolio:

The pressure on this portfolio has increased by £0.158m this month from +£5.295m to +£5.453m. This is due to:

3.3.1 +£0.080m Fostering – an increase in the pressure from +£3.235m to +£3.315m, which is due to an increase in Independent Fostering (IFA) placements, resulting in further pressure of £0.150m, along with a small decrease in In-house fostering placements of -£0.070m.

3.3.2 +£0.378m Preventative Children's Services – a reduction in the underspend from -£0.950m to -£0.572m due to:

- +£0.510m forecast pressure on direct payments. This forecast is based on year to date spend. Further work is being undertaken to validate this position and an update will be provided in the quarter 2 report.
- +£0.188m forecast pressure due to a shortfall of income from Health regarding the MASH (Multi Agency Specialist Hubs) buildings lease. This shortfall is being pursued with Health.
- -£0.320m forecast underspend on short breaks for disabled children. Once again this forecast has been based on spend to date and further work is being undertaken to validate this position in time for the quarter 2 report.

3.3.3 -£0.300m Early Years & Childcare – an underspend of -£0.300m is forecast for the Early Years, Children's Centre Development Team from the release of uncommitted budget to offset pressures elsewhere within Specialist Children's Services.

4. Families & Social Care Directorate (Adult Social Care & Public Health Portfolio and Specialist Children's Services Portfolio) 2012/13 Financial Forecast - Capital

4.1 **Table 2** shows the summary of variance from cash limit, as reported in the exception report to Cabinet on 15th October 2012.

Portfolio	Total	Adults Social Care & Public Health	Specialist Childrens Services
	Amount £000s	Amount £000s	Amount £000s
Unfunded variance	**1,100**		**1,100**
Funded variance	125	125	
Variance to be funded from revenue	60		60
Project underspend			
Rephasing (to/from beyond 2012-15)	**-1,418**	**-1,418**	
Total variance	-133	-1,293	1,160

Movements from the quarter 1 report are detailed below:

4.2 **Movements in unfunded variance**

There is a movement of -£0.773m against previously reported unfunded variance. The movement is on the MASH project within the **Specialist Childrens Services Portfolio.** The previous monitoring report included in error a £0.718m overspend that related to spend in 2011-12. The latest forecast identifies a true reflection of the current year's spend, with a minor movement of £0.055m from last month.

4.3 **Movements in re-phasing (to/from beyond 2012-15)**

There have been no movements in re-phasing since the quarter 1 report.

4.4 **Other Movements**

There have been no other movements since the quarter 1 report.

5. Recommendations

5.1 Members of the Social Care & Public Health Cabinet Committee are asked to note the revenue and capital forecast variances from budget for 2012/13 for the Adult Social Care & Public Health and Specialist Children's Services Portfolios based on the first quarter's full monitoring to Cabinet and the subsequent exception report.

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Background Documents: none

From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health
Jenny Whittle, Cabinet Member for Specialist Children's services
Andrew Ireland, Corporate Director for Families and Social Care

To: Social Care & Public Health Cabinet Committee

Date: 9 November 2012

Subject: **Families and Social Care Performance Dashboard for September 2012 and Business Plan Mid Year Summary**

Classification: Unrestricted

Summary: The draft Families & Social Care performance dashboard provides members with progress against targets set for key performance and activity indicators for 2012-13. The report also provides members with a summary half year outturn position for the Business Plan and Headline Priorities for 2013/14

Recommendation: Members are asked to REVIEW the Families & Social Care performance dashboard, NOTE the outturn summary progress report for the Business Plan and COMMENT on the Headline Priorities for 2013/14.

Introduction

1. Appendix 2 Part 4 of the Kent County Council Constitution states that:

   "Cabinet Committees shall review the performance of the functions of the Council that fall within the remit of the Cabinet Committee in relation to its policy objectives, performance targets and the customer experience."

2. To this end, each Cabinet Committee is receiving a performance dashboard.

Performance Report

3. There are three main elements of the Report which members are asked to consider:

   - An exception report providing an update on the half year progress against current Business Plan priorities in 2012/13 and a report outlining the Headline Priorities for 2013/14. These can be found in **Appendix A(i)** and **Appendix A (ii)**
   - The Adult's Social Care dashboard report found at **Appendix B**
   - The Children's Social Care dashboard report found at **Appendix C.**

4. In particular members are asked to note that both dashboards are used within the Directorate. The children's dashboard is used to support the Improvement Board, and the adult's dashboard is in a transition phase, and will be amended

in line with the priorities and objectives of the transformation programme in the next few months.

5. A subset of these indicators is used within the quarterly performance report, which is submitted to Cabinet.

6. As an outcome of this report, members may make coments and recommendations to the Leader, Cabinet Members, the Cabinet or officers.

Performance dashboard

7. The draft Families and Social Care performance dashboards includes latest available results for the key performance and activity indicators.

8. The indicators included are based on key priorities for the Directorate, as outlined in the business plans, and include operational data that is regularly used within Directorate. The dashboard may evolve for Adults Social Care as the transformation programme is shaped. Cabinet Committees have a role to review the selection of indicators included in dashboards, improving the focus on strategic issues and qualitative outcomes, and this will be a key element for reviewing the dashboard.

9. Where frequent data is available for indicators the results in the dashboard are shown either with the latest available month (in most cases May) and a year to date figure, or where appropriate as a rolling 12 month figure.

10. Performance results are assigned an alert on the following basis:

    Green: Current target achieved or exceeded

    Red: Performance is below a pre-defined minimum standard

    Amber: Performance is below current target but above minimum standard.

11. It should be noted that for some indicators where improvement is expected to be delivered steadily over the course of the year, this has been reflected in phased targets. Year End Targets are shown in the dashboards but full details of the phasing of targets can be found in the Cabinet approved business plans.

Recommendations

12. Members are asked to:
    REVIEW the Families & Social Care performance dashboards
    NOTE the half year summary progress report for the Business Plan
    COMMENT on the Headline Priorities for 2013/14.

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Background Documents: none

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Appendix A (i)

Half Year Business Plan Monitoring - October 2012

Major Projects and Developments:

Mid year monitoring of 413 actions/projects within the FSC divisional business plans is as follows:

Delayed or cancelled	On Course	Done or nearly completed and ongoing
12	173	228
3%	42%	55%

Projects which are delayed or cancelled are as follows:

Project	Target dates	Explanation of red status
SCS District level Improvement Plans to be revised	quarterly	This has been superseded by phase 3 of the Improvement Plan with local performance managed through deep dive performance monitoring.
Reduce the number of children subject to a child protection plan for the second time.	Autumn 2012	This performance measure includes any children/young people that have been subject to a child protection plan for a second time or subsequent time, regardless of the time between those plans. From 2013/14 this measure will change to include only those that have been subject to a previous plan in the previous twelve months.
Identify the top 100 families that require a TAC and put in place TAC arrangements.	Autumn 2012	This action has been superseded by other CAF activity and the developing "Troubled Families" agenda.
Strategic commissioning – support the development of a document management system in the SWIFT client database system.	August 2012	The SWIFT system is being changed to use AIS it is expected that the use of a document management system will be considered as part of AIS in spring 2013.
Develop a commissioning strategy for specialist Learning disability community based services and let a restricted number of contracts for the same.	January 2013	The supporting independence service contracts have recently been let- when these have been bedded in it will be clearer what other community based services might be required.
Ensure effective procurement of new day opportunity services (including de-	March 2013	This is pending subject to the review of the overarching

commissioning as appropriate)		commissioning strategy and the transformation programme where contracts are subject to review.
Review the Home Support Agency, Life choices, Independent Living Schemes and to consult on future models of provision.	March 2013	Informal consultation is taking place but the formal process will be dependent on the outcome of the transformation programme.
Consultation on learning disability respite services to scope future needs and provision.	June 2013	As above.
Deliver the hydrotherapy project.	March 2013	Deferred to 2013/14.
Implement action plan to develop personalisation in mental health services.	March 2013	This work is on-going. A series of staff reviews are taking place with KCC staff in KMPT which will give a clearer focus on the social care agenda - including personalisation.
Conduct supervision audit for AMHP staff in KMPT	October 2012	New time scale November 2012 – January 2013.
Commence Single Points of Access (Dover, Swale, Maidstone and Malling)	September 2012	Joint planning is in progress for the SPAs but further work still to be done e.g. to agree personal information sharing arrangements and further work on systems.

Adult Social Care Dashboard

September 2012

APPENDIX B

Key to RAG (Red/Amber/Green) ratings applied to KPIs

GREEN	Target has been achieved or exceeded
AMBER	Performance is behind target but within acceptable limits
RED	Performance is significantly behind target and is below an acceptable pre-defined minimum *
⇧	Performance has improved relative to targets set
⇩	Performance has worsened relative to targets set

* In future, when annual business plan targets are set, we will also publish the minimum acceptable level of performance for each indicator which will cause the KPI to be assessed as Red when performance falls below this threshold.

Adult Social Care Indicators
The key Adult Social Care indicators are listed in summary form below, with more detail in the following pages. A subset of these indicators feed into the Quarterly Monitoring Report, for Cabinet, and a subset of these indicators feed into the Bold Steps Monitoring. This is clearly labelled on the summary and in the detail.

Some indicators are monthly indicators, some are annual, and this is clearly stated.

All information is as at may 2012 where possible, with a few indicators still requiring some update, with new targets and indicators being chosen.

Following months will provide all information.

APPENDIX B

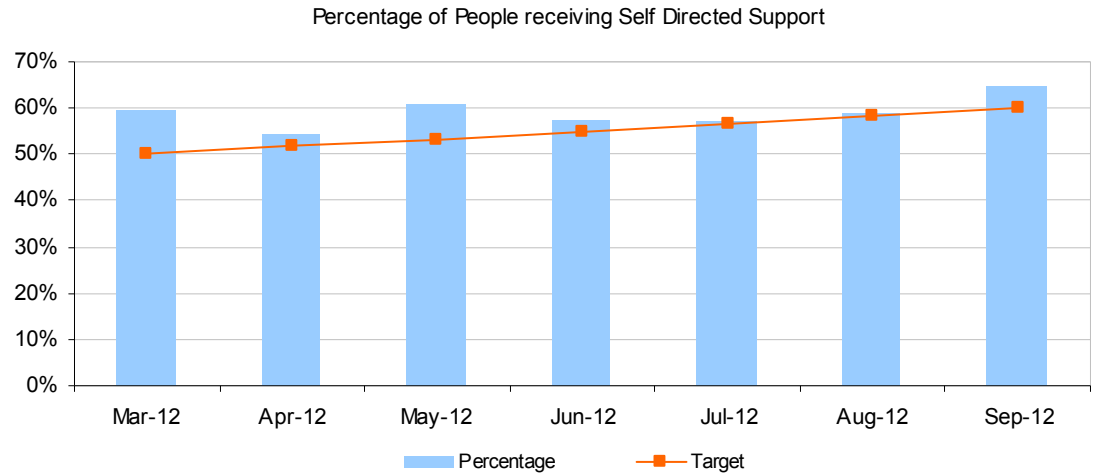
Summary of Performance for our KPIs

Indicator Description	Bold Steps	QPR	2011-12 Out-turn	2012-13 Target	Current Position	Data Period	RAG	Direction of Travel
1. Percentage of adult social care clients with community based services who receive a personal budget and/or a direct payment	Y	Y	59%	70%	**64.9%**	Month	Green	↑
2. Proportion of personal budgets given as a direct payment	Y		24.13%	25%	**19.40%**	12M		
3. Number of adult social care clients receiving a telecare service	Y	Y	1032	1100	**1240**	Cumulative	Green	↑
4. Number of adult social care clients provided with an enablement service	Y	Y	612	633	**517**	Month	Red	↓
5. Percentage of adult social care assessments completed within six weeks		Y	76.68%	75%	**78.22%**	12M	Green	↑
6. Percentage of clients satisfied that desired outcomes have been achieved at their first review		Y	73.6%	75%	**74.55%**	Month	Amber	↑
7. Proportion of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services			85.9%	85%	**81.3%**	Month	Amber	↓
8. Delayed Transfers of Care	Y		5.04	5.40	**N/A**	12M	Green	
9. Admissions to Permanent Residential Care for Older People			164	145	**137**	12M	Green	↑
10. People with Learning Disabilities in residential care	Y		1288	1260	**1273**	Month	Amber	↑
11. Proportion of adults in contact with secondary Mental Health in settled accommodation	Y		62.0%	75%	**N/A**	Quarterly	Green	

APPENDIX B

Indicator Description	Bold Steps	QPR	2011-12 Out-turn	2012-13 Target	Current Position	Data Period	RAG	Direction of Travel
1. Percentage of adult social care clients with community based services who receive a personal budget and/or a direct payment								**GREEN⇧**

Bold Steps Priority/Core Service Area	Empower social service users through increased use of personal budgets	**Bold Steps Ambition**	Put the Citizen in Control
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh/ Penny Southern
Portfolio	Adult Social Care and Public Health	**Division**	Older People and Physical Disability /Learning Disability and Mental Health



Data Notes.
Units of Measure: Percentage of people with an open service who have a Personal Budget or Direct Payment
Data Source: Adult Social Care Swift client System – Personal Budgets Report

Data is reported as the snapshot position of current clients at the quarter end.

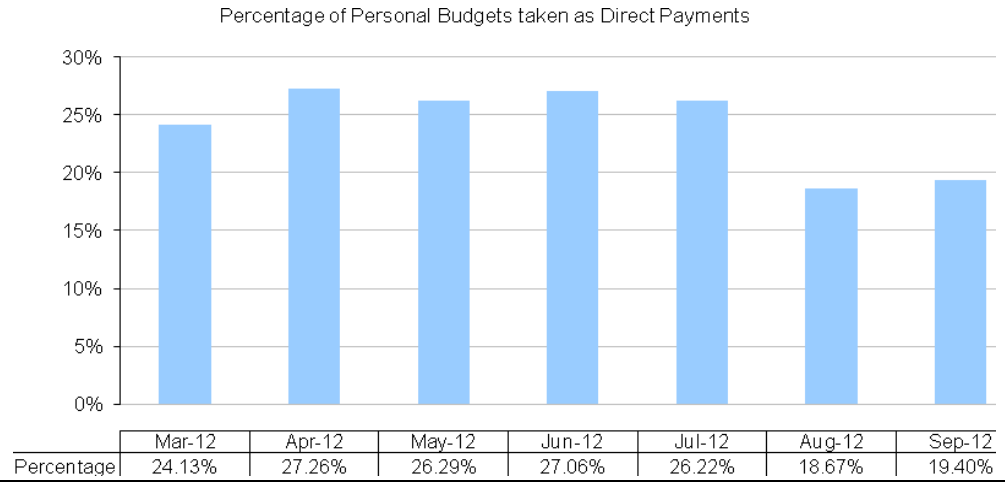
Quarterly Performance Report Indicator
Bold Step Indicator

Trend Data	Mar 12	Apr 12	May 12	Jun 12	Jul 12	Aug 12	Sep 12
Percentage	59.7%	54.3%	60.9%	57.5%	57.2%	58.9%	64.9%
Target	**50%**	**52%**	**53%**	**55%**	**57%**	**58%**	**60%**
Client Numbers	11416	10132	10549	10256	10453	10865	10612
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

APPENDIX B

Indicator Description	Bold Steps	QPR	2011-12 Out-turn	2012-13 Target	Current Position	Data Period	RAG	Direction of Travel

2. Proportion of Personal Budgets taken as Direct Payments



	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
Percentage	24.13%	27.26%	26.29%	27.06%	26.22%	18.67%	19.40%

Data Notes.
Units of Measure: Percentage of Personal Budgets taken as a Direct Payment
Data Source: Adult Social Care Swift client System – Personal Budgets & Direct Payments Reports

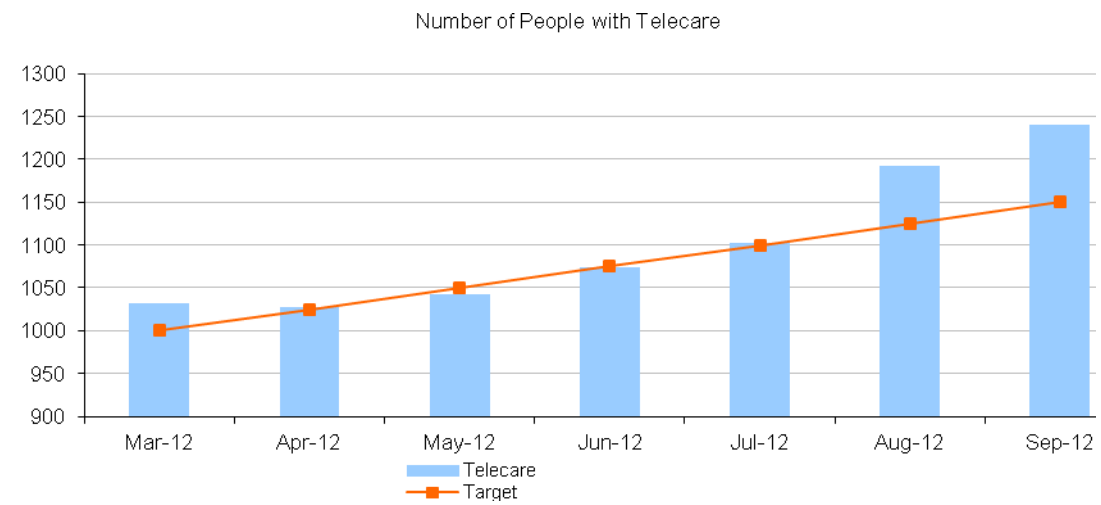
Bold Steps indicator

Commentary

The National target for personal budgets has been announced by the new Care Services Minister for April 2013, which has been based on feedback from Councils, including Kent, highlighting the real fact that not all people are eligible for personal budgets. For example, people who receive enablement services and return home with no further support, or equipment only will not have a personal budget.
There has been some significant progress in recent months with the allocation of personal budgets. This has been achieved through the teams focussing on reviewing clients and ensuring that support plans are in place. Updated review and support planning policies have been reissued, together with a simpler data collection process. The allocation of personal budgets is part of the review and support plan process.
Targets have been in place for the teams all year, which they are continuously monitored against. There are reports available for managers to use in supervision with their staff to ensure that clients are reviewed, have support plans and personal budgets. Continued emphasis and local monitoring of progress will continue, which will also ask Managers to raise training needs for both operational practice and system input in their teams so that this can be dealt with quickly.

The proportion of people who take their personal budget as a direct payment has increased in the last month. This indicator is not RAG rated because direct payments are a choice that service users take.

3. Number of adult social care clients receiving a telecare service			GREEN⇧
Bold Steps Priority/Core Service Area	Empower social service users through increased use of personal budgets	**Bold Steps Ambition**	Put the Citizen in Control
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh/ Penny Southern
Portfolio	Adult Social Care and Public Health	**Division**	Older People and Physical Disability/ Learning Disability and Mental Health



Data Notes.
Units of Measure: Snapshot of people with Telecare as at the end of each month
Data Source: Adult Social Care Swift client System

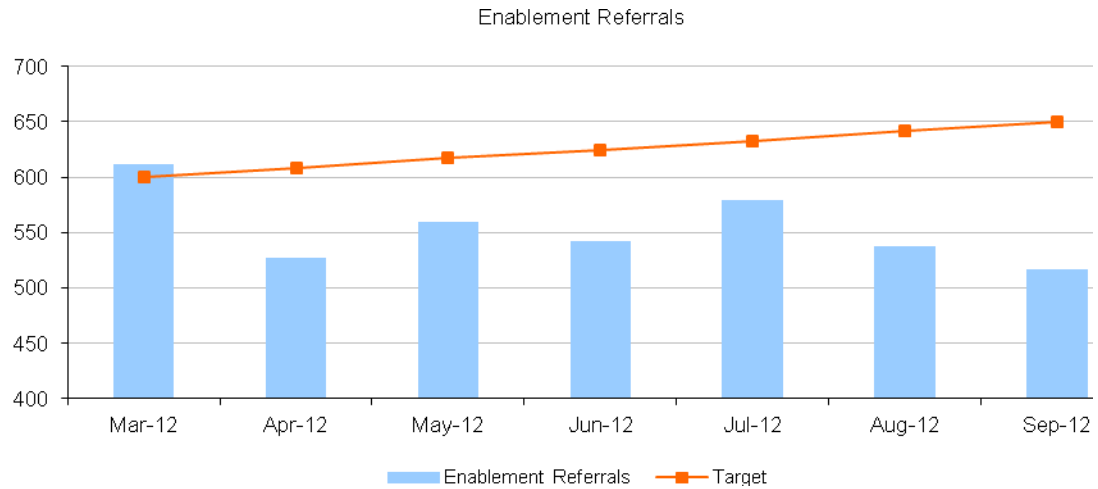
Quarterly Performance Report Indicator
Bold Step Indicator

Trend Data	Mar 12	Apr 12	May 12	Jun 12	Jul 12	Aug 12	Sep 12
Telecare	1032	1027	1042	1074	1102	1192	1240
Target	**1000**	**1025**	**1050**	**1075**	**1100**	**1125**	**1150**
RAG Rating	GREEN	GREEN	AMBER	AMBER	GREEN	GREEN	GREEN

Commentary

Telecare is now a mainstream service, after being managed centrally. The teams are now more experienced in considering telecare at every opportunity when assessing and reviewing clients as a means for maintaining independence. In addition, there is improved communication between the hospitals, the teams and the equipment store so data input is more timely. Targets have been set for all teams during the year, which are monitored on a monthly basis.

4. Number of adult social care clients provided with an enablement service			Red ⇩
Bold Steps Priority/Core Service Area	Empower social service users through increased use of personal budgets	**Bold Steps Ambition**	Put the Citizen in Control
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Adult Social Care and Public Health	**Division**	Older People and Physical Disability



Data Notes.
Units of Measure: Number of people who had a referral that led to an Enablement service
Data Source: Adult Social Care Swift client System – Enablement Services Report

Quarterly Performance Report indicator
Bold Steps Indicator

Trend Data	Mar 12	Apr 12	May 12	Jun 12	Jul 12	Aug 12	Sep 12
Enablement Referrals	612	527	560	542	579	538	517
Target	**600**	**608**	**617**	**625**	**633**	**642**	**650**
RAG Rating	GREEN	RED	AMBER	RED	AMBER	RED	RED

Commentary

Referrals to enablement are not at the anticipated levels. Targets are set for each team to ensure that the provision of enablement is maximised. In order to address these lower levels, research into the availability of enablement places for people has been undertaken, together with an analysis of reasons for placements being refused. In addition, it is becoming apparent that other key services such as intermediate care, provision of equipment, including telecare and the Short term bed strategy may be reducing the

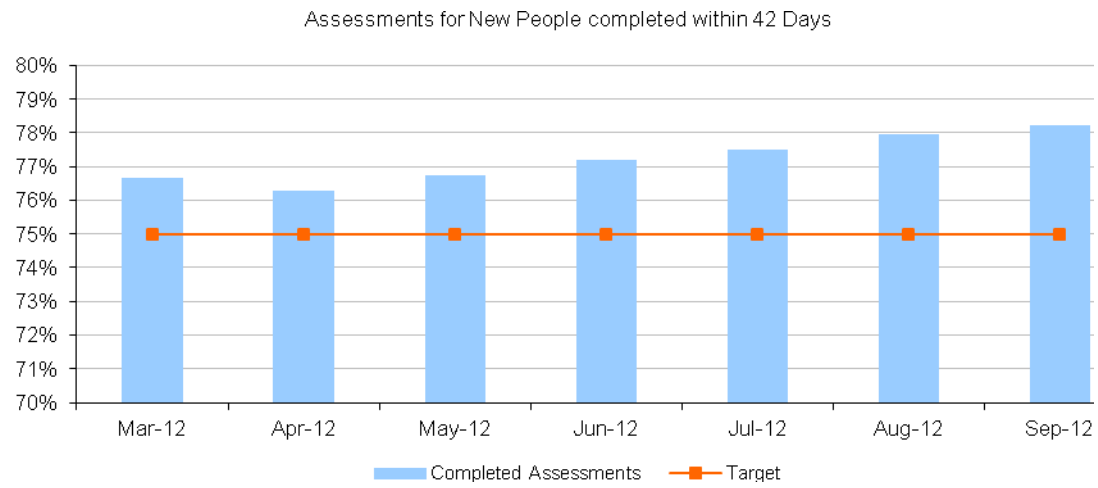
4. Number of adult social care clients provided with an enablement service	Red ⇩

overall need for enablement. The mapping of all these services will be undertaken to determine the impact of these interdependencies in the next couple of months and will be reported back to committee.

In addition, the enablement service will be increasingly supporting more people directly from hospital in a more effective way. This will ensure that more people are able to access enablement more quickly.

The target for 2012/13 is for 700 people per month to received enablement.

5. Percentage of adult social care assessments completed within six weeks			Green ⇧
Bold Steps Priority/Core Service Area	Empower social service users through increased use of personal budgets	**Bold Steps Ambition**	Put the Citizen in Control
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh/ Penny Southern
Portfolio	Adult Social Care and Public Health	**Division**	Older People and Physical Disability /Learning Disability and Mental Health



Data Notes.
Units of Measure: Percentage of assessments completed within 42 Days
Data Source: Adult Social Care Swift client System – Open Referrals without Support Plan Report

Quarterly Performance Report Indicator

Trend Data	Mar 12	Apr 12	May 12	Jun 12	Jul 12	Aug 12	Sep 12
Completed	76.68%	76.30%	76.75%	77.19%	77.50%	77.95%	78.22%
Target	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary

The target for 2012/13 remains 75%, which represents an acceptable balance between timely completion of assessments and the provision of enablement to new people.

This indicator looks at the timeliness of assessments. The aim of the indicator is not to ensure that assessments are completed more and more quickly – this would be detrimental to the individual if the enablement service was ended too soon.

This indicator serves to ensure that we have the right balance between ensuring enablement is delivered effectively and ensuring

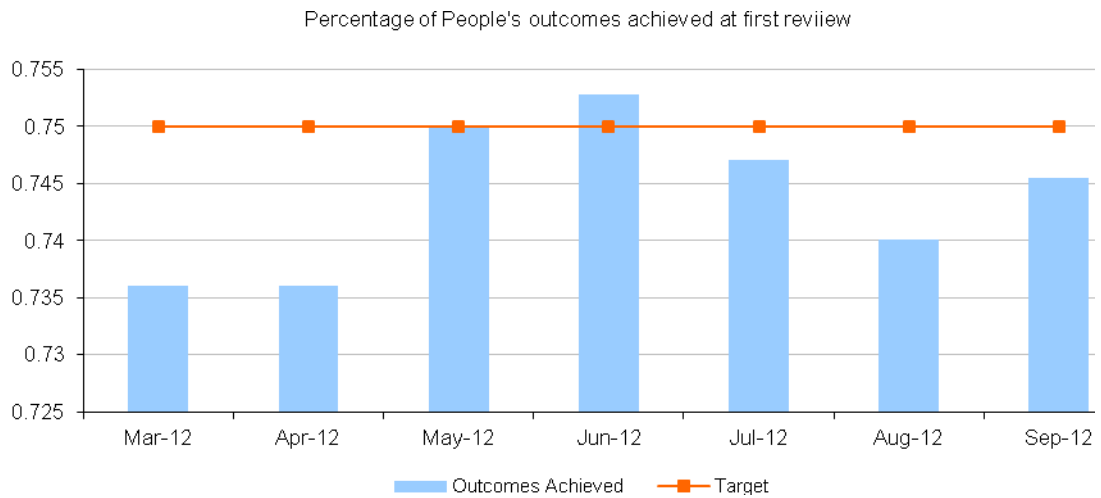
5. Percentage of adult social care assessments completed within six weeks	Green ⇧

the whole assessment process is timely. To this end we have reviewed the target and would expect 75% of assessments to be within 6 weeks, and would challenge teams who would be either allowing people to spend too much time in an enablement service, or who were pushing people through the assessment process too quickly.

Factors affecting this indicator are linked to waiting lists for assessments, assessments not being carried out on allocation and some long standing delays in Occupational Therapy assessments. There are also appropriate delays due to people going through enablement as this process takes up to six weeks and the assessment can not be completed until the enablement process is completed

As with the other performance indicators, these targets are set across all the teams and monitored through the Divisional Management teams on a monthly basis.

6. Percentage of social care clients who are satisfied that desired outcomes have been achieved at their first review			AMBER ⇧
Bold Steps Priority/Core Service Area	Empower social service users through increased use of personal budgets	**Bold Steps Ambition**	Put the Citizen in Control
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh/ Penny Southern
Portfolio	Adult Social Care and Public Health	**Division**	Older People and Physical Disability /Learning Disability and Mental Health



Data Notes.
Tolerance: Higher values are better
Unit of measure: Percentage
Data Source: Adult Social Care Swift client system

Data is reported as percentage for each quarter.

No comparative data is currently available for this indicator.

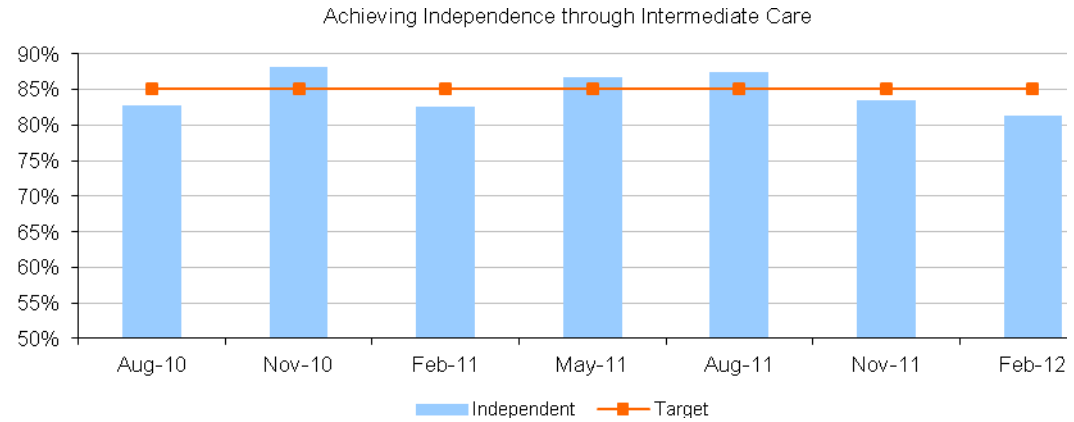
Quarterly Performance Report Indicator

Trend Data	Mar 12	Apr 12	May 12	Jun 12	Jul 12	Aug 12	Sep 12
Achieved	73.6%	73.6%	75.0%	75.28%	74.71%	74.01%	74.55%
Target	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**
RAG Rating	RED	RED	GREEN	GREEN	AMBER	Amber	AMBER

Commentary

The percentage of outcomes achieved has increased from 66% in March 2011 to 74.7% in July 2012. People's needs and outcomes are identified at assessment and then updated at review, in terms of achievement and satisfaction.

7. Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services			AMBER ⇩
Bold Steps Priority/Core Service Area	Support the transformation of health and social care in Kent	**Bold Steps Ambition**	Put the Citizen in Control
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Adult Social Care and Public Health	**Division**	Older People and Physical Disability



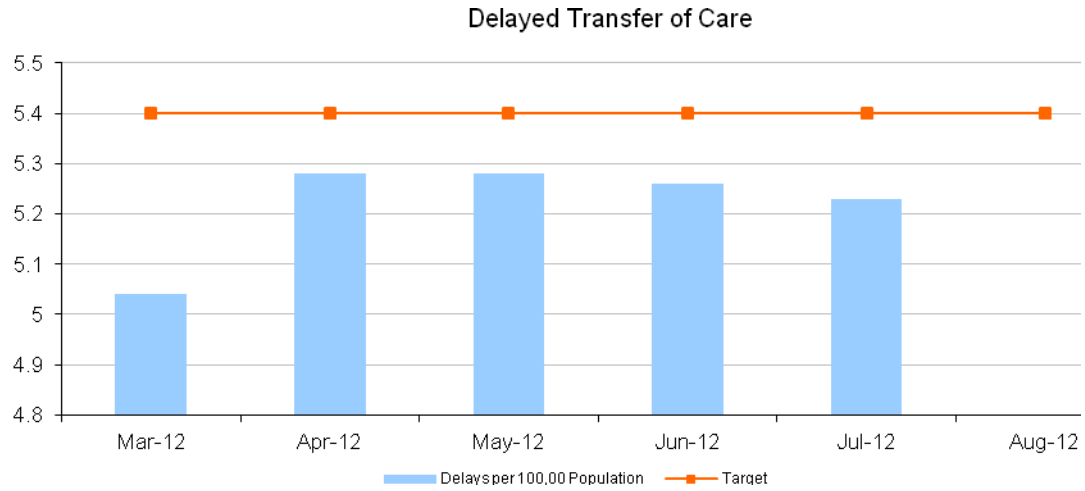
Data Notes.
Units of Measure: Percentage of older people achieving Independence and back home after receiving Intermediate Care following discharge from hospital
Data Source: Manual Data Collection

Trend Data	Aug 10	Nov 10	Feb 11	May 11	Aug 11	Nov 11	Feb 12
Percentage	82.7%	88.1%	82.6%	86.7%	87.4%	84.5%	81.3%
Target	**85%**	**85%**	**85%**	**85%**	**85%**	**85%**	**85%**
RAG Rating	RED	GREEN	RED	GREEN	GREEN	AMBER	AMBER

Commentary

This indicator identifies where patients are **three months** after receiving intermediate care and relies on health and social care data being compared. There are about 400 referrals a month which are supported from hospital and into intermediate care. Performance has been lower in recent months, particularly in the west of the county, where there has been a reduction in the number of intermediate care beds. This position continues to be monitored, particularly in light of the increasing pressures being experienced from the hospitals, including ward closures and where there are some waiting lists for intermediate care, which can put pressure on the teams to make residential and nursing placements,

8. Delayed Transfers of Care			GREEN
Bold Steps Priority/Core Service Area	Support the transformation of health and social care in Kent	**Bold Steps Ambition**	Put the Citizen in Control
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Adult Social Care and Public Health	**Division**	Older People and Physical Disability



Data Notes.
This indicator is displayed as the number of delays per month as a rate per 100,000 population.

Bold Step Indicator

Trend Data	Mar 12	Apr 12	May 12	Jun 12	Jul 12	Aug 12
People	5.04	5.28	5.28	5.26	5.23	
Target	**5.40**	**5.40**	**5.40**	**5.40**	**5.40**	**5.40**
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	

Number of Delayed Discharges

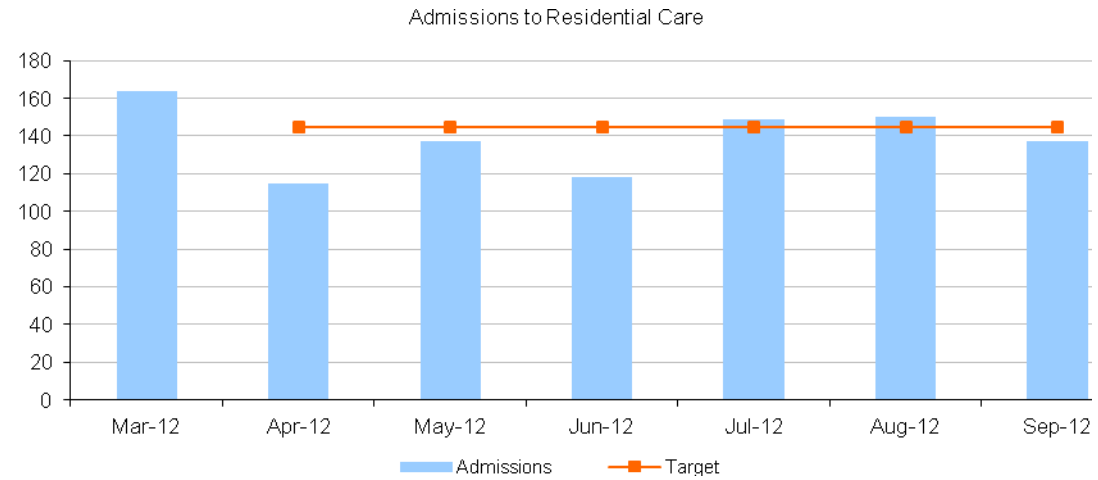
Commentary

Delay transfers can be affected by many factors, mainly client choice and health based reasons. Whilst there are ongoing pressures to find social care placements, these have been eased with support such as intermediate care, and step down beds. Information relating to delayed transfers of care is collected from health on a monthly basis, and reasons for delays are routinely examined.

APPENDIX B

Currently about 25% delays are attributable to Adult Social Care. The top three reasons for delays includes: Waiting NHS non-acute care, patient choice and then Social care assessment. We are still awaiting an update from the national statistics system to provide an update.

9. Admissions to Permanent Residential Care for Older people			GREEN⇧
Bold Steps Priority/Core Service Area	Support the transformation of health and social care in Kent	**Bold Steps Ambition**	Put the Citizen in Control
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Adult Social Care and Public Health	**Division**	Older People & Physical Disability



Data Notes.
Units of Measure: Older People placed into Permanent Residential Care per month.
Data Source: Adult Social Care Swift client System – Residential Monitoring Report

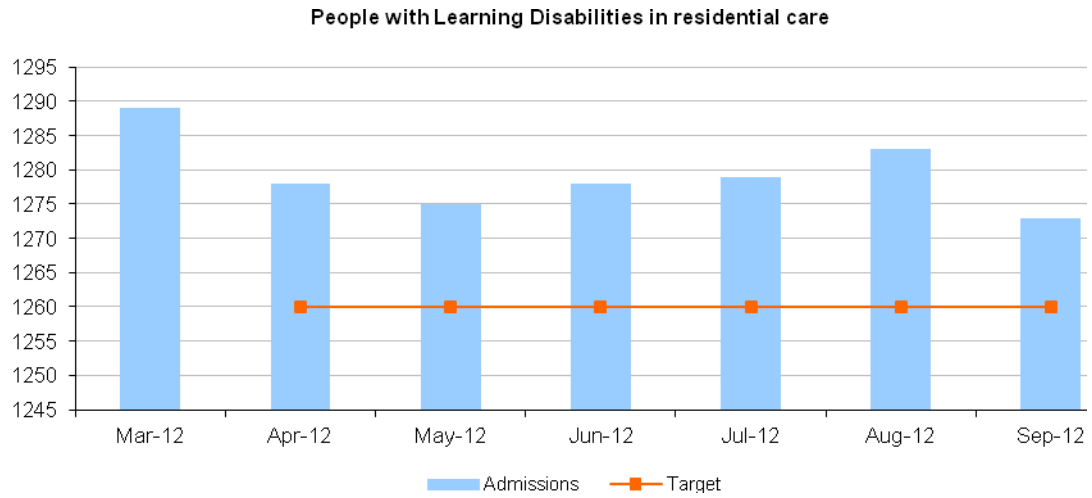
Trend Data	Mar 12	Apr 12	May 12	Jun 12	Jul 12	Aug 12	Sep 12
Admissions	164	115	137	118	149	150	137
Target		**145**	**145**	**145**	**145**	**145**	**145**
RAG Rating				GREEN	AMBER	AMBER	GREEN

Commentary

Reducing admissions to permanent residential or nursing care is a clear objective for the Directorate. Many admissions are linked to hospital discharges, or specific circumstances or health conditions such as breakdown in carer support, falls, incontinence and dementia. As part of the monthly budget and activity monitoring process, admissions are examined, to understand exactly why they have happened. Currently, there are additional pressures on some of the teams, coming from the hospitals which can make it increasingly difficult to keep people out of residential and nursing care. The objectives of the transformation programme will be to ensure that the right services are in place to ensure that people can self manage with these conditions, and ensure that a falls

prevention strategy and support is in place to reduce the need for admission. In the meantime, there are clear targets set for the teams which are monitored on a monthly basis, and an expectation that permanent admissions are not made without all other alternatives being exhausted.

10. People with Learning Disabilities in residential care			AMBER⇧
Bold Steps Priority/Core Service Area	Improve services for the most vulnerable people in Kent	**Bold Steps Ambition**	To tackle disadvantage
Cabinet Member	Graham Gibbens	**Director**	Penny Southern
Portfolio	Adult Social Care and Public Health	**Division**	Learning disability



Data Notes.
Units of Measure: Number of people with a learning disability in permanent residential care as at month end.
Data Source: Monthly activity and budget monitoring.

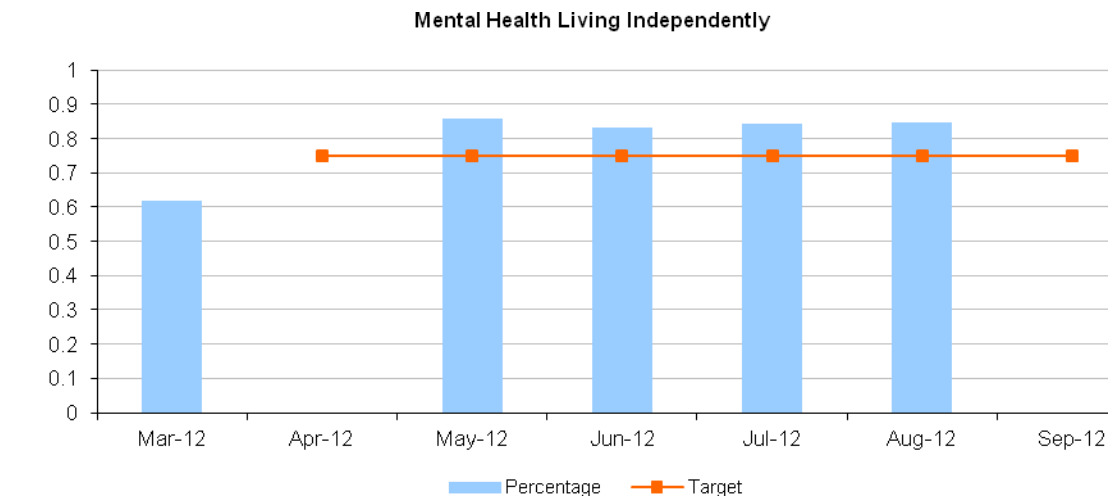
Bold Steps Indicator

Trend Data	Mar 12	Apr 12	May 12	Jun 12	Jul 12	Aug 12	Sep 12
Admissions	**1,289**	**1,278**	**1275**	**1278**	**1279**	**1283**	**1273**
Target		**1260**	**1260**	**1260**	**1260**	**1260**	**1260**
RAG Rating	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER

Commentary

It is a clear objective of the Directorate to ensure that as many people with a learning disability live as independently as possible. All residential placements have now been examined to ensure that where possible, there will be a choice available for people to be supported through supported accommodation, adult placements and other innovative support packages which enable people to maintain their independence. In addition, the teams continue to work closely with the Children's team as young people coming into Adult Social Care through transition form the majority of the new residential placements.

11. Proportion of adults in contact with secondary Mental Health services living independently, with or without support			GREEN
Bold Steps Priority/Core Service Area	Improve services for the most vulnerable people in Kent	**Bold Steps Ambition**	To tackle disadvantage
Cabinet Member	Graham Gibbens	**Director**	Penny Southern
Portfolio	Adult Social Care and Public Health	**Division**	People with Mental Health needs



Data Notes.
Units of Measure: Proportion of all people who are in settled accommodation
Data Source: KPMT – quarterly

Bold Step Indicator

Trend Data	Mar 12	Apr 12	May 12	Jun 12	Jul 12	Aug 12	Sep 12
Percentage	62%		85.9%	83.1%	84.5%	84.7%	
Target		**75%**	**75%**	**75%**	**75%**	**75%**	**75%**
RAG Rating			GREEN	GREEN	GREEN	GREEN	

Commentary

This has been included for the first time, including data from KPMT and will be updated on a quarterly basis. Settled accommodation "Refers to accommodation arrangements where the occupier has security of tenure or appropriate stability of residence in their *usual* accommodation in the medium- to long-term, or is part of a household whose head holds such security of tenure/residence."
It provides an indication of the proportion of people with mental health needs who are in a stable environment, on a permanent basis.

APPENDIX B

Scorecard - Kent, inc UASC

Sep 2012

ID	Indicators	Polarity	Data Period	Current				Direction of Travel (DoT)	Previously reported result	Target for 12/13	Comparative Data		
				Latest Result and RAG Status		Num	Denom				Kent Published Outturn	National Average	Statistical Neighbour Average
											2010-11	2010-11	2010-11
	HOW MUCH ARE WE DEALING WITH ?												
A1	Number of CAFs completed per 10,000 population under 18	H	Rolling 12 Months	60.7	R	1898	312597	↓	62.7	77.2			
A2	Number of Referrals per 10,000 population under 18	T	Rolling 12 Months	376.4	R	11765	312597	↓	383.8	543.7	722.8	556.8	584.1
A3	NI 68 - Percentage of Referrals going on to Initial Assessment	T	YTD	85.7%	R	4718	5504	↑	92.6%	69.5%	57.0%	72.0%	67.2%
A4	Number of Initial Assessments per 10,000 population under 18	T	Rolling 12 Months	350.0	G	10942	312597	↓	362.4	426.1	411.7	399.1	379.4
A5	Number of New & Updated Core Assessments per 10,000 population under 18	T	Rolling 12 Months	342.5	R	10707	312597	↑	354.3	236.0	216.9	167.3	139.5
A6	Number of S47 Investigations per 10,000 population under 18	T	Rolling 12 Months	130.7	R	4087	312597	↑	141.9	106.4	185.0	101.0	94.5
A7	Percentage of S47 Investigations proceeding to Initial CP Conference	T	YTD	34.4%	R	516	1500	↑	32.0%	44.5%			
A8	Number of Initial CP Conferences per 10,000 population under 18	T	Rolling 12 Months	37.0	A	1156	312597	↓	38.0	42.3	55.4	48.0	42.6
A9	Number of CIN per 10,000 population under 18 (includes CP and LAC)	T	Snapshot	282.3	G	8824	312597	↑	277.1	280.0	387.6	346.2	324.8
A10	Numbers of Children with a CP Plan per 10,000 population under 18	T	Snapshot	25.7	R	802	312597	↓	25.8	30.5	51.6	38.3	34.5
A11	Children looked after per 10,000 population aged under 18 (Excludes Asylum)	T	Snapshot	51.8	G	1618	312597	→	51.8	47.5	54.0	59.0	50.7
A12	Number of Looked After Children with a CP plan.	L	Snapshot	40	A			↑	41	30			
A13	Numbers of Unallocated Cases for over 28 days (Business)	L	Snapshot	0	G			→	0	0			
	HOW LONG IS IT TAKING US ?												
B1	NI 59 - Percentage of IA's that were carried out within 7 working days of referral	H	YTD	87.9%	G	4145	4718	↓	88.2%	78.8%	54.0%	64.3%	57.4%
B2	Initial Assessments in progress outside of timescale	L	Snapshot	37	G			↓	23	100			
B3	(NI 60) - Percentage of Core Assessments that were carried out within timescale	H	YTD	83.9%	G	4068	4850	↓	84.2%	83.2%	72.2%	75.1%	68.6%
B4	Core Assessments in progress outside of timescale	L	Snapshot	75	G			↓	54	100			
B5	NI 67 - Child protection cases which were reviewed within required timescales	H	YTD	98.5%	G	541	549	↓	99.8%	98.0%	96.3%	97.1%	98.8%
B6	NI 66 - Looked after children cases which were reviewed within required timescales	H	YTD	96.4%	A	1625	1686	↓	97.7%	98.0%			
	HOW WELL ARE WE DOING IT ?												
C1	Percentage of Case File Audits judged adequate or better	H	YTD	71.9%	R	350	487	↑	71.2%	85%			
C2	Percentage of open cases with Ethnicity recorded (excludes unborn)	H	Snapshot	98.9%	G	8571	8668	↓	99.6%	98%	92.3%	94.4%	91.6%
C3	Percentage of Children seen at Initial Assessment (excludes unborn/progress to strat)	H	YTD	89.4%	A	3242	3626	↑	89.1%	95%			
C4	Percentage of Children seen at Core Assessment (excludes unborn)	H	YTD	98.0%	G	4500	4590	↑	98.0%	95%			
C5	Percentage of Children seen at Section 47 enquiry (excludes unborn)	H	YTD	96.7%	G	1365	1412	↓	96.8%	95%			
C6	Percentage of CP Visits held within timescale (Current CP only)	H	Snapshot	83.2%	A	8178	9832	↓	83.5%	90%			
C7	Percentage of Looked After Children aged 5 to 16 with a Personal Education Plan (PEP)	H	Snapshot	88.1%	A	955	1084	↓	90.3%	95%			
C8	Participation at Looked After Children Reviews	H	YTD	96.0%	G	1889	1967	↓	96.2%	95%			

Scorecard - Kent, inc UASC

Sep 2012

ID	Indicators	Polarity	Data Period	Current					Previously reported result	Target for 12/13	Comparative Data		
				Latest Result and RAG Status		Num	Denom	Direction of Travel (DoT)			Kent Published Outturn	National Average	Statistical Neighbour Average
											2010-11	2010-11	2010-11
C9	Children subject to a CP Plan not allocated to a Qualified Social Worker	L	Snapshot	0	G			↑	2	0			
C10	Looked After Children not allocated to a Qualified Social Worker	L	Snapshot	7	R			↓	1	0			
	ARE WE ACHIEVING GOOD OUTCOMES ?												
D1	Percentage of referrals with a previous referral within 12 months	L	YTD	21.3%	G	1172	5504	↑	23.2%	25.8%		25.6%	24.4%
D2	NI 65 - Percentage of children becoming the subject of a CP Plan for a second or subsequent time	T	YTD	26.2%	R	120	458	↑	26.9%	13.4%	14.5%	13.3%	13.4%
D13	Percentage of those becoming subject to a CP plan who had a previous plan within 12 months		YTD	10.5%		48	458		11.4%				
D3	NI 64 - Child Protection Plans lasting 2 years or more at the point of de-registration	L	YTD	7.5%	A	46	610	↑	8.2%	6.0%	11.3%	6.0%	5.8%
D4	Percentage of Current CP Plans lasting 18 months or more	L	Snapshot	14.0%	A	112	802	↓	13.2%	10.0%			
D5	NI 62 - LAC Placement Stability: 3 or more placements in the last 12 months	L	Snapshot	9.8%	A	179	1832	↑	9.9%	8.1%	8.0%	10.7%	10.4%
D6	NI 63 - LAC Placement Stability: Same placement for last 2 years	H	Snapshot	72.2%	A	330	457	↓	73.5%	75.7%	71.5%	68.6%	67.1%
D7	Percentage of Looked After Children in Foster Care currently placed within 10 miles from home	H	Snapshot	61.7%	A	737	1195	↑	61.3%	65%			
D8	LAC Dental Checks held within required timescale	H	Snapshot	86.0%	A	1283	1491	↑	86.0%	90.0%	62.7%	83.3%	76.3%
D9	LAC Health assessments held within required timescale	H	Snapshot	89.1%	A	1328	1491	↓	90.9%	90.0%	62.7%	83.3%	76.3%
D10	Percentage of Looked After Children placed for adoption within 12 months of agency decision	H	YTD	76.2%	A	32	42	→	76.2%	85.0%			
D11	Percentage of Children leaving care who were adopted	H	YTD	9.9%	A	42	425	↓	11.0%	13%	8%	11%	11.2%
D12	Percentage of Children leaving care who were made subject to a SGO	H	YTD	5.4%	A	23	425	↓	5.8%	6.3%			

PERFORMANCE SUMMARY

As at 30/09/2012, Kent, inc UASC has 15 indicators rated as Green, 16 indicators rated as Amber and 10 indicators rated as Red. When comparing performance from last month to this month, 16 indicators have shown an improvement, 3 indicators have remained the same and 22 indicators have shown a reduction.

By: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health
Jenny Whittle, Cabinet Member for Specialist Children's Services
Andrew Ireland, Corporate Director Families and Social Care

To: Social Care and Public Health Cabinet Committee – 9th November 2012

Subject: **Business Planning 2013/14: FSC Headline Priorities**

Classification: Unrestricted

Summary: This report details provisional headline priorities for Business Plans (2013/14) for each division in the Families and Social Care Directorate. Cabinet Committee members are invited to consider and comment on the priorities, in order to influence the development of the draft business plans to be discussed in January 2013.

1. Introduction:

1.1 Effective business planning is a pre-requisite for any organisation to ensure a clear focus on delivering agreed organisational priorities across both the medium to long-term and through more day-to-day activity.

1.2 It is important that annual divisional business plans are owned and developed by the relevant Director, Corporate Director and Cabinet Member, with support and quality assurance from the Policy and Strategic Relationships Team in the Business Strategy Division. Cabinet Committees play an important pre-scrutiny role in shaping and influencing business plans, before they are approved by Cabinet with a formal key decision in March 2013. Cabinet Committees will then continue to have an oversight and assurance role of business plan delivery through the bi-annual business plan outturn' monitoring process.

1.3 The Budget Consultation and 'Bold Steps' report to County Council in October reference five 'P' themes that are of strategic importance to the organisation: prevention, productivity, partnership, procurement and people. These provide a helpful, light-touch framework for discussions on how each division can contribute to these overarching themes that will help to deliver 'Bold Steps for Kent'.

1.3 Business plans should be influenced 'top down' by evidencing how each division contributes to cross-cutting transformation programmes and achievement of organisational strategic priorities. However, this needs to be balanced with 'bottom up' service, member and operational priorities, informed by discussions at divisional management meetings with Heads of Service, to ensure business plans remain relevant and meaningful for team and individual action planning.

1.4 As such, at this early stage in the process it is appropriate to reflect on the headline priorities for Families and Social Care, which will then inform the development of SMART (Specific, Measurable, Achievable, Realistic and Timely) actions with named accountable officers within the substantive draft plans due to be considered in January Cabinet Committees.

2. Headline Priorities 2013/14:

2.1 There are four divisional business plans covered by Social Care and Public Health Cabinet Committee:

- Specialist Children's Services;
- Older People and People with Physical Disabilities;
- Learning Disabilities and Mental Health and;
- Strategic Commissioning

2.2 Adults Services and Children's Services have considered their initial headline priorities within the five 'P' framework, highlighting specific financial and policy challenges:

a) **Prevention:** Early intervention and prevention, transformation programmes (Integrated Adolescent Support Services, demand management, contributing to Trouble Families, Adult Services Transformation Programme, joint commissioning with health and Public Health etc)
b) **Productivity:** efficient systems and processes, invest to save/value for money, linked to the delivering of Adult Services Transformation Programme smarter ways of working, contributing to transformation programmes (smarter ways of working, ERP, New Work Spaces and, Channel Shift etc). Review cost effectiveness of commissioned services.
c) **Partnership:** building on internal and external partnership arrangements (e.g. LD Partnership Boards, Kent Health Commission, South Kent Shadow Health and Wellbeing Board, emerging Clinical Commissioning Groups; KMPT, governance, partnership projects & programmes (such as 3Million Lives), relationship building with Voluntary and independent sector (i.e. Transformation Stakeholder Board)
d) **Procurement:** efficient commissioning and procurement processes, best value, category management, contract management, innovative and responsive commissioning models (e.g. sub-contracting to VCS and SME providers). Develop strategy for shifting resources to less expensive alternatives.
e) **People:** improving internal and external customer relationships, learning from complaints and compliments, customer focused processes, embedding the Customer Services Strategy, workforce development and change management, cultural and behavioural change, recruitment and retention.
f) **Financial & Policy Challenges:** operational implications for delivering saving targets, managing demand and capacity with reduced resources, changes in national policy or legislation, feedback from Budget Informal Member Groups (IMGs). Delivery of Improvement Plan, respond to government regulation. Inspection preparedness and post-inspection action

2.3 Social Care and Public Health Cabinet Committee is invited to consider and comment on the headline priorities set out in Appendix A. Any feedback will be considered by Directors and reflected within the draft plans for further discussion in January.

3. Timetable

3.1 Each division will develop their draft plan during the November to January period. Divisions will be required to share substantive, but still draft, business plans with Cabinet Committees at the January round of meetings as this is the last opportunity for Committee's to formally consider draft plans before approval by Cabinet. It is important to recognise that as draft plans not all activity for the forthcoming year may have been agreed by January and it will not be possible to include detailed financial information as the 2013/14 budget will not yet have been approved by County Council.

3.2 The draft plans will be updated from January to February 2013 to take into account Social Care and Public Health Cabinet Committee feedback. Policy & Strategic Relationships will work with Directors in February to provide quality assurance of the business plans, before formal approval by Cabinet in March 2013. The new plans will be published online and implemented from April 2013.

4. Recommendations:

4.1 Social Care and Public Health Cabinet Committee is asked to COMMENT on and NOTE the headline priorities for Families and Social Care Business Plan for 2013-14 as set out in this report and the attached Appendix A.

Appendices:

Appendix A: Draft Headline Priorities for Families and Social Care

Background Documents:

None

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Business Planning 2013/14: Adult Social Care Draft Headline Priorities

Prevention

Improve public information to give people more information about independence, choice and control.

Promote enablement and target interventions so that fewer people become dependent on long term care services. Build community capacity and develop more inclusive access and participation.

Improve access to services for carers.

Further promote the use of assistive technology and other equipment to enable people to live independently.

Productivity

Continue to develop and implement the Transformation Programme to identify new ways of working.

Review services to identify more efficient processes e.g. assessment and enablement and co-ordination.

Review commissioned services to ensure best value for money and improved outcomes for service users.

Identify opportunities for joint work with partner agencies to reduce any duplication.

Partnership

Work with the new CCGs to ensure coherent processes and systems across health and social care and to identify opportunities for integrated commissioning and working .

Work with housing providers to increase housing choices for older and disabled people.

Work through the Kent Learning Disability Partnership Board to improve delivery on key areas for people with disability.

Work with KMPT to improve outcomes for service users and promote personalisation.

Procurement

Manage the market to ensure value for money and to provide choice including for people on direct payments.

Develop commissioning plans for specific service areas e.g. domiciliary care and respite services for people with learning disability to determine if a tendering process is required and then implement.

Develop the access to resources arrangements to purchase services at the best price and quality.

People

Further promote personalisation giving people genuine choice and control over their lives.

Continue to review safeguarding arrangements to ensure the protection of vulnerable people.

Ensure services are customercentric with clear information, access, complaints processes and quality assurance.

Engage service users and others to obtain feedback on services.

Workforce Development

Financial & Policy Challenges

To monitor progress of the Care and Support Bill to prepare for any changes and assess the impact it will have on services in Kent (e.g. changes to legislation, charging).

Continue to ensure value for money and check that "every penny counts".

Prepare for legislation that is likely to reform SEN and disability services

Progress work on the integration of health and social care services.

Implement the Transformation Programme.

Specialist Children's Services Headline Priorities for 2013/14

Prevention

- Work with universal services and other providers to provide inclusive support
- Investment in early help, early intervention services
- Engage and work families to build their resilience
- Contribution to Trouble Families Programme and Kent Integrated Adolescent Support Service
- Contributing to public health preventative and tackling inequalities agenda

Productivity

- Review cost effectiveness of commissioned services
- Review and reform of children's centre provision
- Integrated and child centred service development, commissioning and delivery
- Delivery of Liquid Logic IT system changes
- Delivery of highest quality and responsive practice to improve outcomes for children and young people

Partnership

- Clear thresholds between different services- universal and targeted services working together.
- Engage the Health and Wellbeing Board to ensure health reforms respond effectively to the needs of children in particular children with SEN and disability
- Secure multi-agency strategic vision
- Effective safeguarding

Procurement

- Commission Integrated services for better value
- Jointly commission with health to address gaps in services for vulnerable groups
- Review the impact of commissioned services for value for money
- Review high cost services
- Develop strategy for shifting resources to less expensive alternative support
- Promote vibrant and diverse CVS

People

- Maintain focus on 'the child's journey' as basis of practice
- Workforce development plans to enhance staff expertise and confidence further to raise quality of practice
- Involve young people and their families in shaping service development, commissioning and evaluation
- Implement cultural and transformational plan
- Recruitment & retention strategy

Financial & Policy Challenges

- Delivery of Improvement Plan actions
- Respond to government regulations and national policy requirements
- Effective safeguarding arrangements and accountability under Working Together
- Develop inspection preparation plans and post inspection action plans
- Delivery of MTFP savings

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

Meradin Peachey, Director of Public Health

To: Social Care and Public Health Cabinet Committee –

9 November 2012

Subject: Health Improvement Programmes Performance Report

Classification: Unrestricted

Summary: **This performance report provides an update of Public Health performance, particularly on the two programmes highlighted specifically in the NHS Operating framework (Health Checks and Stop smoking Services) and also the services that are mandated.**

The report also show the progress being made with immunisation and vaccination coverage rates across Kent.

1. Introduction

Part of the NHS reforms is the move of Public Health to the local upper tier Local Authority, and the move to the Local Authority of a ring fenced budget for health improvement.

This report shows performance to date on the majority of Public Health: Health Improvement programmes which will move to Kent County Council from 1st April 2013

The report is presented in a dashboard style, with the individual performance targets RAG (red, amber, or green rated)

3 Exception Reports

1. Smoking Quits

Data presented is for progress to date for Quarter One of the new financial year. This now shows achievement of the Q1 target.

Work continues with the provider Kent Community Health NHS Trust (KCHT) to ensure the problems referred to at the July Committee meeting are addressed and the service continues to meet its target.

A verbal update will be given on progress for Q2 submission of which is due early December 2012

2. Health Checks

The target set for the service with the SHA continues to be challenging for 2012/13 with quarterly projections highest in the first two quarters of the new financial year (these are based on evidence of uptake in longer running programmes). The east of the county are now achieving both the number of invites target and the number of health checks received target, the west continue to work to get the number of practices involved and started. However progress has moved from a red rating to amber which demonstrates progress.

Health Checks is a five year rolling programme with the expectation that 20% of the total cohort eligible for a health check will have been offered a health check annually. Thus it will take five years for us to reach the 100% mark

Full investment by both NHS Eastern and Coastal Kent and NHS West Kent for 2012/13 means that we should reach the target agreed with the SHA.

Again, we are working closely with providers, especially GPs to ensure we reach the 2012/13 target.

3. Breast Feeding Initiation

There has been a drop in both coverage and rates in quarter one of this financial year and we have not been able to update the data for Q2 yet. There is an on-going issue of data transmission between GP practices and the Child Health Recording System in the east of the county. We are working with the provider to resolve this.

4. Immunisation and Vaccination

East Eastern and Coastal and West Kent PCTs have made good progress on increasing coverage of the childhood immunisation and vaccination rates. The aim is to get the coverage rates up to and above 95% as this is when we consider the whole population is protected. MMR continues to be a challenge particularly the doses at age 5 but again the trends are currently in the right direction.

Please note that whilst Public Health is currently responsible for ensuring delivery of immunisation and vaccination coverage rates, this will transfer to the National Commissioning Board from April 2013. However the Local Authority through the Director of Public Health will continue to have a critical role in ensuring that plans are in place to protect the population.

4. Recommendations

Members are asked to note the report

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Background information Nil

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Kent Public Health Department

Public Health Performance Report Dashboard

	Programme	Target	Achieved	RAG	
1	**Smoking Quits**				
	Nos of people successfully quitting: Annual Target				
	Nos of people successfully quitting: Progress against Q1 Target	2,007	2,021	G	
	Service delivered by Kent Community Healthcare NHS Trust, target agreed with Public Health and relates to people who have set a quit date and suceesfully quit at the four week follow up				
	Service runs across the financial year, data runs 10 weeks in arrears				
2	**Health Checks**				
	Number of Invites for Health Checks	40,652	36,044	A	
	Number of Health Checks completed	15,118	13,975	A	
	Service delivered by numerous providers, with GP practices being the fundamental building block of the programme. The programme is a five year rolling programme for 40 to 74 year old people who are invited for a vascular health check once every five years, except if they are already on a vascular disease register				Q2 Submission
	Service runs across the financial year, data runs six weeks in arrears				
3	**Sexual Health**				
	GUM Access	95%	98%	G	
	Chlamydia Screening Uptake rate	35%	10.00%	A	
	Chlamydia Screening Positivity	7%	6.80%	A	
	Access to Genito-Urinary Medicine is an important element in reducing the rise in the incidence and prevalence of sexually transmitted disease; the target is 95% of patients offered an appointment to be seen within 48 hours. Chlamydia screening is an opportunistic screening programme targeting sexually active people aged between 15 and 24 years. Emphasis of the programme has been on Uptake rate with a national target of 35% of the eligible population. Emphasis in future years is to be based on positivity ensuring individuals at risk are screened.				progress for Q1 2012/2013
	Service runs across the financial year, data runs 8 weeks in arrears				
4	**National Childhood Measurement Programme**				
	Measurement Reception Year	85%	94%	G	
	Measurement Year 6	85%	95%	G	
	The National Child Measurement Programme (NCMP) is an annual programme to measure the height and weight of all children in Reception and Year 6. The aim of the programme is to provide the national statistics on obesity within the two cohorts with a target of measuring at least 85% of eligible children, and to provide direct feedback to parents on their children's healthy weight				2011 to 2012 outturn
	The service runs over the acdemic year, with the service uploading to a national data repository				
5	**Healthy Schools***				
	Achievement of Healthy School Status	98%	97%	A	
	Engagement in the enhancement model	40%	48%	G	
	Healthy Schools is undergoing review with the service currently to look at a future model of delivery which supports reduction in teenage conceptions, reduces young people's smoking and susbstance misuse prevalence, reduction of unhealthy weight together with emotional health and wellbeing*				2011 to 2012
	The service runs over the acdemic year.				
6	**Breast Feeding Initiation**				
	coverage rates (the percentage of ascertainments of breast feeding status)	95%	89%	A	
	6-8 week breastfeeding rates (prevalence)	46%	38%	A	
	Breastfeeding newborn babies is evidenced to improve long term outcomes, for both mother and baby; this target measures both the ascertainment of breastfeeding status and the prevelance of initiation and maintainence of breastfeeding for 6-8 weeks. The 6-8 week target is relatively new and has required detailed work with midwives, health visitors and GP practices to ensure robust reporting				Q1 2012-2013
	The service runs over the financial year, data runs two months in arrears				
7	**Health Trainers**				
	Number of new contacts	700	811	G	
	The Health Trainers Programme is commissioned to help people in our most deprived communities to develop healthier behaviour and lifestyles. HTs offer practical support to change individual's behaviour to achieve their own choices and goals. This involve encouraging people to: stop smoking, participate in increased physical activity eat more healthily, drink sensibly and/or practice safe sex. The service not only seeks new clients, but ensures existing clients have personalised written care plans and, where appropraite, are signposted to other services.				to Q2 2012-2013
	Service runs across the financial year, data runs 6 weeks in arrears				

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Public Health Performance Report Dashboard
Immunisation and Vaccination

Programme

1. Childhood Immunisation Programme

The national HPA COVER programme monitors immunisation coverage data for children in the UK who reach their first, second or fifth birthday during each evaluation quarter. This information is fed back at local level, creating the opportunity to improve coverage and to detect changes in vaccine coverage quickly.

RAG status

	95% and above
	90% - 94.99%
	<less than 90%

Immunisation	Target	East Kent		West Kent	
		Achieved Year End 11/12	Achieved Q1 12/13	Achieved Year End 11/12	Achieved Q1 12/13
12/12 DTaP/IPV/Hib	95%	95.8%	96.4%	97.5%	97.3%
24/12 DTaP/IPV/Hib	95%	97.1%	97.6%	98.3%	98.6%
24/12 PCV booster	95%	93.8%	95.6%	95.6%	96.8%
24/12 Hib/MenC booster	95%	93.5%	94.9%	96.2%	96.9%
24/12 MMR 1st dose	95%	93.1%	95.1%	95.6%	96.7%
5 yrs DTaP/IPV	95%	92.3%	95.1%	94.5%	96.2%
5 yrs MMR (2 doses)	95%	89.8%	93.2%	91.1%	92.7%
5 yrs MMR 1st dose	95%	95.1%	95.9%	95.1%	96.0%

There has been a marked improvement in uptake rates for all vaccinations in East Kent. Public Health will continue to work with both internal/external partners to achieve the 95% coverage rates for pneumococcal booster and MMR 2.

2. HPV vaccination programme

The national immunisation programme began in 2008 using the Cervarix vaccine which is 99% effective in preventing cervical abnormalities associated with HPV types 16 and 18 in women who have not already been infected by these types. From September 2012 the vaccine changed to Gardasil which will protect against HPV 6, 11 (genital warts) and 16 and 18 which are the two most common HPV types.

Uptake 11/12 Academic Year – School Year 8

Target is 90% for all three doses.

RAG status

	90% and above
	85% - 89.99%
	<less than 85%

East Kent		West Kent	
No. in cohort	4354	No. in cohort	4244
1st dose	86.1%	1st dose	92.4%
2nd dose	85.2%	2nd dose	91.1%
3rd dose	81.7%	3rd dose	88.5%

3. Seasonal Flu Vaccination Programme

The purpose of the seasonal flu immunisation programme is to offer protection to those who are most at risk of serious illness or death should they develop flu.

The seasonal flu vaccination targets for 11/12 were as follows:

- Reach or exceed 75% uptake for people aged 65 years and over as recommended by the World Health Organisation
- Reach or exceed 60% uptake for people under age 65 with clinical conditions which put them more at risk from the effects of flu and pregnant women, as recommended by EU.

Uptake 2011/12

RAG status for patients 65 and over

	75% and above
	70% - 74.99%
	<less than 70%

RAG status for patients under 65 in the 'at risk' groups and pregnant women

	60% and above
	55% - 59.99%
	<less than 55%

	Patients 65 and over		Patients under 65 in the 'at risk' groups		Pregnant Women	
	Target 11/12	Uptake	Target 11/12	Uptake	Target 11/12	Uptake
West Kent PCT	75%	73.6%	60%	46.2%	60%	22.5%
Eastern & Coastal Kent PCT	75%	72.7%	60%	46.5%	60%	18.2%

The seasonal flu vaccination targets for 12/13 are as follows:

- Reach or exceed 75% uptake for people aged 65 years and over as recommended by the World Health Organisation
- Reach or exceed **70%** uptake for people under age 65 with clinical conditions which put them more at risk from the effects of flu and pregnant women, as recommended by EU.

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

Meradin Peachey, Director of Public Health

To: Social Care and Public Health Cabinet Committee – 9th November 2012

Subject: **Business Planning 2013/14**

Classification: Unrestricted

Summary: This report details provisional headline priorities for Business Plans (2013/14) for the Public Health directorate. Cabinet Committee members are invited to consider and comment on the priorities, in order to influence the development of the draft business plans to be discussed in January 2013.

1. Introduction:

1.1 Effective business planning is a pre-requisite for any organisation to ensure a clear focus on delivering agreed organisational priorities across both the medium to long-term and through more day-to-day activity.

1.2 It is important that annual divisional business plans are owned and developed by the relevant Director, Corporate Director and Cabinet Member, with support and quality assurance from the Policy and Strategic Relationships Team in the Business Strategy Division. Cabinet Committees play an important pre-scrutiny role in shaping and influencing business plans, before they are approved by Cabinet with a formal key decision in March 2013. Cabinet Committees will then continue to have an oversight and assurance role of business plan delivery through the bi-annual 'business plan outturn' monitoring process.

1.3 The five 'P' themes are of strategic importance to the organisation: prevention, productivity, partnership, procurement and people. These provide a helpful, light-touch framework for discussions on how each division can contribute to these overarching themes that will help to deliver 'Bold Steps for Kent'.

1.4 Business plans should be influenced 'top down' by evidencing how each division contributes to cross-cutting transformation programmes and achievement of organisational strategic priorities. However, this needs to be balanced with 'bottom up' service, member and operational priorities, informed by discussions at divisional management meetings with heads of service, to ensure business plans remain relevant and meaningful for unit and individual action planning.

1.5 As such, at this early stage in the process it is appropriate to reflect on the headline priorities for each division, which will then inform the development of SMART (Specific, Measurable, Achievable, Realistic and Timely) actions with named

accountable officers within the substantive draft plans due to be considered in January Cabinet Committees.

2. Headline Priorities 2013/14:

2.1 The Public health directorate has considered its initial headline priorities within the five 'P' framework, highlighting specific financial and policy challenges:

a) **Prevention:** demand management, contributing to preventative transformation programmes (Integrated Adolescent Support Services, FSC Adults Transformation, Public Health etc)
b) **Productivity:** efficient systems and processes, invest to save/value for money, smarter ways of working, contributing to transformation programmes (ERP, New Work Spaces, Digital Strategy, Channel Shift etc)
c) **Partnership:** building local internal and external partnership arrangements (e.g. SE7), governance, partnership projects & programmes (e.g. health & social care integration) relationship with central government
d) **Procurement:** efficient commissioning and procurement processes, best value, category management, contract management, localist commissioning models (e.g. sub-contracting to VCS and SME providers)
e) **People:** improving internal and external customer relationships, customer focused processes, embedding the Customer Services Strategy, change management, cultural and behavioural change
f) **Financial & Policy Challenges:** operational implications for delivering saving targets, managing demand and capacity with reduced resources, income generation, changes in national policy or legislation, feedback from Budget Informal Member Groups (IMGs)

2.2 Social Care and Public Health Cabinet Committee are invited to consider and comment on the headline priorities set out in Appendix A. Any feedback will be considered and reflected within the draft plans for further discussion in January.

3. Timetable

3.1 Draft plans will be developed during November to January. Substantive, but still draft, business plans will be shared with Cabinet Committees at the January round of meetings as this is the last opportunity for Committee's to formally consider draft plans before approval by Cabinet. It is important to recognise that, as draft plans, not all activity for the forthcoming year may have been agreed by January and it will not be possible to include detailed financial information as the 2013/14 budget will not yet have been approved by County Council.

3.2 The draft plans will be updated from January to February 2013 to take into account Cabinet Committee feedback. Policy & Strategic Relationships will work with Directors in February to provide quality assurance of the business plans, before formal approval by Cabinet in March 2013. The new plans will be published online and implemented from April 2013.

4. Recommendations:

4.1 Social Care and Public Health Cabinet Committee is asked to COMMENT on and NOTE the headline priorities for each division's business plan for 2013-14 as set out in this report.

Appendices:

Appendix A: Draft Headline Priorities for Public Health

Background Documents: none

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Business Planning 2013/14: Public Health Draft Headline Priorities

Prevention

Widen the use of "risk profiling" so more people with long term conditions have community health packages"

Reduce the prevalence of smoking in Kent especially amongst priority groups such as young people and pregnant women, by transforming services to be more responsive

More people in treatment for hypertension and lifestyle risk factors through extension of the NHS Health Checks programme.

Implementation and extension of the Kent Health Inequalities Action Plan to cover all districts and functions such as Mental Health, tobacco control and Housing

Productivity

Establishing new commissioning models such as payment by results to drive improvements in smoking and tobacco control and sexual health services

Establishing PH corporate network solution mapped back to PCT Legacy.

Establishing web-based performance management systems across all public health programme areas.

Establish robust Return on Investment models to evaluate value for money of public health programmes including tobacco control

Partnership

Ensure the safe transition of public health services from the NHS to KCC

Provide an excellent public health advice service to GPs through the "Public Health Offer "to CCGs and help GPs with evidence to support IFR decisions

Resolve outstanding Information Governance issues including sharing of information enabling more people to have community health at home

Establish joint cross directorate KCC public health commissioning with HWBB and joint commissioning plans with GPs for sexual health services

Procurement

Establishing rigorous commissioning and procurement processes for public health services commissioned by KCC

Develop the market supply side to promote greater competition in price and quality for service provision with at least one tender exercise

Successfully transferring and renegotiating SLAs/Contracts for 2013/14.

Redesign of commissioning to reflect new KPIs from 2014/15.

People

Manage the financial & contractual implications of Health Protection Unit on-call rota.

Maintain the Training & Education programme for public health personnel (professional requirements for CPD) and establish KCC as a recognized training site

Develop the Public Health Champions and PH Practitioner registration programmes For 30 people each

Ensure effective transfer of personnel from the NHS to KCC

Improve and extend the application of Social Marketing to PH programmes.

Financial & Policy Challenges

Potential deficiencies and uncertainties in the public health budget allocated by government especially regarding demand led budgets such as GUM and NRT

Movement to new outcome measures of performance.

Ability to establish sufficient contingency in the budget to accommodate unexpected in year pressures

Ensuring robust resilience/emergency planning in time of transition.

Increased inequalities resulting from economic conditions

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To: Social Care and Public Health Cabinet Committee – 9th November 2012

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

Jenny Whittle – Cabinet Member for Specialist Children's Services

Andrew Ireland – Corporate Director for Families & Social Care

Andy Wood – Corporate Director of Finance & Procurement

Subject: **Consultation on 2013/14 Revenue Budget**

Classification: Unrestricted

Summary: This report provides members with feedback on the recent consultation on 2013/14 budget and in particular how it relates to Adult Social Care and Public Health and Specialist Children's Services portfolios. The timing of this committee means we have not been able to fully analyse all the responses in time for this meeting. A full analysis of responses will be presented to Cabinet in December.

1. Introduction

1.1 Consultation on proposals for the 2013/14 revenue budget was launched on 6th September. This launch was much earlier than in previous years, allowing more time for respondents to make submissions and more time to consider responses. The consultation closed on 1st November.

1.2 The consultation included a variety of engagement approaches including:

- Media launch
- Easy to read consultation document (available in printed and on line versions)
- Tick-box questionnaire with the option of submitting a more detailed response
- 2 all day workshops with a cross section of Kent residents organised by independent market research firm Ipsos MORI
- Specific briefings and workshop sessions with a range of other stakeholders including business representatives, voluntary sector, youth county council and trade unions
- Engagement with representative member panels from Cabinet Committees
- Presentations by County Councillors to locality/local boards
- Briefing sessions for staff including Challenger group

1.3 This comprehensive consultation and communication strategy has been endorsed by Cabinet members with the aim of striking the right balance between in-depth engagement with a representative sample of Kent residents as well as wider engagement. We have devoted the majority of expense in engaging Ipsos MORI. Previous experience has demonstrated the additional benefit of independent market research rather than in-house. Ipsos MORI have given assurances that deliberative events with a small sample of residents can provide reliable and robust findings that are indicative of the larger population. The sessions included a cross section of the community and Ipsos MORI recommend that face to face engagement produces much higher quality research results than other forms of engagement.

1.4 In addition to the formal consultation process, Unison circulated a survey to KCC staff and others attending the County Council on 25th October. The results of this survey will be identified separately from the main consultation.

2. Consultation Proposals

2.1 The consultation identified that we are estimating an overall reduction in funding of £67m. These are estimates at this stage for consultation purposes as we have no provisional grant figures from central government or details of how the new funding arrangements will work under Local Government Finance Bill. We also only have an estimate for the Council Tax base, and at this stage districts have not agreed their local schemes for Council tax support to replace Council Tax benefit.

2.2 The funding estimate takes account of the loss of the one-off Council Tax Freeze grant for 2012/13 and the estimated loss of Formula Grant based on Spending Review 2010 planned totals. It also takes account of forecast changes in Dedicated Schools Grant due to additional pupils and conversion of academies.

2.3 The funding estimate includes the forecast impact of increased Council Tax base due to growing population and reduced collection rates due to transfer of responsibility for Council Tax benefit.
The funding estimate includes a freeze in the County Council element of Council Tax without any additional Government support (at the time of the launch the Council Tax freeze grant now on offer had not been announced).

2.4 The funding estimates will need to be updated when we get provisional grant settlements, more details of the new funding arrangements following Royal Assent of the Local Government Finance Bill and better estimates of Council Tax base and collection rates. Members should be aware that these were our best estimates based upon available information for consultation purposes.

2.5 The consultation also identified estimated additional spending demands of £32m. The majority of these (£19m) are unavoidable due to inflationary, legislative and demand led pressures. As with funding, these estimates are based on the best available information for consultation

purposes and will need to be refined prior to the budget being finalised. It is essential that the final budget is set according to the most up to date information. The remaining £13m of estimated additional spending would not be unavoidable and is subject to local policy choices e.g. impact of funding new capital spending.

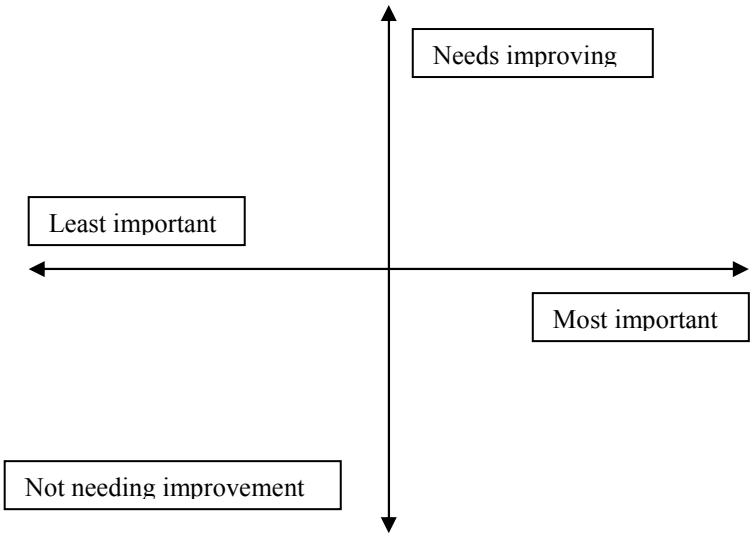
2.6 In order to balance the estimated funding reductions (excluding DSG) and additional spending demands the consultation outlined £60m of possible savings, income and service transformations. £13m of this £60m will arise from the full year impact of actions being taken during 2012/13 or from decisions which have already been taken. The consultation did not seeking views on this £13m. The consultation focussed on £44m arising from key new proposals which would be implemented in 2013/14.

2.7 Appendix 1 sets out the main additional spending demands and savings proposals for the Adult Social Care and Public Health and Specialist Children's Services portfolios

3. Feedback from MORI Workshops

3.1 Ipsos MORI organised workshops with Kent residents on Saturday 29th and 6th October. The first workshop covered East Kent and was held in Canterbury, the second workshop, for West Kent, was held in Tonbridge. Both had between 30 to 40 attendees recruited from a variety of backgrounds and age ranges. This number is consistent with similar workshops organised in previous years.

3.2 The sessions ran from 10am until 4.30pm. In the first session participants had the opportunity to identify what they like and don't like about living in Kent. This was discussed in 4 smaller groups and each group was asked to map a range of KCC services against a scale of importance and scale of scope for improvement as below.



3.3 The remainder of the morning session gave participants an insight into other MORI research into opinions on public spending and a presentation on the issues facing KCC next year and the proposals in the budget consultation.

3.4 In the afternoon MORI explored in more depth with the 4 groups whether KCC should address the budget gap through savings or council tax increases (including other ways the council could raise council tax). MORI also explored with the groups examples of KCC services and whether savings should be determined by the County Council, by local communities, or by individuals taking greater responsibility.

3.5 We have not received the report from Ipsos MORI in time for this committee meeting. The full report will be presented to Cabinet in December.

4. Feedback from On-Line Questionnaire and Budget Consultation Document

4.1 Confirmation will be provided on 9th November of the total number of responses to the consultation have been received. These are either from the questionnaire available on-line/included in the consultation document or e-mails to the dedicated address. This is the first year we have produced a plain English document, in addition to putting more resources into raising awareness of the budget consultation.

4.2 The response rate is considerably higher than in previous years but the number of respondents does mean that the results, although indicative of those who responded, may not be as robust as we would expect, or represent the views of the population at large. Therefore, we are suggesting that more emphasis should be placed on the qualitative exercise undertaken by Ipsos MORI than the general responses, although both provide an insight into the opinions of Kent residents.

4.3 The consultation only closed on 1st November and therefore we have not had sufficient time to undertake a full analysis for this committee. A full analysis will be presented to cabinet in December.

5. Feedback from Specific Focus Groups

5.1 We have had held consultation sessions with the KEB Business Advisory Board, representatives from the Voluntary and Community Sector, and Kent Youth County Council. At each of these sessions a brief presentation was given setting the background to the 2013/14 budget and outlining the proposals in the consultation. Participants were asked for comment on issues and in particular the approach to transformation, whether local communities could take more responsibility and whether Council tax should be frozen.

5.2 Analysis from these sessions will be presented to Cabinet in December together with the MORI report and individual consultation responses.

6. Informal Member Groups

6.1 The Cabinet Committee agreed to establish an Informal Member Group (IMG) to consider budget issues. The group for this committee was chaired by Chris Smith and included Robert Brookbank and Leslie Christie representing the committee. The group met on 20th September 2012

6.2 The group considered all aspects of the Adult Social Care and Public Health and Specialist Children's Services portfolios.

The following areas of Adult Social Care were discussed:

- Falling trends in users receiving domiciliary care – and the impact of enablement.
- Complexities of needs and increases in residential care.
- Pension changes and how this impacts on charging.
- NHS investment monies.
- Transformation – and concern as to which budget services the savings would affect.
- Pricing.

The following areas of Specialist Children's Services were discussed:

- Early intervention and the effect on the numbers of looked after children.
- Overall savings required.
- Expectation that 12-13 pressure will reduce which will assist likely 13-14 savings targets
- Government grants and how they are now reflected within the budget presentation.
- Cost of in-house fostering versus independent fostering.
- Asylum and the impact on those young people whose appeal rights to remain have been exhausted.

6.3 The IMG did not recommend any other areas that could be looked to either generate savings or additional income.

7. Next Steps

7.1 A full report on the consultation will be presented to Cabinet on 3rd December. Cabinet will be asked to consider all issues that arose during the consultation, and to make a formal response. This will include issues discussed and agreed at this Cabinet Committee. Cabinet will agree any necessary changes to the budget proposals and if necessary issue a revised draft budget.

7.2 The revised draft budget will include an update of all the estimated additional spending demands and savings / income / transformations. The update will also include the provisional grant settlement and updated Council Tax base. This could mean that the revised draft will not be published immediately after Cabinet on 3rd December depending on when information is available.

7.3 Cabinet Committees will have a further opportunity to review the revised final draft budget in the January round of meetings prior to it going to County Council on 14th February for final approval (including setting the Council Tax for 2013/14).

8. Recommendations

8.1 Members are asked to:

(a) NOTE the budget consultation process and that full analysis of responses will be presented to Cabinet in December.

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Background Documents: none

Appendix 1

Adult Social Care	
Additional Spending Demands 2013-14	£m
Demography	4.7
	4.7
Income Generation	
Social Care Charges - benefits uplift	-1.6
Savings	
Transformation	-18.8

Children's Social Care	
Additional Spending Demands 2013-14	£m
Savings	
Looked After Children	-5.3
Improved Social Care Practice	-3.0
Children Centres	-1.4
	-9.7

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